UNIVERSITY OF STRATHCLYDE

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THERAPISTS' PERCEPTIONS OF THE PROCESSES AND OUTCOMES OF CONTEMPORARY PERSON-CENTRED CREATIVE PRACTICES WITH CHILDREN AND YOUNG PEOPLE

BY

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DECLARATION

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DEDICATION TO:

A special tribute to my late father Abdullah Saad who passed away on 28th May 2011, your love, care and encouragement since my childhood will never be forgotten. Al-Fatihah and may Allah Bless you forever.

To my mother Hasiah Abdullah, your patience, sacrifice, love, and prayer led me to succeed.

My children Muhammad Zafri Aziman, Muhammad Zahin Ammar and Muhammd Zaim Amsyar, three of you are `pearls in my heart`, whom brightening my life.

ABSTRACT

This study empirically examines creative practices in the field of person-centred therapy with children and young people aged 5 to 18. It builds on and integrates the works of key scholars in child-centred play therapy, person-centred art therapy and person-centred expressive arts therapy. The aims of the study were to examine person-centred practitioners' perspectives on: 1. Helpful processes in these practices; 2. Unhelpful processes in these practices; 3. Helpful effects of these practices; and 4. Unhelpful effects of these practices. In-depth qualitative interviews were conducted with 40 person-centred therapists: 30 in the United Kingdom and ten in the United States of America. Systematic qualitative analysis was carried out with the aid of Nvivo software.

With regards to the nature of helpful processes specific to person-centred creative practice, two major conceptual frameworks were established: developing and maintaining the therapeutic alliance, and achieving and accomplishing a productive therapeutic working process. The way creative practices can foster the helpful processes were identified by practitioners, including those aspects involving the therapist, those aspects involving the clients, and those that occur during the therapeutic processes.

With regards to the emergence of unhelpful processes, three factors were identified: the negative aspect from the therapist, the negative aspect from the clients, and the factors from the environment. Practitioners also reported that the nature of unhelpful processes manifested from two distinct categories, namely, process difficulties, and personal limitations. The study also found that there were two categories of the ways to handle these unhelpful processes: improving therapist`s way of handling, and improving the way of processing the therapeutic session.

In addition, practitioners identified numerous immediate (within therapy) and ongoing (after therapy) helpful effects of person-centred creative practice. Similarly, a number of unhelpful effects of creative practice were also identified. These included increasing unwanted emotions or unpleasant thoughts, and generating unnecessary reactions.

Finally, this study identified several gaps in the existing literature. Hence a few suggestions and implications for person-centred practitioners and others were put across regarding the directions of the future research and development, and a framework for refining their methods of creative practice for the benefits of clients was also provided.

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LIST OF PRESENTATIONS BASED ON THE THESIS

2014

Abdullah A. *Contemporary creative interventions in helping profession.* Invited speaker for 14th National Counselling Seminar, Putrajaya, Malaysia, June 24th -26th.

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2012

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Abdullah A. *Therapeutic power of creative expressive therapy in strengthening young people`s self esteem.* Paper presented at the Malaysian-Glasgow Doctoral Colloquiums, Glasgow, Scotland, January 20th-21th.

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Abdullah A. *What's helpful in using creative practices: Understanding and Strengthening a Sense of Self for young people with psychological distress.* Paper presented at the Malaysian Association of Counselling Conference (PERKAMA). Kuala Lumpur, Malaysia, November 3rd – 5th.

Abdullah A. *Therapeutic Power of Expressive Art-Making Process: Creative Intervention for complex trauma.* Paper presented at the Malaysian Association of Counselling Conference (PERKAMA), Kuala Lumpur, Malaysia, November 3rd – 5th.

Abdullah A. *Practitioners' experiences of using Creative approaches in Person-centred therapy with young people: UK Perspectives.* Paper presented at the 24th Annual Conference of Association for the Development of Person-centered Approach (ADPCA), Kutztown University, Pennsylvania, USA, June 16th – 21th.

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Abdullah A. *Practitioners` experience of using creative approaches in person-centred therapy with young people.* Poster accepted for presentation at the Counselling & Psychotherapy in Scotland (COSCA) 5th Counselling Research Dialogue, Stirling, Scotland, November 25th.

Abdullah A. and Cooper M. *Using creative approaches in person-centred therapy with young people: A qualitative investigation.* Paper presented at the 8th International Conference for Person-Centered and Experiential Psychotherapy and Counseling (PCE 2008), University of East Anglia, England, July 6th – 10th.

2007

Abdullah A. *Person-centred expressive arts therapy.* Paper presented at the Counselling Convention, Universitas Gajah Mada, Yogjakarta, Indonesia, August 20th.

THESIS OVERVIEW

Chapter one present the background of the study that highlighted mental health needs and services for children and young peoples, the needs for creative interventions, the history ,development and theoritical justification of a variety of person-centred creative practices. Specifically the theoretical justification discussed included basic assumptions, core concepts, therapeutic practices, central concepts that bring about change to the clients namely the symbolisation processes, and how creative practices foster these symbolisation processes**.** This chapter also clarifies the rationale of symbolisation that is adequate for working with children and young people. In addition, this chapter also presents the background of the researcher, the development and significance of this study, the definitions of the terms and research objectives.

Chapter two provides a comprehensive and up-to-date review of the literature related to the four domains of this study which encompass the helpful and unhelpful process and outcomes in person-centred creative practice. Specifically the chapter reviews the nature of helpful processes and how person-centred creative practices foster these helpful processes. With regard to the unhelpful processes the review consisted of how unhelpful processes emerged, its nature, and the way to handle these unhelpful processes. In addition, the outcomes of person-centred creative practice were also reviewed to include the helpful effects and the unhelpful effects of verbal and nonverbal therapy with both adults and young clients.

Chapter three describes the method used for my study, comprising qualitative research in counselling and psychotherapy, qualitative research tradition, grounded theory approach and research questions. This chapter continues with managing data collection, interview protocol, ethical considerations, selection of the participants and their characteristics, managing data analysis based on grounded theory procedure, data auditing and verification, trustworthiness, and researcher reflexivity.

Chapter four reports the results and summarises the key findings of this study.

Chapter five discusses the findings, limitations and implications for practice and continuing professional training; key contribution to the field of Counselling and Psychotherapy; suggests potential developments within the Malaysian context; makes recommendations for future research; and concludes by summarising the main contributions of this study.

LIST OF ABBREVIATIONS

AATA	American Art Therapy Association
A4PT	Association for Play Therapy
BAAT	British Association of Art Therapy
BACP	British Association for Counselling Psychotherapy
BAPT	British Association of Play Therapy
CAMHS	Children and Adolescence Mental Health Services
IATO	International Art Therapy Organization
IEATA	International Expressive Arts Therapy Association
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NIRE	National Institute of Relationship Enhancement
PCEP	Person-Centred Experiential Counselling and Psychotherapies
PTUK	Play Therapy United Kingdom
SPR	Society for Psychotherapy Research
UK	United Kingdom
US	United State of America
WHO	World Health Organization

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CHAPTER ONE: INTRODUCTION

1.1   Overview of chapter one

This chapter begins with a review of the mental health services and needs of children and young people. The major focus was on the need for the different approaches and services for a variety of presenting issues of children and young people, including their complex needs. The need for non-verbal modes of therapy as an alternative approach and means of communication, which normally happens more immediately for children and young people were specifically highlighted. The study focussed on one major theoretical foundation of the humanistic approach, person-centred approach, and the three main creative approaches within it, namely, the child-centred play therapy, the person-centred expressive arts therapy, and the person-centred art therapy. The discussion also covered the major core concepts in person-centred approach, therapeutic practices and process as well as the theory of personality change and human development in person-centred approach. In addition, the psychological distress and maladjusted personality as seen from the person-centred approach and perspective was also presented and discussed.

In addition, this chapter also provides an overview and background of the research study, the historical perspective of the development of creative practices in the person-centred approach including a brief development of person-centred therapy. The central theoretical justification identified for this study which is the symbolisation process is also discussed. The symbolisation process is clarified in detail through the use of three major person-centred creative practices. The reasons why the symbolisation processes are important in working with children and young people are also discussed.

This overview will briefly highlight the personal perspective of the researcher, and how the research interests have developed. This overview will

be followed by a brief delineation of the significance of this study or its potential contributions, researcher's personal biases that the reader should be aware of, the definition of the key terms, and the research objectives of the study. For the purpose of this study, the term 'person-centred creative practice' is used specifically to refer to the working with children and young people.

1.2   Background of the study

For several decades, mental health practices for children and young people have increasingly become a central concern across a wide range of specialists in counselling and psychotherapy (Burns, Costello, Angold, Tweed, Stangl, Farmer & Erkanli, 1995; Jackson, Hill & Lavis, 2008; Baldwin, 2008; Children and Adolescence Mental Health Services [CAMHS], 2008, 2009). Since then, both international and national studies have provided greater awareness and understanding in tackling and improving children and young people's mental health in order to promote public well-being (World Health Organization [WHO], 2005; Tolan & Dodge, 2005; [CAMHS], 2009; Patel, Flisher, Hetrick & McGorry, 2007; Bala, Pratt & Maguire, 2011).

In the United Kingdom, the government has made a commitment to children and adolescent mental health services (Children`s Mental health Teams, 2010). The main purpose is to provide early intervention to identify mental health needs in childhood and prevent mental health issues emerging into adulthood, which has been identified in previous studies (Kessler, Berglund, Demler, Jin, Merikangas & Walters, 2005; Kim-Cohen, Caspi, Moffitt, Harrington, Milne & Poulton, 2003; March, 2009; McDougall, 2011). More recently, the Scottish Government has also directed attention to addressing the needs of mental health services for children and young people (The Scottish Government, 2011). Therefore, it could be seen that there is significant government attention to children and young people's mental

health provision, pointing to the challenge of identifying appropriate interventions, including a variety of therapeutic approaches.

1.2.1 Children and young people's mental health and well-being

Studies show that children and young people face mental health and well-being problems that can impede their daily life. According to Marsh (2004), in the United States, 4.5 to 6.3 million children and adolescents face one or more severe emotional problems that weaken their health and wellness. In addition, research also indicates that almost one in ten were identified as having severe clinical mental health problems in the UK (Green, McGinnity, Meltzer, Ford, & Goodman, 2005), as well as in the US (Roberts, Roberts & Xing, 2007).

In order to provide appropriate services for children and young people, it is essential to understand the meaning of mental health for these groups. The term mental health and psychological well-being for children and young people can be defined as having positive internal and external characteristics such as physical health, positive self esteem, good social skills and ability to overcome life challenges (CAMHS, 2008, 2009). In addition, emotional well-being means happiness, integrity, creativity and the capacity to cope with stress and difficulties (Young Minds, 2006). Therefore, mental health and well-being for children is not only limited to mental illness or disorder as assumed by the public, however it is also associated with psychological well-being that enables them to cope with difficulties and to enjoy a better life.

1.2.2 Mental health services for children and young people

Mental health issues among children and young people are increasingly becoming a focus over last few decade, in which change in the health department in providing appropriate services is needed (Holldampf, Behr & Crawford, 2010). In the present day, children and young people face various challenges in many aspects of life and also with significant others

around them, which might affect their mental well-being (Barnes, Stein, & Rosenberg, 1999). Hence, the need to engage with mental health services is crucial for children and young people, as mental health services play an important role for these groups and their families, thus the services need for comprehensive, appropriate, and timely intervention (McDougall, 2011).

According to Jackson et al. (2008), a clear target for comprehensive child and adolescent mental health services is to provide mental health services appropriate to the circumstances and the needs of children and young people. It could be argued that it is impossible for any single organisation to offer services tailored to the mental health needs of young people. The Department for Children, School and Family & Department of Health (Children`s Mental health Teams , 2010) review reported that mental health services to improve well-being of children and adolescents need to be implemented through cooperation between various parties, including government departments, organisations or specialised experts. Moreover, the review also emphasized that children and young people should be supported by professionals who mutually help each other for the benefit of young people and not for the personal interests of certain groups. Importantly, children and young people require health professionals who thoroughly understand their needs and development according to their ages, and have the skills to guide them into adulthood (McDougall, 2011).

1.3 Therapeutic support for children and young people

Viner and Barker (2005) argue that the National Health Service (NHS) generally ignores the mental health needs of children and young people, or assumes that these people never have mental health problems. However, in line with current developments, the NHS provides the same focus of mental health services for young people and adults, and emphasises providing therapeutic support for children and adolescents as they experience various problems (CAMHS, 2009, 2010). More support and intensive intervention are delivered to encourage children and young people to be more

open and access the service, as well as being closer to their health professional (CAMHS, 2009, 2010; National Advisory Council, 2010). In the UK, the growing of therapeutic support throughout various organizations such as Young Minds, Samaritans, The Mental Health Foundation, as well as through the Every Child Matters' Agenda at School, indicate the increasing need for mental health services among children and young people (Prever, 2010).

Having reviewed services provided for children and young people, associated with their current needs, providing therapeutic support for these needs will enable them to gain understanding, insight or awareness of the problems, and to find a way to cope with their difficulties (Lucolk, Hall & Nobel, 2006). These authors also suggested that for children and young people exhibiting mental health symptoms, engaging them in a wide range of therapeutic support is of utmost importance, in order to prevent other problems escalating.

1.3.1 The need for non-verbal therapeutic intervention

The development of mental health practices indicates the need for taking into account the developmental level and readiness of young people for services (Prever, 2010). Prever agreed that mental health needs of children and adolescents differ across their lifespan, and therefore the services offered should emphasize enhancing psychological well-being according to age. Therefore, numerous authors have found it necessary to use language or communication methods that enable children and young people to understand and identify their needs (CAMHS, 2009). They argue that adults who offer mental health services to children and young people should be able to use diverse words, phrases and methods to describe the different states and conditions of mental well-being of children and young people.

Whilst some children and young people find talking to caring adults about their problems helpful, some children find that talking, alone, is not

easy for them (Prever, 2010). Prever claims that providing appropriate therapeutic support for children and adolescents is always a challenge; particularly using an entirely verbal approach that sometimes turns out to be a daunting task: one that can block communication. Prever (2010) argues that, in these cases, it is necessary to consider alternative methods for providing therapeutic support, such as a variety of non-verbal creative and expressive approaches. For example, particular therapeutic support such as play therapy might enable children and young people to express their feelings more precisely, as children communicate through play (Ginott,1960; Landreth, 2002), which also helps them to overcome language barriers (Prever, 2010).

Historically, humans have experienced non-verbal images and symbols as allowing them to express themselves in more meaningful ways and at a deeper level than through verbal language (Gladding, 2010). Over time, changes have occurred in mental health services and practices, particularly in the twenty-first century, including enthusiasms for introducing alternative methods to engage and communicate with clients in order to promote therapeutic change through a non-verbal approach (Malchiodi, 2007; Oster & Crone, 2004)). The use of the non-verbal realm or other creative interventions within psychotherapy or mental health services provides a basic format for sharing personal feelings and experiences, as well as encouraging direction in promoting change and growth (Kozlowska & Hanney, 2001; Oster & Crone, 2004). In addition, creative interventions can decrease difficulties in expressing feelings verbally, particularly for children and young people; this type of intervention may benefit these groups as a means of communication (Porter, Hernandez-Reif & Jesse, 2009; Prever, 2010).

Creative interventions are not a new phenomenon, and emerged when Anna Freud used the play method with children, just as Sigmund Freud used free association with adults (Dorfman, 1951). Similarly, expressive arts therapy uses movement, dance, drawing, singing, weaving and other forms of creativity to encourage people to express, communicate and understand their

emotions through the creative process (N. Rogers, 1993). The term `*expressive arts therapy*` is used to describe a multi-modality, and an integrated approach to the use of art in psychotherapy in general (Kossak, 2009), which also can be adapted to use for mental health services. As N. Rogers (1993) points out, expressive arts is considered to be one form of therapy, once known as part of daily life for particular groups in the form of ritual and creativity; however the purpose remains the same: for healing, growth and development. This signifies that creative intervention has been used in the past, yet may still remain necessary to address mental health needs across a wide range of clients.

Practitioners are continuing to recognise the possibility of involving creative interventions in their practices, and research based evidence shows that it is increasing, particularly in working with children and young people (Kozlowska & Hanney, 2001; White, Draper, & Jones, 2001; Behr & Cornelius-White, 2008; Behr, 2009). Obviously, the use of creative methods have been recognised as being able to provide positive mental health for children and young people, with the intervention of a somewhat different form than talking therapy (Oster & Crone, 2004; Behr & Cornelius-White, 2008; Porter et al., 2009). Furthermore, as stated by (Oster & Crone, 2004), for mental health professionals involved in the therapeutic process with children and young people, non-verbal approaches offer a positive way to expand and gain an insightful view of the self, and serve as a tangible focus for communication during the therapy process.

In terms of particular creative therapeutic support, Landreth, Homeyer, Glover and Sweeney (1996) point out that, for clients such as emotionally disturbed children, experiences are often hard to express in verbal form, but might be revealed in play therapy. In other words, with the understanding of the limitations children and young people have in processing their issues verbally, providing creative interventions might be an alternative, powerful tool for the process of communication, and may evolve

into a feasible psychological intervention (Porter et al., 2009). According to Prever (2010), some young people sometimes find it quite hard to articulate their inner feelings, or do not have adequate words for their unpleasant experiences if they just talk about these. Therefore, they need alternative ways to explore their inner self, and to express it in a different way. In fact, creative interventions enable children and young people to express their emotional stress by providing a variety of media beyond the limits to verbal expression, thus providing the possibility of more healthy functioning (Malchiodi, 2007).

To conclude, verbal therapies are commonly used in mental health services; however, for therapy to be more effective therapists may need to use therapeutic creative arts to support their verbal approach in their therapeutic relationship with their young clients. Interestingly, one of the strategic action plans developed by the Scottish Government proposes the achievement of mental health services that are realistic, promote recovery-based approach, and are within the framework of person-centred practice (The Scottish Government, 2010). Therefore, adapting a range of creative interventions within the person-centred approach may serve as a basis for understanding and improving therapeutic support for children and young people, and also in developing and providing services for this client group to access.

1.4 Historical perspective on the development of creative practices in the person-centred approach

This section encompasses the theoretical understanding based upon the ideology of Carl Rogers, the founder of the person-centred approach. The discussions begins with a brief historical perspective on the development of person-centred approach, followed by a more detailed presentation on the historical perspective of the three major approaches which constitute the primary focus of this study:, namely: 1) the child-centred play therapy, 2) the person-centred expressive arts therapy, and 3) the person-centred art therapy . It`s begin with the sequence of historical development of the three approaches

above, notable influences, and their natures that form person-centred creative practices for my study. Figure 1.1 illustrates the theoretical relationship, understanding and development of creative practices based upon the person-centred approach.
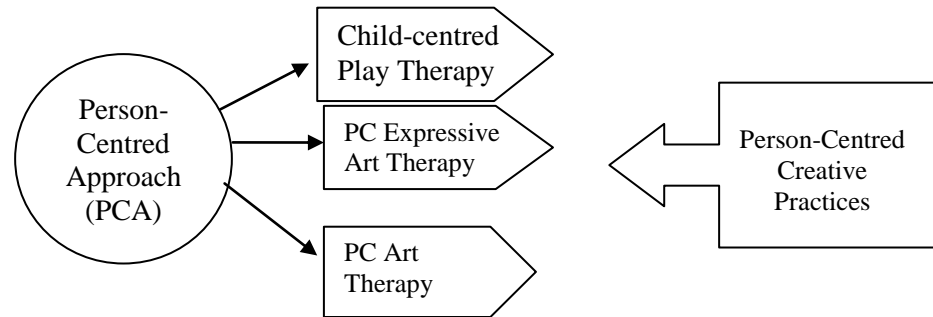
PC = Person-centred

Figure 1.1: Theoretical relationship, understanding and development of creative practice based upon the person-centred approach.

1.4.1 Brief development of person-centred approach

Kirschenbaum (2004) wrote in detail concerning Rogers` life and work. He indicated that the development of person-centred spanned over six decades, covering Rogers' life from a theological student to a psychology major and subsequently to an international workshop leader for peace. It can be assumed therefore that the historical roots of person-centred approach may trace back to the time when Rogers started his work with children in 1928 where he began to be involved in clinical psychology courses and work. However, the theoretical development of person-centred approach did not emerge until1940s when Rogers (1942) published his first famous work of therapeutic practice entitled *Counselling and Psychotherapy: Newer concepts in practice.* Since then, Rogers spent a lot of time and energy to establish his own theoretical view, which a few authors have identified as the four periods of development (Zimring & Raskin,1992 ; Bozarth, Zimring & Tausch, 2002 ; Seligman & Reichenberg, 2010).

The first period, beginning in 1940s, saw Rogers leading the way for a practice which focused on non-directivity approach, as opposed to the classical psychotherapy during his era. Rogers changed the term "patient" to "client" in order to reflect his belief and conviction that individuals in therapy have the ability to use various personal sources and hence cannot be viewed as a sick persons (Bozarth, Zimring & Tausch, 2002 ; Cain, 2010).

According to Seligman & Reichenberg (2010), Rogers disagreed with the two main approaches at that time: psychoanalysis and behavioural, with their assumption that therapist knows best, and that the therapists should advise the client how to change. In fact, Rogers put forward the term 'non-directive method', which primary focuses on reflecting and clarifying the client`s verbal and non-verbal communications with the view to making the clients gain insight and awareness (Seligman & Reichenberg, 2010). In addition, Rogers' view differed from the general directive approach applied by most therapists, who generally would engage in advice giving, suggestions, persuasion, criticism and interpretation of the issues brought to therapy (Bozarth et al., 2002). Rogers criticised the practices of the day as lacking in scientific methods of diagnosis which to him will result in biased and often inaccurate conclusion. Rogers emphasised that therapist`s attitude such as acceptance, empathy and genuineness play a key role in encouraging clients to express themselves more freely.

The next period, during the 1950s, Rogers shifted from solely utilising the non-directive method, to focusing more on the phenomenological world of the client. Rogers suggested that the best way to understand people is to understand them from their own internal frame of reference. This significant development of the therapy is marked by his publication: *Client-centred Therapy* (Rogers, 1951). According to Cooper (2007), Rogers proposed his systematic framework and ideas through a series of 19 propositions regarding the theory of human personality and development. At this period, Rogers believed that the therapist needs to be a more active listener with particular

attitudes such as accurate empathy, congruence and acceptance to provide the favourable climate and atmosphere that will facilitate the client`s change (Bozarth et al., 2002). In addition, Seligman & Reichenberg (2010) pointed out that Rogers also used the term 'unconditional positive regards' to refer to unconditional acceptance of the clients that is to accept the clients as they are. Rogers classified all the three concepts mentioned as essential for facilitating the processes in the person-centred approach.

The third period, beginning in late 1950s, Rogers described 'the necessary and sufficient conditions' for therapeutic practice in counselling and psychotherapy. Rogers (1957) suggested that if the therapist can establish the facilitating conditions that are necessary for therapeutic relationship, then these conditions will be sufficient, helpful and conducive to bring about positive change for the client. These necessary and sufficient conditions imply that the role of the counsellor in person-centred approach is not that of a teacher to teach people, but instead as a gardener to take care, to water and to fertilise the soil so that it is in good condition to allow the plants to grow better. At this time, another major publication by Rogers, O*n Becoming a Person* highlighted what Rogers regards as a fully functioning person: those who are open to new experiences, those who trust one`s experiences, those having internal locus of evaluation, and those who are willing to be in the process, which leads to encounter group (Rogers,1961).

The final period, during the 1970s and 1980s, might be called the era of expansion and broadening of the practice and application of Roger`s theory from individual and group basis to almost all aspect of human development (Seligman & Reichenberg, 2010). Rogers's thought became known as person-centred approach, and has expanded its application to wider settings to include families, education, leadership and administration, organisational development, healthcare, cross-cultural, conflict resolution and world peace (Zimring & Raskin,1992 ; Bozarth et al., 2002 ; Seligman & Reichenberg, 2010). This era marks the wider practices of person-centred approach in

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diverse situations, circumstances, with different kind of clients and presenting issues concerning human potentials.

Parallel with the development of the person-centred approach over several decades, there have been attempts at extending, expanding or modifying the approach that can be used with more diverse clients -- though still based on the core concept and view of Rogers (Cain, 2010, Prever, 2010). Within the field of person-centred creative practices, emerged, i) the child-centred play therapy (Ginott,1959, 1961; Moustakas, 1973; Axline, 1974, 1989; West, 1996; Guerney, 2001; Landreth, 2002; Behr, 2003 ; Wilson & Ryan, 2005; VanFleet, Sywulak & Sniscak,, 2010 ; Cochran, Nordling & Cochran, 2010); ii) the person-centred expressive arts therapy (N. Rogers, 1993); and iii) the person-centred art therapy (Silverstone ,1997, 2009). These extended approaches were seen as emerging alternatives that integrate the verbal and the non-verbal forms of therapy within the person-centred framework.

1.4.2 The person-centred approach with children and young people.

Rogers' interest in working with children and young people dated back to his early career in 1924, while he was studying at the Union Theological Seminary in New York. He took a course on the way of working with young people in helping young people to change, grow and develop more life satisfaction (Rogers & Russell, 2002; Cain, 2010). Then Rogers shifted from Union Theological Seminary to study psychology at Columbia University's Teacher's College, where Rogers started his practical clinical work with children under Leta Hollingworth who had a primary interest in gifted children (Rogers & Russell, 2002). Rogers was influenced by Hollingworth's approach and of another child psychologist, William Kilpatrick who focused more on the person rather than on a large number of students in his classes, which was later followed by Rogers with a more open-ended way of communication. (Kirschenbun & Henderson, 1990; Rogers & Russell, 2002).

Rogers found himself so exposed to child guidance, that gradually he changed from religious work to child guidance work, and embarked on the clinical psychology. Rogers began to work with children from 1928 to 1940, at the Child Study Department of The Rochester Society for the Prevention of Cruelty to Children (Rogers & Russell, 2002; Behr & Cornelius-White, 2008; Prever, 2010). His major interest was in making an effort to be more effective with his young clients. From these 12 years of real experience with his young clients, Rogers believed that the client knows their problems more in-depth including the direction they attempt or choose to go, what issues are central to their problem, and what experiences have been profoundly hidden, that they have been unaware of in the past. This experience then led Rogers to write and publish a book entitled *The Clinical Treatment of the Problem Child* (Rogers, 1939), with his statement '*the facts are friendly*', indicating that any matter leading to enquiry about each individual would bring them closer to the real issues (Kirschenbaum & Henderson, 1990).

As pointed out by Prever (2010), approaches and skills for counselling and supporting children and young people are different from those used with adults because children are by nature in the process of growing, facing life transitions, and having a range of hidden potentials. Every child and young person sees the world in their own way, while adults view them from their own perspectives. Nevertheless, in the context of counselling and psychotherapy, the therapists are encourage to move along with these young clients' views and work in age appropriate ways. Thus, it is important to offer an alternative choice for children and young people that will enable them to communicate with the therapists in ways that can help them to be easily understood (Hopper, 2007).

Although Rogers' work is associated more with adult clients, his contributions to the well-being of young people are also significant, particularly in developing the way for young client to direct the session for self-exploration and personal development (Behr & Cornelius-White, 2008).

According to Prever (2010), some practitioners have identified the need to integrate and refine Rogers' core concepts with wider creative methods to use with children and young people. Therefore, offering a variety of creative approaches based on the person-centred core conditions, where the relationship is paramount, provides alternative media for children and young people. In other words, the positive experiences during the therapy session will permit children and young people to be self-directed, to lead the session, and to fully express in their own way with the aid of activities they prefer. Therefore, through the use of a variety of creative methods, children and young people no longer see the therapy session as being limited to individuals with problems alone, but are aware that their presence in the therapy sessions also foster personal growth and self discovery.

1.4.3   Person-centred and creativity

Historically, the 1952 conference on creativity that gathered representatives from various disciplines associated with creative arts, therapy and counselling, began to influence Rogers to write about creativity in person-centred approach (Rogers, 1961). Rogers states that: *"investigations of the process of creativity, the conditions under which this process occurs, and the way in which it may be facilitated, are of the utmost importance''* (Rogers, 1961, p. 349), showing evidence that he considered the need for creativity together with the conditions and the way to handle these to create the therapeutic relationship with the clients. Furthermore, Rogers (1961) described the creative process as *"the emergence in action of the novel relational product, growing out of the uniqueness of the individual on the other hand, and the materials, events, people or circumstance of his life on the other"* (Rogers, 1961, p. 350)**.**

These two extracts clearly bring the idea that Rogers sees creative process as involving two aspects, namely, a unique person, and his/her engagement and either the materials or any significant external factor that contributes to the end product, which inspires creativity in the non-verbal

forms of therapy. Rogers (1961) subsequently outlined three basic conditions of constructive creativity. They are i) openness to the experience, which does not hold too rigidly to existing belief and perceptions, ii) internal locus of evaluation from the client as a basic source of product creativity, and iii) the ability to use elements and concepts spontaneously through ideas, colours, shapes and interacting relationships. Basically, what he meant is that individuals tend to understand and find meaning in their life experiences. They create a reality through previous experiences, and if the therapists are creative, this might help their clients to understand themselves and their lives from different perspectives (Cain, 2010); with creative intervention providing a new and different platform for these.

1.4.4   Child-centred play therapy

The discussion of child-centred play therapy only focuses on its history and development in the USA, and in a small part of Europe (e.g. limited to the UK and Germany), with only English language texts.

Child-centred play therapy in North America

A major development of person-centred creative approach came from Virginia Axline, Carl Rogers' student and a child psychotherapist from North America (Axline, 1974, 1989). Axline adopted and extended the person-centred approach as a child-centred model of play therapy, is based on a process of being with children as opposed to a procedure of application (Sweeney & Landreth, 2011, p. 129). Axline began the person-centred therapeutic approach to work with children age range from four years to twelve (Axline,1974), first known as 'non-directive play therapy', later referred to as 'person-centred play therapy' and then called 'child-centred play therapy' (Landreth, 2002).

Axline applied Rogers' core concept of the person-centred approach in her therapeutic work, and she demonstrated the necessity of play for children as their way of communication (Axline, 1974). The common view of

the therapist's role is to avoid any diagnosis or investigation of the symptoms. Axline also believed the therapist needs to create an environment that allows the child to fully express and explore themselves in a nondirective way (Sweeney & Landreth, 2011). Axline's work was based on observing the child's play, taking notes and only involving themselves if clearly invited by the child rather than questioning the child, consistent with Rogers' work with adult clients.

Although Axline initiated the application of the person-centred philosophy to play therapy, other key scholars continued to contribute meaningfully in the development and practice of play therapy for wider use with children and adolescents (Dorfman, 1951; Moustakas, 1959, 1973, 1997; Ginott, 1959, 1960; Guerney, 2001; Landreth, 2001, 2002; West, 1996; Behr, 2003; Wilson & Ryan, 2005; Cochran et al., 2010; VanFleet et al., 2010). These theorists agree that the child leads the session, that the toys and materials are used as a medium for communication, that the therapist needs to establish the therapeutic relationship and that the therapist should be involved in a non-directive way following the child's wishes.

The basic assumption for child-centred play therapy is that it does not correlate with any factors such as the child's age, physical development, psychological conditions or problems faced by them(Sweeney & Landreth, 2011), but rather looked at the internal dynamics of the child in relation to others and the environment. Therefore, creating a safe, totally accepting environment for the child, with clear boundaries, will enable the child to be themselves and to understand their own identity and that of others (Landreth, 2002). Numerous scholars utilised the basic concepts developed by Axline in child-centred play therapy. Dorfman (1951) began to work with children in ways similar to Axline, who observed the child's play, and to Rogers, who attended to adult clients with active listening; however, she was more creative and interactive. Moreover, Dorfman (1951) suggested that client-centred

therapists need to allow and be aware of play activities that remain emotionally accepting to the children.

Moustakas (1973, 1997) continued to use play therapy with children; however he disagreed with Axline that the therapist should remain passive with the child. Moustakas (1997) developed a *relationship therapy* model for play therapy to include person-to-person interaction; but he emphasised the importance of the active role of the therapist in playing, sharing, and mutual conversation and dialogue. Moustakas (1997) agreed with Axline's basic principles of the therapist's attitude that contributes to the therapeutic relationship, and also described spontaneous reactions by children that the therapist needs to be aware of and ready to response to. In addition, Moustakas (1997) points out that the therapist participates in the play session, however the children will planned and choose the activity. He further states that sometimes the therapist actively playing, with the child's invitation as well as encouraging the child to talk freely. The therapist also facilitates growth through comments, guidelines and suggestions; however it still remains for the child to lead. Moustakas (1959, 1973, 1997) suggests that play therapy, based on these concepts, might be practiced by parents at home to enhance positive relationships, particularly between the mother and their own children, also to prevent further problems occurring. Although Moustakas (1959, 1973) reported positive outcomes from the parent-child play sessions at home, however, he did not provide systematic training or supervision to the parents, making it difficult for them to identify any clinical issues of their children.

Haim Ginott's (1959; 1961) view was similar to Axline, that child-centred play therapy considers permissiveness, an essential concept of the therapeutic relationship. However, Ginott emphasises the need to use a variety of limit-setting techniques to ensure a responsive attitude to the child, as well as the need to understand how to deal with boundary-breaking. Although child-centred play therapy emphasises the non-directive attitude

and provides an environment to permit the child to lead the session, Ginott (1959, 1961) established and set limits that enabled the therapist to control the session too, which aimed to indirectly teach children to be more responsible in their actions.

Louise and Bennard Guerney were child psychologists who were influenced by the work of previous scholars (e.g., Rogers, Axline, Moustakas & Ginott), and who maintained the core concepts of child-centred play therapy (Guerney, 2001). Guerney (1964, 2000) extended one aspect that previous scholars put less emphasis on, which was to encourage parents to apply child-centred play therapy concepts to play with their own children at home, similar to what Moustakas (1959) proposed .

Guerney (1964) suggested, based on experience with the pilot group, that if parents are systematically trained, supervised, and supported by professionals in play therapy, parents are able to conduct therapy sessions at home to deal with their children's problems. Since then, Guerney (1964, 2000) expanded the relationship of the child, the therapist and the parents; namely filial therapy, which involves training parents to conduct play sessions with their own children at home, and to continue to meet with the therapist to discuss any progress. Guerney (2000) further argues that filial therapy, as an addition to the child-centred play therapy modality, demonstrated an effective way for involved parents to play therapeutically in order to help their own children. Thus, Guerney and his partner contributed significant movement to the development of play therapy, and they conducted empirical research on filial therapy to demonstrate its efficacy (VanFleet et al., 2010).

Another contribution came from Rise VanFleet, Andrea Sywulak and Cynthia Sniscak, former students of Bernard and Louise Guerney, who developed child-centred play therapy in the early 1980's as a basis for addressing psychosocial problems among children (VanFleet et al, 2010).

VanFleet, the founder and President of the Family Enhancement and Play Therapy centre in Pennsylvania, together with Sywulak and Sniscak extended child-centred play therapy to other non-professional contexts, explored its cultural relevance, and conducted research with a wider client group. Moreover, they also aimed to engage parents and teachers in child-centred play therapy (VanFleet et al., 2010), and to strengthen family relationships through filial therapy (VanFleet, 2005, 2011).

Garry Landreth (2002) founded a centre for child-centred play therapy at the University of North Texas in the 1960s, which is now the largest play therapy training program in the world. Consistent with previous scholars, he emphasised therapist attitudes as a way of being in relation to the child rather than doing something such as imposing procedures or applications on them (Landreth, 2002 ; Sweeney & Landreth, 2011). However, in line with Ginott's idea of limit setting in order to manage the session, Landreth modified Axline's eight basic principles to include limit setting, and addressed this necessary limit setting that focuses always on the child, in order to clearly convey where the responsibility lies (Landreth, 2002).

Landreth also stressed the use of intensive and short term play therapy for fulfilling the demands of immediate outcomes in a modern world (Landreth, 2002). These short term play therapy sessions are used particularly for children in crisis such as experiencing trauma of divorce, sexual abuse or other immediate and unexpected negative events (Landreth, 2002). Furthermore, Landreth (2002) stressed that children facing a crisis might need intensive play therapy that can be conducted two or three times a week in relatively short periods rather than regular practice once a week that might last for a year or more depending on the child`s issues.

Similar to previous scholars, Landreth also highlighted involved parents in child-centred play therapy; in fact, he substantially extended filial therapy and developed a comprehensive child-parent relationship therapy

training programme (Landreth, 2002; Landreth & Bratton, 2006). Landreth (2002) suggested that parents should have the skills to facilitate the good relationships with their children because children need to share and express emotions with their parents in a more encouraging environment, and this aspect is important for current and future well-being and the mental health of these children. Thus, based on the ideas of previous scholars (Axline, 1974; Moustakas, 1959, 1993; Guerney, 1964, 2000), Landreth adopted relevant principles and basic skills of child-centred play therapy as a way to facilitate interaction and build relationships between parents and children, which he also adapted and modified for parent-adolescent relationships.

More recently, William Nordling, together with Louise Guerney co-founded the National Institute for Relationship Enhancement (NIRE) in Maryland, USA, continuing to work with the married couple Nancy and Jeffry Cochran, who wrote a more comprehensively practical guide of child-centred play therapy (Cochran et al., 2010). Although Cochran et al. (2010) were influenced by the work of Rogers and Axline, who did not impose any techniques, their practice was also informed by other theoretical backgrounds (e.g. cognitive, behavioural, existential, psychoanalytic, psychodynamic), and a variety of child development and human change theories, while continuing to value the therapeutic relationship.

Cochran et al. (2010) continued to stress that the parent's involvement was essential; however their major contribution has been to highlight and provide a guideline of the working stages, and also to identify problems and challenges that may occur at each stage. According to Cochran et al.(2010) the four commonly stages in child-centred play therapy noted originally by researchers (Hendricks, 1971 & Withee, 1975, as cited in Cochran et al., 2010) are a warm up stage, aggressive stage, regressive stage, and mastery stage. Cochran et al. (2010) also addresses the essential skills to deal with parents, teachers and others significant caretakers in a child`s life as well as guidelines in getting started to work in an agency, school-based, community-

based, or private practice. Moreover, they also highlight ways to encompass issues of diversity and cultural related issues. Thus, these recent authors have developed a comprehensive and extensive theoretical, practical and empirical work that fits the classical approach of child-centred play therapy.

Child-centred play therapy in Europe

In terms of the history and development of child-centred play therapy in Europe, the review is limited for the United Kingdom and Germany only. In general, the play therapy in the UK began around the year 1939-45 during World War II while the research of child psychology reached its greatest prosperity and productivity period (West,1996). At that time, most child psychologists worked based on the psychoanalysis approach, explored and used a variety of therapeutic media including art, craft, drama, music and movement. In 1978, Janet West who hold a social worker training background began using the play therapy approach when she was a student probation officer at Leicester Family Services Unit (West,1996). Although at that time, West had a very limited knowledge of the concepts and practice in play therapy, however her co-workers encouraged and suggested that they tried play therapy alongside deep empathy to work with 'damaged children'. From these early attempts to use play therapy the benefits for children were evident in children who needed the agency where West and her colleagues worked. Dr. Mary Swainson, introduced play therapy based on the psychoanalysis approach during the second war, was appointed as a consultant as well as to supervise West and her colleagues' work. Starting from there, West took the opportunity to develop an interest in play therapy and pursue her Masters degree in play therapy. West was influenced by Carl Rogers and Virginia Axline`s approaches, which she then extended their work in the UK.

West also describes her work as 'child-centred play therapy', which highlights the more interactive and integrative play therapy relationship, yet remains focused more on child participants (West, 1996). Parallel with the

movement and development of various creative approaches in the UK such as art therapy, dance movement therapy, drama therapy, music therapy, storytelling, puppetry and expressive arts therapies, West also integrated these approaches in her work which she believed related closely with the play therapy method. As West`s background came from social work, she wrote about child-centred play therapy that could be adapted in different contexts and workplaces such as occupational therapy, nurseries teachers, family centres, educational psychology, special needs environments, and at the hospital setting (West,1996).

Another contribution came from Jo Carroll (1998, 2002) who viewed play therapy with two major strands: i) the play therapy based on non-directive originally from Axline (1974) and Moustakas (1997); and ii) solution focus based and integrated with various theoretical backgrounds such as Oaklander (1978), Bowlby (1991), Winnicott (1991), Jennings (1993) and Cattanach (1994). Carroll (2002) stated that all theories of play therapy overlap as they use the same methods, to explore the experience and the world of children through toys and materials as a means of communication. She also stated that the purpose of all play therapy is for personal development, as well as being a therapeutic tool for children.

Carroll (1998) viewed that any approach used in play therapy for children have their own roles and functions depending on the presenting problem or the issues children bring to the play session. For instance, Carroll (1998) proposed that non-directive play therapy is often used to engage the child in the therapeutic relationship, which is parallel with Cattanach`s (1994) suggestion that non-directive play therapy is appropriate to begin creating stories in order to help the child and therapist explore the issues together. On the other hand, the directive play therapy methods are more appropriate for children who need to overcome traumatic experiences or work out to reduce immediate psychological distress (Carroll, 1998).

Play therapy has been further developed by Wilson and Ryan (2005), who followed Carl Rogers approach, and mostly influenced by Axline (1974) and Dorfman (1951). The label 'non-directive play therapy' used by Axline (1974) is retained, also *"to distinguish this approach from other play therapy approaches recognised by the British Association of Play Therapy, all of which are labelled child-centred"*, however, the approach remained the same, which was the encouragement of clients to identify and bring to the session what they wish (Wilson & Ryan, 2005, p 19). Moreover, non-directive play therapy was also influenced by theories of child development such as cognitive development (Piaget, 1962), attachment theory (Bowlby,1991), infant development (Stern, 1985), and Erikson's stages of emotional development (Erikson, 1963) that related to the role of symbolic play in mental development and play therapy (Wilson & Ryan, 2005). Drawn from child development theories mentioned above, Wilson & Ryan (2005) emphasised the need to understand the underlying emotional and social development and difficulties of both children and adolescents and how non-directive play therapy addressed these issues. In addition, the distinctive aspect of non-directive play therapy by Wilson & Ryan (2005) is the focus of working with children and adolescents in statutory settings, particularly in the justice system including keeping records, preparing court reports and testifying.

A few therapists (e.g. Jennings, Cattanach, Jephcott) have also integrated elements of child-centred play therapy, as originally developed by Axline, and formed a comprehensive play therapy and filial therapy movement in the UK and in other countries across the world, particularly in Eastern Europe, Australia and South East Asia (e.g. Prever, 2010; BAPT, 2011; PTUK, 2011). Besides that, Walshaw (2008) has been a co-director with PCCS Training Partnership where she conducted training in child-centred play therapy in Manchester, England. She started by getting involved in person-centred expressive arts training, as developed by Natalie Rogers. She drew attention to person-centred creative value which integrated the

basic principles of the person- centred approach and the ability of the therapist to fully explore and engage within a creative framework (Walshaw, 2008; Prever, 2010).

Another significant contribution in child-centred play therapy in Europe is from the German child psychotherapist Michael Behr, who undertook counselling with adults whilst working with children at the same time (Personal communication, 9 May 2008). He continued to expand the work of person-centred play therapy within Germany and across Europe. Behr was inspired by previous scholars of child-centred play therapy; however he also integrated concepts from scholars beyond person-centred therapy (Behr, 2003; Holldampf et al., 2010), which was closely related to non-directive play therapy in the UK (Wilson & Ryan, 2005).

Behr's work integrates a variety of paradigms, for instance the concepts of remembering which involves the way the learner restructures and recalls any learning experiences, that relates to the development of schemata and memory (Bartlett, 1932). Behr also related his approach to attachment theory (Bowlby, 1991), interpersonal development of infant's relationships (Stern, 1985), and experiential play therapy (Norton & Norton, 2002, 2011; Norton, Ferriegel, & Norton, 2011). Unlike Axline and Moustakas, Behr also extended person-centred play therapy to adolescents, involved parents and families, and provided the evidence from wider empirical studies (Behr & Cornelius-White, 2008; Holldampf et al., 2010).

Behr went one step further by introducing the concept of *interactive resonance*, which goes beyond a classical approach that limits the therapist to observing only or responding to the child's play (Behr, 2003; Holldampf et al., 2010). Interactive resonance is referred to as `inter-action` between the therapist and the child in which the therapist actively and fully engages in the 'here and now' situation with a deeper, personal level of empathy and authenticity (Behr, 2003; Personal communication, 9 May 2008). Moreover,

the therapist not only mirrors the child's encounter, but responds in a way to the child that Behr refers to as a process of fair negotiation (Behr, 2003). Behr's idea is that the therapist should be aware of interpersonal distance and closeness, and to understand a range of possible actions of the children according to different sorts of play such as board games, constructional play, role play, fighting, creative action or acoustic expression (Behr, 2003).

1.4.5   Person-centred expressive arts therapy

Person-centred expressive arts therapy was originally developed by Natalie Rogers (later refers as N. Rogers), daughter of Carl Rogers, who has combined her father's humanistic philosophy with creative approaches influenced by her artistic mother (N. Rogers, 1993; Merry, 1997; Tenzin-Dolma, 2000; Herron, 2005; Martinez, 2003; Sommer-Flanagan, 2007). Since an early age, N. Rogers developed her artistic skills from her mother, who showed her the ability to give attention, love and to provide supportive environments that fostered her creativity and care for others (Merry, 1997; Herron, 2005; Sommer-Flanagan, 2007). On the other hand, the ability to be a good listener with a nonjudgmental attitude was a profound characteristic that she experienced directly from her relationship with her father, from whom she learnt that each individual has worth, dignity, and the capacity for self-direction (N. Rogers, 1987, 1993; Herron, 2005; Sommer-Flanagan, 2007).

Tracing back to the beginning of her career, N. Rogers was encouraged by Abraham Maslow to use expressive arts with children, and motivated by Virginia Axline's work as a play therapist with children too (Tenzin-Dolma, 2000; Herron, 2005; Sommer-Flanagan, 2007). When N. Rogers started to engage with children after finished her Masters degree in Play Therapy with Abraham Maslow, she encouraged them to use arts as self-expression rather than teaching them art. Later on, when she engaged with private practice and worked with adults using several art forms, N. Rogers discovered by practice that shifting from traditional analytical art therapy, by forgoing any diagnosis, analysis, treatment or interpretation, consistent with

her father's view, was very helpful for clients (N. Rogers, 1987; Tenzin-Dolma, 2000; Herron, 2005; Sommers-Flanagan, 2007).

N. Rogers does not limit her skill and practice with only expressive arts and play therapy; she was also exposed to movement therapy with Anna Halprin and art therapy training with Janie Rhyne, and she successfully demonstrated the power of expressive arts as an alternative path for counselling and education (Martinez, 2003; Herron, 2005; Sommer-Flanagan, 2007). N. Rogers cooperated with her father, Carl Rogers, to establish the person-centred workshops and in 1984 she founded the person-centred Expressive Therapy Institute in Santa Rosa, California, which became an intensive national and international training programme (Herron, 2005; Sommer-Flanagan, 2007). Since then, N. Rogers has been conducting person-centred expressive arts therapy training not only in the United States, but in other countries such as Europe, Russia, Latin America, Japan, Korea (Martinez, 2003; Herron, 2005; Sommer-Flanagan, 2007) and more recently in Hong Kong (The University of Hong Kong, 2012).

The movement of person-centred expressive arts in the UK began with a few practitioners who travelled to California, USA, in an attempt to learn directly from N. Rogers, and returned to the UK and developed this approach by adapting it within the local context (Merry, 1997; Walshaw, 2008). Since then, short courses and workshops have been developed in the UK to work with a diversity of client groups (e.g. Brown, 2012).Person-centred expressive arts therapy is aimed at facilitating growth and healing through the use of a variety of art forms such as movement, drawing, painting, sculpting, music, writing, sound, and improvisation in a supportive environment, which N. Rogers called creative connection® (N. Rogers, 1987; 1993; Herron, 2005). N. Rogers (1993) also placed emphasis on authentic movement: that is, a spontaneous expressive movement and exploration through the use of physical sensations, observation, and reflection as an integral part of the creative connection®, which she believed becomes a

bridge between an individual's internal experience and their physical experience.

Goslin-Jones (2010) described that the typical creative connection® process is often inaugurated by engaging the clients or the groups' participants to express their emotions through moving around the therapy room, as music chosen by the participants is played. By moving with awareness or using authentic movement, the participants are stimulated to move to another form of expression, for example to create an image, drawing or painting, or make sounds which builds the creative connection®, and these might facilitate an integration process to gain a greater awareness (N. Rogers, 1987,1993; Herron, 2005).

N. Rogers consistently integrated other theoretical ideas into her approach (e.g. Jung, Adler, Gestalt), because she believed that different people learn differently (Herron, 2005; Sommer-Flanagan, 2007). This aims to provide an opportunity for clients to choose the creative work that they feel comfortable with. N. Rogers also describes different ways for people to learn, with some being kinaesthetic learners, some prefer only visual images, and others choosing expressive movement interplay with other modalities (N. Rogers, 1987, 1993; Tenzin-Dolma, 2000; Herron, 2005; Sommer-Flanagan, 2007). Therefore, from an interview with N Rogers, Sommers-Flanagan (2007) concluded that person-centred expressive arts therapy, which has roots from person-centred tradition of Carl Rogers, can be considered as a contemporary approach that is integrated and combined with a range of therapeutic modalities. He further argued that N. Rogers is strongly non-directive in her approach; she only used her own personal experiences, her fascination with art and creativity, combined with her father's renowned philosophy providing a foundation to develop her own theoretical and form of therapy. To acknowledge her effort and innovation of extending person-centred therapy into contemporary therapeutic work, N. Rogers was awarded

the first Lifetime Achievement Award by the International Expressive Arts Therapy Association in 1998 (Herron, 2005; Sommer-Flanagan, 2007).

In this respect, whilst Carl Rogers encouraged people to talk about their internal conflicts and issues in their own words, N. Rogers extends this by offering expressive arts therapy that enables the clients to explore their issues both through verbal and non-verbal forms (Rogers, 1961; N. Rogers, 1993; Herron, 2005). Rogers's (1961) idea and core concepts provided internal conditions for individuals to explore and discover themselves, by means of psychological safety and freedom. Moreover, Rogers believed that these conditions will enable individuals to become more creative and free to express their internal feelings symbolically (Rogers, 1961). However, N. Rogers (1993) added an external condition for fostering creativity, that is, offering stimulating and challenging experiences through various art forms. Therefore, it can be suggested that in this person-centred approach, there are three conditions for fostering creativity, two drawn from Rogers's (1961) internal concept and a third, added by N. Rogers (1993), with an external concept, as mentioned previously, that can be adapted to work with children and young people.

Henderson, O'Hara, Barfield and N. Rogers (2007) believe that creativity and therapy overlap because creativity is therapeutic and therapy itself is a creative process. In humanistic expressive arts therapy, with psychological support such as empathy, honesty and caring from the therapist, the client might be able to find an appropriate self-direction towards personal growth and healing (Henderson et al., 2007). Therefore, for children and young people, the use of expressive arts in therapy may enable them to access the therapy process when verbalisation of problems and feelings may be difficult. Although person-centred expressive arts therapy is more well-known for work with adult clients, N Rogers' earlier work was drawn from play therapy with children, and she used art to work with adolescents too; therefore her approach can appropriately be adapted to use with children and

young people (N. Rogers, 1993; Martinez, 2003; Herron, 2005; Sommer-Flanagan, 2007). Because N. Rogers believed that expressive arts is one kind of play for children, she also believed it was a familiar and comfortable way for them to express themselves, due to their naturally limited vocabulary, as well as for adolescents and adults who might be resistant in talking about their problems (Martinez, 2003; Herron, 2005).

1.4.6 Person-centred art therapy

Art therapy has largely been seen as a treatment in health and medicine, and normally associated within psychoanalytic contexts (Malchiodi, 2007; Gladding, 2010). Although art therapists across the world, particularly in the USA as well as in the UK, are still influenced by the psychoanalytic approach, there has been a shift to more contemporary art therapy movements that have adapted more flexible practices and used a variety of theoretical orientations to adjust and tailor to the needs of a wider range of clients (Rubin, 2010; Malchiodi, 2007; Winter-Martin, 2010). In the field of person-centred approach, one particularly significant development of person-centred art therapy came from the work of Liesl Silverstone in the UK (Silverstone, 1997, 2009).

Silverstone's interest in art therapy began after her visit to a Jewish museum in Prague, Czechoslovakia, her homeland. During this visit, she had an opportunity to see a collection of children's art and drawings that expressed their feelings, life and experiences whilst living in a concentration camp. She was then stimulated by the children's artwork that became the starting point of her work with art therapy (Silverstone, 1997). Later, when Silverstone enrolled in a counselling course in the UK, she came across the person-centred approach and met with Carl Rogers personally, benefitting from his guidance. She then began to focus on art therapy and its integration with the person-centred approach (Silverstone, 1997). Silverstone describes how her work as an art therapist was influenced by the person-centred approach in terms of the belief that the client knows best and can reach his or

her own potential in a climate of acceptance, congruence and empathy
(Silverstone, 1997). With this underlying philosophy, she brought the person-
centred counselling approach to the therapeutic use of art, which she
emphasised as '*allowing the client to know what the picture meant, no
interpretations, no guess work, not me knowing best. The evidence was
astonishing and encouraging*'(Silverstone, 1997, p. 2).

Silverstone also states the person-centred art therapy process
integrates a holistic approach, such as engaging both verbal and non-verbal
elements, both cognitive and affective, and denies that different forms of
processing are separate and that some are better than others (Sanders, 2007;
Silverstone, 2009). Since Silverstone draws entirely from the person-centred
non-directive approach, she disagrees with classical psychodynamic art
therapy's 'idea of interpreting the art' product, which she believes will
impede personal development, while person-centred art therapy facilitates
and encourages clients to enhance their self empowerment (Silverstone,
1997).

Basically, it could be seen that Silverstone's approach to art therapy is
a combination of two different views of the classical art therapy approach
which had roots from the early work of psychoanalysis and was divided into
two strands: *art in therapy* and *art as therapy* (Malchiodi, 2007). According
to Malchiodi (2007), art in therapy refers to triadic relationships that
emphasise the importance of the therapeutic relationship between the client,
the process of his or her artwork, and the therapist. For example, Malchiodi
viewed the use of art in therapy as a bridge for verbal or nonverbal
communication, to deal with self expression difficulties, to manage or speed
up the therapeutic process, to bring the unconscious to real and concrete
content. On the other hand, art as therapy involves artistic and art-making
processes that offer clients a healing process, to release, be able to relax, and
to resolve conflicts, which is significant for therapeutic change (Malchiodi,
2007).

Thus, Silverstone's (1997, 2009) approach of person-centred art therapy is a synthesis of the two strands, arguing that both the process of art-making, the end product of visual images, and the provision of a therapeutic relationship between client and therapist contribute to bring about therapeutic change for the client, consistent with the person-centred expressive arts therapy of N. Rogers (1993). Silverstone (1997) conceptualises art therapy as one of the creative modes to move us away from cerebral, verbal, judgemental processes, and into the 'here and now' world of imagination, intuition and inspiration. Silverstone further emphasises that by *"making our images visible, we can tap into material from the subconscious denied to the forefront of our awareness and gain valuable insights leading to growth, self-awareness and integration"* (Silverstone, 2009, p. 17),also parallel with N. Rogers`(1993) idea. In this regard, Silverstone can be seen as inspired by the idea of art as therapy, that the art-making provides positive impact for clients.

On the other hand, Silverstone (2009) also believes, for example, that a picture drawn by the client is best understood from the client's point of view and should be explored together with the therapist in a non-directive way by giving a chance for the client to tell their own story. However, sometime the process might be blocked by language difficulties for clients who are less verbal. Therefore, the therapist may encourage the client to clarify the meanings of their artwork, that the process might help the client to overcome the language barrier through this therapeutic process. Eventually, as Silverstone (1997) view, this arts telling process explicitly points to the use of art as a form of communication that helps those who are unable to express themselves or have limited ability to use words. Therefore, the use of art in therapy offers a therapeutic process for clients parallel with Malchiodi`s (2007) view that a picture is worth a thousand words. Although Silverstone was able to establish a comprehensive person-centred art therapy training program across the UK, unfortunately, it did not gain interest for this approach to be studied empirically.

To summarise, from the discovery of children's drawings in concentration camp, Silverstone has significantly contributed in the development and the use of art therapy in a person-centred approach. Although Silverstone did not explain in detail the use of person-centred art therapy for children and adolescents, but the concepts and practices highlighted are very useful for working with these young clients. Naturally, through the use of art therapy, children and adolescents have an opportunity to express themselves with various media that act as a catalyst for verbal and non-verbal communication (Riley, 1999, 2001). Therefore, by using person-centred art therapy for children and young people, the therapist might be able to meet the needs using appropriate ways to help this client group.

1.4.7   Person-centred creative practice

It could be argued that these three approaches (art therapy, play therapy, and expressive arts therapy) share some commonality as well as difference activities in practice. For example, art therapy centre around using images and visual arts such as drawing, painting, sculpting, writing, sketching and doodling, whilst expressive arts therapy tends to apply a range of expressive forms such as music, drama, dance movement, sounds and songs incorporated with visual arts and creating crafts activity. Play therapy, on the other hand, enables clients to play or act out through the use of toys and other play materials as well as integrated with creative art and expressive activity. Therefore, for the purpose of my study, the term person-centred creative practice is used drawn from a combination of person-centred art therapy, person-centred expressive arts therapy, and child-centred play therapy. In other word, applied to my study, person-centred creative practice uses a wide range of creative arts activity, multiple forms of expressive, and a variety of play methods.

1.5   Theoretical Justification: Person-centred creative practice

This study is not attempting to develop a new theory or concept in person-centred approach; rather it is trying to integrate specific existing

concepts and discuss how these selected concepts can be adapted to facilitate creative practice for children and young people. In doing so, this section will cover the theoretical justification based upon the ideology of Carl Rogers.

To begin with, this section discusses a series of basic assumptions of person-centred approach, proposes core concepts for facilitating the therapeutic relationship as well as theory-based concepts in therapeutic practice and process. This section then looks at the interactions among these assumptions and concepts as well as the consequences that bring about constructive personality change for the client. The discussion then focuses on the central concepts for change in person-centred creative practice, namely the symbolisation process. The discussion clarifying how the use of creative materials and activities choose can foster the process of symbolisation through self-expression, especially for children and young people. In addition, other related helpful effects consisting of increasing insight/ awareness, enlarging self-discovery, eliminating a variety of psychological distress, decreasing symptoms and problem behaviour, raising emotional catharsis, enhancing intuition and creative mind, improving creative skills and ability, establishing self – empowerment, promoting healing and self-growth, reducing resistance and defence mechanisms, being able to solve problem, increasing coping strategy as well as expanding spiritual awareness as consequences to the symbolisation process as one of essential element under the domain helpful effect, will also be discussed. These effects will be discussed in chapter two, under the section: helpful effects.

1.5.1   Basic assumption

Initially described his approach as non-directive approach, Rogers shifted from the idea of the therapist as an expert, to build a theory that believes in the innate tendency or actualising tendency of human beings to fulfil their potentials. This became the main basic assumption in person-centred endeavour (Rogers, 1980). This tendency is reflected in the initiative for clients to achieve their potential growth, become wholeness, achieve

spontaneity, and internal self-directedness, which indirectly enables the client to solve their own problems.

This assumption in the person centred approach implies the existence of strong optimistic human nature with regard to human productivity and trustworthy which can act as its own agent for constructive change. In addition, the clients wish to be understood from their own unique perceived world (Capuzzi & Gross, 2003). As a result, from the interaction of these main basic assumptions, people are capable of moving towards the fully functioning person, becoming more creative, more self accepting and self respecting, more confident about their own ability, and hold high regards for their unique aspects of life experience (Capuzzi & Gross, 2003). This insight/awareness will enable the clients to achieve a balance between the real self and the ideal self, thus increasing their well-being and psychological comfort.

1.5.2   Necessary and sufficient conditions for therapeutic practices and personality change

When Rogers began his professional work, he always wondered whether the goal of the therapy was to treat, cure or change the client. Through active interaction with his clients, he provided a good relationship which allows the clients to achieve their own personal growth (Rogers, 1961). Clearly, during an oral interview with Russell, Rogers highlighted that he did not want to find a client-centred way or approach; rather he wanted to find a way to help people direct their own destiny (Rogers & Russell, 2002). This led him to establish the basis for person-centred approach that rejects any skill seen too technical, rather he would rely on establishing a meaningful relationship between the therapist and the client. What Rogers thought of developing and establishing certain quality of therapeutic relationship can be encapsulated the following statement of his:

> *"If I can provide a certain type of relationship, the other person will discover within himself or herself the capacity to use that relationship*

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for growth and change, and personal development will occur
"(Rogers, 1961, p.33).

Based on the above statement, Rogers developed the hypothesis of '*necessary and sufficient conditions for therapeutic personality change*', and pointed out that it is clear for him that a few conditions will be necessary to initiate constructive personality change, which, taken together, appears to be sufficient to initiate that process (Rogers,1957). Rogers (1957) further outlined the basic theoretical position where he argues that the presence of six conditions that are necessary in therapeutic relationship for constructive personality change to happen. They are:

1. Two persons are in psychological contact.

2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.

3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.

4. The therapist experiences unconditional positive regard for the client.

5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client.

6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

(Rogers, 1957, p.96)

Although Bozarth and Wilkins (2001) clearly states that the necessity of the six conditions for therapeutic change to occur refers to any helping relationship, although some therapists disagree that these six conditions are sufficient. For instance, according to Norcross (2011), these six conditions are necessary, and useful to initiate the therapy process, however they are often not sufficient for therapeutic establishment. Ellis & MacLaren (1998),

the founder of Rational Emotive Behaviour Therapy (REBT), disagreed to just rely on the therapeutic relationship between the therapist and the client as `necessary and sufficient condition` for constructive personality change. They feel that although these six conditions are usually desirable, most therapists have achieved success even when only a few or none of the six conditions exist. Ellis & MacLaren (1998) added that not all the time therapists are able to be empathic, congruent or to accept the clients unconditionally. Somehow they feel the therapist needs technique to dispute the clients who have highly irrational belief system.

However, Rogers emphasises that the concepts of necessary and sufficient conditions strongly influenced the relationships with the clients in therapy. He believes that the necessary conditions of congruence, unconditional positive regard and empathic understanding together with the non-directivity attitudes of the therapist will be sufficient for a successful of therapy. The therapist moves along with the client, not to lead the session or to be superior to the client but rather to continuously provide support to the client in his/her endeavour to discover him/herself.

1.5.3   Facilitating conditions for therapeutic relationships

Rogers`s idea of the key factors in facilitating conditions for establishing a valuable therapeutic relationship are congruence, unconditional positive regards, empathic understanding and non-directive attitude of the therapist. According to Cornelius-White (2007), the term congruence used by Rogers is closely related to similar words such as real, genuine and transparent. Congruence requires therapists to be genuine, real, authentic and integrated in the relationship during the therapy hour (Kirschenbaum, 2004). Kirschenbaum (2004) further stated that the therapist needs to be a unified person, inner and outer. For instance, therapist`s inner feeling and his awareness of those feelings, must be verbally expressed in a similar way to his inner feelings. Secondly, the unconditional positive regard (UPR) refers to the acceptance and prizing of clients unconditionally, and not be influenced

by the negative evaluation, judgment, or label of client `s feelings, thoughts and behaviours (Kirschenbaum, 2004). It involves the therapist accepting the client's feelings, actions, or ideas completely as a person to be respected, even if these client`s feeling, thought and behaviour are different from those perceived, or viewed by the therapist (Brodley, 2006).

Finally, the empathic understanding refers to therapist's willingness and sensitivity to understand accurately from client`s point of view as clients disclose from moment to moment of their experience, feeling, thought and struggle (Kirschenbaum, 2004). In order to achieve accurate emphatic understanding, Brodley (2006) emphasized the need for the therapist to give full attention to the client here and now or immediate communications, and to try to accurately sense and understand the feelings and personal meanings. This might be done with the aim of leading client towards self-understanding of their subjective experience and to be able to clarify their beliefs and views, as well as to match between therapist`s and client`s understanding of the issue brought to the session (Rogers, 1961; Brodley, 2006).

In addition to the three core concepts briefly described above, Rogers has highlighted one significant implicit concept that shifted the prevalent directive and classical psychoanalysis, to the 'non-directive attitude' in the therapy (Rogers, 1942). Rogers claimed that the diagnostic concepts commonly used during his era often end up with prejudice or misinterpretation from the therapist. The common underlying principle is the need for therapist to enter the client`s world from the client's own perspective, to permit the client to choose their own issues to discuss, and to feel the client`s pain instead of imposing any technique or skill (Rogers & Russell, 2002; Kirschenbaum, 2004). Basically, the non-directive attitude will allow and encourage the client's self-determination, autonomy, leading the session in his/her own way and direction, as well as gaining realistic sense of self that is based on "openness to new experience" (Rogers, 1961).

In short, the dynamic interaction of the therapist who is capable of engaging empathically and respecting the client, being in a state of congruence, accepting the client unconditionally in non-directive way, and focusing on the client rather than the problem, will permit the client to achieve self awareness and self-acceptance. Brodley (2006) summarised that these four main concepts shape therapists' role, influence therapists' view and perceptions towards their clients, and form the facilitative psychological therapeutic process and practice. Thus, the clients are able to grow, and to move towards positive and fruitful change.

1.5.4 Theory-based concepts in the therapeutic practice and process

It began from Rogers`s important work on theory of therapeutic practice and process which was published in his second book, *Counselling and Psychotherapy: New Concepts and Practices* (Rogers, 1942). As we are aware, Rogers emphasises on the importance of therapeutic relationship between the therapist and the client alongside the therapist attitude based on the three core conditions to facilitate the therapy process. He pointed out that if the client experiences the supportive and understanding climate during the therapy hours, then the client will move towards overcoming their difficulties or struggle which indirectly will change their personality.

In general, Rogers has made a very great effort to explore, understand and discover in detail the importance of the therapeutic practice and personality change for the client. Unlike other approaches, for instance the psychodynamic, which stipulates that the theory of therapeutic practice as well as theory of personality change and human development develop at the same time. However, according to Cooper (2007), in person-centred approach these do not occur simultaneously. Rogers pioneered in conducting empirical research on therapeutic practice and process through comprehensive documentation of cases in counselling and psychotherapy. He then disseminated these findings widely during his era (Rogers, 1942; Kirschenbaum, 2005; Barrett-Lennard, 2007; Van Kalmthout, 2007). From

these remarkable works, it is obvious that Rogers highlighted the importance of therapeutic relationship as the key resource to facilitate the therapy process (Rogers, 1961, 1980; Kirschenbaum, 2004). Following this idea, Rogers then came out with extensive research on the process and outcomes of counselling and psychotherapy (Barrett-Lennard, 2007; Van Kalmthout, 2007). As a result of his frequent interactions and study of his clients in the sessions, Rogers extended his idea to the theory of personality and human development, as a complementary to understand the process of client`s life experiences (Sanders, 2007).

Kirschenbaum (2004) stated that Carls Rogers has offered a very accessible overview of the theory of the therapeutic practice different from the common practice in therapy during his time. His idea and practice has remained appropriate for current practice in counselling and psychotherapy. Kirschenbaum (2004) further elaborated that Rogers described the conditions he views as necessary for successful counselling and delineates the importance to understand the real therapeutic process involving the therapist and the clients as well as the crucial needs of reflecting the emotional encounter of the client`s phrases. To further illustrate Rogers`s idea, he frequently emphasised the essential aspects for therapeutic practice that includes the importance of favourable relationship as an agent for change, the need for therapist to embody the core conditions of person-centred approach, the significance of non-directive attitude , and the client`s experiences in therapy which determine the change process. However, as argued by Feist and Feist (2009), limited ability of basic skills will limit a variety of response to the clients, and lack of understanding of the core conditions leads the therapist to be overly supportive of the clients. These might be cause the therapeutic process to remain at surface level without a much deeper exploration and understanding of the client`s issues.

Another important element, as pointed out by Barrett-Lennard (2007), is that, in contrast to other theoretical background, person-centred approach

gives full attention to the beneficial engagement between therapist and client something that Rogers discovered through extensive experiences. With regards to this idea, Rogers's emphasis on the importance of the therapeutic relationship as the catalyst for creating a conducive and supportive environment can be seen from his prominent often quoted stand:

> *"Individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behaviour; these resources can be tapped if a definable climate of facilitative psychological attitudes can be provided."* (Rogers, 1980, pg. 115).

From this famous statement, it would be concluded that the therapeutic practice as well as personality change and development are likely to happen if favourable climate of facilitative conditions are present (Cain, 2010). Indeed, according to Kirschenbaum (2004), the above statement drawn from Roger`s long-term contact with his clients, makes him acknowledge the value of therapist attitudes and role to bring insight/awareness as well as the need to follow what clients prefer in order to change themselves. Having said so, the significant principle of person-centred approach is a relationship between two persons in which the therapist does not require any skills except being oneself with particular attitudes and involves in high level of feeling reflection in relation to the client.

ln order to function this way Capuzzi and Gross (2003) argue that person-centred approach requires a high level of therapist personal basic skills, understanding and awareness, and the ability to sometimes challenge the clients too. Unlike other theories, if the therapist fails to act according to the client's wish, there will be difficulties in their relationship because no technique or tactic to handle this situation exists. While the therapist need to be aware that the core conditions are essential for therapeutic practice to flourish, they should also be aware that these may not necessarily be adequate for all clients at all times to change. Thus, in this situation, it is

crucial for the therapist to be creative and make every effort in improving basic skills and to embody the core conditions through continuous interaction with clients, and regards this as his/her own process of experiential learning. Therefore, in this study, the theory of therapeutic practice as well as the theory of personality change and human development provides a basis for understanding the process and outcome in person-centred creative practice.

1.5.5   Theory of personality change and human development

The major difference between the person-centred theory of personality and the traditional theory of psychotherapy, for instance, the psychodynamic theory , is that person-centred therapy focused more on the constructive side of human nature, instead of trying to focus to what causes the problem to people (Rogers, 1961; Feist and Feist , 2009; Cain, 2010). According to Cooper (2007), person-centred theory of personality and development does not intend to describe what causes human behaviour. Instead, the person-centred therapy aims to provide a deeper understanding of human existence that might enable the therapist to be open and fully accept the clients in the way they are. In this regards, Rogers (1951) discussed his idea of understanding human personality and development in a very well-thought out propositions. He generated a series of 19 propositions as published in one of his books (Rogers, 1951). With regards to these 19 propositions, Rogers provided a clear structure and basis for understanding human personality from the person-centred viewpoints. In addition, Rogers also pointed out the need to understand the nature of human experiences from the phenomenological perspective, as well as the nature of psychological distress and maladjustment. Basically, the understanding of personality and human development will assist the therapist to understand their client's circumstances better (Cooper, 2007: Sanders, 2007). Rogers also highlighted the need to understand human way of being by exploring their view and perception about their life and world, which is seen as actual or real experiences for them (Cooper, 2007). Rogers (1980) labelled these as viewing and understanding from the phenomenological world of the clients.

These statements drawn from Rogers (1951) first three propositions that indicate individuals see themselves as the centre of their existence, in the world of ever-changing experience, and they react as a whole in a way they experience and see it. To them they considered it as "reality", from their phenomenological frame of reference. Therefore, the counsellor or therapist need to be aware of these conditions and must make an effort to have empathic understanding from their client`s window.

As we can see, Rogers`s 19 propositions become the foundation for his theory of personality and human development, apart from stressed to understand human nature as they experiences their world and perceived it`s as reality (Sanders,2007). Moreover, Rogers also emphasized on the personality structure, namely the 'self concept/real self 'and `self-actualize` (Rogers, 1951; Cooper, 2007). His view of human tendency and striving to actualize is to maintain, enhance and respond their world in an organized way as the whole organism, one self structure, that form a balance between real self and ideal self (Rogers, 1951; Sanders, 2007). Rogers also named human drive towards self-actualize as growth-motivation force (Cooper, 2007). Furthermore, in his view of personality development, Rogers (1951) also develop the concepts of `fully functioning person` where the organism continually aims to fulfil its full potential. He listed aspects for `fully functioning person` as having openness to new experiences, increasing trust to themselves, freedom to choose that came from internal source of evaluation, more free to be creative, and willingness to continue growing (Rogers,1961). According to Bohart (2007), the concept of `self`, `fully functioning person` and `self- actualizing person` are closely related, and experiences the whole self through therapeutic encounter to continue grow and change. To promote these characteristics that reflected Rogers` theory of personality and human development` is the main aim of person-centred therapeutic practice (Feist and Feist, 2009). The present study attempts to integrate the core concepts in therapeutic practice and process originally from Roger`s idea into a variety of creative practice, to emphasise on the essential

of understanding from the client`s view point that bring change and growth for the client.

1.5.6 Psychological distress and maladjusted personality

According to Warner (2007), person-centred approach acknowledges that human beings face various types of challenges, difficulties and psychological disstress. Psychological distress and human maladjustment in person-centred approach is caused by the incongruence between `real self` and `ideal self`, that is, the imbalance or the incongruence between their self perception and experience in reality (Sanders, 2007; Feist and Feist, 2009). With regard to the above statement, Sanders (2007) further suggests the increase in the level of psychological distress is caused not only by the increase in the incongruence between perception and experience of self but also by the perception of the whole organism. Rogers suggested that individuals, who are always on the defensive, who are unable to be open to all experiences, and who cannot function fully, are usually in the state of incongruence, and they have the potentiality of increasing their level of psychological distress and maladjusted behaviour (Rogers, 1961). Therefore, they will feel overloaded, and will experience more distress and pressure, if this situation continues without any help from the therapist who are able to provide insight/ awareness regarding their state of incongruence. Therefore, the present study is convinced that by offering a variety of person-centred creative practices to the clients, they have an opportunity to understand their current struggle and to find their own solution for any difficulties encountered.

1.5.7 Theory-based concept of Creative Practice: Symbolisation process

As mentioned previously, this study did not attempt to build new theory, rather to adapted theory-based concepts of symbolisation processes, which is the essence of person-centred creative practices. The sub-topic below will discuss further the ways to foster the process of symbolisation by

offering concrete and diverse media of creative practices that foster a more accurate and more diverse ways of symbolisation.

1.5.7.1 How creative practice can foster the process of symbolisation

In order to promote the process of symbolisation, it is important to create an environment that can encourage voluntary creative expression from the clients. According to N Rogers (1993), individuals have a lot of pent-up feelings and should be expressed and released through proper channels, she further states that by using a variety of modes for creative expression, individual are able to nurture their imaginative, intuitive and other inner resources to express any bottled-up feelings and emotions symbolically.

Rogers (1961) believed that in order for the clients to be creative, they need to be less defensive, more open to new experiences and having internal locus of evaluation. Apart from that, he proposed two external conditions that need to be created by the therapist for the clients to actively respond and engage. These two external conditions are the psychological safety and the psychological freedom conditions. Psychological safety, according to Rogers (1961) is creating an environment based on acceptance, empathy, and non-judgmental evaluation. For examples, therapist accepts whatever feeling expressed by the client which makes him/her feel safe to be him/her self without fear of any external judgmental. In order for the therapist to create the psychological safety for the client, the condition of genuine empathic understanding is essential. In this case, the main factor is to accurately understand both the client`s feelings and thought, so that they will feel understood, and have an internal safety to symbolically express any unnecessary feelings and emotions that might be held back for so long. Therefore, the theory of therapeutic practices and processes, as well as theory of personality change and human development reciprocate each other in bringing about change for the clients when utilising creative intervention methods.

In discussing psychological freedom, Rogers (1961) feels that therapist need to allow the client to completely have a sense of freedom for symbolic expression, to enable creativity to be successfully nurtured. For examples, he clarifies that the opportunity and permission for complete freedom will allow the client to be him/her self in thoughts, feelings and actions without fear of any unnecessary or external judgemental. These, then will enable the clients to unreservedly express themselves in a more creative way. In support, N. Rogers (1993) views complete freedom proposed by Rogers as a necessary external condition that is sufficient for symbolic expression and metaphors process to happen. She further elaborates by giving an example of an individual who harbours hatred or negative feeling towards someone. Through expressive arts, symbolic expression of any unwanted feeling can be completely released freely without having to express it direct to any particular person.

However, in order for person-centred creative practice to foster the process of symbolisation more accurately , as well as more broadly, a sound and solid material is needed to stimulate the various mean of enhancing both creativity and symbolisation process. According to N Rogers (1993) who extended her father's idea of psychological safety and freedom as resources to foster creativity and symbolic process, there is a third external condition to be considered. She added i) stimulating and, ii) challenging experiences as the two additional concepts. In fact, she further suggested that one could utilise various expressive arts form that is necessary to stimulate the client towards creativity by offering experiences that will encourage and challenge his/her creative and intuitive ability. A variety of media can be offered as a mean for expression that will indirectly concrete platform or outlet that will assist the client to get involved. Once involved, the client will have a task to perform, and an art-product that is related to their current feeling and emotions has to be created. Engaging in arts-making processes, will indirectly touch the feeling of the client and at the same time will bypass the cognitive level.

These two aspects will generate the idea through the process of symbolisation that will assist the client to transfer it into tangible materials.

With regards to the three conditions that will enable the creative practice to foster the process of creativity and symbolisation, N. Rogers (1993) wrote that psychological safety and freedom serve as the soil and nutrient for creativity, but the seeds must be planted in a stimulating yet challenging way (N. Rogers, 1993). This can bring to reality only by helping all the possible stimulating and challenging experiences through wider creative forms where seeds are to grown. In other words, different creative materials used will foster different symbolisation processes as they are closely related to the individual, significant others, environments, and events or particular experiences, that will challenge their thought and feeling too. The kinds of external conditions that can foster the process of symbolisation in all kinds of creative practices in child-centred play therapy, person-centred expressive arts therapy, and person-centred art therapy will be discussed and elaborated below.

1.5.7.2 Fostering symbolisation processes through child-centred play therapy practices

In general, child-centred play therapy practices are based upon the belief that similar to adults who use talking as a means for communication; children will use toys instead of words, and play activity instead of language (Ginott, 1960; Moustakas, 1997; Landreth, 2002; Wilson & Ryan, 2005; Sweeney & Landreth, 2011). The way child-centred play therapy foster the process of symbolisation provides good justification and reason for this approach to be enormously sufficient to work with children and young people. The underlying tenet of using toys and materials is that the children have limited ability to express themselves verbally. This similar to young people, who sometimes are unable to express their difficulties through verbal processes. Therefore, the use of a broad spectrum of toys and materials allows children and young people to symbolically express their feelings,

behaviours and thoughts accurately in a more concrete way (Ginott, 1960; Landreth, 2002; VanFleet et al., 2010; Prever, 2010). Trotter, Eshelman & Landreth (2003) state that toys and materials enable a variety of themes, patterns and activities to emerge during play therapy session, and metaphorically represents many symbolic meanings for the same client at different times, or for different clients with similar presenting issues. To elaborate further, the subsection below will demonstrate how to cultivate and foster the process of symbolisation through the use of toys and materials that are related to particular themes, patterns, and activities in child-centred play therapy.

In general, toys and materials offer concrete and diverse platforms as a mean for communication and symbolic expression particularly for children and young people who are less able to bring out their struggle verbally. Several authors suggested that toys and materials used in play therapy are able to promote the symbolic expression through a variety of themes, patterns or activities (West, 1996; Guerney, 2001; Landreth, 2002; Behr, 2003; Wilson & Ryan, 2005; VanFleet et al., 2010; Cochran et al., 2010). Although Axline (1974, 1989) does not state explicitly the symbolic meaning of play themes, patterns and activities, several authors mentioned previously have expanded and revised Axline`s work in wider types of play themes ,patterns or activities. These theorists shared and developed some common kinds of themes, patterns and activities that represent particular symbolic meaning during the play therapy sessions.

For instance, common play therapy themes and activities shared symbolic play such as repetitive play, aggressive play, emotional release play, imaginative play, creative play, mastery play as well as pretending play (Landreth, 2002; VanFleet et al., 2010; Cochran et al., 2010). These play themes represent particular symbolic language for children`s experiences or their difficulties (Landreth, 2002), which stimulate and enable children to express it through a variety of ways (Guerney, 2001). Therefore it can be

concluded that play therapy offers a variety of methods to process the experiences or difficulties encountered by the clients in various symbolic forms.

In discussing how play themes can foster the process of symbolisation, Cochran et al. (2010), for example, elaborated the pretending play theme that involves role-play and therapeutic value of socio-drama. Cochran et al. (2010) divided the role play into three types: interactive role-play, therapist role-play, and solitary role-play. Firstly, the interactive role-play. It is where the therapist is invited to act out particular characters symbolically while the child leads and controls the scenario and setting. Secondly, the therapist role-plays. It is a play theme that requires the therapist to act any character requested by the child in which the child in symbolic way only observes and directs the scenario. Finally, the solitary role-play, refers to the child conducting the storyline alone with multiple roles. For this play theme, the therapist is just to observe the scene. Regarding these, Filaccio (2008) sees solitary role-play encourages the children to symbolically play their own world without being aware of the therapist present. In all these kind of dramatic role-play, children will choose the scenario that relates to their inner and outer world, which is sometimes influenced by the themes or characters from the electronic media such as television or video. The role or character might immediately change depending on the act out of children`s emotions (West, 1996)

In addition, Cochran et al. (2010) also emphasised that the use of toys and materials can foster the process of symbolisation that is related to the different stages as suggested in child-centred play therapy (e.g. warm up stage, aggressive stage, regressive stage, and mastery stage). Cochran et al. (2010) described in detail all these stages as follows: i) The warm up stage should enable the children to symbolically experiences initial engagement or re-visit the early stage. For instances, they suggested materials such as playing card and drawing, which symbolically indicates the readiness or

willingness of the child to engage in the session. They also suggested toys and materials that portray feeding a baby doll with a baby bottle. This will symbolically encourage the child to enter the journey of early life ; ii) The aggressive stage should place the materials that allow the symbolisation process for fantasy-based aggressive behaviour, pretend play of control over others, dramatic play, and emotional expression such as battle materials, animal figure, policeman figures and puppets; iii) The regressive stage should have materials to facilitate the symbolisation process related to the relationships and attachment such as hospital kits, family dolls and doll house; and iv) The mastery stage might have materials that permit the symbolisation process to encourage the children to develop a sense of competency. Therefore, based on the given stages in most play therapy session, it should be seen that the use of toys and materials provides a concrete medium for fostering the process of symbolisation according to the progress of child`s engagement through acting out ,creativity, imaginative and level of self expression.

Landreth among others, (2002), in describing the way toys and materials can foster the process of symbolisation, has grouped them into three broad categories that represent the real life situation, the acting out/aggression-release, and the creative expression/ emotional release. With regards to the real life situation, he further elaborates in detail the roles of specific toys and materials that allow the children to symbolically experience self, significant others, specific events and particular situation that normally centres around family contexts. According to few authors, themes symbolically occur mainly related to providing and receiving attachment and nurturance (Ginott, 1960; Landreth, 2002; VanFleet et al., 2010; Cochran, Cochran, Nordling, McAdam & Miller, 2010a). Van Fleet et al. (2010) advocated that toys and materials in this real life category should foster the process of symbolisation related to providing and receiving attachment and nurturance for children. Therefore, play therapy practice needs to provide toys and materials to stimulate the symbolisation experiences that can bring

to surface any struggle or difficulty faced by the children based on the love and care gained during their childhood life.

With regards to acting out/aggressive-release category, toys offered might provide an adequate medium for acting or playing out aggressive behaviour, and encourage the children to symbolically express feelings and emotions that they are unable to articulate by words (Landreth, 2002; Van Fleet et al., 2010). For example, sand trays, and water, symbolically enable the children to express and act-out their emotions, or use puppets to act out and do role play, or perform psychodrama that represents particular dramatic issues (Axline, 1974; Landreth, 2002; Wilson & Ryan, 2005; VanFleet et al., 2010). For example, sand play enables the symbolic process of any person, experience, event or significant other, which children can hold, move, touch, or transfer. VanFleet et al. (2010) added that the sand tray provides a sensory activity to encourage the child to tell the story spontaneously, and the miniature toys used will symbolically represent particular characters relevant to the child `s issues. Therefore, the materials for aggressive-release provided a dynamic outlet for the children to symbolically express the inner tension.

The process of symbolisation that relates to creative expression and emotional- release sometimes may overlap with the aggressive-release as described previously. For example, Ginott (1960) and Moustakas (1973) advocated that unstructured materials such as sand and water help children to symbolically express and experience feeling easily and in more relaxed way, whereas Landreth (2002) viewed these materials in symbolic way to assist in aggressive release. Ginott (1960) also proposed specific materials for specific purpose. For instance, Ginott states that clay is suitable for sculpturing, sand for building or burying, and paint for decorating or dirtying, which foster the process of symbolisation in different ways. Each of these materials can be used to relate to individual personal meaning.

In line with developing technologies, VanFleet et al.(2010), point out that some toys and materials need to provide symbolic experiences that relate to communication, to connecting with others, and for social relationships. For examples, they recommended the following communication toys: telephone including cell and mobile phone, megaphone, binoculars and walkie-talkie that will allow the children to symbolically express themselves in relation to significant others. The use of these toys indirectly provides a space for children to express their inner feeling, reveal their true self as well as their dissatisfaction, which symbolically will indicate issues related to communication and interpersonal relationship.

In child-centred play therapy, some materials are used symbolically for mastery purpose that will allow the achievement of developmental mastery for a variety of dilemmas or problems (VanFleet et al., 2010). Toys and materials used for the mastery category foster the process of symbolisation for issues pertaining to competence and self-mastery that increases self-satisfaction (Cochran et al., 2010). This means that, through the use of materials that fall into the mastery group, will in symbolic way give the children an opportunity to identify their mental abilities or competencies, which they may not realise, are not aware, or may sometimes even ignore it. Mastery play theme represents in symbolic way the development and achievement of diverse mastery which gives the children the ability to deal with problems (VanFleet et al., 2010; Cochran et al., 2010). Mastery play theme enables the children to demonstrate the ability to complete particular tasks, create specific constructive rules, manage aggressive or regressive behaviour, and demonstrate self-discipline. Mastery play theme also helps children to make choices and decisions, as well as to achieve a certain level of doing things through the process of symbolisation.

To sum up, in child-centred play therapy practices, toys and materials foster the process of symbolisation by generating particular themes, patterns and activities spontaneously throughout the therapeutic practice. The use of

toys and materials within particular categories enables the children to symbolically recreate, revisit, explore, reveal, dig up and discover any significant experience that has negative impact on the client's well-being. The variety of toys and materials used in play therapy offer valuables methods to foster the process of symbolisation from the children inner world. Thus, the outcomes from this therapeutic process will enable the therapist to gain deeper understanding of personal meaning from the clients' frame of reference in a more accurate and concrete way.

1.5.7.3 Fostering symbolisation process through person-centred expressive/arts practice

Although N Rogers (1993) emphasised only the overlap between therapeutic and creativity in person-centred expressive arts therapy, yet the concepts of symbolisation process and creativity are also overlapping, or inter-relating. As for symbolic expression, it is a process of self revealing, and all arts form indicates different personal meaning for different clients (N. Rogers, 1993; Merry, 1997; Herron, 2005). For instance, N Rogers (1993) highlighted that we express ourselves either through words, movements, facial expressions, body language, sounds, colours or lines represent our way of being and doing things. While creativity is seen as a process that involves the ability to open up to new experiences, a new ways of learning, or a new way of accomplishing things. It also serves as a platform for symbolic expression (N. Rogers, 1987; Herron, 2005). Therefore, in fostering the process of symbolisation, we are also indirectly fostering the process of creativity too, and vice versa.

The person-centred expressive arts therapy evolved from various modalities including the dance and movement therapy, art therapy, and drama therapy. As a result, the clients will be able to freely express themselves in various symbolic ways for self-exploration, and self discovery (Khanna, 1989; N. Rogers, 1993; Merry 1997; Herron, 2005; Sommer-Flanagan, 2007). N. Rogers (1993) further elaborated that person-centred expressive art

therapy can be seen as a creative process that ranges from one art form to another art form. For example, creative art making, movement, drawing, painting, sculpting, music, writing, sound, improvisation; and as its name implies, it serves many different paths for symbolic expression and creativity. The next subsection will discuss in detail, some of the ways creative connection® promote the process of symbolisation in expressive arts therapeutic practice.

The way the creative connection® foster the process of symbolisation

N. Rogers developed the concept of creative connection® based on the belief that all kinds of arts usually foster, stimulate, promote and release one another (N. Rogers, 1987, 1993; Herron, 2005; Sommer-Flanagan, 2007). For example, N. Rogers has highlighted that we might start our session with movement, and then continue to visual art-making, writing and talking whilst using sound, music or other musical instruments. She further stated that we also might start the other way round. We may begin with guided imagery, followed by drawing, then playing with clay, movement, sound, and finally by writing journal that connects to each other. Therefore, when we encourage the clients to begin with drawing, or guided imagery, we are stimulating them to do some movement and other kind of expressive arts form. We are really inducing a variety of symbolisation expression for the clients.

To clarify further, we may begin with movements that represent one mode of symbolisation, and when the clients continue with creating visual art, we might encourage them to further express themselves into other symbolic forms. All these forms of arts-activities through creative connection® encourage the process of symbolisation through expressing, creating, imagining, channelling, exploring, revealing, transforming, interacting, and connecting within the self and others (N. Rogers,1993). Thus, clients have many different choices of modes to externalise any internal issues, difficulties or unknown matters through symbolisation of experiences with creative media.

From the discussion in the earlier section, N Rogers (1993) highlighted conditions that foster the process of creativity and symbolisation, namely, providing psychological safety, psychological freedom, and offering stimulating and challenging environment. She emphasised that by creating the environment with psychological freedom and safety, creativity will flow naturally, if the therapist provides adequate creative arts materials. This might be sufficient to stimulate and challenge the clients to tap their inner self and the unconscious. Therefore, if the clients are fully engaged through this creative process, they will be able to integrate their cognitive, emotion, physical and spiritual dimensions, and will be able to express themselves more adequately in symbolic way. This therapeutic process offers experiential experiences to the clients to directly feel the alternative way to their inner journey.

This normally happened through symbolic expression and metaphorical process with particular patterns and symbols from the arts processes. The clients at this stage will really unfold to their unknown life, which by N Rogers (1993) named as `our secret garden`. When the clients begin to look at the symbols that emerge in their arts product, they will have a chance to identify their personal meaning, to understand intelectually their own identity, to be aware of their feelings and emotions, and to acknowledge their dynamic behaviour (N. Rogers, 2007). Therefore, through the different modes of creative connection® activities, symbolisation of experiences may occur which will bring insight awareness to the clients. In order for this to happen, the therapist should assist and encourage the clients to express their inner self by providing a variety of creative materials that can be used for different activities. Only by providing vast choice of materials, will the client be able to process any issue that emerges more accurately and broadly from their own perspective.

N. Rogers (1993) further explains that person-centred expressive arts therapy also involves kinaesthetic movement. Through play activity as one important art form, particularly role-play, clients are able to transform their real life experiences into symbolic expression. She elaborates her idea by giving the following examples ; to play and dress-up in princess gowns, to use military hats, to put on the gorilla mask or any dark shadow character (e.g. witch hats), will allow the client to symbolically play out the dark side of their personality that they are unaware of . It could be argued that, perhaps, these activities reflect N. Rogers` view regarding our shadow or dark part which may be repressed, suppressed, denied or hidden which symbolisation process has successfully brought to light. She further pointed out that through kinaesthetic movement clients will be stimulated to symbolically experience a real journey to tap the unconscious, and to make visible all the hidden matters. It is especially breaking through a boundary for highly rigid and highly structured clients (N. Rogers, 1987; Herron, 2005). The following section will elaborate in more detail, the way a particular art form fosters the process of symbolisation in expressive/ arts therapeutic practice.

Kind of expressive/arts activities that foster the processes of symbolisation

N. Rogers (1993) chose visual art and images such as drawing, painting, doodling, and sketching to illustrate her point. According to her, the process of symbolisation is fostered through colour, line, form or shape that represents the particular personal meaning for the clients. She explained that the symbolic process of visual arts offers the clients an opportunity to transform the dramatic and poignant part into the finished, or unfinished drawing and images. N Rogers stressed that either complete or incomplete end products, both provided signs for something and have significant and particular meaning for the clients. Furthermore, she stated that, by reflecting to either the finished or the unfinished art-making, one is opening the door to the unknown and unexpected outcomes. Thus, as therapist, we need to be

ready and to be open to unpredictable reaction of the clients through the symbolisation of experiences they came across.

Silverstone (1997), however, has developed her own model of visual art therapy in person-centred way. She normally begins the processes with guided imagery or visual fantasy that symbolically illustrates a particular place and circumstance as a virtual imaginary. Basically, guided imagery fosters the process of symbolisation by bringing the unconscious to the surface and making the clients become more aware of their situations, which sometime people tend to hide (Merrill, & Andersen, 1993; Merry, 1997; N. Rogers, 1993; Liza-Tenzin, 2002; Herron, 2005; Hall, Hall, Stradling & Young, 2006). This hiding or suppressing might be stimulated through imagery, and by using visual arts activities such as creating size, colour, lines, positions, and shape of any images, the abstract issues become visible. In addition, visual arts allow the client to symbolically express any painful emotions, stimulating the creative connection® which enables them to engage in other forms of expression such as dialoguing, flowing with storytelling, vocal sound of dramatic feeling, or sculpturing something significant in their life (N. Rogers, 1993; Merrill, & Andersen, 1993). In doing this, art exercises promote the process of symbolisation either as therapeutic tools `*in therapy* `, or as a medium for arts *'as therapy* `.

According to Rubin (2010), '*art as therapy*' refers to the belief that art activity is mainly used in art-making contexts that offers a healing process, for growth and change, thus, the art`s product symbolically represents these effects. On the other hand, '*art in therapy*' refers to the use of art symbolically as a means for communication and self-expression (Malchiodi, 2007; Rubin, 2010). Therefore, visual arts foster the process of symbolisation in two ways: through clinical practice with `*art in therapy*`, and for artistic expression with `*art as therapy*`, both having a constructive effect for the clients in their own unique way.

Another simple way to promote the symbolisation process is to make a collage, particularly for children who are interested in cutting, pasting and creating images. N. Rogers (1993) highlighted that making collages are more appropriate for those who are less able or who are reluctant to draw and who are very analytical and intellectual. She further states that collage making process encourages the clients to use active imagination as a means of symbolic expression of their unknown parts. Closely related to N.Roger`s view, according to Silverstone (1997), is imagination and intuition which offers a space in which the symbolic language of the unconscious can speak to us through image and metaphor.

N. Rogers (1993) further suggests other expressive activities such as creating art journals, using a diary, free or creative writing, art and craft-making, as well as dolls and puppets making which according to her also promote the process of symbolisation. For instance, she states that creating art journal, or creative arts and crafts making powers up the process of symbolisation through in-depth expression of moods, feeling and emotions, as well as unblock the clients stuckness . Free and creative writing, on the other hand, spontaneously fosters the symbolisation process related to the client`s cognitive and behaviour patterns, and integrates it with their existing feelings and emotions.

She also further elaborates that, the doll and puppets, for examples, can symbolically represent positive and negative part of the client`s personality, and they can be encouraged to be in touch with all aspects of themselves. Through the doll and puppets used, clients can be assisted to symbolically express what can be difficult to do in real life experiences such as those who never speak out, or who are abandoned, ignored , hide , or unaware of. It's could be argue that the use of a variety and different kinds of activities and materials will stimulates the clients to symbolically express their inner issue relate to feeling, emotions, thought or behaviour that significantly have personal meaning to them.

Another medium for symbolic expression as exposed by N. Rogers (1993) is movement, where our body reacts as a channel upon which other expressive media rely. For her, the activities in person-centred expressive arts therapy such as verbal language, creative writing, singing, and all types of visual and image creating all involve, and originate from, movement. She therefore feels the need to have appropriate materials that encourage movement within a wider range of music and sound that will foster the process of symbolisation through the creative connection® engagement. She points out that music is able to contain and re-organise an overwhelming feeling such as emotional pain, serious illness, losses, or grief. Music symbolically assists in exploring all aspects of self on sensory level, and a means for releasing all bottle-up feelings and emotions. In the creative connection® engagement, the use of music is usually followed by movement, arts, and play that symbolically represent particular meaning. Moreover, N. Rogers (1993) further clarifies that the use of music as symbolic expression will bypass the intellectual or emotional defence that enables the client to connect with another creative expression form.

In summary, the nature of child-centred play therapy and of person centred expressive/art therapy practice shares some commonality in terms of major activities that consist of a variety of symbolic expressions and creative processes. The three creative approaches discussed above show the different characteristics of each practice in fostering the process of symbolisation. In child-centred play therapy, the process of symbolisation is fostered through different categories of toys and materials that facilitate the visible themes, patterns and activities at different play stages; person-centred expressive arts therapy assists in symbolic expression through different art forms based on the creative connection®. Whilst person-centred art therapy relies initially on guided imagery, followed by visual arts and image making, to promote symbolisation process either through visual arts in therapy, or through visual arts as therapy.

1.6   Rationale for symbolisation process essentially adequate for children and young people

The process of symbolisation is one of the important elements when using creative practices with children and adolescents. Therefore, many related sections are discussed comprehensively in chapter two: literature review. This section will explain the rationale of symbolisation process that is adequate and required when working therapeutically with children and adolescents by considering that words are necessary but not necessarily sufficient. In this study, symbolisation process refers to the way children and young people utilise arts and play materials together, and being able to make psychological meaning in relation to their real life experience. Review of previous literature suggests that several factors make the process of symbolisation fairly important to work with children and adolescents in person-centred creative practices. Among the numerous rationales include age appropriate, matches developmental needs, facilitates non-verbal communication, easily understandable for self expression, serves as a projective medium, enhances body-mind functioning, and mastery skills. The following sections further elaborate all these aspects, which are mostly related to each other.

1.6.1   Age appropriate

Among others, age appropriate is considered as one of the important aspects in using selected creative materials for children and young people. A variety of creative activities utilising symbolical represent the client`s experiences and can describe various things about their world. In general, as play is considered as children's natural means of communication, toys and materials symbolically represent their language and words, and they will be able to interact spontaneously than they communicate verbally. This is also similar to young people who sometimes face difficulty to communicate through verbal approach; thus, materials assist them to communicate and interact through symbolic expression (Prever, 2010). Researchers suggested that the most important and common rationale in psychotherapy with children

and young people is the need to consider different stages of their development (Landreth, 2002; Wilson and Ryan, 2005; Hoelldampf et al., 2010).

Therefore, in child-centred play therapy for example, since Axline's (1974) idea of using play therapy did not include adolescents, play therapy for adolescents needs to be adapted and modified to foster particular symbolic expressions (Behr, 2003; Wilson & Ryan, 2005; VanFleet et al., 2010), and the materials used have to be convenient for different age groups (West, 1996; Landreth, 2002; Behr, 2003; Wilson & Ryan, 2005; Wikström, 2005; Dougherty & Ray, 2007; VanFleet et al., 2010; Cochran et al., 2010a). Thus, the clients are free to express their experiences symbolically and spontaneously.

1.6.2   Matches developmental needs

The use of creative practices within the appropriate age for children and adolescents is closely related to various aspects of their developmental level. For instance, the use of play therapy is based upon developmental understanding from cognitive aspect (Piaget, 1962), Erikson's stages of emotional aspects (Erikson, 1963), infant's development (Stern, 1985), and attachment theory (Bowlby, 1991). However, these aspects can be altered to facilitate the process of symbolisation of life experiences for young people as well (N.Rogers, 1993; Case & Dalley, 2008; Karkou, 2010). For example, based on the above mentioned developmental theories, numerous symbolic play functions differently, which represent different dimensions of the client's life experiences. In contrast to talk therapy and other primary cognitive/educational activities, creative practices help clients to bridge the gap between concrete experiences and abstract thought, allowing them to make sense of, and express troubling experiences through symbolic process.

An example is pretending play that allows children to immerse themselves within real situations in daily life, learn and experience as other person, and create something different from existing real life situation.

Through pretending play, children are fully engaged and involved with their physical, social, mental, emotional and psychological needs based on their stage of development (Piaget, 1962; West, 1996; VanFleet et al., 2010). The processes of symbolisation take place when children are able to communicate these new experiences verbally, make meaning to their symbolic experiences and in action-oriented manner, as well as make sense of their world (Case & Dalley, 2008). All of these represent indicators that reflect their lives, feelings, emotions, thoughts, experiences stored and things unnoticed but affect their well-being.

However, for young people, within their unique growing ways, changing and moving towards their own identity, as well as entering the critical phase of life conflicts (Erikson, 1963; Bowlby, 1991), creative practices enable them to symbolically act-out these complexity and a variety of unresolved conflicts. In contrast to children, adolescents are more likely to use the art-making process instead of playing toys that is viewed as childish. The role of art-making is to connect young people with their inner world and outer world through the process of symbolisation that gives them a different perspective in relation to their life experiences. Art-making process for adolescents is at a concrete level that allows them to observe their self-development and move from physical acting-out to symbolic thinking (Case & Dalley, 2008). Therefore, it can be said that art-making process is also a process of self-expressive symbolically through different languages, especially when verbal language is unable to describe the experience of adolescent life.

1.6.3 Facilitates non-verbal communication

In addition, a variety of materials and creative techniques that are used in therapy symbolically processes for issues of children and young people, enable the establishment of therapeutic relationship (Case and Dalley, 2008) and serve as important tools in therapy (Crenshaw, 2004, 2006, 2008). For Crenshaw, symbolic tools enable clients to expand and enrich therapeutic

dialogue or to dialogue with arts, especially those who are limited in verbal self-expression, demonstrate resistances, reluctant to engage, or less able to articulate their feelings and emotions. The use of specific techniques such as projective drawing symbolically conveys a message that are recollected from particular themes where the clients are reluctant, refuse, resist, or not ready to talk directly (Crenshaw, 2004).

1.6.4   Easily understandable for self expression

Another aspect is creative practice symbolically facilitates clients to address issues related to social, emotional and behavioural problems. In a safe, supportive and conducive environment in the therapy room, symbolisation process is an alternative way to access feeling that is hard to express or understand the act-out behaviour, which may be too difficult to articulate directly in real life situation. Therefore, creative practices help clients to express themselves symbolically in front of the therapist who are able to make them heard and understood. The processes of self expression symbolically depicting the internal feelings of the clients will lead to emotional relief, a sense of release, letting go and relaxing (N. Rogers, 1993). Meanwhile, toys, which are children's word and play is their language (Landreth, 2002), also help children to enter their world more clearly and concretely.

1.6.5   Serves as a projective medium

Creative materials that are used in the session can serve as a projective tool against issues or individuals, where children and young people feel uncomfortable to express directly. For example, children and adolescents need time to build a therapeutic relationship, as well as to place trust and feeling of safety with the therapist that enable them to talk directly about their difficulties, struggles, feelings and emotions. By utilising creative practice, for example clay sculpting, children and young people have the opportunity to express their unnecessary inner feelings onto a concrete object in a safe environment (Weitzman, 2008). She further stated that the process of

symbolisation occurs through sculpting acts, psychical movements, and other non-verbal clues in relation to three-dimensional tangible representation of their therapeutic encounter. Indirectly, the therapist can use the objects designed to identify the major themes that emerged and related to the clients during existing session, which can help further exploration.

In addition, the use of particular materials, for example music, dance and movement in expressive arts, serves as a projective medium in a less threatening manner for young people, as they are immersed in the world of music, dance and movements (Lowenstein, 2008). Music, dance and movements for young people provide a platform and access to symbolisation of experience, where certain lyrics and melodies can touch the soul, as well as affect certain emotions, which are then expressed spontaneously through drawing or journaling (N. Rogers, 1993). These transformation processes are normally somewhat limits the opportunity to express it outside the therapeutic context, or by just relying on verbal expression.

1.6.6   Enhances body-mind functioning

In addition to the above mentioned rationale for adequate symbolisation processes when working with children and young people, it also enhances body-mind functioning. For children, a variety of play activities nurture brain development and physical functioning, while expressive arts activities help teenagers manage the brainstorms of adolescence and develop a better understanding of life experiences and coping strategies. Various play activities for children foster brain and physical functions while expressive arts activities help young people develop a better understanding of their world, as well as broaden their thinking from various dimensions in order to establish coping strategies that are appropriate to their life challenges.

For example, the creative practice inspired by Hobday and Ollier (1998) such as 'life line activity' enables children and young people to reflect

different stages in their life journey, also to understand more about their life and others that have different story. The creation of personal meaning is not simply the process related to mind-brain functioning, but it is also a process grounded in the body and requires input from senses that involve the processes of symbolisation of many different life experiences. Moreover, the concrete media display about the client's past life journey stimulates their visual thinking, activate their imagination, intuition, expectations, and possible action to take in order to manage their future (Hobday & Ollier, 1998). Through connection processes that involve kinaesthetic movements as proposed by N. Rogers (1993), clients are able to symbolise more ideas, dream, hope and wish for their future, and can later be used as clues to identify life skills that might benefit the clients and significant people around them.

1.6.7 Mastery skills

Through the process of symbolisation, children and young people are able to develop mastery over their life experiences and manage to improve a variety of coping strategies. For example, the use of projective drawing enables children and young people to symbolically express their feelings, wishes, fears, dreams, hopes, and struggles, thus opens the door to their inner life (Crenshaw, 2008). He further clarified that the symbolisation processes occur, the processes also expand their creative mind, broaden their cognitive visual, and sharpen their critical thinking about the way they can improve their life. Selected creative technique can provide clients a sense of power and control, improve way of solving problems, and master new life skills. Thus, the symbolisation processes help in improving a variety of life skills including peer relationship, develop cause-effect thinking, process stressful and traumatic experiences, and learn social skills. As a result, it can help to build feelings of confidence, resistance and success (Crenshaw, 2004).

1.6.8   Conclusion

Symbolisation process is very important when using creative materials and techniques with children and young people for several justifications that are extremely sufficient when words alone are not enough. Those factors include age appropriate and the development level that requires the process of symbolisation, in which nonverbal communication and self expression are more easily done through concrete materials. Apart from that, the processes of symbolisation also allow children to project their inner feeling to concrete materials, bring the unknown to tangible, and enhance body-mind functioning. Thus, indirectly, symbolisation process will also help to improve the efficiency of specific skills in everyday life.

1.7   Personal aims

This section will describe my personal background, and how I became interested in this field of study. Discussions will further explain my personal and professional aims, the potential contribution or significance of the study, and finally my personal bias or reader assumption for this study.

1.7.1   Personal background

In 1995, I completed my Undergraduate Degree of Education, majoring in Guidance and Counselling that followed the North America Counselling syllabus. The programme took four years to complete and I learnt comprehensive counselling theory and practice with a wide range of clients in a variety of counselling settings. After graduating I worked full-time as a counsellor at a boarding school for gifted and talented students, with an education program that focused on Sciences, Technology, and Industrial development. My clients were pupils aged 13 to 17 years who normally encountered various issues or problems centred on adolescence. My practice also varied in terms of theoretical approach, and individual, group, family or career counselling format, depending on the presenting issues brought by the young people to the therapy. Due to a demand for counselling services, I also engaged with younger clients aged 7 to 12 at several primary schools, who

realized the need for counselling services also. As a result, over a few years I was working in establishing and providing basic counselling skills for primary school teachers who were given responsibility for offering counselling services for pupils at local primary schools.

During this therapeutic engagement with children and young people, I encountered most clients regardless of age or background who found it quite hard to talk directly about their personal issues. Most of the time I struggled when I was just using talking therapy, particularly when children or young people were reluctant or hesitant to talk to an adult, or unable to express their difficulties. Gradually, I become aware of the need for the counsellor to provide a trusting relationship and safe space where young clients could talk or express their inner feelings without feeling threatened. In addition, I also realised the importance for counsellors or therapists to try different ways of support and to provide alternative means of communication for clients who struggled with the verbal approach.

Therefore, I tried to offer young people different paths for therapy, such as doodling, sketching, drawing, visual fantasy, guided imagery, using simple art and craft materials, or to write creatively whatever they liked in their own way. At that time I had a limited idea and understanding of creative approaches and had never been exposed to or attended any training for using creative art materials for counselling or therapy. However, my personal inclination towards using creative art materials enabled me to help young people reveal and discover a lot of hidden issues. This phenomenon increased my understanding and interest in using both verbal and non-verbal therapy methods that enabled young people to explore the issues that they were unaware of, had repressed, or had limited language that hindered them from bringing their issues out. I also believed in the value of building a trusting relationship with the client that linked well with using creative art materials. From my own experience, I continued to use a variety of creative art materials and found this way of working really helpful for children and young

people to gain insight and awareness, overcoming their personal difficulties, or reducing their psychological distress. I also realized most counsellors who were also struggling with talking therapy tried to find a different way to help their clients. However, lack of knowledge, skills, and expertise in creative intervention limited these approaches from developing and expanding among practitioners in my country.

I continued to study at the postgraduate or Master of Science level in Counselling and was exposed to more counselling practices (e.g. community, marriage and family counselling, divorce counselling, career counselling, rehabilitation counselling and geriatric counselling). At the same time, I still continued my practice and offered counselling for children and young people in school. During my postgraduate lectures in Social Psychology, I was informed that counsellors sometimes need some sort of creative arts therapy skills to work with a diversity of clients and to compliment verbal therapy, that is not only limited to healthcare settings as most of us understood. Since then, I have continued working creatively and tried different methods (e.g. arts and craft work, role play, and play therapy) with children and young people as well as adult clients. Although I felt my practice and skills were quite limited, and I was not able to establish skills through proper training, I realized the potential to develop, expand, extend and establish a variety of creative art interventions in therapeutic relationships within a Malaysian context.

After I was offered an academic post at one of the universities in Malaysia, I believed this was the point for me to embark and establish creative art interventions as a contemporary movement in counselling and other helping relationships as well as in an educational setting in Malaysia, shifting from traditional, classical talking therapy. Although lacking in knowledge and skills, I decided to study further in this relatively new field at the PhD level abroad. Moreover, I determined to explore humanistic creative approaches, particularly in the person-centred framework, because I believed

that the underlying philosophy and core concepts were parallel to Muslim philosophy, and are at the foundation of any therapeutic relationship.

While searching for a university to further my study across the USA, Europe and Australia, I came across the University of Strathclyde, a highly recommended university in the list for study abroad, particularly in the UK. I found that the Counselling Unit of the University of Strathclyde was one of the largest centres of person-centred training in the UK, and actively engaged with wider empirical research (e.g. counselling in schools, process and outcome research, helpful aspect of therapy, counselling children and young people). Taking into account that my keen interest was counselling for children and young people, and that most of the major counselling services in Malaysia are school-based (Mey, 2004; Glamcevski, 2008; Mey & Kok-Mun, 2010), I believed this was the best place for me to gain knowledge and develop my personal and professional skill into the research on counselling and psychotherapy.

During my initial contact with my potential supervisor, I discovered that the person-centred approach has different creative methods that are less known in Malaysia. With the help of my potential supervisor, prior to preparing my proposal, I began to explore person-centred art therapy by Liesl Silverstone as well as person-centred expressive arts therapy founded by N. Rogers, the daughter of Carl Rogers. I discovered that both person-centred art therapy and person-centred expressive arts therapy have some similarities and differences of their own, and was interesting to be explored, studied and expanded. When I started my study at the University of Strathclyde, my second supervisor also mentioned about child-centred play therapy, which I also had limited knowledge of back home. Since then I also started exploring child-centred play therapy from several authors, which changed my perception of play therapy approaches and the added-value place in the therapeutic relationship particularly with children and young people. Therefore I began to explore, and with comprehensive background reading

different creative approaches in person-centred therapy, I believed it was worthwhile for me to explore the combination of these three approaches. I then developed my own understanding and named the combination of these approaches as person-centred creative practice, to use particularly with children and young people.

Apart from comprehensive background reading of these three approaches, I also participated in several skills and training programmes related to my study area, considering my limited practice and skills. Among others, I attended a workshop of potentially working with children and young people where I was exposed to a creative way of working with this client group, as well as using `*focusing art therapy*` approach. I also attended a person-centred play therapy workshop, therapeutic power of arts in psychotherapy workshop as well as person-centred expressive arts therapy workshop, all in the UK. In addition, I also attended a hypnotherapy course at the Scottish School of Hypnotherapy where I was introduced to the use of visual fantasy and guided imagery as well as the creative art process. Moreover, during my visit to the USA, I also had an opportunity to learn about non-directive play therapy and person-centred sand therapy at the learning institute of Association for a Development of Person-centred (ADPCA) annual conference. In addition, my constant personal contact with N. Rogers through email also enriches my knowledge of person centred expressive arts therapy.

In term of practicing skills, I am not only exposed to formal skills and training programmes, but benefited from informal experiential learning too. For example, some practitioners whom I interviewed also offered me to experience their methods or approaches, which provided me with direct experiential learning of a variety of activities from different person-centred creative practices. Moreover, several organizations in Glasgow offered lots of free creative arts workshop for different purposes (e.g. art therapy to overcome stress, creative arts for healing and growth, motivational arts and

crafts sessions, arts and play for leisure and fun, creative arts for family, arts creates life history), that enriched my skills and practice. These also include creative arts sessions with children and adolescents, which my children also benefited from it as well as providing me with opportunity to observe and learn of the way creative arts media is applied for young people. I also learnt about different activities and practices by watching a CD, DVD or through 'You Tube' channel for specific approaches such as person-centred expressive arts therapy, art therapy workshop, and play therapy. To sum, all the attempts of improving skills and on-going practice in using different creative approaches alongside my PhD research provided me with a wide range of perspectives and views that can be introduced and shared with practitioners in Malaysia.

1.7.2 Personal and professional aims

Practically, I discovered that counsellors in Malaysia working with young clients might need to explore, and be able to try using, a variety of methods, techniques or approaches rather than depending only on verbal therapy. I also believed that counsellors working with children and young people needed alternative non-verbal approaches that may be less threatening, more enjoyable, and might be able to facilitate a deeper level of communication. Following the increasing need and wider use of creative approaches, I felt it was crucial to explore wider creative practices to extend and expand within a Malaysian context. One particular interest was how helpful this approach of utilising art or play materials might be for children and young people. At the same time, there was also a need to understand the hindering aspects of such practices that the therapist should be aware of, in order to provide services that are tailored to the children's and young people's needs.

1.7.3 Potential contribution/significance of study

This study might be considered meaningful as it explores, from the therapist's point of view, the helpful and unhelpful process as well as the

helpful and unhelpful outcomes of person-centred creative practices for children and young people. Furthermore, this study investigates the therapist's experience and view of how creative practices can foster the helpful processes in therapeutic work with children and young people. Moreover, this study looks into the emerging of unhelpful processes and how to handle these unhelpful processes. It is also important to explore the helpful and unhelpful effects for children and young people when using creative materials in therapy. Therefore, those who are interested in using this approach could refine and revise their way of working by considering these factors. Moreover, utilising this approach might be beneficial for therapists in broadening their skills and practices according to the complexity of children's and young people's mental health needs.

This study aims to extend our knowledge about the nature of helpful and unhelpful processes of person-centred creative practices by focusing on the symbolisation processes. This study also provides in-depth exploration of how a variety of person-centred creative practices can foster the symbolic expression, which might be more effective as an alternative form of therapy in order to facilitate health and growth for children and young people. No study has yet been conducted on investigating the nature of helpful and unhelpful process, as well as helpful and hindering effects of person-centred creative practice for children and young people. This study capitalises on the contemporary development of person-centred creative practice as it is applied in a variety of counselling and psychotherapy settings. This study also intends to provide additional value in fulfilling the needs for evidence based practice in order to provide appropriate services and to meet the mental health needs of children and young people.

The focus on identifying the nature of helpful processes, how creative materials can foster them, how unhelpful processes emerge, their nature, and how to handle these unhelpful processes alongside the helpful and hindering effects of person-centred creative practice can be useful to refine therapists'

ways of working in using creative approaches. In addition, this study provides evidence based practices to suggest appropriate and specific training programmes in creative arts and play therapy for counsellors, therapists, other related professional allied educators, parents and those working in helping profession, specifically for children and young people.

1.7.4 Personal biases

Before I started my study, I had several assumptions about this person-centred creative practice: a) These methods will be helpful to break through the difficulties of communication with children and young people; b) These methods will enable the therapists to explore more in-depth any hidden issues which are unknown or unaware to children and young people; c)These methods will facilitate the expression of feelings, emotions and experiences; d) Play therapy is only limited to younger children whilst art/expressive arts therapy is more suitable for adolescents; and f) The additional workload for the therapist which is needed to manage the room full of art and play materials that might cause mess and untidiness, which are really unhelpful .

In addition, during the planning stages of my qualitative study, I began to do some background reading about different types of creative approaches in person-centred therapy. Based on this background reading, my assumptions were: a) there is more literature on child-centred play therapy that covers various arts and play therapies because I believed this is the umbrella for the three approaches; b) there is often limited empirical research in the field of person-centred expressive arts therapy and person-centred art therapy on helpful and unhelpful processes as well as helpful and unhelpful effects, as opposed to child-centred play therapy; c) practitioners will just lay out a few, and not distinguish between helpful processes and helpful effects, as well as unhelpful processes and unhelpful effects.

1.8   Defining key terms

This section will define the terms 'person-centred therapy', 'child-centred play therapy', 'person-centred art therapy', 'person-centred

expressive arts therapy' ,and 'person-centred creative practices' -- the unique fusion of therapeutic work that has developed from my research. For the purpose of this research, the conceptual definitions of each term above are adapted from definitions by previous authors.

1.8.1   Person-centred therapy

In my study, person-centred therapy is defined as *an approach that involves the clients and the therapist to build the therapeutic relationship, based on the therapist's ability to create a facilitative and a nonjudgmental environment where the client is self-responsible and knows which direction he/she will choose to bring about positive and constructive change*. This definition is adapted from the provision of six conditions in therapy outlined by Rogers (1951, 1957).

1.8.2   Child-centred play therapy

The proposed general definition of child-centred play therapy in my study is based upon earlier work (Axline, 1989; Landreth, 2002; Wilson & Ryan, 2005), which was later adapted by associations such as the Association for Play Therapy (A4PT) and British Association for Play Therapy (BAPT). The definition of child-centred play therapy is expressed in different forms but describes the same concept of therapeutic interventions in the context of the relationship between the child and the therapist, using play as a medium of communication intended for exploration and personal growth. This is mostly adapted from Rogers's several conditions of necessary and sufficient for therapeutic relationships (Rogers, 1957).

For Axline (1989, p. 8) play therapy is 'based upon the fact that play is the child's natural medium of self-expression. It is an opportunity which is given to the child to play out his feelings and problems just as, in certain types of adult therapy, an individual talks out his difficulties'. Landreth (2002, p.16) defines child-centred play therapy as 'a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates

the development of a safe relationship for the child (or person of any age) to fully express and explore the self (feelings, thoughts, experiences and behaviours) through play, the child's natural medium of communication, for optimal growth and development'. Wilson and Ryan (2005, p. 3), define play therapy as '*a means of creating intense relationship experiences between therapists and children or young people, in which play is the principal medium of communications*'.

The Association for Play Therapy defines play therapy as 'the systematic use of a theoretical model to establish an interpersonal process where trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development' (A4PT, 2011). British Association for Play Therapy (BAPT, 2011) defines play therapy 'as the dynamic process between child and play therapist in which the child explores at his or her own pace and with his or her own agenda those issues, past and current, conscious and unconscious, that affect the child's present life. The child's inner resources are enabled by the therapeutic alliance to bring about growth and change. Play therapy is child-centred, in which play is the primary medium and speech is the secondary medium'.

Drawing these definitions together, for the purposes of my present study, child-centred play therapy is defined as *a dynamic therapeutic relationship in which a safe and facilitative environment is created, based upon the core concepts of the person-centred approach, and through the use of toys and play materials to facilitate verbal and non-verbal communication as well as to assist in expression of emotions and experiences.*

1.8.3   Person-centred expressive arts therapy

Person-centred expressive arts therapy as defined by N. Rogers (1993) is the use of various arts – movement, drawing, painting, sculpting, music, writing, sound and improvisation, in a supportive setting to facilitate growth

and healing. Person-centred expressive arts therapy is the process of discovering oneself through various art forms that come from an emotional depth and intuitive aspect. Estrella (2005) views expressive arts as 'employing a multimodal approach, occasionally working with the arts, at other times using the arts simultaneously, and at still other times transitioning from one art form to another art form within the therapeutic encounter'. The International Expressive Arts Therapy Association (IEATA, 2012) defines expressive art therapy as 'the combination of the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development'.

Person-centred expressive arts therapy in my study can be defined as *the integrated process of engaging in various creative activities, and use of artistic ability for in-depth self exploration and self expression, without interpretation or judgement of the authentic movement, or any expressive art-process and product of the client, which enables them for constructive self discovery, insight-awareness, and healing.*

1.8.4 Person-centred art therapy

Previous literature has given a few definitions of art therapy that build on the definition of person-centred art therapy for the purpose of my study.The American Art Therapy Association (AATA, 2012) defines art therapy as 'Art therapy is the therapeutic use of art making, within a professional relationship, by people who experience illness, trauma, or challenges in living, and by people who seek personal development. Through creating art and reflecting on the art products and processes, people can increase awareness of self and others cope with symptoms, stress, and traumatic experiences; enhance cognitive abilities; and enjoy the life-affirming pleasures of making art.

In general, International Art Therapy Organization (IATO, 2012) defines art therapy 'as a form of expressive therapy that uses art materials,

such as paints, chalk and markers. Art therapy combines traditional psychotherapeutic theories and techniques with an understanding of the psychological aspects of the creative process, especially the affective properties of the different art materials'. Malchiodi (2007, pg 6) defines art therapy within two contexts: firstly, '*Art as therapy*' refers to the process of making art in a therapeutic context that seems to be an opportunity to express oneself imaginatively, authentically, and spontaneously, an experience that, over time, can lead to personal fulfilment, emotional reparation, and transformation. Secondly, '*art in therapy*' or '*art psychotherapy*' is defined based on the idea that art is a means of communication, art images become significant in enhancing verbal exchange between the therapist and the client in achieving insight that leads to positive change, growth and healing. Her definition can be seen as related to the definition by both American Art Therapy Association (AATA) and International Art Therapy Organization (IATO); the former and the latter are both integrated to form the operational definition for my study.

Silverstone (1997), who incorporated the use of art therapy in a person centred way, does not define clearly person centred art therapy. However, she conceptualises person-centred art therapy as 'a creative method to bring the analytical and intellectual, verbal way of thinking, into the 'here and now' worlds of imagination, intuition, and inspiration'.

For the purpose of this study, person centred art therapy is defined as *a means of therapy by creating visual images through drawing, painting, sketching and doodling creatively and imaginatively, and incorporating these with the person-centred core concepts to be used in the process of art as therapy, and/or art in therapy.*

1.8.5 Person-centred creative practice

For the purpose of this study, person-centred creative practice with children and young people is defined as *an integrated range of creative*

activity, with roots in child-centred play therapy, person-centred art therapy,
and/or person-centred expressive arts therapy, which might be used either in
the therapy, as the therapy, or a combination of both, underpinned by the
core concepts of person-centred approach, for children and young people age
*5 to 18.*This operational definition delineates the term person-centred creative
practice as an umbrella term for a wide range of activities, with roots from
play therapy, art therapy, and expressive-art therapy, to provide for creative
practice as the therapy, used in the therapy sessions, or a combination.

1.9   Research Objectives

The specific objectives of this study are:

1.0   To explore therapists' experiences and perceptions of the nature of the
helpful processes of person-centred creative practice for children and
young people.

2.0   To identify factors that can foster the helpful processes when using
person-centred creative practice for children and young people.

3.0   To explore how the *unhelpful process* of person-centred creative
practice emerge when working with children and young people.

4.0   To examine the nature of *unhelpful processes* of person-centred
creative practice for working with children and young people.

5.0   To identify how potentially unhelpful processes of using person-
centred creative practice for children and young people can be
effectively handled and managed.

6.0   To explore the potential *helpful effects* of person-centred creative
practice on children and young people.

7.0   To discover the possible *unhelpful effects* of person-centred creative
practice on children and young people.

CHAPTER 2: LITERATURE REVIEW

2.1   Introduction

This chapter explores and reviews the literature pertaining to the principal objective of this study which is to look into the processes and the outcomes of using person-centred creative practice with children and young people. The review will cover four major domains, namely; 1) the helpful processes; 2) the unhelpful processes; 3) the helpful effects; and 4) the unhelpful effects. The review for this research covers creative practices in person-centred therapy, which comprises mainly the child-centred play therapy, person-centred art therapy, and person-centred expressive arts therapy.

In reviewing the literature, the primary focus will be on children and young people only. However, I have to broaden the scope when the initial literature search showed relatively limited resources particularly in the field of person-centred art/expressive arts therapy. Although the primary aims of my study focused on the perceived helpful processes and unhelpful processes as well as the perceived helpful effects and unhelpful effects of using creative materials with children and young people, yet the literature also discussed the general processes and effects of verbal therapy used with adult clients too. The purpose is to provide valuable knowledge and insight of the general helpful and unhelpful processes and the effects in the therapeutic relationship either for verbal or non-verbal approach, or between younger clients and adult clients, which served as a valuable background when discussing the results of my research.

The literature review will be structured in the following manner. Firstly, the review will cover the nature of helpful processes in the person-centred creative practices, followed by discussing ways how creative practices can foster these helpful processes. Secondly, the unhelpful processes will be discussed, analysing how these unhelpful processes emerge,

their nature, and the ways or means how to handle these unhelpful processes. Thirdly, will be discussion on the potentially helpful effects as a consequence of the helpful processes in using the creative practice. Next, the potential unhelpful effects of utilising person-centred creative practice will be reviewed. Literature review and the discussion on these four domains will provide a viable background for understanding the processes and outcomes of the person-centred creative practice, involving particularly children and young people.

2.2 Process and outcome of counselling and psychotherapy

Most of the existing literature highlights the process and outcomes of adult clients, and focuses on verbal therapies (Elliott, 1985; Greenberg, 1986; Elliott & James, 1989; Llewelyn, & Hardy, 2001; Timulak, 2007; Timulak, 2010; Timulak, Belicova, & Miler, 2010; Levitt & Piazza-Bonin, 2011). Limited research in non-verbal approaches has been conducted to investigate both the helpful processes and the outcomes for children and young people. Nevertheless, the results of processes and outcomes of verbal therapy with adult clients may still be relevant to children and young people. For examples, Dunne,Thompson and Leitch (2000) found that the themes emerging from young people's experiences of the helpful factors in the therapeutic process were consistent to themes of helpful factor in adults undergoing counselling or psychotherapy. They conducted study to investigate 11 adolescent males' reports of their experiences from 23 counselling sessions. The aim of their study is to identify the helpful aspects during the therapeutic process. The results indicate that young people`s view of helpful aspects such as relationship factors and the positive experience of emotional support. The finding of Dunne et. al (2000) closely related to the findings of helpful aspects for adult`s clients (James & Elliott, 1989; Levitt, Butler & Hill, 2006; Timulak, 2007). Therefore, for these reasons research on the perceptions of both therapists and clients will be reviewed, to include verbal and non-verbal approaches for both adults and young people.

In general there are different ways to look at the processes and outcome in counselling and psychotherapy. Among others, there is the change process research (Greenberg, 1986). Greenberg claimed that change process research enables the researcher to identify the different patterns of process at a particular moment, and to relate these to the outcomes. Parallel to Greenberg's view, over more than two decades, there have been several studies that explored the process of therapy, particularly significant events in therapy, and the link to the therapy outcomes (Elliott & James, 1989; Paulson, Truscott & Stuart, 1999; Llewelyn, & Hardy, 2001; Levitt, et. al, 2006; Timulak, 2010; Castonguay, Boswell, Zack, Baker, Boutselis, Chiswick, Damer, Hemmelstein, Jackson, Morford, Ragusea, Roper, Spayd, Weiszer, Borkovec & Holtforth (2010); Timulak, et al., 2010; Levitt & Piazza-Bonin, 2011).

In every study, the definition of significant events used for studying psychotherapy change processes has differed. For instance, this could refer to a moment in therapy (Levitt et al., 2006), the most fruitful therapeutic process (Timulak, 2007), a helpful aspect in therapy (Elliott, 1985), helpful patterns in psychotherapy (Martin & Stelmaczonek, 1988), good moment in therapy (Mahrer & Nadler, 1986), or helpful events in therapy (Paulson et al., 1999). These terms, seem to be different, as used in previous literature, can be generally labelled as helpful processes or productive, rewarding, successful or constructive events within therapy sessions. Table 2.1 below summarises chosen themes of helpful processes from previous studies in verbal therapy for adult clients.

Table 2.1: Summarises themes of helpful processes in verbal therapy

Authors	Years	Themes
Mahrer & Nadler	1986	Exploring significant events in life, Verbal and non-verbal expression,
Elliott & James	1989	Facilitative therapist characteristics, Client self-expression permitted, Experiencing supportive relationship
Granafaki & Mcleod	1999	Facilitated the storytelling process Broke the silence
Paulson et al.	1999	Aiding for client self-disclosure
Levitt et al.	2006	Facilitate therapeutic environment with background music, Enhance the therapeutic relationship, Facilitate self- expression
Timulak	2007	Exploring feelings, Reassurance, support/safety, Emotional experiencing
Rober, Elliott, Buysse, Loots& Corte	2008	Attending to the client's process, Processing the client's story, Managing the therapeutic process
Timulak	2010	Reassurance, Personal contact
Castonguay et al.	2010	Therapeutic alliance, Interpersonal relationships
Levitt & Piazza-Bonin	2011	Sense of connection Client and therapist considering similarity/dissimilarity

In addition, various kinds of significant events or helpful processes are normally linked to the outcomes or immediate effects of therapy (Elliott, 1985; Greenberg, 1986; Mahrer & Nadler, 1986; Timulak et al., 2010; Castonguay et. al, 2010), labelled as *helpful effects* in my study. The outcomes of therapy or helpful effects that are generally reported centre around insight-awareness, behaviour change, problem solving, emotional relief and feeling understood (Timulak, 2007). Table 2.2 below illustrates the chosen themes of helpful effects of verbal therapy with adult from previous studies.

Table 2.2: Summarises themes of helpful effects in verbal therapy

Authors	Years	Themes
Elliott	1985	New perspective, problem solution, Clarification of problem, Focusing attention
Mahrer & Nadler	1986	Demonstrating a significant degree of insight-understanding, Exhibiting feelings of emotional arousal, Re-constructing behaviour
Elliott & James	1989	Self understanding, Insight
Granafaki & Mcleod	1999	Client felt empowerment and emancipation, Re-constructing life story
Paulson et al.	1999	New perspective, Emotional relief, Gaining new knowledge, Client found resolution
Levitt et al.	2006	Encourage client reflexivity and self-discovery, Experiences of safety, and comfort, Encourage empowerment.
Timulak	2007	Feeling understood, Awareness/insight/self-understanding, Behavioural change Problem solution, Empowerment, Relief
Castonguay et. al	2010	Fostering of self-awareness, Problem clarification, Problem solution, Other insight
Timulak	2010	Feeling understood Insight, relief, Behavioural change, New feelings, Empowerment
Levitt & Piazza-Bonin	2011	Developing new awareness, Client mood improvement, Sense of agency/lacking hopefulness

In some of the existing literature, there are studies that use overlapping terms for the process and the outcomes (Mahrer & Nadler, 1986; Israel, Gorcheva, Burnes and Walther, 2008; Timulak, 2010). For instance, a study by Israel et al. (2008) indicated that the themes used did not separate helpful processes from the outcomes of therapy (e.g. non-directive approach, therapeutic relationship, insight awareness, improved client quality of life).Besides formulating themes for the helpful processes and outcomes in

therapy, some studies also included a variety of hindering or unhelpful aspects (Timulak, 2010), either in the processes or outcomes of therapy. In terms of *unhelpful processes* particularly in verbal therapy for adult clients, a variety of themes from previous studies listed (see Table 2.3).

Table 2.3: Summarises themes of unhelpful processes in verbal therapy

Authors	Years	Themes
Elliott	1985	Negative counsellor reaction, Repetition, Misdirection
Hill, Thompson, Cogar, & Denman	1993	Things left unsaid in therapy
Lietaer	1992	Personal factor - therapist negative behaviours and client negative perceptions of the relationship, while Process factor - client negative reactions
Elliott & Wexler	1994	Client negative experiences
Granafaki & Mcleod	1999	Therapist pursuing task that is less relevant to the client's agenda, Therapist misinterpret client story
Strickland-Clark, Campbell & Dallos	2000	Therapist misunderstood client experiences
Glass & Arnkoff	2000	Therapist negative attitudes
Paulson et al.	2001	Client`s lack of commitment and motivation, Client`s uncertain expectations, Lack of connection, Therapist misinterpret, Lack of responsiveness from therapist,
Levitt et al.	2006	Therapist un-attuned to clients' emotions, Therapist seen controlling which client feel manipulative, Client try to avoid difficult materials
Timulak	2007	Most problematic events
Castonguay et. al	2010	Poor fit of client-therapist
Timulak	2010	Client disappointment with the therapist, or the therapy

In terms of hindering or unhelpful effects, especially in verbal therapy for adults, typical themes from previous studies such as unwanted responsibility and thoughts and unpleasant emotions (Elliott, 1985; Dunne et

al., 2000) have emerged. Table 2.4 summarises the chosen themes of unhelpful effects from previous studies.

Table 2.4: Summarises themes of unhelpful effects in verbal therapy

Authors	Years	Themes
Elliott	1985	Unwanted responsibility, Unwanted thoughts, Unpleasant emotions
Hill et al.	1993	Client feel painful of things left unresolved
Elliott & Wexler	1994	Client negative experiences
Granafaki & Mcleod	1999	Client felt threatening, painful, or untimely
Strickland-Clark et al.	2000	Therapist misunderstood client experiences
Glass & Arnkoff	2000	Client felt uneasy with therapist negative attitudes
Paulson et al.	2001	Not feeling understood by therapist
Levitt et al.	2006	Uneasy to disclosure avoided emotion
Castonguay et. al	2010	Unwanted thought

Indeed, Rogers also acknowledged the process of therapy that he viewed as made up of moment to moment events, when changes occur that give insight to the client (Rogers, 1961). However, there were limited empirical studies that specifically examined the helpful processes, helpful effects, unhelpful processes, and unhelpful effects of person-centred creative practices, particularly with children and young people. Therefore, a review of helpful processes and effects, as well as unhelpful processes and effects in various person-centred creative practices, will be referred to, and adapted from, the themes of the adult clients in verbal therapy.

2.2.1   Therapist' and client' views of helpful and unhelpful factors

Research about helpful and unhelpful factors in therapy has focused more on the clients` experiences, views or perspectives (Elliott, 1985; Llewelyn, 1988; Elliott & James, 1989; Paulson et al., 1999; Glass &

Arnkoff, 2000; Keeling & Bermudez, 2006; Levitt et al., 2006; Hodgetts & Wright, 2007; Elliott, 2010; Timulak, 2010). Although researchers report slightly different helpful and unhelpful aspects of therapy from the client's viewpoint, the themes generally remain the same (e.g. therapeutic relationship, emotional expression, problem solving, unwanted thought and unpleasant emotions). It is essential for therapists to understand clients` views of how therapy facilitates change, or to provide insight that enlightens clinical practice and how therapeutic intervention might solve the client's problem (Hodgetts & Wright, 2007).

Conversely, some studies have also looked at both adult clients' and therapist's' views (Llewellyn, 1988, Martin & Stelmaczonek, 1988; Grafanaki & Mcleod, 1999; Israel, et al., 2008; Timulak, 2010). These findings from research on therapist' and client' views generally show significant contrasts between clients and therapists (Llewelyn, 1988; Elliott & James, 1989; Carroll, 2002; Timulak, 2010; Levitt & Piazza-Bonin, 2011). For instance, there are significant contrasts in expectation of counselling process, different view of permissiveness in therapy, disagree of counselling technique, misperception of the clients` or the therapists` attitude and misunderstandings of important issues (Carroll, 2002; Israel, et al., 2008).

2.2.2 Young people's views of helpful and unhelpful factors

Similarly to the adult perspective, therapist's and child client's views of helpful and unhelpful aspects of therapy also differed (Ryan & Needham, 2001; Carroll, 2002). Studies had indicated that children and young people perceived helpful and unhelpful aspects differently between the verbal and non-verbal realms. For example, in Carroll's (2002) study, therapists emphasised to the meaning of play, while children perceived play as having fun. There has been less empirical study of helpful processes and effects as well as unhelpful processes and effects of person-centred creative practice with children and young people, from both therapist and client viewpoints. A few studies have sought to elicit whether children and young people find any

particular helpful or unhelpful factors during therapy (Strickland-Clark et al., 2000; Walker, 2001; Ryan & Needham, 2001; Carroll, 2002). In addition, Strickland-Clark et al. (2000) also explored therapist views of helpful and unhelpful factors in the therapeutic intervention with children and adolescents. These studies reveal commonalities as outlined in the texts described in the next sections.

2.3 Helpful processes of person-centred creative practice

For the purpose of this study, as mentioned in the previous section, helpful processes are defined as productive, rewarding, successful or constructive events within the person-centred creative practice. Review of the helpful processes has showed that there are several helpful factors in the person-centred creative practices. This includes child-centred play therapy, person- centred art therapy, and person-centred expressive arts therapy. The discussion will cover some of the prominent ideas by key scholars who have identified some aspects of the therapy as being helpful or aiding the therapeutic process. In addition, the helpful aspects identified from the classical art therapy approach will also be discussed.

2.3.1 Nature of helpful processes in person-centred creative practice

While various forms of creative arts have particular benefits either in child-centred play therapy, or person-centred expressive/art therapy, the study will focus mainly on the nature of helpful processes in these three combined approaches of the person-centred creative practice. A distinction will be made, based on to distinguish the helpful factors of creative practice used either 'arts used as a medium for therapy' or 'art used as therapeutic tools in therapy'.

In general, creative practice can be divided into two distinct strands, one is creative practice used as a medium for therapy, while the other is used as therapeutic tool in therapy. For those whose inclination is more towards the clinical practice, they would emphasise more on arts used as a tool in

therapeutic context; whereas those who have roots from the artistic ability would prefer art as a medium for healing processes (Malchiodi, 2007; Hinz, 2009). In addition, Rubin (2010), also claimed that 'art as therapy' refers to the belief that art activity is mainly used in art-making contexts that are helpful in the healing process, for growth and for self discovery. On the other hand, 'art in therapy' in general is helpful as a means for communication and self-expression, in a spontaneous way (Malchiodi, 2007; Hinz, 2009; Rubin, 2010). Therefore, from a person-centred point of view, it is clear that the nature of helpful processes in creative practice may take two different forms of practice depending on the client`s need and preferences.

In most cases, similar to verbal therapy, the common nature of helpful factor when utilising person-centred creative practice centres around assisting in verbal and non-verbal communication, facilitating emotional expression, encouraging self-disclosure, enhancing therapeutic relationship and managing the therapeutic process (Mahrer & Nadler, 1986; Paulson et al., 1999; Levitt et al., 2006; Timulak, 2007; Rober et al., 2008; Castonguay et al., 2010; N. Rogers, 1993; and Landreth, 2002).

2.3.2 The ways or means for creative practice to foster the helpful processes

There are several ways how person-centred creative practice can foster the helpful process in therapeutic practice. How the use of creative practice can stimulate the helpful aspects in the therapeutic process with the client, particularly with children and young people will be discussed in greater details in subsequent section. To better understand how creative practices can foster the helpful processes, the review will discuss how creative practices promote the helpful process based on its nature as listed previously.

The use of creative practice has the added value that can foster the helpful factors during the therapeutic process beyond verbal therapy. These

include enhancing therapeutic engagement in a variety of sources, functioning as a bridge between two facets, managing, controlling and containing the therapy process, offering a variety of modes for symbolisation processes, enhancing spontaneity, reducing feelings of threat, and enhancing healing and self recovery.

2.3.2.1 Enhancing therapeutic engagement

In 1957 Carl Rogers has clearly stipulated the necessary conditions that are sufficient to initiate therapeutic process. He labelled them as (a) genuineness, (b) unconditional positive regard or acceptance, and (c) deep empathic understanding. Subsequently he has highlighted the essential of psychological safety and psychological freedom as external conditions created by the therapist. In addition, N. Rogers (1993) has proposed the third external condition, namely the creative materials to foster the therapeutic processes in person-centred creative practice. Therefore, apart from the two external psychological conditions proposed by Rogers in 1961, the use of additional materials is necessary to provide more stimulating and challenging conditions for a fruitful therapeutic session (N.Rogers, 1993). As a result, these three conditions comprising physical as well as psychological conditions, offered by the therapist, are deemed necessary and sufficient in establishing the therapeutic relationship.

This new addition by N. Rogers (1993) stemmed from her belief that different people engaged in different ways in the therapeutic relationship. Based on the rationale given, Natalie believes that the clients might not able to connect with the therapist simply by offering one form of therapy only. Hence, the use of numerous creative practices will enable the clients to engage in the therapeutic relationship through a variety of kinaesthetic and physical movements that will foster the therapeutic engagement with the therapist (N. Rogers, 1993; Herron, 2005).

In the three main creative practices of the person-centred approach, the materials are seen as important shared helpful factor that allows the client and the therapist to establish the therapeutic engagement in many ways (Axline, 1974; N. Rogers, 1993; Silverstone, 1997; Moustakas, 1997; and Landreth, 2002). These authors believed that the range of materials offered can provide an immediate, spontaneous, and the here and now engagement for the clients in the therapeutic process, or with the therapist. In other words, the presence of various kinds of materials will stimulate an immediate reaction within the client to engage in the process. This is so at the initial stage of the therapy. This view is consistent with the view of the classical art therapy that spontaneous therapeutic engagement or therapeutic alliance will develop at the beginning of the art therapeutic process (Malchiodi, 2007). Malchiodi further elaborated that the use of art materials, and the art-making process enable the therapist to stimulate the client`s immediate response, which makes the client feel more comfortable, a fundamental and essential factor in establishing the therapeutic engagement. Therefore, when the clients feel more relaxed at the beginning of therapy sessions; they will continue to cooperate in using creative materials to explore themselves more deeply, which will strengthen the therapeutic engagement.

Furthermore, from several previous person-centred non-verbal approach studies, another major helpful factor identified in the therapeutic engagement is developing a triadic relationship (Axline, 1950; Salomon & Gardner, 1978; Wilson & Ryan, 2005; Ryan & Needham, 2001; Carroll, 2002; Shechtman & Gluk, 2005; Green, 2005; Cochran, et al., 2010; and Campbell & Knoetze, 2010). These authors emphasised that the triadic relationship – on which much of creative practice premised – is a priority in the connectivity between the clients - materials - therapist spontaneously. For instance, the use of toys and materials enhances the triadic relationship between the child and the therapist, when they begin to interact based on the materials chosen. At the same time, doing things, or playing with creative materials together is another way that fosters and establishes the triadic

relationship between the clients and the therapist (Axline, 1950; Carroll, 2002).

Another way that creative practice can foster the therapeutic engagement is that the materials can attract the clients, and they can freely get attached to it. Therefore, within the constructive contact with the therapist, and having concrete materials to work on together, the clients will be able to fully utilise his/her creative potential. A study by Green (2005), for example, proposes the following important elements for fostering the therapeutic relationship, namely the clients will have the freedom to choose materials they prefer, to unfold their unexpressed feelings and emotions, to utilise their own artistic ability, and to develop a sense of autonomy. His study consisted of three rounds of individual interviews, his own observations, and a reflective journal with seven elementary children. The interviews were semi-structured to solicit the children's' views of the process of play therapy at school. He used open-ended questions to find out about children's' experiences of the process of therapy with his main questions, their likes and dislikes about therapy. The children's views in this study parallel those in the literature suggesting that the use of creative materials enables the clients to develop a sense of autonomy to freely engage in the sessions, as well as to establish the creative-expressive nature (Landreth, 2002; Landreth & Sweeney, 2009). The above discussion has highlighted how the use of creative materials can foster the therapeutic engagement between the client and the therapist, as well to enhance the client`s creative potential.

In another study by Winter-Martin's (2010) involving young people, the use of art therapy incorporated with the elements of person-centred core concepts also indicated that the materials used can foster the therapeutic engagement, which contributes to the intervention to be more helpful and beneficial for the clients. The purpose of her study was to investigate the art therapy from the person-centred perspective, in order to facilitate the enhancement of positive outcomes such as psychological well-being, self

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esteem and self efficacy, as well as to reduce symptoms of post traumatic symptoms of depression (PTSD).

In the qualitative interview with the female adult survivors of intimate partner violence, participants mentioned two significant helpful factors from the art therapy experiences. The first of these is the existence of a safe and positive environment promoting the clients to freely engage at the initial contact. This physical factor alongside the therapist`s attitude based on the core concepts of the person-centred approach, were seen as helpful in establishing the therapeutic relationship. The second factor is the materials provided by the therapist, and his encouraging attitude enabled the client to feel relaxed and willing to address and express their inner issues through drawing. From this brief report it can be seen that the essential ingredients to foster the therapeutic engagement comprise the physical environment, the materials offered and the attitude of the therapist, which allows the clients to feel safe and free to express themselves in the triadic relationship. The results of Winter-Martin's (2010) study are consistent with Rogers' (1957) idea that the presences of six basic conditions are necessary and sufficient for change in therapy. In this regards, for triadic relationship, the materials become value added that can foster the connection of two persons to strength the processes and to form a rewarding engagement.

A study of person-centred expressive arts therapy by Goslin-Jones (2010) with 14 adult clients also suggested that the materials and a variety of expressive forms are essential in establishing a positive therapeutic engagement .The participants in Goslin-Jones`s study have declared that materials and the various expressive modes enabled them to develop a deeper and a more creative ability to engage with their inner self, or with significant others. The themes emerged are: fostering a deeper relationship and a sense of belonging; being present; experiencing their feeling flowed during art-making processes, and full engagement. Goslin-Jones (2010) further reported that through the use of various expressive arts activities such as art,

movement, journaling, painting, art-making, and drawings, clients were able to strengthen their relationship with the therapists, and to discover the value of using all of their senses through the creative connection® process, thus helping to enhance therapeutic engagement as well as therapeutic alliance.

Therapeutic engagement is closely related to the concept of therapeutic alliance originally develop from psychodynamic roots (Hovarth & Luborsky, 1993). Therapeutic engagement implies the involvement of the therapist and the client via a relationship, while therapeutic alliance relates to the cooperative element in the relationship (Hovarth & Luborsky, 1993; Oetzel & Scherer, 2003). These aspects have been consistently identified across many psychotherapy studies as the main helpful factor within the therapy processes for adult clients in verbal therapy (Hovarth & Luborsky, 1993, Glass & Arnkoff, 2000; Israel, et al., 2008; Castonguay et al., 2010). For Castonguay et al.'s (2010) the therapeutic engagement as one of the predominantly helpful processes in which the client is more able to be involved in the session or to be freely involved with the tasks. Through strengthening the therapeutic engagement between client and therapist by using creative materials, the therapeutic alliance can also be established during the process of therapy.

As a conclusion, apart from the therapist`s core attitudes which can create a climate of psychological safety and freedom, physical factors including a conducive environment and creative materials are equally important in the therapy. The materials provided can foster the therapeutic engagement in many different ways such as encouraging spontaneous reactions from the client to the materials offered, facilitating the therapeutic process through triadic interaction between client-materials-therapist, and inducing the client to relate him/herself with the therapist in the therapeutic relationship. As a result from these productive and helpful processes, the clients will feel a greater sense of freedom and self autonomy to continue the session, will have a wide range of ways to establish the relationship with the

therapist, and will also have an opportunity in enhancing their creative potential through positive therapeutic engagement.

2.3.2.2 Functioning as a bridge between the two facets

The concept of 'functioning as a bridge' reviewed here, points to the helpful processes needed that relate to the purpose of this research. Different approaches, to a certain extent, do have similar helpful aspects that the materials function as a bridge to connect beyond the relationship between the therapist and the client (N. Roger, 1993; Herron, 2005). In general, using creative materials is perceived as helpful as a bridge to: i) the constructive communication between the therapist and the client, ii) facilitate verbal and non-verbal processes, iii) facilitate emotional expression from the unconscious to a certain level of awareness, iv) narrow the gap in order to move the client from abstract to a concrete meaning, v) bypass cognitive and intellectual level through unfolding feelings and emotions, and vi) awake the unknown self (N. Rogers, 1993; Silverstone, 1997; Riley, 2001; Landreth, 2002; Green, 2005; Malchiodi, 2007; Rubin, 2010; Cochran et al., 2010; Goslin-Jones, 2010).

The helpful factors mentioned above are elements that are fostered by the use of creative materials that may often overlap, interrelate, or stand on its own. Nonetheless, they will generally aid the process of therapy, depending on the practice used. For instance, the children may increase their communication process, verbal and nonverbal communication with the therapist; therefore the materials used become a bridge for these, as well as to transform from abstract issues to a more tangible, or play out their anger which have been suppressed or repressed for so long (Landreth, 2002).

According to N. Rogers (1993), person-centred expressive arts and the creative connection® creates a bridge between the verbal and nonverbal processes, between the unconscious issues and the suppressed issues, between the emotional turmoil and self healing, or between transformation from

abstract thoughts and concrete expression. She pointed out that material and various expressive arts modes become a bridge that suppressed the intellectual thought, and tab into inner feelings and emotions. This is especially helpful to assist the client to get in touch with their painful feelings or emotions that are mostly denied or repressed. The creative connection® processes served as a bridge to bring these difficult memories to the surface by allowing the client to reflect their own expressive forms, thus cutting them from just looking only from cognitive aspect. She further stated that various expressive arts activities and materials will act as a bridge to link to the unknown life, to transform, to awake, and to sparkle their creativity to new self discovery. Creative materials foster and lead to new things, sparkling light to something that is stuck, and open a new doorway to feelings and emotions that were less articulate through words, and bring the unforgettable memories to higher level of acceptance.

Creative materials and process provide a new means of communications and enhance existing language when current circumstances and words are unable to describe the unfolding matters (N. Roger, 1993; Herron, 2005). By way of example, N. Rogers (1993) described the connection of the different expressive forms such as drawings or paintings, to sounds and movements, followed by free writing or image making, culminating in talking which enhance both verbal and nonverbal engagements, as well as promoting creativity during the therapy process. She compared this phenomenon to the peeling away of the layers of defence and finding our true nature. According to her, a variety of expressive arts, she argues, act as a bridge that allows us to go into our pain, rage, and grief. Hence, using arts modalities is sometimes more effective than words to deal with these very difficult emotions (Sommer-Flanagan, 2007). N. Rogers' view is similar to the view of the classical art therapy (Malchiodi, 2007; Rubin, 2010), that arts materials can act as a bridge to creative process in many different forms. The creative activities are helpful to tap into behaviours, feelings, and emotions, including thoughts that facilitate both

verbal/nonverbal processes, as well as emotional expression (N. Rogers, 1993; Malchiodi, 2007; Rubin, 2010), indicating the helpfulness of these approaches in the therapeutic process.

The review of previous studies suggests that a variety of person-centred creative practices not only functions as a bridge to enhance or connect both verbal or nonverbal processes, it is also a channel to foster creativity (Salomon & Gardner, 1978; Merrill & Andersen, 1993; Ryan & Needham, 2001; Carroll, 2002; Wilson & Ryan, 2005; Green, 2005; Wethington et al., 2008; Campbell & Knoetze, 2010; Goslin-Jones, 2010). The study by Green (2005, as mentioned previously) indicated that the participants viewed the materials as useful for encouraging both talk and play with their counsellor when engaged in the therapy process. Participants stated that, whilst talking enables them to bring out their inner issues, playing helps to elaborate the issues that were too difficult to talk about and thus was both relevant and helpful to them. The use of materials functions as a bridge that promotes intuition, imagination and creativity particularly for those who felt that they are less creative. Art-making processes increase self satisfaction by looking at the end product of their own creative work (Green, 2005).

Another study by Diehls (2008), who conducted a four weekly art therapy sessions for twelve clients with substance abuse disorders, in particular drug addiction. The intervention uses art therapy incorporated with person-centred core conditions, with the aim of breaking through clients' defences, facilitating the client`s self-expression, and aiding verbal and non-verbal communication in relation to thoughts and feelings related to recover from drug addiction or substance abuse. Diehl's (2008) utilised the person-centred art therapy with the specific themes: i) the first session is creating a collage which represents the clients pro-feeling and view of recovery; ii) the second session is creating a collage which represents the client`s contra-feeling and view of recovery; iii) the third session is drawing a bridge to

indicate the client`s journey from one place to another; and iv) the final session is to complete a self-esteem collage.

Although the study by Diehls (2008) appears to be a bit structured in which she determines the theme of the art-making. According to her, using arts for therapy in particular for recovery group really needs clear direction in order to help the clients to focus on therapy consistent with N. Rogers (1993) idea. Diehls (2008) further stated that art-making serves as a bridge to break the existing wall when clients are reluctant to engage in verbal processes. Clients appeared to be more relaxed, had fun, enjoyed art-making, and were willing to talk in relation to the images of bridge they drew. They were able to reflect on their previous life style which depended on drugs, as well as their life style after recover. Clients were also able to differentiate their destructive life in the past and the way to re-build a more constructive life. This study has demonstrates that the use of person-centred art therapy and providing the client with a bridge between visuals and verbal responses, has enabled the clients to connect with their feelings, emotions, and thoughts which led them to tell their stories.

Goslin-Jones (2010) discussed numerous ways person-centred expressive arts therapy served as a bridge for therapy. These included bridge to access pre-verbal experiences, as well as to enhance creativity. Goslin-Jones' (2010) explained that person-centred expressive arts therapy stimulated and connected the clients to the pre-verbal knowledge, enabling them to engage with cognitive processes. He noted that participants found that person-centred expressive arts therapy also served as a bridge or pathway to access their creativity, which enabled them to enhance creativity, talent or artistic skills, and art-making products, which led them to new ways of thinking and behaviours. Goslin-Jones's (2010) finding is consistent with the view of N. Rogers (1993) and Rubin (2010), that creative activity and process not only enhances progress for clients who already have artistic talent, but also encourages and develops artistic ability for those who may perceive

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themselves to be less creative. It can be summarised that person-centred creative practices promotes therapeutic engagement through its role as a bridge that connects the two aspects in various ways as discussed.

2.3.2.3 Managing, controlling and containing the process

According to Rober et al. (2008), managing the therapeutic process means the therapists are in control the process to enable the client to responses at their own pace. These authors noted that the therapist manages the process by creating a maximum therapeutic space that allows the client`s self-expression, as well as to assist the client to generate their own storyline. In person-centred creative practice, the materials are used in managing, controlling and containing the processes of emotional experiencing and for self-expression. The used of materials functioning for acting out behavioural problems, as well as to manage the therapeutic creative processes and artistic products (N. Rogers, 1993; Merrill & Andersen, 1993; Silverstone, 1997; Riley, 2001; Malchiodi, 2007; Rubin, 2010). For, Landreth (2002), toys and materials in the play rooms will act as catalysts for concrete and abstract thought, and that the therapist's role is to manage the child's verbal and nonverbal expression as well as feelings and emotions. These examples show that using a variety of creative materials will foster the therapeutic processes and activities.

2.3.2.4 Providing a variety of modes for symbolisation process

The use of various materials and activities in creative practice provided a variety of modes for symbolisation process that represent the hidden issues in the client`s life (N. Rogers, 1993; Silverstone, 1997; Landreth, 2002; Wilson & Ryan, 2005; Malchiodi, 2007; Rubin, 2010).These authors emphasised that creative arts promote the symbolisation and metaphorical processes that carry messages beyond the meaning of words, particularly for those who are less able to articulate verbally. Behr (2003) also noted that the main strength, and the most satisfying part of the child-centred play therapy process, is the uncovering of meanings and the adequate

reframing of organismic experiences through the use of metaphors. This process known as congruence can be achieved by seeking terms that express as closely as possible experiences that are difficult to find the accurate words for them. Studies on child-centred play therapy mentioned earlier has shown that the symbolisation and metaphoric aspects help to foster the therapeutic relationship, concretize the invisible issues, break the communication difficulties, and release the emotional pressure for children (e.g. Salomon & Gardner, 1978; Merrill & Andersen, 1993; Ryan & Needham, 2001; Carroll,2002; Wilson 7 Ryan, 2005 ; Wethington et al., 2008; Campbell & Knoetze, 2010) .

Moon (2007) had indicated that therapeutic metaphor such as a story, a parable, an artwork, a sound, a movement, and other forms of metaphoric images becomes an analogous to promoting the clients to get in touch with their real life situation. He further clarified that the use of creative materials has made the metaphor and the symbolic process representative the unspoken language which allows the clients to address any concern of their life experiences. Parallel with Moon`s view, it has found that the materials used enable the clients to reveal about the unknown, with the metaphor process taps the unconscious, opening the issues that the client`s typically are not aware in their life (N. Rogers, 1987, 1993; Merrill & Andersen, 1993; Landreth, 2001; Silverstone, 2009; Herrons, 2005).

N. Rogers added that expressive arts and various materials used will enhance the metaphor process and enable the clients to go through a very deep personal journey, and transform their symbolisation experience into concrete and clear verbal expression. This begin with expressive arts opening to something that never surfaced before such as sadness or grief, and that allow the therapist to understand the meaning of this symbol from the client`s point of view (Herrons, 2005).

Very few studies have analysed helpful processes in terms of symbolic experiences, or metaphoric processes. However, Campbell and Knoetze (2010) conducted a qualitative study with a six-year-old boy who attended 30 child-centred play therapy sessions over a year period. The therapist focused on repetitive symbolic activities, or themes engaged in by this child. Repetitive play, according to Landreth (2002), is repeated engagements that the child has, either with the same toys and plays activities, or with the same play theme, over a period of time. Campbell and Knoetze (2010) found that repetitive symbolic play helped to address and process emotional issues associated with previous experiences and insecure feelings related to an inconsistent and unprotected external environment. During the last five sessions, they discovered that their client had replaced the dominant symbolic fantasy play of his previous play therapy sessions with play activity that concretely demonstrated his growing personal competencies and potential. Campbell and Knoetze (2010) concluded that the use of repetitive symbolic play within the facilitative relationship was a helpful process of symbolisation of any experiences from the client viewpoint.

In Diehls`s (2008, as described previously) study of person-centred art therapy for clients with substance abuse disorder, they suggested that art drawing assists the clients to explore their current situations through metaphor process, by imagining themselves in different situations. Thus, art-making process and product does assist and foster the symbolisation process by exploring the positive and negative consequences of their recovery. The drawing enhances symbolic expressions which enable the clients to go deeper to their personal experiences as well as to communicate thoughts and feelings that they were previously unable to verbalise. Diehl's`s (2008) found that the visuals and images allow the clients with substance abuse disorder to recreate symbolically their experiences ,while the metaphor process enables the clients to open the door to the unconscious which help them to view their lives from different perspective.

2.3.2.5 Enhancing Spontaneity and immediate reaction

Previous literature review on the helpful processes in person-centred creative practice identified additional theme namely spontaneous and immediate reactions from the clients (Axline, 1974; Eaker, 1986; Riley, 2001; Green, 2005; Malchiodi, 2007; Wethington et al., 2008; Coholic, Lougheed & Cadell, 2009; Rubin, 2010; Campbell & Knoetze, 2010). Axline (1974) , for examples, stated that if the therapists are able to create a conducive ground for the therapeutic relationship for the child, this will indirectly encourage the children to freely explore and express themselves and their problems spontaneously, immediately, and at the moment reaction.

Moreover, Green (2005) investigated children's views of what was helpful for them in the play therapy process and discovered that the children in this study perceived a sense of safety in the play therapy environment enabled them to feel safe, comfortable and relaxed, which in turn resulted in these children trusting their therapists and responding spontaneously to the play materials offered. In addition, the children in Green`s study also indicated that feeling safe and trusting enabled them to express their emotions and behaviour more spontaneously, without hesitation or reluctance. As a conclusion, from Green`s study, therapist`s attitudes are utmost important to create a trusting and safe environment for the client, which enable the client to respond spontaneously to creative materials proposed. In addition, the sense of security will also provide space for the clients to share their experiences or distress without any doubt.

Landreth (2002) found that children engaged in the session, expressed themselves more spontaneously, and naturally through play, than through language. In relation to Landreth`s discovery, Ryan and Needham (2001) noticed that children are able to help themselves through spontaneous play without any direction from adult, when words doesn`t worked. They conducted a study on non-directive play therapy method with a traumatized, nine-year-old boy, and confirmed that in order to understand the children`s

world, struggling or difficulties are through play therapy method. In addition, they described the boy`s immediate reaction – identifying dinosaurs in the sand tray as good and bad ones, with a good one coming to control the bad one. From this child spontaneous and constant symbolic play scenes in the sand tray, they discovered that he had experienced and was recreating traumatic experienced (Ryan & Needham, 2001). From the above example indicate that creative materials provided in the therapy session, will be helpful in enhancing spontaneous reaction from the client which indirectly will assist the therapist to explore deeper any unknown issues.

2.3.2.6 Reducing feelings of threat

The use of creative materials assisted clients who were quite sceptical to share their feelings and thoughts directly. They however were able to express these feelings and thoughts indirectly through other objects as that make them feel less threatened (Axline, 1974; Eaker, 1986; N. Rogers, 1993; Merrill & Andersen, 1993; Riley, 2001; Landreth, 2002). For children who have suffered from abuse, or had traumatic experiences in particular, play therapy provided them a safe space in which it was less threatening to share their experiences. The safe space will also allow the clients to break through their resistance of talking the issues to the therapist (White et al., 2001; Ater, 2001).

A study on using creative materials for adolescence also indicated similar finding. For example, Thacker (2009) used person-centred art therapy to explore five female adolescences in a residential treatment centre with multiple presenting problems. She wanted to examine the perceived helpful aspect of responsive art-making of this group. After conducted an eight-week art therapy group and two individual art therapy sessions, she found that the use of art- making benefitted these young people by decreasing their resistance to talk as well as reducing their feeling of fear to open up more detailed and in-depth exposure of their life story. From the above study, creative materials can be seen as an additional tool in therapy sessions that

help in reducing any unnecessary feeling such as anxiety, fear or worry of the clients to share their issues.

A recent study by Estenson (2012) explored counselling interns' experiences and perceptions of the beneficial aspects of creative drawing activity in group supervision. The study comprised eighteen students in three levels of internship group supervision classes. The variety of creative arts drawing activities used by Estenson includes the visual journaling, collages making, metaphoric arts and crafts creating, as well as drawings. Data were collected through the sharing of the individual`s arts product, a focus group process, and individual journal entries.

The result of this study showed that utilising a variety of creative arts activities allows the students to freely engage in the process, the group and the supervisor. It's also decrease students' resistance to utilise creative art interventions and to expresses powerful emotions, increase reflection, and leads to a further insight into their internship experiences. In addition, students also gained deeper understanding of the beneficial aspect of utilizing creative arts materials, which increased their willingness to employ art-making with their own clients. The result also indicated that in relation to fostering the therapeutic engagement, the students gained an opportunity to actively connect in their initial process through creative engagement methods spontaneously and in a less threatening atmosphere. As a conclusion, a study by Estenson (2012) found that the use of concrete materials or activities helped to address any feeling of fear and other difficult emotions in a less threatening form instead of uneasy feeling talking directly about the issues.

2.3.2.7 Enhancing healing and self recovery

Many authors have expressed in different way how creative arts materials helpful in facilitating clients by enhancing healing and self-recovery processes (Malchiody, 2010, Rubin, 2010). While N. Rogers (1993) paid special attention to the healing power of person- centred expressive arts

therapy through transformation process from deep suffering to self recovery. Gladding (2010), however, stated that creative arts assist the clients to get in touch with emotions through sensory experiences, which help them to manage the physical and emotional, stressful. He further elaborated that across various types of creative arts used, significant healing process occurs by assisting the clients to express their thoughts and emotions in a therapeutic manner. Study by Estenson (2012 described previously) discovered that the use of creative arts activity had increasing students' creativity, self-reflection, self-understanding, self-awareness, introspection, and developmental growth. Participants in Estenson`s study described that all the factors listed above stimulates them for more deeper emotional expression to find more personal meaning that lead to brings about the opportunity for constructive change , growth, healing, and recovery.

Estenson`s study is parallel to N. Rogers (1993) views, is that images created from the unconscious have assisted the individual to understand about their inner world and to discover the unknown message. She further clarified that the various expressive art forms allow the clients to express themselves freely, dramatically and poignantly in many ways that reflect who they are. The transformational processes through the use of various arts forms create avenues for insight, awareness and self discovery that lead to healing and recovery. For examples, the arts medium allows the clients to express in symbolic way their painful feelings and emotions such as anger, grief, loss, envy or other emotions which they have repressed or ignored. The use of concrete medium enables the clients to acknowledge and transform their dark side of personality and to find a constructive way in dealing with this negative energy and releasing its. From the above clarification, it can be concluded that creative arts offered a path for healing and recovery, to make the client a better person as a whole.

Another study by Johnson and Sullivan-Marx (2006) showed that the use of creative materials assist in addressing emotional needs that lead to

promoting the healing process for the clients. Johnson discussed his findings based on two case studies that focused on the client's artwork and creative processes, and who had experienced traumatic event. The result indicated that the use of art therapy exercise fosters non-verbal communication and enables others to recognize the client`s emotional need. The clients also have the opportunity to review their life, manage their negative emotions, decrease social isolation and increase connection with significant others for social support. In addition, the use of creative and concrete medium help the clients to learn new things, which boosts self confidence, increase sense of hope, facilitates decision making, and responsibility taking. Hence, the outcomes of Johnson`s study allows the clients to control their own life, which lead to self healing, recovery, and rebuilding their new life.

2.4   Unhelpful processes of person-centred creative practice

As well as helpful processes, unhelpful or hindering processes in using creative practice also need to be considered, contribute negatively to establishing a therapeutic relationship with children and young people. Relatively less research has focused on unhelpful or hindering processes either in child-centred play therapy, person-centred expressive arts therapy or person-centred art therapy, particularly for children and young people.

2.4.1   Unhelpful processes of verbal therapy

As stated previously, most studies have looked at helpful aspects as well as unhelpful aspects of therapy in verbal therapy for adult clients (Elliott, 1985; Grafanaki & McLeod, 1999; Glass & Arnkoff, 2000; Paulson et al., 2001; Israel et al., 2008; Castonguay et al., 2010). According to a few studies, clients may hide rather than address their views of what they perceive as unhelpful or hindering in their experiences in the therapeutic process (Grafanaki & McLeod, 1995; Lietaer, 1992; Hill et al., 1993; Paulson et al., 2001). Due to this tendency of clients, which is also found in therapists, to rarely talk about things that hinder their experiences in therapy, unhelpful aspects have been given less attention in research and practice.

There are a few early studies looking at hindering or unhelpful aspects in verbal therapy. Among others these include Elliott' (1985), who reported results based on study of adult clients. Elliott's study identified six kinds of non-helpful events: i) misrepresentation which refers to the clients feeling misunderstood; ii) negative therapist reactions such as lack of therapist involvement as well as critical responses to the clients; iii) unwanted responsibility, which refers to the client's experiencing uncomfortable feelings of responsibility; iv) repetition, which refers to the client's highlighting the issues but with no change occurring ; v) misdirection such as the therapist interfering while the client is talking or clarifying something; and vi) unwanted thoughts that occur when the client were not ready or prepared to deal with something. Furthermore, Elliott (1985) highlighted misperception, negative therapist reaction, and unwanted responsibility as the most frequent hindering factors described by the clients.

Paulson et al. (2001) conducted a study to deepen their understanding of what clients viewed as unhelpful or hindering experiences in counselling. They used a combination of in-depth qualitative interviews and a concept mapping method to gather data from eight adult clients for a preliminary study, and another twenty-one clients for a second phase study. The rationale for using concept mapping in their study was to allow the clients to clarify any elements or underlying structure of their experiences in more detail. The results of their study indicated three broad themes that were identified by clients as unhelpful or hindering in their counselling experience: i) client factors such as lack of readiness and low motivation; ii) structural and external barriers, and iii) counsellor factors.

Paulson et al. (2001) further clarified that, in term of client factors, participants identified lack of readiness and low motivation, which led to blocking the therapeutic progress and which were considered as aspects that hindered the process of counselling. Moreover, participants identified the structure of therapy, including lack of understanding the therapeutic process

and mismatch of expectations between the clients and the therapist, as factors that also hindered the counselling. In addition, many differences and gaps between the clients and the therapist such as culture, age, and religion as well as seeing the therapist as having more power were perceived as hindering aspects in counselling. Negative therapist factors included negative counsellor behaviours, insufficient direction, and lack of responsiveness; these were perceived to lead to a lack of connection.

Based on the literature discussed above, the descriptions of unhelpful or hindering processes were found to be overlapping, interrelated or interchangeable to the unhelpful or hindering effects. However, in general, the most unhelpful or hindering processes in verbal therapy for adult clients can be divided into either therapist or client factors. A better understanding and identification of the therapist and the client factors that are unhelpful or hinder the therapeutic process might be helpful for therapists in order to improve the therapeutic process.

2.4.2   Unhelpful processes of person-centred creative practice

There are only very limited studies that identify unhelpful or hindering processes in person-centred creative practice with children and young people. Few studies have focused on factors that hinder the processes, which may be due to the assumption that the therapist believes it is more necessary to focus on the helpfulness or therapeutic power of these approaches rather than identifying what is unhelpful or hindering in the therapy processes. Even though the therapists found and identified several factors that hindered the process, however, less attention was focused on that, perhaps to avoid any assumption that the creative practice might be less helpful or less beneficial for the clients, as was the case with verbal therapy with adult clients (Grafanaki & McLeod, 1995; Hill et al., 1993; Paulson et al., 2001).

For the purpose of my study, the review will cover unhelpful or hindering processes that are slightly similar or closely related to the texts in child-centred play therapy, person-centred expressive arts therapy, and person-centred art therapy as well as classical art therapy which has roots in psychoanalysis. In addition, the review of unhelpful processes discussed, at some point might result in unhelpful immediate effects for particular factors. The review will begin with how the unhelpful processes emerge, the nature of unhelpful processes in person-centred creative practice, and the way to handle these unhelpful aspects in therapy for the benefit of the clients.

2.4.3 How unhelpful process of person-centred creative practice emerge

Not much information is available regarding how unhelpful or hindering factors emerged during the use of person-centred creative practice in the therapeutic context. Among person-centred creative practicing scholars, N. Rogers (1993) has made some efforts to highlight how unhelpful factors emerged and blocked the therapeutic practice and process, although she did not label them explicitly as unhelpful processes in therapy. N. Rogers (1993) indicated that by using a variety of expressive arts forms, the clients could be involved in exploring, expressing, experimenting, messing and playing around with the materials, discovering and entering into the unknown. She further stated that people will react differently to all these interactive different experiences as they are often fascinated and impressed by the beauty of the arts and the products in the daily life.

As for things that always block people from engaging in the creative processes, she identified the following factors: the inner critic, the need for approval, the need to please others, fear of failure, and fear of the unknown (N. Rogers, 1993). For her, the inner critic would include the feeling of shame, embarrassment, or even terrible thought due to the need for approval and to please others. All these would prevent people from freely engaging in the expressive arts processes. As for fear of failure, she identified fear of critics, fear of being misunderstood, and fear of failing to achieve

expectation. All these aspects, according to her, always lead to the client's reluctance or hesitation to engage in creative practice and process. As for the fear of entering the unknown, the client displays his/her un-readiness or refusal to work with the object that might land them in some uncomfortable situations. All these identified factors, in general, would hold people back from being actively involved in the therapeutic processes. As a result, consequently, will lead to non-productive response, or worse, would cause them to refuse seeking the therapy. Eventually, these will cause client`s attitudes to reject or withdraw from the session, which is really unhelpful for creative practice and processes.

N. Rogers (1993) concluded that once individuals have a sense of worry for not being creative, particularly for those who are unfamiliar with the approaches, they would hesitate to engage in expressive arts process, or be reluctant to try any activity offered, for they fear the outcomes. All these will hinder them from engaging in expressive arts process. She further added that the emergence of these unhelpful situations is due to the experiences people encounter in their daily life where they are being misunderstood, judged negatively, or labelled as childish if they are involved too much with the play materials.

For Gladding (2010), factors that always lead to unhelpful or hinder, or limit the therapeutic process, particularly in the use of creative arts in counselling include clients being overcritical of themselves or situations, or have irrational fear that they will become too involved with their unknown discovery. According to Gladding, the factors that lead to the emergence of the unhelpful process in using creative practice stem from client's doubts and negative reactions to therapeutic process, as well as from their irrational fear that the consequence might become a burden for them. Based on these conclusions, it can be summarised that the negative experiences or conditional acceptance experienced by the clients in their daily life have significant impact on their perception of themselves. All these experiences

will influence the reactions of the clients to the creative methods offered in the therapy, especially the inner critic and the feeling of fear to unexpected discovery.

Another factor that contributes to the emergence of unhelpful process when employing creative materials involves clients who are naturally artistic and creative, as pointed out by Gladding (2010). The clients, who are naturally artistic, will have the tendency to focus on using the arts work or any activity for healing process. This kind of clients will normally view the counselling process as being too technical, more skills would require, too rigid, too highly structure, and would limit their artistic freedom (Gladding, 2010). Nevertheless, these aspects might become a barrier for the therapeutic progress. Gladding (2010) further indicated that this kind of clients will perceive their creative and artistic activities as separate from counselling or psychotherapy, because they see counselling did not value the artistic and aesthetic aspect. As a result, they might be unwilling to engage in the therapeutic processes. From the above point of view, it could be concluded that for some clients who are naturally artistic, that natural inheritance of being artistic will emerge as an unhelpful aspect for therapeutic encounter. The reason for this because the client will be more focused on the artistic materials and activity rather than on the creative therapeutic process.

Moreover, Gladding (2010) stated that lack of skills and ability for the therapist to conduct a session using creative materials will also hinder the therapeutic progress. He pointed out that limited training for the therapist in employing creative materials in counselling, psychotherapy or other therapeutic contexts might lead the session to be conducted in non-therapeutic way, resulting in an art`s and craft`s making session. Hence, all the processes are not progressing in the right direction, resulting in the client`s perceiving the session as unhelpful or not productive. He further added that creative materials used in non-therapeutic way will lose the purpose of utilising art materials in helping the clients to gain insight, or even

in understanding their current difficulties. It could be concluded that therapists who do not undergo sufficient training and skills practices in using creative arts intervention, will experience difficulties in conducting the session.

Ray, Amstrong, Warren and Balkin (2005) examined factors that appear to be the barriers to the successful implementation of play therapy at school. They used a survey method with 381 elementary school counsellors from all states in the United States, except Alaska.   The purpose of their study is to identify specific barriers to play therapy at elementary schools. The results indicated that, among others, limited training in play therapy, limited facilities, and limited materials were seen as factors that emerged as unhelpful for the play therapy process at elementary school. It found that in conducting the play therapy session is more time consuming and this factor also emerged as unhelpful for therapeutic process. It could be concluded, from the study above that lack of training, skills and understanding in the use of the selected toys and materials, the limited space and materials provided, as well as more longer session may emerge as unhelpful factors in the therapeutic context, which may hinder the process in play therapy practice.

Shen`s research in 2008, supports Ray et al`s (2005) study. Shen conducted the survey only in Texas, but he extended the survey to include both elementary and secondary schools. He too, found that lack of training in play therapy, as well as lack of resources and materials for practice, emerged as factors that contribute to the unhelpful process for this approach. Shen (2008), reported that limited training adversely affects the counsellor`s confidence and competence in conducting play therapy with their clients who are either children or young people. From the studies by Ray et al.(2005), and Shen (2008) it is obvious that lack of training in play therapy is as one of the major or principal barriers in play therapy at school. In general, many play therapists need some basic generic training in counselling, together with,

which can be supplemented later by some additional training in play or creative arts therapy (Gladding, 2010).

From the few authors and empirical studies mentioned above, it can be seen that the unhelpful processes emerge from the quality of the therapists, the materials and spaces provided, more time consuming, as well as the client`s negative perceptions and artistic by nature . In the following section, all these emerging factors that lead to unhelpful processes, namely the nature of unhelpful processes in person-centred creative practice will be elaborated.

2.4.4 The nature of unhelpful process in creative practice

Previous scholars such as Axline(1974), N. Rogers (1993), Landreth (2002), Cochran et al.(2010), and Ray (2010) to mention a few, have identified four major factors that are considered as the nature of unhelpful or factors that may hinder the therapeutic processes in a variety of person-centred creative practices. These factors are: i) therapist`s limitations; ii) the client`s limitations; iii) space limitations; and iv) material limitations. The following section discussed the nature of each unhelpful processes mentioned above.

2.4.4.1 Therapist`s limitations

In several person-centred creative practices, the main therapist factors that are identified as unhelpful in the therapeutic process are the therapist misinterpretations of the client's art-making process or the child's play processes, or the end art product (N. Rogers, 1993; Silverstone, 1997; Landreth, 2002). These misinterpretation make the client feel of being controlled, misunderstood or judged negatively by the therapist (N. Rogers, 1993; Silverstone, 1997). In addition, as pointed out by Landreth (2002), children in particular might perceive the therapist as not being aware or sensitive to their needs, situations, or world, making them hesitant or reluctant to continue with their play activity.

Beside misinterpretation, the clients might also feel undermined either by the criticism or by too much praise, from the therapist for their artistic product or constructive play, ending up with the clients not continuing the therapeutic work. Instead they would focus more on their beautiful products (N. Rogers, 1993; Moustakas, 1997; Landreth, 2002; Cochran et al, 2010; VanFleet et al., 2010).

Closely related to therapists inappropriate responses as stated above, mismatched understanding between therapist and client are also considered as factors that hinder the process. This discrepancy refers to the therapist's response according to the client's reaction or creative activity, which differs from the actual message or meaning from the client's perspective, or a wrongly timed response which left the client uncomfortable or uneasy (N. Rogers, 1993; Silverstone, 1997; Landreth, 2002; Cochran et al., 2010).

Axline (1974) noted that if the therapist rushes through the process, for example, quickly doing something while the child is still not sure of the materials or the activity, it can also be unhelpful in therapeutic process. This factor, as argued by other scholars (N. Rogers, 1993; Silverstone, 1997; Landreth, 2002; VanFleet et al., 2010), might be perceived by the client as the therapist insisting that they follow the therapist's directions, which might result in the client feeling forced by the therapist, thus undermining their self-confidence.

Too many limits imposed by the therapist, which impede the permissiveness, or perceived lack of limits, can make clients feel confused with the processes. This has also been highlighted as a primary unhelpful process by Landreth(2002), Cochran et al.(2010), and VanFleet et al.(2010). These limits settings need to be explained clearly at the outset, particularly in child-centred play therapy. This is because the play therapy room is usually full of toys and materials. The child needs to take good care of them to avoid damage. Other limitations of the therapist include the therapist becoming

emotionally involved with the client's issues, and losing his/her connection with the therapy process; not being prepared for the diversity of client`s needs; being too limited in art or play therapy skills; being unaware of cultural sensitivity; or being uncomfortable with the messy, untidy and overcrowded materials used (Axline, 1974; Silverstone, 1997; Cochran et al., 2010; VanFleet et al., 2010).

Finally, a factor seen as unhelpful in the therapeutic process and practice is related to the counter-transference from the therapist due to becoming emotionally involved with the client`s issues. This occurs primarily cases involving unfinished issues of the therapist, when therapist responds in a defensive manner, or when therapist loses direction in the relationship because all the above factors might trigger to their own conflict (Corey, Corey, & Callanan , 2011). In term of creative practice context, transference might happen when therapist and clients are looking together the client`s art-work in order to understand client`s personal meaning of their inner life. The clients might project their unfinished issues to the therapist as the third party. However, Counter-transference might happen too when the therapists, on the other hand, projected their unfinished issues towards something during the art-making processes which will hinder, unhelpful, or adversely affect, or even worse will contaminate the therapeutic processes and relationship (Corey et al., 2011).

In summary, therapist limitations that might hinder the therapeutic process in person-centred creative practice due to the therapist lack of training, skills, practice ,understanding of the process, as well as lack of confidence and competency in practice (Landreth,2002; Ray et. al ,2005; Shen, 2008 ; Rubin, 2010; Gladding, 2010). These emerging factors might contribute to therapist inability to handle the therapeutic process in constructive way. In addition, the clients might perceived therapist`s value, attitudes and behaviour as uncaring and disrespectful to the clients.

2.4.4.2   Client's limitations

In term of client limitations, a review of the literature pointed outs that personal factors such as the client resisting, not being willing, being defensive, hesitant, doubtful, feeling of threat, anxious, timid or rejecting of the toys and materials offered can all hinder the therapeutic processes (N. Rogers,1993; Moustakas,1997; Silverstone,1997; Landreth,2002; Cochran et al., 2010). In addition, some children worry about messing up the play room, while others break the limits by breaking the toys and causing the room to be untidy. These factors can readily be viewed as unhelpful in the therapeutic process (Landreth, 2002; Cochran et al., 2010; VanFleet et al., 2010). These authors have pointed out that there is always the possibility that a few limits might be broken during the therapy session. However, some children come to the therapy room with very chaotic, traumatic, complex, or rigid life experiences, and may not fully understand the role and function of play therapy. Such clients may overreact and find it difficult to follow the rules and may tend to break many limits, leaving the processes unhelpful for them and the therapist.

The unhelpful processes related to the client`s limitations may be due to the inner critics of the clients cause by judgemental evaluation they received from significant others in their daily life (N. Rogers, 1993; Gladding, 2010). The experiences they encounter keep haunting them, and blocking their ability and sense of expressing themselves freely when engaging with the creative practice. According to Landreth (2002), lack of understanding of the therapy role and the way to help clients also lead to the unhelpful process particularly among children in play therapy session.

Ray (2010) viewed play therapy as an expressive arts therapy for children mostly as a mean to channel emotional expression and release. She further stated that, usually this emotional expression escalates very quickly without any verbal sign. One of the possible unhelpful processes that might occur is relating transitional children between play therapy session that allow

them to lead the session and classroom activities which are more structured and often under the control of an adult. More often children will get confused of the role of play therapy session and academic activities. As a result, they sometimes express their frustration or any bad feeling in the play room (Ray, 2010).

Estenson (2012) found similar unhelpful factor for intern`s student who utilised creative arts in counselling. In Estenson (2012) study, students feel confused of the role of using creative arts in counselling either as a way to help them take out their issues, or bring them to unknown, painful and left them feeling uneasy talking about the unwanted issues. Therefore, one can conclude that lack of experiences, limited skills and lack of sensitivity from the therapist will constitute the unhelpful factor in the therapeutic process and practice. Easily, one can conclude that the client and therapist factors can be the main unhelpful factors in the therapeutic processes.

2.4.4.3   Space limitations

Although Axline (1974) emphasised that the playroom must be a good environment and conducive for children, while inappropriate room or limited space might hinders the therapeutic process. Limited space, as described by Landreth (2002), such as inappropriate length and size of the therapy room will hinder the process because children are unable to move around comfortably, and the materials cannot be placed in the way to attract the child`s attention. In addition, the therapy room may be full of too many inappropriate decorations or have brand-new toys and collected materials that do not seem inviting. As a result, children may hesitate or feel uneasy about playing or even touching the materials (Landreth, 2002; Cochran et al., 2010).

Many scholars highlight the need to select rather than collect the materials placed in the playroom, in order to avoid these factors hindering the therapeutic processes. This also apply to therapist who might used or bring in the portable materials. Although scholars in play therapy highlight space

factors as unhelpful in child-centred play therapy processes, scholars in the person-centred expressive arts and person-centred art therapy fields do not discuss this factor (N. Rogers, 1993; Silverstone, 1997). Space factor may not a major concern in the therapeutic process of person-centred art therapy and person-centred expressive arts therapy because the materials needed are not as complicated as materials for child-centred play therapy. Child-centred play therapy uses materials and needs appropriate room or space due to the nature of children, who might not understand or entirely follow the limits set for them. Research on play therapy at both elementary and secondary school have shown that lack of facilities and supplies, as well as lack of support from the school authority and administration to provide appropriate space and materials will hamper the play therapy practice at school (Ryan et al, 2005 ; Shen, 2008).

2.4.4.4 Materials limitations

In terms of material factors that hinder the therapeutic process, there is the possibility of too many materials, leaving the therapy room looking overcrowded, or there are too few materials for it to be perceived as not enough for play therapy, or even materials that might cause harm, or to be unsafe for children (Landreth, 2002; VanFleet et al., 2010; Cochran et al., 2010). Toys or materials might be too noisy, too structured, or might injure the child or therapist. Materials that leave the child feeling more frustrated, or that may spread germs, or that are too expensive, or have a high risk of being broken (Ginott, 1960; Cochran et al., 2010; VanFleet et al., 2010), are also found to be unhelpful to use in the therapy room.

In addition, these authors have also acknowledged Axline's (1974) principle to place the materials in such a way that the child can easily get hold of them. Moreover, materials those are arranged on a high rack, or are difficult to reach, will only cause negative reactions in the child, and hence become unhelpful for the therapeutic process. They have also pointed out that

those materials that easily make the room dirty need to be avoided, as this hinders the therapeutic process too.

Creative arts products or images drawn by the clients vary greatly and have unique meanings for each person. This unique product becomes part of the therapeutic process. But the major concern arose are the question of ownership, client's privacy and protection, legal and ethical issues as well as the confidentiality of the clients and their arts-product (N. Rogers, 1993; Landreth, 2002; Malchiodi, 2010; Cochran et al., 2010; Gladding, 2010). Other issues that arose included the documentation, the way of keeping the arts-product, the messiness of the materials left in the therapy rooms, who should have access to such materials, and how the materials can be disclosed to others (Landreth, 2002 ; Cochran et al., 2010; Corey et. al, 2011). All these factors related to the management of the materials during and after the therapy might be the sources for unhelpful process if it is not handled with care and caution because these arts product are highly sensitive to the clients feeling.

2.4.5 How to handle these unhelpful processes in person-centred creative practice

Identifying how to handle the unhelpful aspects in person-centred creative practice added as valuable information that reinforces existing practices and offers ways to improved or change practices to better meet the client's needs. Although there is precious little research regarding unhelpful processes and means of handling it in person-centred creative practice, several ways identified. This section discussed suggestion of the way to handle the unhelpful process of person-centred creative practice discussed following therapist, clients, space and material limitation as reviewed previously. The way to handle the unhelpful processes are :1) Caution taken during therapy process, 2) The use of humours ,variety of words and phrases, 3) Cognitive re-structuring , 4) understandable instruction ,5) mutual agreed

upon limits setting,6) adequate training, 7) integrating with other theoretical approaches, and 8) multimodal and intermodal practice.

2.4.5.1 Caution taken during therapy process

Firstly, cautious and awareness are highly needed due the tendency of the therapist to make interpretation, judgement, conclusion, and diagnose the client`s arts product. In order to handle this unhelpful factor in the therapeutic process, the therapist really need to emphasise caution within them for not to impose their own view or perception, or making any conclusions, in fact only the clients really knows their personal meaning (Malchiodi, 2011). In any therapeutic creative practice, It is important to do more reflective listening instead of the tendency to interpret the clients processes or art`s product.

The issues occurs when therapist sometimes unable to remain patient and hope to see the outcomes going fast. This, however will effect when a client still in the flow of expressing through creative materials. Therefore, the therapist needs to be caution for not seeing to be rushing in the therapeutic processes. It's like letting the client dance with her feelings, and how the therapist are able to create a safe space for them to freely express themselves. It's like the therapists need to handle the client`s flow or journey with care because something very fragile are happening inside them. According to Gladding (2010), the precaution and sensitivity taken by the therapist in this situation will allow the clients to solely experience their inner critics, self-introspective, as well as encouraging feelings and emotions expression beyond intellectual and cognitive on the clients own pace.

For example, in Menna's (2008) study, in investigating the clinical implication for not doing any interpretation to the clients, the theme of catharsis was revealed, and the clients appreciate if the therapist did not judge her negatively. The finding from this study also indicate that the hearing part of the client`s story is an essential portion of treatment and the responsibility of the therapist to allow the story to unfold at the client's pace which free

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from any evaluation. Menna`s study suggested that the clinical implications including the essential to create an accepting, encouraging, and supportive environment for the clients where they can begin a journey of self exploration for a broad range of issues; and feeling the psychological safety, comfort and freedom as suggested by Rogers (1957), without fear of external evaluation (Malchiody, 2011).

From Menna`s study, therapist attitudes of not judgements, interpret or evaluate the therapeutic processes as well as client`s issues are utmost important as the clients just wanted to be heard and understood by the therapist. Therefore, caution and awareness from the therapist must be taken into account in utilising creative practice in therapeutic process, especially in avoiding misinterpretation that might resulting in negative effects on the client. In addition, to minimise the emergence of these unhelpful factors, therapist should pay more attention to probably misperceptions, too much praise, mismatch understanding, too quickly to move to the outcomes without letting the healing process flow, imposing too many limits, becoming emotionally involved, having negative perceptions towards materials and the messiness, as well as the therapist counter-transferences.

2.4.5.2 The use of humours, variety of words and phrases

According to Gladding (2010), the used of humours at times appeared to be a way to cope especially for the clients who struggling with resistant, hostility, and anxious as an effects of sharing their personal meaning. Gladding (2010) also emphasise that humour need to use together with supportive feedback through a variety of words and phrases. Sultanoff (2013) view that the counselling process are attempt to help client feel better and see their problem from different angle which involved mind, body, cognitive and affection in finding their own solution . Therefore, he further state that by using humour as intervention method that focus on feelings, behaviours, thinking, and/or physical , it can effect changes in all these four areas. Therefore, for Sultanoff (2013), therapist who are able to use humour

effectively will assist the clients to overcome their uneasy feelings or conditions by shifting and transforming the unnecessary energy. In describing of psychology of humour, for examples, Hayes (2006) states that humour is useful for coping mechanism, reframing, expressing hostility, communicating, and constructing identity. Hayes (2006) further elaborate that humour used as coping mechanism obviously has positive therapeutic value where people are able to deal with uneasy feeling, burden, or struggling during the session.

Additionally, reframing, to Hayes (2000), involves looking at the negative feelings in a different way, where a form of cognitive assessment done and still involve elements of new emotions and new feelings. Moreover, Hayes view humour as a mean for communication, and can be a platform for expressing hostility. This involve to divert negative thinking or feeling, and associate it's with creative problem solving strategies, which may eventually help the client to reduce his/her nervousness or resistant to the therapeutic process. In addition, humour also helpful for constructing identities from a very serious, structure and perfect characters to be a fun- loving, easy going, and less perfect.

Sultanoff (2013) listed the way for the therapist to use humour effectively in handling the clients including have planned humour in his/her repertoire, be willing to risk using the humour, have assessed the client's level of humour and his/her ability to accept humorous interventions, be prepared to respond to the client's reaction to the humour, and be capable of taking him/her self lightly and his/her work seriously. In order to make humour used more helpful in therapeutic practice, the therapist need to avoid pleasing his/her own need to be humorous, however focus on how humour will be helpful to the client in dealing with their nervenous, resistant, or others negative reaction.

Moreover, according to Sultanoff (2013), the therapist needs to prepare with "humour tools", for example, cartoons, anecdotes, jokes, signs, and funny pictures that represents a variety of moods and emotions. However, the way in which these humour tools used to intervene therapeutically, only with a particular client, based on her/his resistant observe , and need to integrates with a variety of appropriate words and phrases too (Sultanoff ,2013). He also emphasised that humour used is not for the benefit of the therapists, but to attract the attention of the clients, and need to use at appropriate moment because of potential harmed to them. To summary, the therapists need to have ability to create humours in spontaneous way at appropriate moment, as well as able to verbally respond widely.

2.4.5.3 Cognitive re-structuring and re-framing

In order to help client overcome their inner critic when using creative materials in the therapeutic practice, N. Rogers (1993) suggests to offer choice for them either to use or just to observe first, however the therapist also need to engage with expressive arts activities. By giving choice, the clients will feel that the therapist understand their apprehension, and knowing that they did not have to use any creative materials will allowed them to feel release and relaxes. Thus, reduce their inner critics increase including negative thought such as fear of being not creative, resistant, not ready to use, or worries of too much personal issues reveal. These inner critics' occurred due to lack of confidence with their artistic ability that caused them to feel discomfort and resistance to draw. Thus, by assisting those to bring their inner critics to concrete level and re-constructing their thought will allow the clients to see themselves differently.

Another way to handle the clients inner critics is to begin with muscle relaxation technique to the client through guided imagery, followed by listening to the music choose by the clients, then offered them to draw spontaneously, without any worry to produce something right, beauty, good or bad qualities, just encourage them to involved with exploring and

experimenting. Then, followed with meditation technique, invited the clients to get acquainted with inner critic, re-constructing their thought for not to allow their inner critics to dominate their feelings and behaviour. Then asked them to write down what come to their mind at that moment, and shared the images done with the therapist. By doing this, according to N. Rogers (1993), will allow the client to letting go their negative thought or inner critics that normally quite difficult to articulate by words, and having an opportunity to talk through with the therapist. This also applied for the clients, who did not have any idea to draw, or using any creative materials lay in front of them, therefore the therapist need to suggest them to create whatever comes in their mind at the moment.

In addition, N. Rogers (1993) also describe the need for cognitive re-structuring and re-framing when working with configuration of self. She suggests the need to guide the clients to practice paying attention to the part that need attention particularly the part of self that always reject, ignore or hidden through expressive arts activities. She further emphasize that the therapist need to follow the flow for self discovery, self-esteem and self-empowerment through the process of expressive arts by approaching the clients tender side. N Rogers (1993) give example of the way to handle inner critics such as fear of failure or the unknown is by working with all negative aspect of the clients such as perfection, anger, pain. She elaborate that the therapist`s role is to facilitates the clients to transform these negative aspects to creative energy, bring to consciousness rather than buried its. By encouraging the playful attitudes of the clients, they will able to get in touch with their serious aspects, to release its, to let it go, bring new insight, however the therapist need to be skilful and competent in providing psychological safety and freedom. Thus, through creative activity, the clients are able to get in touch with the part of self that might given less attention before, and turn it to be more positive aspect that will bring a more healthy personality. This called a process of broadening, defined as using your thoughts and creativity to explore new ideas (Gazzola and Thériault, 2007).

2.5.4.4 Understandable instruction

According to Gladding (2010), people who are very visual and too artistic need more highly structured and primarily cognitive approach work well with them. N. Rogers (1993) point out that clear instruction is essential to begin the session when working with a very visual and artistic person , however this type of clients prefer lots of freedom for self –expression and quite resistance to strict instructions. Another way to provide understandable instruction as describe by Herron (2008) is to begin the session with informal exercises such as movement, or engaging the client with sensory activities such as playing with play-doh instead of talking about something, or the clients. She giving examples in group processes she involved, with N. Rogers as the facilitator, N. Rogers avoids going around the room to ask people to introduce themselves and say why they are there because that will increase their discomfort feeling. In order to make the clients feel relaxes and getting clear pictures of what they will going through, the therapists are encourage to guide them clearly and explain that they will provided another way to explore themselves through expressive arts activities (Herron, 2008). Therefore, she further clarifies that the person-centred expressive art therapy emphasise for the therapist to guide the clients in encouraging, supportive and facilitating environment that offer psychological safety and freedom for the clients far from interpretation.

2.4.5.5 Mutual agreed upon limits setting and boundaries

It is of utmost importance that the therapists have consistent limits setting and boundaries with the clients, particularly in using creative materials with children. According to Landreth (2002), consistent limits setting will set aside a knowable, protected and secure atmosphere and a sense of security for both the client and the therapist. On the other hand, a session that does not set limits or lacks of boundaries will not grant the feeling of safe and secure for both the clients and the therapist (Ginott, 1961; Guerney, 2001; Landreth, 2002). A way to avoid too much limits or lack of limits is through mutual agreement on limit setting between the therapist and the clients. Mutual

agreements refer to shared understanding which helps the clients to understand the nature of the creative practices sessions. This involves verbal explanations to let the clients understand the do and don't during the therapeutic processes involving the use of creative materials to avoid harm for both the clients and the therapist.

According to Landreth (2002), in words explanations, the therapist should convey the limits and boundaries with regards to the client's choices, autonomy, self-direction, and the border line of the relationship. Ginott (1959, 1961) mentioned that it is important for therapists to diversify limit setting to ensure responsiveness, especially among children, as well as to be skilful in handling fragile boundaries. Therefore, based on Ginott (1959)'s six reasons for the use of limits and boundaries mentioned in chapter one, the therapist needs to be very skilful in setting limits in order to avoid a long list of limits or restrictions which might impede the therapeutic processes. In doing so, the therapist needs to establish mutual understanding with the clients regarding the limits that both need to be aware of, while maintaining the atmosphere of freedom for self exploration and self expression. Thus, the therapists should be capable in dealing with the limits and boundaries with the clients as the clients will only aware or learn whenever an issue regarding limits occurs (Landreth, 2002).

2.4.5.6 Adequate training

According to Robbins (1985), individuals who want to use creative arts therapy approach requires adequate training because it is a unique approach, involving an understanding of creativity and aesthetics that distinguish creative arts therapy from other professions. He also pointed out that creative arts therapy is not an attachment to the profession of counselling or psychotherapy, and that they can open a new space that verbal therapy cannot. Therefore, it is important for practitioners who want to use this approach to have adequate and proper training in order not to abused or misused by unskilled therapist. For examples, in order to permit the child the

opportunity to master difficult feeling, though or behaviour, and to transfer its from the client`s imagination or unconscious onto a concrete media really need skills for the therapeutic process to be successful. Moreover, limited skills from the therapist will lead to sometimes forcing the client to make fast decision when client themselves still unable to understand what they went through or feel, and clients need to pretend they are ready to move because of therapist command. It could be argue that there is no sense of respect for the therapeutic process and artistic ability that are still exploring by the clients. Thus, the therapist who are prefer to work using creative practices require more reading , keep practicing and experimenting as well as cross-check with certified supervisor.

According to Gladding (2010), adequate training also essential in order to avoid the therapy session seen like the therapist need to aware and differentiate between art and craft-making, and art and craft used in therapeutic context. Art and craft making , require less cognitive involvement, however, arts used in therapeutic practice , foster the emerging of something new from different perspective (Gladding,2010). In addition, adequate training also allow the therapist to aware for not insisting on a method, but offering opportunity and giving choice for clients to engage or not with the creative process, to let them feel free to involve or not to involve (N.Rogers, 1993). She also points out that adequate training providing deeper understanding for the therapist to allow the clients find a way to recapture their spontaneously freedom of expression without looking to others for approval. Moreover, the therapist should also be able to encourage the client to focus on self-expression and personal growth instead of developing a skill or mastering the art and crafts making, which requires the therapist to be skilful in the subject matter, In addition, specific training in particular area or presenting issues (e.g. trauma, especially in childhood sexual abuse) is recommended when working with specific group or population (Malchiodi ,1997, 2011).

2.4.5.7 Integrating with other theoretical approaches

While creative arts therapists have predominantly applied psychoanalytic approach as their theoretical foundation in the past, recent practices have added neuroscience and cognitive-behavioural to their range of approaches .However, in person-centred creative practice, it is important to let the client leads the session as much as possible, yet still can integrate with other theoretical approaches to implement a good treatment planning with mutually agreed goals between the therapist and the clients. For examples, while working with children and young people, sometimes therapist needs to understand the relationship between creative arts used as therapy, creative art used in psychotherapy, or creative arts used for healing (Knill, Barba, & Fuchs, 2004). In addition, exposure to other theories and concepts such as attachment theory (Bowlby, 1991), neurodevelopment perspective (Perry, 2008), mind and psychobiology (Siegel, 2012), and trauma-informed expressive arts therapies (Malchiodi, 2014) will enable the therapist to enrich skills and knowledge to handle the complexity of issues such as loss, trauma, body, mind and developmental stage of the clients.

2.4.5.8 Multimodal and intermodal practice

Some authors have wrote on the benefit of combining a variety of mode of arts expression, however some did not mentioned of any potentials or the uniqueness for combining these. For example, Parashak (1997) explained a multisensory approach at school for special needs children. She employed movement, art, and music to address different treatment and curricular goals, highlighting the use of the arts to addresses collective cultural goals as well as for the individual's development. Within the field of expressive arts therapists, some author has addressed the differential use of artistic form. Lev-Wiesel and Doron (2004), for example, have discovered that clients who were offered a variety of different expressive arts form such as art therapy, drama therapy, bibliotherapy, journal writing therapy, or dance/movement therapy were all content with the therapeutic process and outcome. The results indicate that the clients also clearly understood that

being given the choice of means for expression contributed to their fulfilment. The clients in their study reveal that being given the choice of nonverbal multimodal and intermodal non-verbal therapy reduced their ambiguity, increased their feelings of control, allowed them to feel appreciated, and heightened their dedication to therapy. Thus, the result from this study parallel N.Rogers(1993) views that different client prefer to engage in different way, and offering a variety of creative intervention, allowed them to freely choose which kind of creative approach suitable for them. Nevertheless, different kind of creative intervention offered, enhancing the clients self empowerment, moving with their own pace, which enable them to fully adsorb themselves in the therapeutic session.

2.5 Helpful effects of person-centred creative practice

This section discusses the helpful effects as consequences to the helpful processes in person-centred creative practice. The discussions begin with the helpful effects in verbal therapy; followed by the helpful effects of person-centred creative practices. These discussions focus on the broader positive impacts of using a variety of person-centred creative activities. To highlight, these impacts are closely related to the theoretical justification for this study, the symbolisation processes. As discussed in previous chapter, person-centred creative practice fosters the symbolisation processes in many different ways that lead to fruitful outcomes for children and young people. Thus, this section continues to discuss these fruitful outcomes based on the symbolisation processes about self, significant others, events or current circumstances.

The review of previous study indicates that the helpful effects of using person-centred creative practices include increasing insight/ awareness, enlarging self-discovery, eliminating a variety of psychological distress, decreasing symptoms and problem behaviour, raising emotional catharsis, enhancing intuition and creative mind, improving creative skills and ability, establishing self – empowerment, promoting healing and self-growth,

reducing resistance and defence mechanism, being able to solve problem, increasing coping strategy as well as expanding spiritual awareness. Some of these positive effects are inter-related, overlapped, while the others stand on their own.

I use the term helpful effects in my study to refer to the immediate therapeutic effects of therapy, which has been defined as the immediate therapeutic impacts on the client (Elliott, 1985). According to Castonguay et al. (2010), the helpful effects enable the therapists to pay attention to the important of establishing therapeutic relationships, provides significant knowledge about the process of change, and the immediate impact particularly to foster awareness to the clients. As noted previously, the existing literature on the helpful effects of therapy mainly focuses on adults, particularly in verbal therapy; however, the results can still be applied to children and young people, including the use of the nonverbal realms.

2.5.1 Helpful effects of verbal therapy
The finding from previous studies identified some common themes of helpful effects of therapy. For instance, Elliott (1985) categorised helpful effects into two groups; i) task impacts including new perspective, problem solution, clarification of problem, focusing attention/awareness; and ii) interpersonal impacts including understanding, client involvement, reassurance, and personal contact.

A study by Llewellyn (1988) also indicated helpful effects of therapy that include relief, problem solving, insight and personal contact. This study indicated that clients were more concerned with self discovery, insight awareness and improving their inner feelings than cognitive task, consistent with Dunne et al. `s (2000) study of male adolescent views of helpful impact in counselling. However, empirical evidence to support the helpful effects of nonverbal approaches, particularly for children and young people, is limited.

2.5.2 Helpful effects of Person-centred creative practices

Studies by Green (2005), Keeling and Bermudez (2006), Thacker (2009), Goslin-Jones (2010), and Winter-Martin (2010) have focused on identifying the positive aspects of outcomes of creative interventions for the clients. From these studies, some of which focus on children and adolescent, while others focus on adult clients. They found similar main themes about positive effects on clients, such as increasing insight-awareness, establishing self-empowerment, being able to solve problems, learning new skills, reducing a variety of psychological distress, and promoting healing and self-growth.

In the field of child-centred play therapy, Green (2005) studied children who perceived that the most helpful effect of play therapy was experiencing an empathic therapist, who accurately understood problems, help the children to find practical solution to their problems. Moreover, the children in Green's (2005) study also described how they being offered choices regarding how they could solve their own problems, and so were able to develop better coping strategies that enhanced their self-empowerment and independence. Keeling and Bermudez (2006) conducted a study to explore, from both the clients' and the therapists' viewpoints, the potential use of art and writing in narrative therapy applications. This study reflected the voices and experiences of 17 participants who engaged in an innovative externalisation exercise combining sculpture and journaling over a period of 4 weeks.

The instrument used for this study consisted of four components: (i) instructions for creating a sculpture; (ii) a set of 11 open-ended "guided journal" questions to map the problem's influence; (iii) a second set of open-ended guided journal questions to elicit unique outcomes and identify resources; and (iv) a reflective journal summarising their experience, perceptions of change, and views of the helpfulness or lack of helpfulness of

this approach. In an attempt to better understand the experience of the participants, the principal investigator also engaged in the exercise.

Findings from Keeling and Bermudez' (2006) study indicated that the intervention helped the participants engage with the process, and enabled them to fully express emotions that led to positive effects, such as increasing their awareness of personal resources and agency, helping to separate problems from self, decreasing symptoms and problem behaviours, and fostering a sense of empowerment. Keeling and Bermudez (2006) found that both the clients and the therapists perceived fostering self-awareness as a particularly helpful effects of using creative media, which parallels the outcomes discovered by previous authors (Axline, 1950; N. Rogers, 1993; Ryan & Needham, 2001; Carroll, 2002; Shechtman & Gluk, 2005; Malchiodi, 2007; Wethington et al., 2008; Coholic et al., 2009; Cochran et al., 2010; Rubin, 2010).

In the field of art therapy, most of the helpful effects are similar to those of verbal therapy or child-centred play therapy. For example, in a study by Winter-Martin (2010) explored art therapy experiences, participants highlighted that their art therapy brought about positive changes to them compared to those who only used person-centred verbal therapy. Winter-Martin (2010) used art therapy that had been adapted from the core concepts of person-centred therapy with clients who had experienced trauma. He found insight-awareness, increasing well-being and self-discovery, empowerment and assertiveness, decrease the resistance, and learning new behaviours as positive outcomes in therapy. Moreover, art therapy in this study was particularly helpful in improving general psychological well-being by reducing depression, and increasing self-esteem and self-efficacy. The outcomes of art therapy as used with adult clients who had experienced trauma from Winter-Martin (2010) mirrored those Thacker (2009) study for adolescents with trauma experience, both employed person-centred core concepts.

Goslin-Jones (2010) identified the helpful effects in person-centred expressive arts therapy with adult clients. The purpose of Goslin-Jones's (2010) research was to explore the impact of person-centred expressive arts as a means to generate greater creativity within an individual and the workplace. The approaches utilized a variety of expressive art modalities such as art, movement, sculpting, music, and writing, in a safe, open and trusting environment to facilitate creative expression for individuals and groups. He used a qualitative interview method with 14 participants involved in the Saybrook person-centred expressive arts program.

Results of Goslin-Jones' (2010) study indicated that the major themes for the effects of person-centred expressive arts were as follows: i) change and personal transformation; ii) deeper and more creative relationships with self and others; iii) bridge to preverbal experiences and to creativity; and iii) creative expression that expands one's spiritual awareness. Additionally, another seven sub-themes emerged from study, including personal growth, healing, deeper relationships, being present and experiencing flow, discovery and insight, bridge to preverbal knowledge, and bridge to creative process and products. The findings indicate that person-centred expressive arts therapy brings about a variety of helpful effects, although some participants were confused about the difference between the helpful processes and helpful effects, which made the results somewhat overlapping.

However, Goslin-Jones' study confirms that the helpful effects on the clients is consistent with previous hypotheses regarding the effects of nonverbal approaches, including enhanced abilities in communication, conflict resolution, developing or enhancing creativity, improving decision-making and problem solving, enhancing intuition, developing constructive behaviour and thought, greater wholeness, embodying greater potential and greater spiritual awareness (N. Rogers,1993; Merrill & Andersen, 1993; Silverstone,1997; Malchiodi, 2007; Rubin, 2010).

More recent study of employing creative arts in counselling was conducted by Estenson (2012 as mentioned previously) looking at counselling interns' experiences and perceptions of creative arts activities in group supervision for growth and realizing potential in general. This study indicates that the use of a variety of creative arts intervention in counselling have positive effects to the participants involved. Among others, the helpful effects as shared by participants including increasing self reflections, bringing insight awareness, experiencing interconnected enjoyment and interactive interaction , enhancing intrapersonal growth and development, was able to acknowledge, , accepting and letting go their stressful emotions, as well as increasing their coping mechanisms and responses. The finding of this study provided riches information regarding the helpful effects that emerged as a result of utilizing various creative arts activities in counselling, added to the literature of this aspect in person-centred creative practice.

2.6   Unhelpful effects of person-centred creative practice

Consistent with person-centred verbal therapy for adult clients, the unhelpful effects in person-centred creative practice may include developing unwanted reactions; encouraging unpleasant thoughts, feelings, emotions; and establishing unwanted experiences that impact the clients (Axline, 1989; Elliott & Wexler, 1994; Elliott, 1985; N. Rogers, 1993; Silverstone, 1997; Cochran et al., 2010; VanFleet et al., 2010). Unhelpful effects such as developing unwanted reactions include client reluctance, hesitation, defensiveness, withdrawal or refusing to come; as well as developing inappropriate behaviours such as over-reacting or becoming more aggressive in therapy or after therapy (Axline, 1989; Landreth, 2002; Cochran et al., 2010; VanFleet et al., 2010). This unwanted reaction is seen as significant, particularly for the children in child-centred play therapy compared to other person-centred creative practices. However, as pointed out by N. Rogers (1993) and Silverstone (1997), unwanted reactions in person-centred expressive arts and person-centred art therapy include the clients refusing or

rejecting the use of any art materials if they feel they have less artistic skills, or they do not want to touch more in-depth their painful experiences.

Other unhelpful effects such as encouraging unpleasant thoughts, feelings, or emotions include increasing the client's fear of being criticised, fear of failure, fear of being misunderstood, and fear of digging up the unknown through the creative and artistic process, as outlined by N. Rogers (1993). She argued that having the materials in front of clients might increase unnecessary thoughts, feelings, or emotions because in daily life clients are always being told what they should do and do not simply express themselves in an unfamiliar way. Thus, the values imposed outside the therapy room will influence and block the ability for the client to freely use their hidden creativity and may negatively affect their thoughts, feelings or emotions.

On the other hand, in child-centred play therapy practice, children may establish unnecessary thoughts, feelings or emotions through the themes or patterns of play developed that might reflect past painful events, and drive them to feel overwhelmed (Landreth, 2002; Cochran et al., 2010; VanFleet et al., 2010). This might be more disturbing for the child if the painful feeling occurs when nearly at the end of therapy session (Carroll, 2002). Carroll (2002) state that children always found quite difficult to terminate the play therapy session after too much disclose about their personal life which left them with a mixture of feelings. Moreover, the client might also develop unwanted thoughts from disclosing too many personal issues to the therapist, or feeling scared that the therapist might tell their parent or other authority of issues that the children want to hide (Silverstone, 1997; Landreth, 2002; Cochran et al., 2010).

Unwanted experiences refer to either unpleasant therapy experiences or painful experiences that clients try to avoid, or want to forget, but occur during the therapy session that leaves the client feeling uneasy (N. Rogers, 1993; Silverstone, 1997; Cochran et al., 2010; VanFleet et al., 2010). For

instance, expressive activities at particular moment might bring them to unpleasant past experiences that they really want to forget, however the therapist may insists that they further explore that particular issues. In this situation, the client might feel forced to experience unwanted experiences by the therapist and thus be negatively affected (N. Rogers, 1993). In addition, in child-centred play therapy, while the children is playing with any chosen materials and does something by mistake, the therapist may attempt to respond or laughs at an inappropriate time, so that the children might feel labelled or judged by the therapist, which leaves them with unpleasant experiences in the therapy session (Landreth, 2002; Cochran et al., 2010).

2.7   Summary of Literature Review

The review of four domains aligns the answers from previous scholars and studies proposed to each of the research questions for this study. The review also indicates that previous literature does not distinguish between helpful processes and helpful effects as well as unhelpful or hindering processes and unhelpful effects where they are also seen as significantly overlapping or interrelated. Although previous literature highlighted the helpful and unhelpful factors for adult clients in verbal therapy, the identified themes are applicable for children and young people for both verbal and non-verbal therapy.

With regards to the helpful processes, it can be seen that the creative-expressive nature of the activities in the person-centred creative practices fostered and helped the therapy process by enhancing therapeutic engagement, by functioning as a bridge between two aspects, by managing and controlling the process, by providing a variety of modes for symbolisation process, by enhancing spontaneity and immediate action, by reducing feelings of threat, as well as by enhancing healing and self recovery. The materials and activities used in promoting all these helpful processes can be employed either `in therapy `or `as therapy` practice. From a few studies that have been cited, it is clear that by utilising all these creative arts

materials, the quality of therapeutic practice has significantly improved where it enables the clients to move towards constructive change, growth and to reach optimum level of self potential.

With regards to unhelpful processes, the nature of unhelpful processes in verbal therapy is only limited to the therapist and the clients factors. However, for person-centred creative practices, the space and the materials limitations are also considered as the nature of unhelpful processes. In order to handle these unhelpful processes, the therapist needs to be aware of how these factors emerge and their nature. Among others, there are two factors that lead to the emerging of the unhelpful factors: the internal aspects of the clients and the therapist`s aspects. These include the client`s inner critics or over critics, the clients' fear of failure, and the clients' fear of entering the unknown. In addition, the client`s naturally artistic character will also lead to the emerging of unhelpful processes. From the therapist aspects, lack of skills, lack of ability and confidence, insufficient practices, and insufficient training also contribute to the emerging of unhelpful processes in person-centred creative practices. In summary, there are a variety of ways to handle the unhelpful process such as taking caution during therapy process, the use of humours, variety of words and phrases, cognitive re-structuring, understandable instruction, mutual agreed upon limits setting, adequate training, integrating with other theoretical approaches, and multimodal and intermodal practices.

As for the helpful effects of person-centred creative practices, the effects correspond to the helpful effects of verbal therapy from the previous study. However, due to the nature of utilising creative materials as additional therapeutic tools in person-centred creative practices, the creativity element has also emerged as helpful effects. For verbal therapy, Elliott (1985) categorised helpful effects into two groups: task impacts and interpersonal impacts. The helpful effects of person-centred creative practices can also be categorised into those two groups. The helpful effects of person-centred

creative practices that fall under task impacts category are eliminating a variety of psychological distress, decreasing symptoms and problem behaviour, enhancing intuition and creative mind, improving creative skills and ability, establishing self – empowerment, reducing resistance and defence mechanism, being able to solve problem, and increasing coping strategy. On the other hands, the helpful effects that fall under interpersonal impacts category are increasing insight/ awareness, enlarging self-discovery, raising emotional catharsis, promoting healing and self-growth, and expanding spiritual awareness.

Finally, the unhelpful effects of person-centred creative practices include developing unwanted reactions; encouraging unpleasant thoughts, feelings, emotions; and establishing unwanted experiences that impact the clients.

CHAPTER 3: METHOD

3.1   Introduction

This chapter encompasses the methods used in this study which focuses specifically on the field of counselling and psychotherapy research method. The chapter begins with a brief overview of qualitative research which includes the rational and philosophical basis of this means of researching as well as the chosen qualitative research tradition. The chapter then discusses the research processes for this study and the decision to adopt grounded theory approach.

The section then continues with research questions, detailed description of the data collection process, the sampling processes, the participant selection, ethical consideration, the interview protocol based on face-to-face and telephone interviews, the procedures for data collection, information on the pilot study, the preliminary study, and the second phase study. Finally, the data analysis procedure, the auditing for verification of data, trustworthiness and self reflective will be reported. Therefore, the reader will understand the step by step procedure of this research and will be able to duplicate it for future study.

3.2   Qualitative research in counselling and psychotherapy

Over several decades, qualitative research methodology has been a method of inquiry used widely to explore various phenomena and has a well-established history in a variety of fields including educations, healthcare, counselling, psychology and psychotherapy (Denzin & Lincoln, 2003; McLeod, 2001; Polkinghorne, 2005). In the field of counselling and psychotherapy, qualitative research provides a more responsive method of inquiry as well as being more adaptable to deal and understand the real-life issues (McLeod, 2011). McLeod argued, in contrast, quantitative studies with emphasis on the statistical results normally did not correspond or reflect the uniqueness of each client process, thus are limited in addressing some

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questions that may be crucial for therapist and clients in addressing particular therapeutic process and outcomes. Therefore, qualitative inquiry seems more relevant for this study, in exploring new potential processes and outcomes in person-centred creative processes.

Elliott, Fisher, and Rennie (1999) provided a view that in qualitative studies, researchers seek to build an understanding of the phenomenon under study based on the perspective of individuals who are being studied in detail. Qualitative research is an exploratory process based on systematic inquiries that investigate a social or human problem, conducted in a natural setting (Creswell, 2009). Moreover, according to Creswell (2009), qualitative research is inductive in nature where the researchers gather detailed information to form themes, sub-categories, categories and major category from the data until patterns emerge toward the establishment of a theory or new concept. Therefore, the goal of qualitative research is 'to understand and represent the experiences and actions of people as they encounter, engage, and live through situations' (Elliott et al, 1999, p. 216), and 'the primary aim is to develop an understanding of how the social world is constructed'(McLeod, 2011, p. 3). It should be noted that in a qualitative study, participants have the opportunity to provide a variety of reactions and are not limited to answering certain questions as they are in a quantitative study, thereby increases the depth and richness of the data. For that reason, as a non manipulative and domineering approach, the researchers who prefer this method will acknowledge whatever comes out in the results.

McLeod (2003) suggested a brief definition of qualitative research, as 'a process of systematic inquiry into meanings which people employ to make sense of their experience and guide their action' (p.73). McLeod also stated that qualitative researchers seek to describe understandings of meaning as opposed to quantitative researchers, who endeavour to measure the variables. Denzin and Lincoln (2008) described a general definition of qualitative research as, '*a situated activity that locates the observer in the world. It*

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consists of a set of interpretative practices that make the world visible. These practices transform the world. They turn the world into a series of presentations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meaning people bring to them' (Denzin and Lincoln ,2008,p. 4).

To sum up, qualitative research can be defined as '*a systematic method of inquiry that is conducted in a natural setting to understand the chosen phenomena, in which researchers interpret data that can be gathered from a variety of resources, either with words of pictures, in order to report in detail the meaning from the participants' perspectives'*.

3.2.1 Rationale for utilising qualitative methodology

Jerome Brunner (1986, 1991) illustrated that `paradigmatic` and `narrative` are two modes of knowledge with dissimilar ways of knowing. Whilst paradigmatic knowing relates to the way observational phenomena resulted from causal factors and processes that are reflected on `objective world`, narrative knowing relates to forms of stories that are typically based on daily events in human live as a `constructed world` (Brunner,1986,1991). He further elaborated that narrative knowing is associated with the meaning of one's actions in daily life, the incident that befalls people as well as others that relate to their senses, desires, assumptions, value, and so forth. McLeod (2011) believed that qualitative research which is derived from Brunner`s idea of narrative stance, begins with narrative and dialogue or interpretation of something (e.g. objects, images or ritual) that has a particular meaning. Thus, qualitative methods differ from quantitative methods in several ways.

Qualitative methods report data in narrative texts, use thick description to represent the data, carry out systematic investigations that are interpretative and grounded in the lived experiences of people, require

rigorous work, and draw on small, purposeful samples instead of large numbers of randomly selected people (McLeod, 2001; 2011, Barker, Pistrang & Elliott, 2003; Polkinghorne, 2005; Morrow, 2007; Creswell, 2009). Thick description is one aspect which is quite important in qualitative research (Ponterotto, 2006); 'it is an interpretive account that offers the reader a vivid description of what happens, while at the same time allowing them to begin to appreciate the many levels of meaning that give significance to what happened'(McLeod,2011,p. 113).

Barker et al. (2003) laid out several strengths of qualitative methods: i) to describe experiences that require a more complex and deeper meaning; ii) to address research questions that cannot be described by numbers; iii) to use a more flexible approach such as changing research protocols; and iv) to obtain unexpected findings. McLeod (2001) also agreed that good qualitative research is intrinsically discovery-oriented and critical (p.15). McLeod (2011) echoed that qualitative research has different features, however share similar purpose to understand how the world is constructed which is quite useful in therapy. For instance, how people construct their reality, how the commonality of world`s cultural is generated, how verbal communications and words are used to create reality, or how to challenge the existing understanding as well as to build new understandings.

Qualitative designs available to the researcher differ depending on the field of study (Creswell, Hanson, Clark & Morales, 2007). In the field of counselling and psychotherapy, McLeod (2011) believed that qualitative research represents a form of narrative knowledge based on everyday experience and has the potential to make significant contribution to the evidence-based practice. McLeod`s view is considered appropriate for the purpose of this study, which attempts to understand several features on the process and the outcomes of person-centred creative practice with children and young people.

3.2.2. Philosophical perspective of qualitative research

This section looks at the importance of understanding the philosophical, or epistemology perspective, point of reference, orientation or tradition for qualitative study (Denzin & Lincoln, 2005, Creswell, 2007), or philosophical of science as stated by Ponterotto (2005). Ponterotto (2005, p.127) believed "philosophy of science as a conceptual roots undergirding the quest for knowledge". Corbin and Strauss (2008, p. 1) perceived philosophical perspective as a "worldview that underlies and informs methodology and methods", while Denzin and Lincoln (2005, p. 22) looked at it as a "basic set of beliefs that guide action". In addition, there are various views on the beliefs, philosophical assumptions, or research paradigms that incorporate with the philosophy of science, but the discussion is focused on the assumptions that rule the ontological, epistemological, axiological, rhetorical, and methodology (Creswell, 2007).

To further elaborate, researchers typically begin the research design by determining the philosophical perspective of the research, then selecting the appropriate method based on five philosophical assumptions or research paradigm. These research paradigms are: i) ontology (nature of reality and being); ii) epistemology (the study of knowledge); iii) axiology (roles and values to be followed in the research); iv) rhetorical (type of language and presentation used); and finally v) the methodology (the processes and procedure of research) (Ponterotto, 2005; Morrow, 2007; Creswell, 2009).

Firstly, ontology refers to the ideas about the ultimate basis of reality; it is concerned with 'what do we believe the world is made of' (McLeod, 2011, p.47). More specifically, ontology addresses the following question: 'what is the nature of reality?' (Ponterotto, 2005; Guba & Lincoln, 1989). This means that ontology is a way to understand the person's fundamental way of being. Secondly, epistemology refers to the study of knowledge, the acquisition of knowledge, the relationship between the researcher and the research, or the researcher and participants, based on what the researchers

believe that they know and can know (Ponterotto, 2005). To simplify, ontology refers to ways of understanding the basic nature of persons, their core being, and epistemology inquiry of what constitutes the true, as well as false knowledge (McLeod, 2011, p.30).

Thirdly, axiology concerns the role of researcher's values in the scientific process (Ponterotto, 2005, p. 131). According to Ponterotto (2005), there are different views on the role of the researcher in research. He further explained that positivism and post positivism see that the value of a researcher must be completely separated from the process of systematic research, however, from the viewpoint of constructivists-interpretivists, the researchers cannot separate their values from the research process, but be aware, acknowledge, appreciate, and explains their values. Underlying epistemology for constructivist requires a close interpersonal relationships and prolonged contact with the participants to facilitate the sharing and disclosure of "life experience" under study, therefore, the researcher need to acknowledge their values, actively reports his or her values and biases, as well as the values of the participants (Creswell, 2009).

Fourth, the rhetoric that is associated with the epistemological and axiological is the language used to describe the methods and results of research to the reader (Ponterotto, 2005). Therefore, rhetorical assumptions mean that the researcher uses specific terms as well as a personal and literary narrative based on the definition evolved during the study (Creswell, 2009). Finally, methodology refers to theory of the process and procedures of the research where naturally, the research method emerges from one's position on ontology, epistemology, and axiology (Ponterotto, 2005). For example, from constructivist's perspective, the emphasis is more to the researcher-participant interpersonal relationship, the need to involve with the participants' world, and is usually associated with naturalistic design. Naturalistic inquiry involves qualitative research methods such as in-depth interview, focus group, or natural observation (Guba & Lincoln, 1989).

Therefore, for the purpose of this study, the main foundations of research paradigms that will be discussed are ontological, epistemological, and methodology philosophy because they shape the research design for this study. From an ontological stance, as a way to understand the person's basis way of being, this study assumes that the people or participants that will be investigated have their own thoughts, perceptions, opinions, interpretations and meanings of their creative practice`s experience. Therefore, the applied method such as interview is to interpret the participants' view and perception that are grounded from their own experiences or phenomenon.

As a result, the qualitative in-depth interview as a research design selected for this study can be considered naturalistic inquiry by nature. However, this study will only build interpersonal relationships with the participants through the interview process of data gathering, and will not interfere in the reality of participant's experiences. The ontological, epistemological, and methodology stances used in this study are parallel to Ponterotto's (2005, as stated previously). In order to understand how the processes and outcomes in person-centred creative practice are constructed, this study will try to find an answer to the four domains of the research questions, as mentioned previously.

3. 3 Qualitative research traditions

There are a variety of ways to classify qualitative research tradition, however this study's research design is mainly based on the traditions that are based on qualitative method in psychology as proposed by Barker et al. (2003). According to Barker et al. (2003), qualitative research has two main traditions, namely: i) phenomenology, which attempts to understand the person's perceptions and experiences, and ii) constructionist that focuses on how language is used in social interactions, and how discourse is affected by culture, history and social structure (Barker et al., 2003, p 71). From phenomenological tradition, Barker et al. (2003) discussed four types of

approaches, however, for the purpose of this study; the focus will be mainly on grounded theory approach.

3.3.1 Phenomenological research

As mentioned in chapter one, this study is interested in discovering how person-centred creative arts therapists work in their practices, theoretically and practically. It is also interested in knowing more about the helpful and unhelpful processes as well as the outcomes in the broader creative practices for children and young people, which will lead to the delineation of particular patterns based on research questions. For this research, the researcher studies phenomena and contextual meanings as perceived by person-centred art therapists, person-centred play therapists, and person-centred expressive art therapists.

From the phenomenological standpoint, the researcher identifies the essence of human experiences about the phenomenon as described by participants and in particular, to improve our understanding of the counselling and psychotherapy process (Barker et al., 2003; Creswell et al., 2007; McLeod). In addition, phenomenological studies often begin with a personal statement of experiences from the author or researcher (Creswell, 2009) as provided in chapter one, under the section personal bias.

As the aim of this research was to understand the phenomenon from the perspective of those involved, namely the person-centred therapists who employ some form of creative material in counselling and psychotherapy; thus, a phenomenological approach was identified as appropriate for this study. In phenomenological research, 'the aim of the researcher is to produce an exhaustive description of the phenomena of everyday experiences, thus arriving at an understanding of essential structure of the things itself, phenomenon' (McLeod, 2001, p. 38). In addition, Bullington and Karlsson (1984) stated that basically the result from phenomenological study describes the "what and how of a specific phenomenon rather than the explanatory

why." This statement becomes a basis for interview protocol designed specifically for this study.

3.3.1.1 Grounded Theory Approach

For the purpose of this study, grounded theory approach was chosen due to its popularity in social sciences and healthcare (Glaser, & Strauss, 1968; Barker et al., 2003) as well as counselling and psychotherapy (McLeod, 2011). Grounded theory approach gives emphasis to the discovery of new concepts, to the generation of conceptual theory to the area that is less known, and to the formation of new and different knowledge to the existing knowledge related to particular phenomenon. Glaser and Strauss (1968) suggested that grounded theory approach is suitable for exploratory research or studies related to the investigation of particular phenomenon in which the research is still not fully done, which is quite relevant to this research's objective which is to explore new scope of the processes and the outcomes in person-centred creative practice.

According to Glaser, & Strauss (1968), grounded theory is not about testing existing theory with the data; however, it is about conceptualising theory from the data. In addition, Barker et al. (2003) pointed that grounded theory refers to two characteristics: a method for analysing the data, and the outcomes of the analysis. Barker et al. (2003) further elaborated that a method is a set of systematic procedures for analysing the data, while the outcomes or products of analysis are where conceptual framework or newly emerging theory generated from the data. Moreover, Charmaz (1991) stated that grounded theory is a method that put forwards the benefit to find out about the processes of therapy as well as to develop new theory, which are not limited to provide rich description of social phenomena. These views are parallel Strauss and Corbin (1998) that grounded theory is based on the theory developed from the data that are collected systematically and analysed through a systematic research process. In fact, Strauss and Corbin (1998) highlighted the essence of the grounded theory method as a sense set of idea,

with the techniques and the procedures of data analysis provide the means to bridge this set of idea into reality.

In addition, Creswell et al.(2007) explained that the presentation of the theory can be in any form, might be in the kind of a narrative statement, visual images, diagram or a series of proposition. Therefore, based on the concepts proposed by these authors, the methods used for this research which include data collection, data analysis process, and the construction of a new concept or framework of emerging theory are closely related to one another, and they constitute the grounded theory approach for this study.

The purpose of this study is to produce a conceptual framework about the helpful and unhelpful process and outcomes in person-centred creative practice as well as to identify specific domains determined for this study. This conceptual framework is '*grounded*' in the data, based on Strauss and Corbin' (1998) proposed idea. This study is considered parallel to Creswell et al.(2007) view of the rational for grounded theory method, with relevant reasons as the following outline : (i) the research question is a 'what and how' question about the helpful and unhelpful processes and outcomes of person-centred creative practices, (ii) there are limits of existing theory in the literature that focuses on the helpful and unhelpful processes and outcomes in person-centred creative practices, particularly for children and young people , and (iii) this is a study of the helpful and unhelpful process and outcomes that each practitioners may experience the similarity and to some extend the differences on issues that emerge during the therapeutic process. Thus, grounded theory offers a reasonable method that is specific for the purpose of this study as mentioned above.

3.4   Research Questions

This study attempts to find out about the processes and the outcomes of using person-centred creative practices with young people aged between 5 and 18. More specifically this study investigates the practitioners'

experiences and perceptions of the helpful processes, unhelpful processes, helpful effects and unhelpful effects of this approach. Therefore the following research questions are formulated:

1. **Research Question 1:** What is the nature of the helpful processes in person-centred creative practice for children and young people?

2. **Research Question 2:** How do therapists perceive person-centred creative practice as fostering the helpful processes for children and young people?

3. **Research Question 3:** What aspects do therapists perceive as the factors that contribute to the emergence of unhelpful processes of person-centred creative practices with children and young people?

4. **Research Question 4:** What is the nature of unhelpful processes in person-centred creative practice for children and young people?

5. **Research Question 5:** How does therapist perceive the way to handle these unhelpful processes in person-centred creative practices with children and young people?

6. **Research Question 6:** What do therapists perceive as the potential helpful effect of person-centred creative practice on children and young people?

7. **Research Question 7:** What factors do therapists perceive as the possible unhelpful effects of person-centred creative practice on children and young people?

3.5   Managing Data Collection

This section describes the procedure for collection of data based on the phenomenological traditions specifically grounded theory procedure. It was built and drawn together by describing the procedure of interviewing to collect empirical data for this study. Interviewing was used for this qualitative study due to its flexibility and the personal responses it can elicit (McLeod, 2001), also as one of grounded theory means for data collection (Charmaz, 1991; Strauss and Corbin, 1998; Barker et al., 2003).

3.5.1 Qualitative interview

Among other approaches, qualitative interviewing is a primary mode used to gather data from participants (Sturges & Hanrahan, 2004; Polkinghorne, 2005; Opdenakker, 2006; DiCicco-Bloom & Crabtree, 2006). In general, qualitative interviews are conversations between researchers and individuals who are interviewed in order to gather the real-life experiences of individuals being interviewed, and researchers interpret the meaning of the phenomena described by the interviewee (Kvale, 2007).

According to Polkinghorne (2005), the main purpose of the qualitative research interview is to enable researchers to obtain information from participants, which differs from counselling or therapy interviews that enable the client to accomplish his or her goals. Although the face-to-face interview method is commonly used in qualitative research, over the last two decades, telephone interviews have become widely used among researchers (Sturges & Hanrahan, 2004; Opdenakker, 2006). Since I intended to gather data from the therapists whom I could meet in person as well as those at a distance, therefore I used both face-to-face and telephone interviews.

In general, qualitative research interviews use different strategies depending on the research goals, but researchers often use common qualitative interview techniques such as unstructured, semi-structured or in-depth interviews (Sturges & Hanrahan, 2004; DiCicco-Bloom & Crabtree, 2006). The unstructured interview technique is focused on recording field notes or observations; on the other hand, semi-structured interview based on a relatively flexible, open-ended set, as well as other questions which might emerge from the dialogue between researcher and participants (DiCicco-Bloom & Crabtree, 2006). Moreover, the semi-structured interview method is used widely for qualitative interviews (Barker et al., 2003; DiCicco-Bloom & Crabtree, 2006), especially in the field of social science and psychotherapy research (McLeod, 2011). In addition, McLeod (2011) states that the semi-structured interview is more widely chosen in practically all circumstance,

however non researcher stated explicitly the reasons that this method more likely selected in qualitative study.

Adiitionally, according to DiCicco-Bloom and Crabtree (2006), in-depth interviews aim to explore deeply and to obtain detailed information about particular issues or experiences; they are very useful for discovering unexpected issues or aspects of experiencing that the participants shared. They further argue that, by using an in-depth interview, both the researcher and the interviewee might develop more personal and intimate encounters in which open, direct, verbal questions are used to elicit detailed narratives and stories from the participants. Furthermore, as pointed out by Creswell (2009), in-depth interviews allow the researcher to pursue a wide range of research questions in an exploratory process based on systematic inquiries, thus enabling the researcher to investigate many aspects of participants' experiences in more detail.

A combination of semi-structured and in-depth interview schedule are an appropriate data collection method for phenomenological research (Gillham, 2005; Creswell, 2009), where the interviews were audio recorded and transcribed for data analysis. Therefore, to elicit the views, perceptions, experiences, and personal meanings of the practitioners, the adapted and mixed of semi-structured and in-depth interviews was considered most appropriate to my study. In my study, initially, the qualitative interview was carried out on a face-to-face basis; however, after running the second phase of data collection that involved long distance, telephone interviews were also used.

3.5.1.1 Face-to-face interview

Face-to-face interviews involve verbal and non-verbal communication between researchers and the interviewees, where the researchers can take advantages of social cues such as voice, intonation, and non-verbal signals that contribute additional information relating to the questions ((Burke, &

Miller, 2001; Opdenakker, 2006; DiCicco-Bloom & Crabtree, 2006). These, in particular, might enable both parties to establish a good rapport in a more natural environment. It has been suggested that face-to-face interviews are characterised by synchronous communication that do not have a significant time delay between question and answer, and the researcher and interviewee can directly react to what the other says or does in a more spontaneous way, without extended reflection (Opdenakker, 2006).

Irvine (2011) reported that face-to face interviews have advantages such as the interviewee being able to spend more time in the interview and allowing more in-depth elaboration of any particular topic. Moreover, Irvine also echoed that participant in face-to-face interview are more in control in set, and are able to manage their idea, terminology and language as well as having deep discussion with the interviewer. Therefore, as compared with telephone interviews, more themes can be covered by the participants with face-to-face interview. Thus, the interviewee might be able to clarify, provide examples of particular issues, or show something directly to the researcher. Also, both parties are able to cross-check during the interview session, e.g. asked questions related to the use of materials and specific practices that need further clarification.

3.5.1.2 Telephone interview

For factors involving long distances and cost and time constraints, the interview by telephone is a reasonable choice (Burke, & Miller, 2001; Sturges & Hanrahan, 2004; Opdennakker, 2006; Musselwhite, Cuff, McGregor & King, 2006). Creswell et al. (2007) also agrees that the telephone interview is the best option when researchers are unable to meet participants directly; however, this loses the benefit of non-verbal communication and visual cues. Furthermore, the advantages of the telephone interview are that they are also appropriate in light of the particular research endeavour to deal with issues such as sensitive topics, which the interviewee may prefer to keep as more anonymous, or with participants who are not comfortable with face-to-face

interviews, thus enabling the participants to avoid inappropriate questions or issues that might touch them emotionally (Sturges & Hanrahan, 2004). Although telephone interviews still involve telephone expenses, they are less expensive and cost less than travel (Burke, & Miller, 2001).

In contrast to face-to-face interviews, the disadvantages of the telephone interview include the fact that researchers are unable to personally engage and attend, or to remain involved during the session that only rely on remote conversation (Opdennakker, 2006; Irvine, 2011). Other researchers found that the interviewer need to be aware of, and try to avoid interference of external factors that can affect the participant's mood as well as the interviewee, while still needing to control the interview protocol (Sturges & Hanrahan, 2004).Thus, prior to the telephone interview, the researcher and interviewee need to consider the location for a conducive conversation as well as to ensure the interview will run smoothly. Nevertheless, it has been confirmed by research that comparison of the interview transcripts between face-to-face and telephone interviews reveals no significant differences in data and that telephone interviews can be used successfully in qualitative research (Sturges & Hanrahan, 2004; Irvine, 2011).

3.5.2 Procedure of data collection

In order to gather information from potential participants for my study, a list of person-centred therapists working with children and young people was obtained through assessing key informants introduced to me by my main PhD supervisor and through the dissemination of information to a person-centred email list based in the USA. In addition, due to the geographical distance and limited opportunities to engage with the practitioners in person-centred approach, a notice was placed through a member of British Association of Counselling and Psychotherapy (BACP) on their website as well as through personal searches (Appendix A). In addition, the websites of the British Association of the Person-Centred Approach (BAPCA), Person-centred Therapy Scotland (PCT) Scotland, British

Association of Play Therapy (BAPT), Play Therapy United Kingdom (PTUK), Association for Play Therapy (A4PT), and Person-centred Art therapy (PCAT) were intensively searched for participants to be interview, as well as various therapists' personal websites. For the purpose of identifying and determining the potential participants to be interviewed, I searched based on several criteria that the participants must have, such as having a background in person-centred therapy, have been working with children or young people ages between 10 to 16 years old (for preliminary/first phase study) and ages between 5 to 18 years old (for second phase study), and have been using a variety of creative approaches in their therapeutic work.

Initially, all the possible participants were sent an invitation email to participate in the study (Appendix B). Upon receiveing a positive response, all these potential participants were sent a recruitment letter, information sheets and consent form to provide a brief overview of the research topic, aims, and focus, as well as the interview process (Appendix C, D and E - the latest version). Information sheets for the study contained information relevant to the background of the researcher and supervisors, the background and purpose of this current research, criteria for participants, what participants should expect during the interview process, and their right to withdraw. The sheets also informed participants that they would not receive any payment for taking part in the study, ways to deal with potential risk or discomfort, how the results would be disseminated, and the contact details of an individual or independent person to contact regarding this study.

In addition, the consent form stated the participant's responsibility, their right to withdraw from the study at any time, and the fact that they could refuse any sensitive or uncomfortable questions. The consent form also included a guarantee of confidentiality for the participants for any information shared that the participants did not want to disclose, such as their clients' names and locations. Where participants confirmed that they were willing to be interviewed, they were asked to return the signed consent forms

before confirming any details about the interview that would be conducted by the researcher. The participants were requested to provide electronic signatures for the consent forms if they were returned to me via email. Upon receiving the signed consent forms, these potential participants were contacted to arrange a date, time and place for interview convenient for them.

3.5.3   Ethical considerations

According to McLeod (2003), any research in counselling and psychotherapy is bound by a general set of ethical guidelines applicable to all types of investigation of human subjects (p. 167). As well as other research in counselling and psychology, this research also raises ethical considerations such as informed consent, privacy, and confidentiality (Barker et al., 2003; Mcleod, 2003, 2011; Creswell, 2009). These authors added that ethical issues involved in research also include the right to withdraw, the assessment and management of self-harm, deception, debriefing, limitations to the researcher role, use of incentives, honesty, and integrity in the research process. This was addressed in the information that I provided for the participants in my study.

I first gained ethical approval from Internal Ethics Committee of the Department of Educational and Professional Studies, University of Strathclyde, Glasgow, prior to the recruitment of participants for this study (Appendix F). After obtaining ethical approval, I conducted pilot interviews with two person-centred therapists who had used creative materials in working with children and young people. As the information sheets and the consent form provided information including potential risks that might cause distress and relevant support that could be accessed, my research process for data collection was prepared in accordance with the requirement of the departmental ethical committee. According to Barker et al. (2003), informed consent provides detailed information and the freedom for participants to make decisions that allow prospective participants to determine whether to be involved in the research.

Upon receiving the signed consent forms, the participants were assigned personal code numbers for privacy purposes, as it is important to ensure and protect the confidentiality of participants (Mcleod, 2003); this was the main protection against inadvertent identification of participants (Creswell, 2009). To avoid the identity of the participants being exposed, during the interview I did not call or mention the name of research participants and used the participant code for transcribing process. For the purposes of confidentiality requirements, the University of Strathclyde stored the participants contact details and consent forms for five years. All the audio recordings and transcripts are stored privately at my house until I completed my study, and then the audio recording will be erased. However, I will keep the anonymous transcripts indefinitely.

3.5.4   Interview protocol

Qualitative interviews involving semi-structured open-ended questions were used for a small number of participants, with the aim of obtaining their views and opinions. In addition, the combination with in-depth interview will enable the researcher to gather a thick description of data (Ponterotto, 2006), which chosen for my study. In order to manage data gathering, the interviewer often has written guidance, called the interview protocol (Barker et al., 2003). They echoes that interview protocol consists of several questions related to the framework and the aims of the study. Therefore, the interview protocol used in this research were based on research questions that aimed to explore and gain an understanding of the experience and a view of person-centred therapists on the use of creative art and play materials with children and young people.

The structure of the interview protocol, which was prepared in advance, was divided into two parts, with the main questions followed by appropriate follow-up questions where necessary. The interview structure contained a total of 15 open-ended questions, beginning with demographic questions and followed with questions leading to the research aims of this

study (Appendix G). According to Kvale (2009), thematising an interview study involves clarifying the purpose of study in order to obtain empirical knowledge of participants' typical experiences of a topic. Thus, I prepared the interview protocol that focused on participants respond according to particular four domains of my research aims.

Each interview took approximately an hour, including ten minutes at the end of the interview for therapists to be debriefed or ask questions. The small risk that talking about their past work might remind the therapists of psychological discomfort and cause distress was handled by providing an information sheet with relevant support that could be accessed, if required. Participants were also informed in advance that the interview session would be audio-recorded and sent for transcribing, and then the transcripts would be returned to them for crosschecking in order to ensure the accuracy of the texts. The interview transcripts used the participants' codes which were assigned upon receiving the signed consent forms. These code numbers were only accessible to the researcher as a master list and for data analysis references.

3.5.5 Data collection process

The data collection process for this current study involved three phases: i) pilot interview, ii) data collection phase I, and iii) data collection phase II.

3.5.5.1 Pilot interview

Researchers have suggested the pilot interview as a small attempt to test various aspects of the proposed interview protocol (Barker et al., 2003). Therefore, the pilot interviews provided additional understanding for a new or inexperienced researcher to conduct qualitative interviews. In general, the pilot study provides a picture to estimate the time for interview, identify any unclear instructions or questions, and to detect any missing important aspects; it also trains the researcher to manage the research situation (McLeod, 2003).

For the purpose of my study, pilot interviews also allowed the researcher to become familiarised with the actual situation and different English accents. In fact, Barker et al. (2003) argued that feedback from pilot interviews could provide useful ideas and help review the research questions.

The pilot interview for my study aimed to produce an appropriate interview protocol and to determine any necessary refinements for the actual interview protocol. Through the pilot interviews, the researcher can review if the questions used are appropriate or not, get an overview of the expected findings from each question, and practice the interview protocol. Therefore, it has been suggested that the researchers complete at least two pilot interviews with people from the target population to assist in the screening interview protocol (Hill, Knox, Thompson, Williams & Hess, 2005). The pilot interviews for this study were conducted in Glasgow, Scotland. The first pilot interview was with a person-centred therapist who used creative art materials in her counselling work with young people. The second pilot interview was conducted with a person-centred therapist who had used child-centred play therapy with children. Pilot interviews were audio recorded; however, the data were not used for the analysis because it was made clear to these two people that the interviews were just for the piloting process and as a guide to revise the interview protocol. Both the pilot interviews were conducted at participants' workplace.

3.5.5.2 Data collection phase I

The process of the first phase of my data collection took approximately four months from contacting the practitioners until the day of interview. For the purpose of data collection, I travelled to different parts of the UK to conduct face-to-face interviews with practitioners and at the same time to visit their therapy room. Data collection was conducted in April, May, and June 2008 across the UK. Interviews were scheduled for approximately one hour including debriefing. I utilised the interview protocol to explore and probe the participants' responses: to gather data about their views,

perceptions, and experiences of using creative materials in person-centred work with children and young people. At the early stages of the qualitative interview study, semi-structured questions employed were able to open up new thinking about the phenomenon being studied, typically broad enough to elicit participants' perceptions, and did not direct them to talk about what the researcher required (cf. Creswell, 2009). Later on in the same interview, the questions eventually led to specific research objectives, thus the in-depth interview methods enabled participants to share in detail and deeply a variety of matters or issues that sometimes contributed to unexpected information (DiCicco-Bloom & Crabtree, 2006).

The interviews for the first phase of the data collection for my study were audio recorded with an audio cassette recorder. However, problems occurred in taping the interviews, which only became clear after twelve interviews were conducted. After completing the interviews and submitting them for transcription, the transcribers reported that out of the twelve interviews, only six were complete. New equipment (Dictaphone) was purchased, and interviews with another ten practitioners were conducted. Sixteen interviews, therefore, were transcribed successfully for the first phase of data collection. From my first experiences using face-to-face interviews, I discovered several advantages of direct communication with the participants, such as benefitting from non-verbal as well as verbal communication, which is consistent with the literature that emphasises of social cues (Opdennakker, 2006; DiCicco-Bloom & Crabtree, 2006). While conducting these face-to-face interviews, I gained an understanding of several matters such as: (i) the situation and the therapy room arrangement; ii) the type and nature of the materials used; iii) the practical value of reaching a deeper and more precise understanding of particular materials used. In addition, I also had social cues from the participants such as i) reactions of the participants before, during, and after the interview; ii) facial expressions and emotional reactions when talking of the particular issues; and iii) changes in verbal expression and tone of voice while talking about any critical issues. This provided me with

additional information and experiential learning to be used alongside the interview transcripts.

3.5.5.3   Data collection phase II

Analysis of themes in the data from these first rounds of data collection provided me with more focused aspects to concentrate on for a second phase of interviews. This paralleled Denzin and Lincoln (2008)'s recommendation, which highlighted the advantage of conducting the initial interviews to determine the next step of interview questions from the themes that emerge. From data analysis of phase one interviews, participants were unable to differentiate between helpful aspects and added-value, which they perceived as similar concepts, however participants also provided additional information such as the helpful and unhelpful effects of this approaches to their clients. Therefore, the interview protocol modified with additional questions related to helpful and unhelpful processes as well as helpful and unhelpful effects to be used for second phase interview.

The second phase of data collection involved both face-to-face and telephone interviews with practitioners in the UK and USA. The second phase of data collection was conducted from September 2010 to April 2011. Interviews with practitioners in the UK either were conducted with those from Scotland and England, by face-to-face or telephone interview, depending on practitioner location. For the practitioners in the USA, the locations were limited to those from California, Chicago, and Pennsylvania, and were conducted by telephone interview. I had met some these practitioners while attending the Association for the Development of Person-Centred Approach (ADPCA) annual conference at Kutztown University, Pennsylvania, USA, in 2009. During this conference I met with a child-centred play therapist and person-centred practitioner who worked with children and young people using creative materials. After my presentation and a brief explanation of my study, they suggested that I include views from

USA practitioners. They agreed to be involved in my research and recommended that I contact a few other practitioners for interviews.

After returning to Scotland, I continued with emailing these practitioners and managed to contact eight others from the USA, and decided to conduct telephone interviews with them. These telephone interviews were conducted from the researcher's home (my house) with dialling the number given by the participants, mostly at participants' homes for the privacy purposes. These telephone interviews were recorded using a dictaphone fitted with a small speaker in order to make the participant's voices clearer when re-listening to the recording. For the second phase of data collection, I managed to interview 24 participants.

3.6   Participants

Participants for this study were recruited by using a snowball technique where it was found to be quite easy and convenient in gathering the specific participants required for this study, because a participant who was interviewed provided other participants' information to be contacted for the research purposes (Creswell, 2009). In addition, according to Mcleod (2003), when the target participants are not known precisely on the ground, snowball technique is quite relevant to use because interviews can be located by continuous networking until no more information given. Moreover, by using snowball technique, the researchers are able to ask the interviewee to recommend others to participate, and this is normally done after interviewing the participant. The snowballing technique which involves starting with one or two representative informants who are known, and then these informants introduce other members of the relevant population (McLeod, 2003), was applied in this study. Selection and characteristics of participants for this study varied in years of experience as well as practice location or works setting. In addition, participants were also identified based on professional backgrounds such as level of person-centred training, advanced professional skills and training in a variety of creative approaches, key scholar influence

and main theoretical foundation. All of these characteristics were taken into account for this study.

3.6.1. Selection of interviewees

Participants were person-centred psychotherapists, counsellors, or psychologists across the UK and ten from the USA who had used creative practice or any art/play materials with children and young people aged 5 to 18. Given the nature of creative arts practice that include verbal and non-verbal facets, participants were informed that the potential outcome of this interview would be disseminate through texts, although the researcher had been provided with the examples of play and arts materials used, and allowed the photos of drawings, images, and visual sketches to be taken.

Moreover, participants willing to participate in this study were not paid any compensation, including for any additional experiential learning they offered or provided to the researcher. Information was given to participants that their contribution and the results of the study would be used to help develop the existing research literature, due to the lack of research on person-centred creative practice on children and young people.

3.6.2. Sampling procedure

Sampling refers to the process of specifying and obtaining the participants for the study (Barker et al., 2003, p. 178). Barker et al. (2003) also stated that in qualitative research, the term purposive sampling is often used to denote a systematic strategy of selecting the participants according to criteria that are important to the research questions. Moreover, in accordance to grounded theory approach chosen for this study, *theoretical sampling,* one type of *purposive sampling* was implemented (Strauss & Corbin, 1998; Barker et al., 2003). According to Barker et al. (2003), *theoretical sampling* refers to the tentative theory or conceptual framework generated from preliminary study that will influence the next sampling strategy.

The procedure for this study followed the procedure of *theoretical sampling* as proposed by Barker et al. (2003). Initially, this study analysed the data collected from preliminary study, and constructed a tentative concepts or framework for the next step of the study. As the idea about the significant domains for this study developed, the sampling of participants was customised to tailor with the emerging theory.

Specifications relating to the number of participants required in qualitative research are often not fixed, and may vary depending on the goal of the research (Denzin & Lincoln, 2008). In addition, as this study is a purposeful, theoretically-based sampling technique of grounded theory approach, therefore no specific participant gender, race or age were expected amongst the participants (Creswell et al., 2007). However, as highlighted by Creswell et al. (2007), in order to achieve adequate detail in the theory, a sufficient number of participants are needed with a minimum of 10. However 10 to 25 participants, depending on the depth and extent of interview material elicited, is a common practice in qualitative interviewing. Although Creswell et al. (2007) pointed out that ten participants is a common number of participants in phenomenological research; however, the researcher intended to gain data that were more rich and rigorous in accordance to four domains of research aims. Thus, while 40 participants were interviewed and analysed to obtain rich data, this study was looking for saturation rather than number.

Therefore, when saturation is reached during data analysis, researchers begin to see the similar themes of thoughts, perspectives, and feedback from the participants of their study; when this happens, then the researchers can conclude that additional participants are no longer needed (Creswell, 2009). In other words, the number of participants in grounded theory approach is normally determined by the concept of saturation, that is, collecting the data until no new information is available.

As a conclusion, for the initial phase of this research study, qualitative, *theoretical sampling*, combination of semi-structured and in-depth interviews were conducted with 16 experienced person-centred therapists from Scotland, England, and Wales. After that, another 14 practitioners were interviewed from Scotland and England in the UK, as well as ten from the USA. Overall, 40 person-centred practitioners participated in this study: 30 participants were from the UK and ten participants were from the USA. Participants' age ranged from 25 to 65 years old; they used English as a primary language, with different accents; the majority (n=38) were identified as White British/European, with two Hispanic.

3.6.3 Gender of Participants

The participants were mostly female (n=33), with only seven male participants, as shown in Table 3.1 below. There were 26 female participants and four male participants from the UK. There were seven female participants from the USA and three male participants from the USA.

Table 3.2: Gender of participants

	Male	Female
United Kingdom	4	26
United States of America	3	7
Sub-total	7	33
Total	40	

3.6.4 Location

Concerning location, data was gathered from across the UK, including fourteen participants from Scotland, fourteen participants from England and two participants from Wales. However, for participants in the USA, due to the limited number involved, interviews were conducted only with four participants from Chicago, four participants from Pennsylvania and two other participants from California. Most participants (n= 23) from the UK were of Scottish, English or Welsh origin; however, there were seven participants originally not from the UK. Among these seven participants, two participants

were originally from the USA, two were from Germany, two were from South America, and one participant stated that she was originally from New Zealand. However, none of the participants from the USA disclosed their original hometown or country.

3.6.5 Years of practice experiences

Seven participants had between 15 – 20 year's experience of working with children and young people, incorporating person-centred and other creative methods. It should be noted that among these seven participants with nearly twenty years of working experience, three of them had only ten to fifteen years' experience of fully working with children and young people, after changing from working with adult clients as well as young clients. Another two participants previously mixed other theoretical approaches and later shifted to a person-centred approach. Only two participants had fully utilised a person-centred creative approach with children and young people for twenty years, due to organisational context.

Five participants had more than ten years' working experience and ten participants had between five to ten years' working experience. Another ten participants had between one and five years' working experience and the remaining eight had less than a year's working experience using person-centred creative approaches. Table 3.3 below summarises years of experience working in person-centred creative practice.

Table 3.3 : Years of practice experiences

Years of experience	Number of participants
Less than one year	8
One to five years	10
Five to ten years	10
Ten to fifteen years	5
Fifteen to twenty years	7

3.6.6 Informant characteristics

Following purposive sampling, specifically *theoretical sampling* (Creswell, 2009, Barker et al., 2003), participants were selected based on

tentative theoretical emerged from preliminary study. All practitioners were selected to participate in this study based on these inclusive criteria:

1. Currently certified as a person-centred practitioner, who employing any creative, art or play materials with children and young people.

2. Having comprehensive training, or identifying as a person-centred expressive arts therapist, person-centred art therapist, person-centred creative therapist, or child-centred play therapist.

3. Having a short course or certification in any person-centred creative practice such as expressive arts, art therapy, sand tray, or child-centred play therapy.

4. Having worked or currently working with children and young people aged 5 to 18 in a variety of work settings.

5. Experience working with any person-centred creative practice: either just familiariseing him/herself with this area or have been using this practice for many years.

3.7 Supervisors and auditors background

In an attempt to engage with the topic of my study, I have included a brief background of supervisor and auditor teams who have taken responsibility for contributed to the progress of my research into person-centred creative practice with children and young people. As to the background of the researcher, I had provided my personal background (see Chapter One: 1.6. Personal aims) describing my orientation towards my chosen topic for PhD research.

The main supervisor and auditor is Mick Cooper, former Professor of Counselling at the University of Strathclyde (currently a Professor of Counselling at the University of Roehampton), and a practicing counselling psychologist working primarily with young adults. Mick also has experience of working with young people, though not with extensive use of creative arts materials. He has conducted extensive research into the process and outcomes

of humanistic therapies with children and young people, and has recently been appointed as National Advisor for Counselling for the Children and Young People's improving Access to Psychological Therapies Programme. Mick's partner is an integrative arts psychotherapist for children, so he is familiar with a range of creative techniques in therapy with children. In terms of assumptions and biases, Mick's beliefs are that a wide variety of creative techniques may be of value in person-centred therapy for children and young people, but he does not hold any specific methods or materials as being more prevalent, helpful or unhelpful. Nor does he hold particular assumptions about what specific effects creative practices may have, as part of person-centred therapy.

The second supervisor and auditor , Robert Elliott also a Professor of Counselling at the University of Strathclyde , and a Professor Emeritus of Psychology, University of Toledo (USA). Robert is an experienced person-centred-experiential therapist and qualitative researcher. He was trained in play therapy in the 1970's and was familiar through contacts in the field with Garry Landreth's work and also that of Natalie Rogers. His approach to qualitative research is systematic and closely aligned to Rennie's interpretation of Grounded Theory analysis, with elements of Consensual Qualitative Research (Hill, Thompson, & Williams,1997). He expected a wide diversity of creative practices in the therapists interviewed here, and that the perceived helpful processes and effects would be substantially more developed in the analysis than the hindering aspects and effects.

Another contributor is Dr Brian Rodgers, a person-centred counsellor, supervisor, trainer and former researcher from Counselling Unit, at the University of Strathclyde. Brian is particularly interested in utilising qualitative methods for exploring the client's experience of therapy. Most recently, Brian has been involved in researching and developing creative visual methods for investigating the outcomes of therapy. As part of this research, Brian has direct experience of working with clients using creative

methods in a collaborative way. In terms of biases and assumptions, Brian believes in the potential of visual, creative methods to reveal less conscious and more unspoken aspects of both the interpersonal and intrapersonal dynamics of a person's life.

3.8   Managing data analysis and reporting findings

This section describes the procedure for collection of data based on the phenomenological traditions, specifically grounded theory procedure.   It was built and drawn together by describing the procedure of interviewing to collect empirical data for this study. Interviewing was used for this qualitative study due   to its flexibility and the personal responses it can draw out (McLeod, 2001), also as it being one of   grounded theory's means for data collection (Charmaz, 1991; Strauss and Corbin, 1998; Barker et al., 2003).

The data analysis process involved the preparation of the data that were collected for analysis in accordance with the grounded theory analysis. According to Creswell (2009), data analysis is an ongoing process best carried out concurrently with data collection, interpretation and writing the report. Barker et al. (2003) described data analysis as the final stage of the research process that can be broken into three parts: i) analysis: establishing what the findings are and how they answer the research questions; ii) interpretation: understanding the findings in terms of their broader implications; and iii) dissemination: communicating them to other people.

Closely related to the data analysis stages proposed above, Creswell (2009, p.183) divides the data analysis process into six steps:

1. Organise and prepare the data, which involves transcribing the interviews, optically scanning material, typing up field notes, or sorting and arranging the data into different types depending on the sources of information;
2.   Read through all the data to obtain a general sense of the information and to reflect on its overall meaning;
3. Begin a detailed analysis with a coding process;

4. Generate descriptions involving categories or themes for analysis;
5. Advance how the description and themes will be represented in the qualitative narrative;
6. Make interpretations or meaning of the data in many different forms depending on the research design.

3.8.1 Data Analysis procedure

The process of data analysis was adopted from grounded theory analysis (Glaser and Strauss ,1968; Strauss and Corbin,1998; Barker et al.,2003) with the '*constant comparative method*' pioneered by Glaser and Strauss' (Barker et al., 2003; Halberg, 2006) to organise, analyse, audit and verify the data.

Grounded theory analysis , as discussed previously, with the major procedure namely *constant* comparative *method* derived from Glaser and Strauss's (1968) work, represents the exploration and relationships between categories (Rennie, 2000; Rennie & Fergus,2006), and exploration of the similarities or differences within these categories (Barker et al., 2003).

Constant comparative method also involves comparison to all other parts of the data to explore the variations, consistency, similarities and differences between categories (Halberg, 2006). According to Glaser and Strauss (1968), usually there are two ways in which themes and categories emerged: either arising from the language used by participants or those constructed by the researchers. Therefore, in this study, every part of the data, such as emerging codes or themes and each categories arises were continuously compared adapted the idea of Glaser and Strauss`s (1968) above. However, this study always ensured that interpretation of the data were more true to what the participants essentially said and how they said it rather what the researcher thought about it.

In contrast to other methods for data analysis, in grounded theory analysis, once the data obtained in the early stages, it will be analysed without

the need to wait until all data collection was completed (Glaser & Strauss, 1968; Strauss & Corbin, 1998). Therefore, for this study, the data analysis processes began after the completion of data collection from the first two interviews without waiting until the completion of the whole data collection.

In general, qualitative data analysis, which is inductive processes, involves three phase of process, namely identifying meaning, categorising and integrating (Barker et al., 2003). According to Barker et al.(2003), the first step before generating the themes and categories is to identify the meaning from the texts, followed by categorising or classifying the data conceptually, and finally to make connection between categories to generate a conceptual framework. During data analysis, these three phases are not rigid in sequence, but repeatedly alternates depending on the categories understood and developed.

During data collection processes, the interviews were recorded, and then transcribed verbatim by two freelance transcribers who were native English speakers, and then sent to the participants for data verification. Once the practitioners returned the transcripts, the researcher then read each of the transcripts as well as listened to the recorded interview in order to be familiarise and identify some common themes. This step is parallel to Barker et al. (2003) to make sure the transcripts are accurate with the practitioner`s sharing. Moreover, as emphasised by Barker et al. (2003), it is important for the researcher to remain the anonymity of the participants. In this study, this issue was discussed in detail previously, under the section ethical consideration.

As mentioned previously, the data analysis for this study followed a rigorous coding procedure to interpret the data, to generate categories, and to develop a conceptual framework, based on grounded theory analysis proposed by Strauss and Corbin (1998). Data analysis processes mainly follow the three stages in grounded theory analysis, namely open coding,

axial coding, and selective coding. According to Strauss and Corbin (1998), open coding identifies themes and categories, while axial coding makes connections between sub-categories and categories to generate main categories, and selective coding integrates the categories to create a conceptual framework or `grounded theory`. These are parallel to Barker et al.,(2003) on the processes for qualitative data analysis.

3.8.1.1 Data Analysis: Open Coding

As an initial step, the transcript of the interview and the audio recordings were read and listened repeatedly to gain deeper understanding and to generate particular codes. This is called immersion process (Barker et al.,2003). The data then were entered into the NVivo program (Version 9.0), and each interview was coded according to particular themes and categories understood from the texts. Throughout the process of data analysis, repeated procedure was undertaken to review, revise, refine, remove, alter or added with particular themes (e.g. Cooper, 2005; Knox & Cooper, 2010). According to Strauss and Corbin (1998), at this early stage of analysis, the processes include naming themes, defining categories, and developing categories with regards to their domains and dimensions. This process involved a thorough concentration and detailed analysis of the initial open coding in which the interview transcripts were analysed in organised 'meaning unit' (Barker et al.,2003) , either word by word, phrase by phrase, sentence by sentence, or paragraph by paragraph (Strauss and Corbin,1998; McLeod, 2011).

According to Strauss and Corbin (1998), at this early stage, researchers need to be creative to choose and set the codes to gain new insights from the data. Therefore, it is important for the researcher to create and expand vocabularies, words and phrases related to research objective. For instance, some themes that emerged for research question one (the nature of helpful processes) in this study were *immediate positive response* (i.e., spontaneous reaction), *alternative way of making contact* (i.e., another path for connection), and *material creating attraction to the c*lient (i.e., catch the

attention). For the second interview transcripts, coding process was repeated as the first transcript, besides that the researcher also reviewed the first set of code, integrated, renamed, revised, and reviewed the themes that emerged from both interview`s transcripts. These processes were repeated with other transcripts. Further themes were identified, placed into particular sub-categories, modified, amended, and integrated among these themes and sub-categories.

After that, the categorisation process took place in which the themes or the code words were grouped under one identified sub-category. For example, from research question one stated above (*the nature of helpful processes*), the themes or code words `immediate positive response`, `alternative way of making contact`, and `material creating attraction to the client` were grouped under sub-category *encouraging client into immediate engagement* (i.e. stimulate the therapeutic connection).These processes continued with sub-categories ordered into categories, followed by major categories and domains, which were called labelling, coding and categorising meanings (Mcleod, 2011). Next, the themes and categories that had been formed were placed in the tables under certain labels including themes, sub-categories, categories and major categories (Strauss & Corbin, 1998). A detailed tables and the description from the data analysis of this study will be presented in chapter four: Results.

3.8.1.2 Data Analysis:Axial Coding

While the function of open coding as described in the previous section is to break the data into particular themes and categories, the next step involves axial coding to reconstruct the data together but in different forms by making connections between sub-categories and categories to generate the major categories (Strauss & Corbin, 1998; Barker et al., 2003). These were then analysed based on the *constant comparative process* (Barker et al., 2003), that involves comparing the themes, sub-categories, categories and major categories. This stage of data analysis is called axial coding which

refers to the process of organising based on the position axially by connecting each category (themes, sub-categories, and categories) according to its properties and dimensions.

This study constantly compared the data analysis with previous data to ensure the consistency, to identify any similarities as well as differences of the emerged themes, as a way to remain close connection between themes and categories (Hallberg, 2006). As an example, based on the domain one of the research objectives (*the nature of helpful processes*), the sub-categories `*encouraging client into immediate engagement*`, and `*establishing rapport*` were grouped under category `*initiating the therapeutic relationship'*, while the sub-categories `*less threatening*`, `*opening the unspoken*`, and `*facilitating self narrative*` were grouped under category `*developing alternative nonverbal forms of communication'*. These categories then were continued to be analysed based on selective coding to build the conceptual framework for this domain; the nature of helpful processes. Details are presented in chapter four: Results.

3.8.1.3 Data Analysis:Selective Coding

Strauss and Corbin (1998) stated that the selective coding process involves integrating and refining the categories in order to create a conceptual theory or framework of the phenomena under study. These repeated processes ultimately lead to identifying the main domain for each category, where the researchers link the major categories, with the main purpose of forming some sort of conceptual framework and avoid a list of irrelevant or unrelated categories (Barker et al, 2003). For examples, further data analysis based on selective coding with *constant comparative method* indicated that the two categories stated in previous section (*initiating the therapeutic relationship* and *developing alternative nonverbal forms of communication),* together with `*holding and maintaining the therapeutic processes*`, were placed under major category `*developing and maintaining the therapeutic alliance*`. These processes also viewed by McLeod (2011) as a beginning to decide on the

major domain, core phenomena, or storyline, which was labelled as major category in the analysis of this study.

The results of data analysis in this study did not depend on the number of participants, even though 40 participants were interviewed to ensure the richness and rigorous data; however the analysis were based on the saturation. Creswell (2009) defined saturation as collecting data until no new information is gained from continued collection. This paralleled to Glaser and Strauss (1968) who suggested that analysis of data for each category should be continued until *'saturation'*, where there is no further information that could lead to new categories. Therefore, after analysing the data up to 40 participants, this study discovered that there was no new relevant themes emerged for the four domains of this study, and then the data collecting and analysis process were stopped. At this stage of saturation, this study ensured that the relationship among categories were well established and validated before terminating the data collection and analysis processes. The example of the interview transcript and the excerpt from data analysis processes(Nvivo) are attached on appendixes H and I. Thus, following rigorous step adopted from grounded analysis process that emphasises on systematic data collection and analysis, this study has generated the conceptual framework of particular person-centred creative practices processes and outcomes.

3.8.2   Data Auditing and Verified

In order to verify the meaning unit (themes, sub-categories, categories, major categories and domains) that emerged, I used a data auditing approach to check the credibility and cross-analysis of data. This involved member checks, peer reviewers and expert checks. After the transcribing process is complete, I sent the transcripts to participants for crosschecking and approval before proceeding to analysis. While doing the analysis process I also asked a few participants who were willing to review prior to data auditing, to check and ensure the meanings are parallel with the

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themes, sub-categories and categories that arose because English is not my primary language.

For the purpose of verifying, three people who were not involved in data analysis or generated themes or codes served for data auditing processes in my study. The first person, a researcher at the Counselling Unit, had PhD focused on non-verbal perspective or visual means of study the outcome in counselling and psychotherapy. He was initially involved as a peer reviewer who reviewed, discussed, crosschecked, and suggested any necessary changes of the theme, sub-categories and categories emerge. For expert and professional checking, both my PhD supervisors reviewed, examined, and recommended appropriate alterations until finally the auditing teams which consisted the researcher from Counselling unit and both my PhD supervisors were satisfied with the outcomes.

3.8.3 Trustworthiness

Morrow (2007) argued that it is important to build trustworthiness within the framework of the qualitative study being investigated. Therefore, I strive to achieve trustworthiness in my research through various strategies and adapted concepts described below, that fits the hermeneutic-phenomenological approach. This was done in order to maintain the participant`s voice and how they perceived as true reality for themselves. Moreover, Lincoln and Guba (1985) stated that trustworthiness in qualitative research refers to the credibility of the investigators and divided it into four constructs: credibility, dependability, transferability, and conformability. They argued that trustworthiness is established when findings thoroughly reflect the meanings of the subject being studied, as described by the participants (Lincoln & Guba, 1985).

3.8.3.1 Credibility

Credibility corresponds to the concept of internal validity in which the researcher seeks to ensure that their findings are congruent with reality

(Lincoln & Guba, 1985; Shenton, 2004). For example, in a qualitative study, the researchers show that the participants are accurately identified and described accordingly. Shenton (2004) lists several provisions that can be done by researchers to enhance their credibility of research, such as using appropriate research methods, developing a background reading and training in the field of study, which is a form of triangulation that involves a wide range of informants, peer scrutiny of the research project such as systematic data auditing, and thick description of the phenomenon under study. Therefore, to ensure the credibility of my studies, I did an extensive background review of a wide range of person-centred creative practice, was involved in various training and skills development, identified and ensured the participants to be interviewed met the criteria set, conducted in-depth interviews, and did data auditing to enhance the credibility of the findings.

3.8.3.2 Dependability

Dependability is similar to the concept of reliability, and involves the consistency over time and across researchers (Lincoln & Guba, 1985; Shenton, 2004). In other words, if the study is replicated using a context, method, and criteria of participants similar to my study, the results should be consistent. Therefore, I provide a detailed report on methods and procedures used in my study to enable other researchers to replicate this work.

3.8.3.3 Transferability

Transferability, which is a form of external validity or generalisability, is concerned with the extent to which the findings of a study can be applied to other situations (Shenton, 2004). Lincoln and Guba (1985) states that if the researcher provides a detailed description of the overall research, then readers have the opportunity to determine transferable results into different contexts. For instance, to enhance transferability, I provided detailed descriptions of the contexts, research processes, participants, data management and findings for those who might interest to replicate in different cultures or situations.

3.8.3.4 Conformability

Conformation refers to the concerns of objective comparability to ensure the accuracy of the findings, and is based on the experience and ideas of the participants, and does not come from the features highlighted by the researchers (Lincoln & Cuba, 1985). The detailed description of research methods will enable the reader to determine the extent to which the data analysis is appropriate as well as how results emerged and whether this is acceptable (Creswell, 2009; Denzin & Lincoln, 2008). Thus, it is argued that in this context thoroughly auditing data would help to establish the conformability of particular research. In my study, initially, I returned the transcripts to the participants to check whether there were aspects that they might disagree upon or there were any amendments. Additionally I also implemented a data auditing process involving peer review and expert checking, which assured the conformability of my study.

3.8.3.5 Validation strategies for trustworthiness

Lack of trustworthiness may be caused by researcher or practitioner bias, and to manage this qualitative researcher must engage in a variety of strategies to describe research findings in a way that authentically represents the meanings as described by the participants in order to validate trustworthiness (Lincoln & Guba, 1985; Creswell, 2009). Strategies to establish trustworthiness include prolonged engagement, triangulation, peer review, member checking, negative case analysis, maintaining an audit trail, and reflexivity on possible researcher and practitioner' biases (Creswell, 2009). In qualitative studies, the first important strategy is a prolonged engagement, which is an effort to build trust with the participants, to understand the culture of participants being studied, and the ability to return to the participants to ask for confirmation of the results to ensure that researchers are not biased in the final product. Any differences in the themes or categories that emerged from the participants, which Creswell (2009) identified as a negative case example, was used to provide data to develop a new theme. For example, one participant in my study has a view about

materials used in person-centred creative practice that is very different from the other participants (e.g. material used was out of date for her client). In qualitative data analysis, this different view was not a negative thing; however it provided an interesting piece of information that could be used to develop an understanding of the importance of particular issues related to the materials this participant mentioned.

3.9 Self-reflexivity

According to Mcleod (2011), in qualitative research, the researchers were seen as self-interpreting being, who will involved in on-going process of interprate the meaning of particular concepts.This process involved the researchers to reflect him/her work, or labelled as `researcher reflexivity`, which can be view as the willingness of researchers to make the research process more clear to the reader, and enables the reader to gain, and informed their understanding of the findings (McLeod,2011). Reflexivity emerged from the social constructivist tradition, which looks in detail into oral and written language (Barker et al., 2003). As a qualitative researcher, self-reflexivity is my ability to self-reflect, to write my own views, self-examine, and to share my personal experiences of research, in which all the information can be used to inform the process and the results of my research.

As the basic foundation of reflexivity is to mirror our own attention to what we are doing (McLeod, 2011), I will begin my personal reflections by focusing on my personal journey and experience in the study, as an international student for whom English is not my first language. After having thoroughly background reading of a variety of creative approaches in person-centred therapy, I gained knowledge which has had a profound effect on my way of thinking of how to build a therapeutic relationship with children and young people, since I became aware that toys and materials are the language when words did not work. Since I embarked on qualitative research, at first as a novice, and then becoming more experienced in approaching and understanding this method, I always tried my best to overcome difficulties

arising from language barrier. My first experience involved in collecting data through interview techniques is quite challenging because this was first time I used this method, and to conduct interviews in English made me nervous, however this was also an amazing journey for me. In an attempt to help my confidence in conducting the interviews, my first supervisor suggested that I practice questioning a native speaker by using the interview protocols that we developed.

My first interview experience was very interesting because the interviewee was really ready to share her work and practice with children and young people, and willing to share a variety of materials used in her private therapy rooms. Following that, the next interview process was easier. I also became more confident and feel comfortable to deal with other practitioners, although sometimes I was unable to understand different accents. The language barrier and understanding different accents were the main factors that had a huge impact on my data gathering process, particularly in the first phase of the interviews that I carried in 2008, after only a few months I was in the UK and not very familiar with English environment. While listening to the recording of an interview, I had difficulty in understanding the meaning of certain words, needed to check the meaning of new words that I did not understand, and needed to listen over and over again to get an accurate view of the outcomes of an interview. This process was time consuming, and impeded the progress of my research. I was struggling to find a suitable person for transcribing interviews due to limited social circle with local people at that time. However, one of my PhD collagues introduces me with a freelance native speaker transcriber to help me with my interview data.

Upon receiving the transcripts, I discovered that for words or phrases from the texts I needed to ask the practitioners to clarify, explain and elaborate. For others, I received information that exceeded the scope of my research questions, therefore I lost the meaning of some important aspects of their practice. I then returned the transcripts to practitioners, some of them

questioned the issues, amended, or edited the transcripts, while a few did not responsed ,or I lost contact with them. These experience informed my practice while conducting interviews during the second phase of data collection from 2010 until early 2011, after more than three years in UK, during which I was becoming more adept at focussing specifically on my research questions and prompting during the interviews. Overall, my experience of conducting qualitative interviews within a Western perspective enabled me to learnt from a different angle about the use of person-centered creative practice with children and young people, and to identify practical ways in which to translate these into the my culture and community in more meaningful.

3.10   Summary of chapter three

This chapter has addressed, in detail, the methods of this research and provided an overview of the participants involved, the advantages and limitations of face-to-face and telephone interviews, and data managing process through pilot interviews, phase I and phase II of qualitative semi structured open ended interviews. Methods for data analysis that were adopted from grounded theory analysis with systematic data collection and analysis, specifically with the constant comparative method, shaped the themes and categories that emerged from the data, have enabled this study to develop a contextual framework that answers the research questions.

In addition, this chapter also addressed issues related to the trustworthiness of qualitative research, indicating that the researcher attempted to create a strong foundation for validity by utilising maximum strategies suggested from previous authors which included prolonged engagement, triangulation, peer and expert reviews, member checking, negative case analysis, audit trail and reflexivity of researcher . Finally, with rigorous and detailed explanation including the examples of data analysis procedure, the reader will gain understanding of how to duplicate similar study.

CHAPTER FOUR : RESULTS

4.1   Introduction

In this chapter I will present and describe the results based on the research objectives. They are divided into four main domains namely, the helpful processes, the unhelpful processes, the helpful effects and the unhelpful effects. The findings from each domain will be presented in sequence, beginning with the helpful processes comprising the nature of helpful processes of person-centred creative practice, and the way creative practices can foster these helpful aspects. I will continue subsequently with the unhelpful processes comprising how unhelpful processes emerge, the nature of unhelpful processes as well as the way to handle these unhelpful processes.Finally, the domains of helpful and unhelpful or hindering effects will be presented. This chapter will be concluded with a summary of the results.

4.2   Domain 1 : The helpful processes in person-centred creative practice

In presenting the helpful processes in person-centred creative practice, the focus will be on two main aspects of the helpful processes in person-centred creative practice . These are : i) The nature of helpful processes in person-centred creative practice, and ii) The ways creative practices foster the helpful processes in therapeutic practice.

4.2.1   The nature of helpful processes in person-centred creative practice

My understanding of the participants' perceptions and experiences of the nature of the helpful processes in using creative art and play materials for children and young people is presented in Tables 4.1 and 4.2. In the same Tables, detailed descriptions of the categories and sub-categories are also provided following an overview of themes that emerged. The numbers in the parentheses in Table 4.1 and 4.2 refer to the frequency of participants

explicitly mentioning the particular themes following the helpful working processes. In general, there were two major categories that emerged: i) developing and maintaining the therapeutic alliance and, ii) achieving and accomplishing a productive therapeutic working process.

4.2.1.1   Developing and maintaining the therapeutic alliance

The first major category is further divided into three general categories: i) initiating the therapeutic relationship, ii) developing alternative nonverbal forms of communication and, iii) holding and maintaining the therapeutic process. Table 4.1 below presents summary of the categories under developing and maintaining the therapeutic alliance.

Table 4.1   Summary of the categories under developing and maintaining the therapeutic alliance

Main Category	Category	Sub-category	Theme/codes
(4.2.1.1) Developing and maintaining the therapeutic alliance	(4.2.1.1.1) Initiating the therapeutic relationship	Encouraging client into immediate engagement	Immediate positive response (30)
			Alternative ways of making contact (14)
			Material creating attraction to the client (8)
		Establishing rapport	Facilitating interaction (28)
			Learning about the process of fair negotiation (12)
	(4.2.1.1.2) Developing alternative nonverbal forms of communication	Less threatening environment	Offering 'safe environments' for self disclosure (13)
			Reducing fear to communicate (35)
		Opening the unspoken	Providing additional language (18)
			Releasing the internal factors (18)
			Freeing from external factors (14)
		Facilitating self narratives	Aiding in verbal expression (36)
			Ahead of/better than, words (29)
	(4.2.1.1.3) Holding and maintaining the therapeutic process	Facilitating verbal and non-verbal self expression	Offering concrete media for narrative transformation (25)
			Encouraging to exposing hidden internal issues and bringing it to tangible (18)
			Offering multidimensional means for self expression (15)
		Nurturing creativity	Simplifying the complex or difficult issues (18)
			Encouraging interactiveness (10)
			Enhancing creativity, imagination and intuition (17)
		Managing the therapeutic process	Manage client comfort and safety level (10)
			Manage pace and support the client (7)
		Stimulating spontaneity	Encourage spontaneous attraction (15)
			Immediately engage and take action (32)

4.2.1.1.1 Initiating the therapeutic relationship

Two sub-categories of initiating therapeutic relationships were identified which include : i) encouraging the client into immediate engagement, and ii) establishing rapport.

Encouraging the client into immediate engagement

Encouraging the client into immediate engagement refers to the client's immediate response coming into the session. This sub-category comprises three themes: i) immediate positive response, ii) alternative ways of making contact, and iii) the materials creating attraction to the client. Thirty participants acknowledged that using creative materials with children and young people encourage bonding/engagement in the session, as children always respond well to the materials, as shown by the example below:

> **T1:** *"I think when we work with children, it can be easy because we can have all of toys, sand tray, can be art and they will go into it immediately".*

In addition, using creative materials also provided an alternative way to engage in the session, as seen by fourteen participants. Even materials used in therapy offered a simple and easy way to connect the client to start the session. The following excerpts illustrate this:

> **T27:** *"Normally at the beginning of the session, I will invite the child to use whatever materials he/she likes, to help him/her engage in the session, he/she might draw a picture – or build something with Lego, it's a different way of making contact".*

> **T4:** *"If I work with somebody who is quite small, then it might be easy for us to do some drawing together to start the engagement in the session. It's also quite simple for them".*

Based on eight participants' experiences, creating a sense of attraction to the therapy room is an essential element in initiating the therapeutic relationship with children and young people. Creating a centre of attraction involved the therapists decorating and preparing a wide range of materials that drew the clients' attention and sharing fun with the therapist:

> **T9:** *"What is important is just to make everything look colourful and bright to make it look attractive to children. It's very informal, and they have fun as well."*

Establishing rapport

Along with initiating the client into immediate engagement, the next sub-category was establishing rapport, which refers to the materials aiding in

developing the close relationship between the client and the therapist, or the client and the other members in a group format. Participants' responses indicated that two themes existed in establishing rapport: i) facilitating interaction with the therapist or group members, and ii) learning about the process of fair negotiation.

Twenty-eight participants emphasised that creative materials played a role as a bridge between the therapist and the client in building a trusting relationship in a more meaningful way. This enabled rapport to be developed in a more facilitative and entertaining environment, in particular facilitating a triadic interactions between the client, the therapist and the materials. Participants also indicated that using creative materials helped in stimulating group contact. This refers to assistance in developing communication among members in a group format that enabled them to form early interactions. The following quotes illustrate the statement:

> **T26***:"You know it's interesting because it just came from this object – and this object – it's like a bridge. It's a bridge to connect between me and young people and that connection I believe brought us to a different meaning of relationship".*

> **T1***: "In group, you start with everyone going and just touching the objects. And then they used that and talk about themselves in a group as an introduction".*

Twelve participants also mentioned that with the use of materials in therapist-client relationships, or among members in a group format, encourages the client to learn about the process of fair negotiation. Fair negotiation refers to learning the process of taking responsibility, sharing, turn taking and giving, cooperating fairly, dividing responsibility, setting the boundaries for themselves, or respecting other people's boundaries as described by participants. Below are an excerpt illustrating the above statement:

> **T3:** *"I had a boy who found it very difficult to negotiate. And he always wanted to be the winner when playing with his friends, and always in trouble with them. I never learned to play chess properly and he wanted to play a made-up version of chess. I played with this boy and used to*

work out a lot of ways to negotiate through these games. In the end he gets used to fairly cooperate, take turn, respect others' boundary and didn't cheat on me".

4.2.1.1.2 Developing alternative nonverbal forms of communication

Participants identified that using creative materials provided alternative tools for non-verbal communication, as it is easier to see and say concrete things, particularly when clients found it a bit challenging and difficult to speak out. Three sub-categories were identified in developing alternative forms of communication; i) less threatening, ii) unblocking the unspoken and, iii) facilitating self narratives.

Less threatening

Participants identified being less threatening as an integral element of the nature for helpful process in developing an alternative nonverbal form of communication. Data analysis showed that using creative materials were perceived as offering a non-threatening environment for self-disclosure, and reducing the fear of communicating with the therapist. Thirteen participants believed that creative materials provided a different look for the therapy room that was more conducive, relaxed and safe, which thus encouraged the client to come in. Closely related to offering a safe environment for the client, thirty five participants also stated that using creative materials enabled the children and young people to reduce the fear of communicating directly with the therapist, or about themselves. The following quotes illustrate this:

T9: *"it's not so threatening as a classroom or a doctor's surgery. It makes it look like quite a relaxed, fun, non-threatening, safe place."*

T2: *"It's less threatening. And puppets, obviously, are less threatening.Things like Legos, cars, soldiers, and animals, swords and knights, they get used an awful lot and it allows the children to express themselves in a safe environment".*

T6: *"I always have two telephones, and that allows for them to be able to talk to you without doing it face to face: they can do it through a telephone. It's less threatening."*

Unlocking the unspoken

From the analysis, another sub-category for developing alternative nonverbal forms of communication was opening the unspoken, which refers to stimulating the client to speak the unspoken. Further analysis showed that three themes emerged for unlocking the unspoken, as follows: i) providing additional language, ii) releasing from the internal factors that prevent the client from talking and, iii) freeing from the external factors that stop the client from speaking.

Providing additional language refers to creative materials as additional tools to stimulate both verbal and non-verbal dialogue. These are supplementary to verbal language. It also helps to simplify, or to find appropriate vocabulary, as these quotes from eighteen participants indicate:

> **T27:** *"The materials or a visual image adds to talking".*

> **T29:** *"It provided extra language' by having a dialogue with toys or drawings'. It's related to non-verbal dialogue, finding a meaning from drawing or playing things, and to understand what it means to the client – it's supplementary – extra dialogue".*

Along with providing additional language, another theme was releasing from the internal factors, which refers to resistance, reluctance, unwillingness or hesitation to talk. This included clients who were quiet, shy, easily embarrassed, and scared or frightened to talk. Eighteen participants described that using creative materials would open up the client's defence or resistance, as the quotes below show:

> **T1:** *"Words often help to keep the defences in place. This can go around the defences".*

> **T6:** *"I've some clients who are very resistant, who are reluctant to talk, or didn't want to talk. I might sit with them and offer them to work with images first".*

Participants also agreed that providing creative materials could serve as a catalyst for silent clients, particularly children and young people who do

not want to talk due to personality characteristics. The following quotes highlight the statement:

> **T3:** *"I think it's helpful as well with young people who feel shy, too embarrassed, too scared or find it difficult to talk".*

> **T28:** *" I think you're more likely to get a silent client, you're more likely to get a client who doesn't want to talk, so giving them some sort of materials will help them to break the silence".*

Closely related to releasing from internal factors is freeing from the external factors, which refer to helping clients who do not feel that they are allowed to talk by particular people around them, or worry that their secret will be revealed to their family. Fourteen participants reported that clients may refuse to talk because someone had warned them not to disclose to anyone about particular issues, or they worried that their parent would be informed about issues they wanted to hide from them:

> **T3:** *"They might not want to talk directly about what happened to them because they might be scared that we will inform their parents".*

> **T17:** *"Some young people don't or can't say what's going on or the abuses going on because the abuser doesn't allow them to talk about that, or had threatened them to shut it down".*

Facilitating self narratives

Another sub- category that is closely related to less threatening and opening the unspoken, was facilitating self narratives. This refers to encouraging the clients to describe, or put into words their experiences. These sub-categories are central to use creative materials with words. Further analysis divided this sub-category into two themes: i) aiding in verbal expression, and ii) ahead of/better than words.

Thirty six participants believed that when the client did not know how or what to talk about, was stuck, or found it difficult to verbalize or had limited verbal skills, offering or suggesting creative materials allowed children and young people to make things more clear. The following quotes are example of this theme:

> **T15:** *" it was obvious he either didn't want to talk, or didn't know how to talk about it and so what we did was we used the sand tray".*

> **T4:** *" Sometimes the client might say to me, I've got this feeling that I can't put any word to it. Yes, and I can't put any word to it. And so I might say, can you get a picture of it in your head. And they might say, yes. In which case, we would develop that".*

Having creative materials to work with children and young people enabled them to see and explain things better than with words. Twenty nine participants also reported that using creative materials assisted clients in finding more accurate words, or developing a wider range of vocabulary. The following quotes represent the above theme:

> **T21:** *" If somebody stagnates, don't have particular words to explain about their feeling, I might invite them to use the creative cards to explain something significant with their feelings at the moment, or just check with them any particular meaning the cards they just choose ".*

> **T19:** *"I think sometimes, people or very young people maybe don't have enough vocabulary sometimes to talk about their feelings".*

4.2.1.1.3 Holding and maintaining the therapeutic process

Other than developing alternative nonverbal forms of communication, providing creative materials also leads to holding and maintaining the therapeutic process. This sub-category acted as a container for themes about upholding the therapy process by, i) facilitating verbal and nonverbal self expression, ii) nurturing creativity, iii) managing the therapeutic process, and iv) stimulating spontaneity.

Facilitating verbal and nonverbal self expression

Three themes emerged for this sub-category :i) offering concrete media for narrative transformation, ii) encouraging clients to bring forward hidden internal issues in tangible form, and iii) offering multidimensional means for self expression. Participants reported that some clients cannot find any words to express their inner feelings. Therefore working in a creative way would be helpful for exploring their inner feelings and verbalising them with appropriate words. Twenty-five participants found that creative

materials represented an outlet for self expression by offering a concrete medium in which to transform verbal and nonverbal images into narratives.

> **T13:** *"The most helpful aspect is that it's concrete; the children can see the materials and that we have a range available to try and suit whatever it is the child needs to express in the way that they need to express it".*

Another theme is that creative materials are a way of bringing forward hidden internal problems or issues to the outer surface, as viewed by eighteen participants:

> **T9:** *" They may not be able to talk about quite a lot of deep feelings, or buried feelings. And using creative materials can be more effective to help them,maybe become aware of those feelings or find ways that they can express themselves".*

As the creative materials help in the expression of internal issues either in verbal or nonverbal mode, fifteen participants see it as a multidimensional medium, offering various forms of self-expressions that depend on the clients:

> **T13:** *" And the different stuff that we have around the room helps them express what they need to express and talk about, in a safe media, if it's through art, if it's through role play, if it`s through music, if it's through puppet play".*

Nurturing creativity

The second sub-category was nurturing creativity, with three emerging themes: i) simplifying the complex or difficult issues, ii) encouraging interactiveness, and iii) enhancing creativity, imagination and intuition. Eighteen participants described using creative materials enable clients to simplify complex or difficult issues, problems, feelings, thoughts, or situations in a more straightforward, and easy to understand way, particularly when working with younger clients:

> **T8:** *" Young children are unable to understand the more complicated language. I used materials to make them understand more, make it simple for them to see a complicated thing. And we had to think about how we would do it. So that's the way I did it".*

Having creative materials in the therapy session provided and supported interchange, not only for the client but for the therapist as well to create a more interactive relationship in the therapy process, as believed by ten participants. The following quote illustrates this theme:

> **T5:**" And I'll do that with the art materials, if they're making something, sometimes they ask me to help so I'll join in with them and help them in their activity. Obviously sometimes we play games. That,on its own, is very interactive; you're just playing a game with them".

Seventeen participants added that various materials provided in the therapy room enhanced creativity, imagination and intuition, thus fostering artistic interest, and natural sense for the children and the young people. The following quote represents this theme:

> **T22:**" It's inspiring clients to create something in their own way. The process will stimulate their creativity,imagination and intuition".

Managing the therapeutic process

This sub-category refers to organising the therapy session and two themes emerged: i) managing client's comfort and safety level, and ii) managing pace and support of the client. Ten participants described creative materials helping in reducing psychological discomfort for the client. The following quote illustrates this:

> **T9:**" But this stuff gives them a bit of a break, it's not too intensive. It takes some of that pressure off them".

Seven participants added that creative materials assisted and supported clients to work around the issues smoothly. The following excerpt represents this theme:

> **T8:**" I think it's helpful because it can slow down something that you're talking about. So say, for example, if they say to me, 'I live at home with my mom but I go to my dad's at the weekend, and there's all these people,' if you then show it through these materials, it slows the story down so that you can then explore maybe in more depth, rather than passing over".

Stimulating spontaneity

In addition, participants reported that using creative materials stimulated children and young people to respond spontaneously, immediately, quickly and really at the moment-by-moment process. This meant that the creative practice became a safe and containing space that embraced spontaneity. Themes that emerged in this sub-category were divided into two: i) spontaneous attraction and, ii) immediate engagement and taking action. Fifteen participants stated that having creative materials in the therapy room spontaneously attracted clients to therapy because it immediately enabled clients to have fun and enjoy the session:

> **T26:** *"For example, just like the doll's house. It automatically attracted some clients because it's about them and it's all about something very significant to them. Children love to play with different scenes and they will have fun too".*

Moreover, thirthty two participants believed that having creative materials also encouraged the clients to engage immediately in something significant in their life that might have been suppressed for quite a long time or that might enable them to take further action about their issues. The following quote represents this theme:

> **T1:** *" I just put them on the floor, spread them out same as a toys. I just said "Pick a card that speaks to you" and then immediately people will project onto these cards and things what are important tothem at the moment".*

4.2.1.2 Achieving and accomplishing a productive therapeutic working process

The main nature of a helpful process under acheiving and accomplishing a productive therapeutic work process was further divided into four categories as follows: i) facilitating emotional exploration, ii) attaining symbolic process in a client's life, iii) complementing client needs and development level, and iv) enhancing self empowerment as shown in the Table 4.2.

Table 4.2: Summary of the categories under achieving and accomplishing a productive therapeutic working process

Major category	Category	Sub-category	Themes/Codes
4.2.1.2 Achieving and accomplishing a productive therapeutic working process	4.2.1.2.1 Facilitating emotional exploration	Expressing feelings and emotions	Bring hidden feeling to cognitive level (20)
			Translate feelings and emotions into language (17)
		Identifying appropriate feelings and emotions	Recognize significant feelings and emotions (12)
			Understanding rejected feeling and emotions (10)
	4.2.1.2.2 Attaining symbolic process in the client's life	Symbolisation of self	General symbolisation (21)
			Configuration of self (19)
			Time travelling (14)
		Symbolisation of others	Symbolisation of family (27)
			Symbolisation of experiences (38)
	4.2.1.2.3 Complementing client needs and development level	Responding to client needs	Client's preferences (8)
			Client's limitations (16)
			Specific groups (6)
		Fitting to age level	Appropriate for children (20)
			Benefit for adolescents (8)
		Enhancing a variety of general skills	Establishing kinaesthetic involvement (5)
			Enhancing psychomotor skills (9)
			Establishing psychosocial skills (5)
	4.2.1.2.4 Enhancing self empowerment	Establishing self-control and power (11)	
		Encouraging self freedom (15)	

4.2.1.2.1   Facilitating emotional exploration

Two sub-categories emerged for facilitating emotional exploration namely, i) expressing feelings and emotions, and ii) identifying appropriate feelings and emotions.

Expressing feelings and emotions

At the heart of the creative process, by using creative materials, children and young people were able to connect with hidden feelings or emotions and to express these. From the analysis, two themes emerged as follows: i) bringing the hidden feeling to a cognitive level and, ii) translating feelings and emotions into language. Twenty participants believed that

creative materials allowed the clients to bring forward unseen feelings and emotions to a cognitive level, and to describe unknown feelings and emotions verbally.

> **T7:***" They might be people who are very capable of using words but find that they avoid their feelings through words. It is much harder in my experience to avoid your feelings when you are drawing or moving around.*

> **T14:***"Let them play anything to express their inner feeling".*

Seventeen participants found creative materials also enabled the client to convey unknown, unaware, unwanted or avoided feelings and emotions through language. The following quotes represent this process:

> **T1:***" I had been working with him for a couple of years and he never told me about his grandmother who had died. And it was a very huge moment for him. She was the only one who ever gave him support. And we opened it out.That grief, it was. So suppressed, it had never come out of talking, never over time, even we had talked about his childhood. Never come up working with this story. And it was a huge transformation".*

> **T27:***"Visual images help clients bring unaware emotions that are neglected,suppressed or forgotten".*

Identifying appropriate feelings and emotions

Identifying appropriate feelings and emotions refers to recognising and understanding different feelings and emotions that occur during the therapy session. Two themes emerged namely, i) recognising significant feelings and emotions, and ii) understanding rejected feelings and emotions. Twelve participants stated that creative materials encouraged the client to express their feelings, and enabled clients to recognise significant feelings and emotions associated with their developing issues:

> **T4:** *"He drew this amazing volcano with flowing stuff out everywhere, with all sorts of lava flowing down the sides and we used that image to identify different feelings and what happened to those feelings".*

> **T8:***" They just get a piece of paper and write down words to express different feelings at the moment".*

Along these lines, ten participants said that creative materials also aided the clients in understanding why they has such feelings and what was going on around their emotions.

> **T22:** *"Creative materials encourage the client to express and understand their emotions through artistic expression and the creative process".*

Attaining symbolic process in the client's life

One of the prominent elements in helpful processes was how actions, thoughts and feelings are transformed through a symbolic process. Using creative materials allowed clients to symbolise their inner self and outer experiences. Further analysis divided this category into two sub-categories, namely: i) symbolisation of self, and ii) symbolisation of others.

Data analysist for sub-category symbolisation of self indicated three themes as follows: i) general symbolisation, ii) configuration of self, and iii) time travelling or early life re-visiting. Twenty one participants indicated that creative materials in general helped the client to use shapes, sizes, types of materials, heights and colours that represent something significant about them. The following excerpts illustrate this theme:

> **T1:** *"And it symbolises in a way that words can't because when you look at the cards, you can see the colour that's fixed to a client and then check what does that mean to them".*

> **T4:** *"I have a big bowl full of assorted stones. I just pick them up from the beach, different shapes, colour, sizes, and weight. And I said to her, would you like to take some stones, perhaps you could choose one that represents you. And she did that, she was able to see herself through that".*

In terms of configurations of self, nineteen participants also believed that creative materials appeared to indicate and provide an understanding of the different parts of self, including positive and negative sides:

> **T8:** *"You can work with different parts of self using objects. I had a boy who used monkey soft toy to represent the mischievous side of himself – the naughty side. And he used other soft toys to represent the fearful part of himself".*

T26: *"Some people work with puppets in this way, with puppets talking about negative and positive side. It helps them to understand more about two different parts of themselves at the end".*

Related to general symbolisation and configuration of self, fourteen participants also added that creative materials could represent the client in association with their previous life, called time travelling by some participants. For example, one participant said about this:

T11: *"I often have a baby doll, baby bottles, which are good to show if may be the client wants to nurture the child, the baby, or revisit the early stage of themselves".*

With regards to symbolisation of others, two themes emerged as follows: i) symbolisation of family, and ii) symbolisation of experiences. Twenty-seven participants found that creative materials enabled the client to represent something symbolic that is associated with their problems, particularly with family members. The following quotes illustrate this:

T4: *"Yes, she used the stones to represent herself and different family members. I remember a stone for herself, a stone for her mum; stone for her step dad, stones for her two little sisters, and a stone for her brother. And she arranged them in a way that represented the little group that were much closer together and she was separate and her brother was separate too".*

T21: *"For example, sand tray is good to work for symbolic expression of significant people in children's life. Children like to put differentcharacters that represent different people in their family".*

Alongside symbolisation of others, thirty eight participants also highlighted symbolisation of experiences, referring to the way in which creative materials enable the clients to represent significant life events, past or present issues, or relationship difficulties. Below are some of their statements:

T20: *"Most of the children have been through a difficult time at some point in their life, sometimes as a result of past traumas or in relation to current circumstance or problems. Working through these issues using different materials can be really helpful because it can discover many symbolic experiences".*

T29: *"Using a 'timeline'- the client draws their life as a line, then they add with the stone that represents something at a certain time, they put other objects that represent their interests, or painful experiences. Then they move those things around and it helps people to understand how events in their life had an effect on the way they look at the past and current things in their life, or their behaviour".*

Complementing client needs and development level

Complementing client needs and development level refers to fulfilling client's needs and stage of development. Three sub-categories emerged as follows: i) responding to client needs, ii) fitting to the age level, and iii) enhancing a variety of general skills.

4.2.2.3.1   Responding to client needs

Responding to client needs refers to creative materials meeting the client's needs based on three themes namely, 'client's preferences', 'client's limitation', and 'client's specific group'. Eight participants believed that creative materials fulfilled client's interests, that client felt comfortable with them, were keen on or fond of them, of that they match or fit with the client. Related responses included the following examples:

T11: *"Sometimes they like to colour a picture, sometimes just play with objects, or other times just like to read magazines. Just find out what they like to do, and then you will find the real issues they bring to you".*

T13: *"They will reach for whatever creative media they feel comfortable with, or suits whatever it is they're trying to communicate".*

With the emphasis on the client's preferences, sixteen participants said that creative materials also help with client's limitation such as being unable to figure out some complexity, or limited ability to process with language. The following quote shows this:

T8: *"I used materials to help some clients particularly who are less able to process things through language to understand, make it simple for them to see complicated things".*

Alongside these opinions, six participants also added that creative materials meet the need of specific groups of clients such as autism, or of

other special populations, where play or art therapy is more appropriate than just talking. The following excerpts illustrate the statements:

> **T2:** *"For children with autism or other disorder, play therapy would be more appropriate than counselling".*

> **T29:** *"Some specific groups who have difficulties in working through language process are better through visual images, or other non-verbalprocesses".*

4.2.2.3.2 Fitting to Age level

Participants also said the use of creative materials in the counselling of children and young people is helpful and is age-appropriate. Two themes which emerged are appropriate for children, and benefit for adolescents. Twenty participants emphasised that the use of creative materials facilitates the therapeutic process because children naturally communicate through play. Eight participants also added that adolescents or young people benefit from the use of creative materials in therapy. The following quotes illustrate the statement:

> **T9:** *"Working with children and young people, words aren't enough – that I need more tools and I need to have other resources around. I used play therapy with children. I also used play and arts with young adolescents, boys and girls. I suppose, these are other ways to help with communication with them".*

> **T30:** *"For older children and teenagers, I have a box of objects that they can choose to represent themselves or different people in their life. So that works well with slightly older children and teenagers actually – that works quite well with teenagers".*

4.2.2.3.3 Enhances a variety of general skills

Three themes emerged for the sub-category enhances a variety of general skills, namely : i) establishing kinaesthetic involvement, ii) enhancing psychomotor skills, and iii) establishing psychosocial skills. Five participants reported that providing creative materials to the client allowed them to engage with doing, getting on, or touching something, physically moving, sense and feeling, and not just listening about how to do it. The following excerpt illustrates the statement:

T8: *"And I think doing stuff can link with the kinaesthetic learner: children who like to do rather than just talk. So, I think it meets a need on that level, in terms of being able to do something with their hands, or model something, or build something, or draw something".*

As well as establishing kinaesthetic involvement, nine participants said that creative materials also enhanced psychomotor skills, referring to the relationship between physical movement and cognitive function that is expressed through physical mode such as movement, coordination, manipulative ability, strength, speed, or reactions in fine or gross motor skills. The following quotes represent this theme:

T23: *" Art process also helps learning practical skills, develops hand and eye coordination".*

T34: *"Drawing is a skill which helps children to use their hand perfectly, to begin to make shapes which will translate into the picture they want to make. Individuals with physical disabilities also benefit from the use of fine and gross motor skills during the art making process".*

In addition, five participants believed that creative materials also help in developing psychosocial skills such as improving communication skills, and in dealing with relationship difficulties.

T22: *"Arts also enable the child to develop skills and ideas, so they in turn would be better equipped to interact with other children".*

T31: *" Children may also learn to manage relationships and conflicts in more appropriate ways through play therapy".*

4.2.2.4 Enhancing self empowerment

Enhancing self empowerment refers to providing creative materials for the client enabling them to establish self control and power for themselves, thus encouraging the client to develop a sense of freedom in him/herself.

4.2.2.4.1 Establishing self-control and power

Eleven participants emphasised that offering creative materials within a person-centred approach allows children and young people to have the ability, and permission, to be in control for themselves. This could lead the

client to be in charge, or have the power, to lead the session in the child's own direction.

> **T9:** *"I say to them, 'it's really up to you to play as much or as little as you want here. You can stop at any time or you might play what you wish'. So they've got more in control, to help them to empower themselves".*

4.2.2.4.2   Encouraging self freedom

Closely related to establishing self-control and power is encouraging self freedom, which refers to having the choice or right to make selections or express preferences. Fifteen participants reported that using creative materials in a person-centred way also encouraged clients to be free to choose any theme or pattern of sessions that they preferred, thus encouraging self freedom. The following quote represents this:

> **T14:***"I will invite them to choose play materials they like and it's up to them what and how they want to play. I didn't direct them or say anything like lead them. Sometimes they play as a director and acting on stages. I will be with them, but they will lead in a way they like, let them play freely".*

4.2.2   The way creative practice can foster the helpful processes

Creative practices that can foster the helpful processes in this study include creative arts and play materials as well as creative activities or techniques. Three major categories of the way creative practices can foster the helpful processes emerged from the critical and laborious analysis, and scrutiny of the responses by the participating therapists in this study. They are divided into three general categories, namely: those involving the therapist, ii) those involving the clients, and iii) those that occur during the therapeutic processes. These general categories are further subdivided into sub-categories and themes to show their close connections and relatedness. Each subcategory and theme will be elaborated under each general category. Figures in parentheses in Table 4.3 show the number of participating practitioners reporting the specific way creative practice can foster the helpful processes in person-centred creative practice.

Table 4.3   Summary of the creative practices that can foster the helpful processes

Category	Sub-category	Theme/codes
(4.2.2.1) Those involving the therapists	(4.2.2.1.1) Facilitating in pre-verbal therapy	Providing connection tools (21)
		Transforming medium from non-verbal expression to verbal exploration (15)
	(4.2.2.1.2) Promoting interactive communication	Providing a bridge for creative expression (19)
		Assisting the therapist in prompting the questions (16)
		Forming a coherent narrative (17)
(4.2.2.2) Those involving the clients	(4.2.2.2.1) Improving kinaesthetic-sensory-motor components	Increasing kinaesthetic dimensions (18)
		Fostering sensory experience (12)
		Enhancing motor skills, and improving focus and concentration (8)
	(4.2.2.2.2) Dialogue with the arts	Assessing client`s perception (18)
		Enhancing client`s affective elements (28)
		Expanding client`s cognitive aspects (26)
	(4.2.2.2.3) Externalising the symbolic processing	Serving as projective tools (20)
		Regressive timeline processing (12)
		Expressing metaphorically (27)
(4.2.2.3) Those that occur during the therapeutic processes	(4.2.2.3.1) Relational Intervention	Inducing relaxation (18)
		Establishing mirroring (14)
		Enhancing attachment (12)
	(4.2.2.3.2) Experiential involvement	Body-oriented involvement (22)
		Activating of neuro-cognitive aspects (8)
		The connection with real life situation (20)
	(4.2.2.3.3) Fostering mental imagery	Broadening visual and imagination impact (24)
		Conveying memories and events (15)
		Unlocking the unknown (26)

4.2.2.1   The way creative practices can foster the helpful processes: Those involving the therapist

This category refers to the way creative practices can foster the helpful processes for the therapist when using creative arts materials as described by the participants. Further analysis of this category led to the sub-dividing of the category into two subcategories as follows: i) facilitating in pre-verbal therapy, and ii) promoting interactive communication.

4.2.2.1.1   Facilitating in pre-verbal therapy

The participants acknowledged that by employing creative practices, therapists found that the therapeutic processes became easier and smoother during the pre-verbal therapy stage. Further analysis of the responses showed two themes that emerged from this sub-category: i) providing connection

tools, and ii) transforming the medium from non-verbal expression to verbal exploration.

Providing connection tools

The participants indicated that creative practice supported and served as the connection tools in various ways between the therapists and the clients, more so within the therapy process. Twenty one participants highlighted that by using a variety of creative materials and techniques, they would have a more diversified means that encouraged the clients to engage in the therapeutic processes, that provided a platform for the clients to relate themselves to the therapists or vice versa, that facilitated the clients to talk through the issues they were not allowed to talk previously, or to share their private life, as well as to connect into their inner journey. The following quote illustrates the above statement:

> **T27:** "*One of my young clients was a very quiet child. She may be a very silent, enclosed child and not allowed to talk much. So, she didn`t feel easy to talk about her difficulties. Using the materials or the visual images aids her in talking; help her to talk about difficult things. A depth of connection between the two of us evolved in the process, because I feel very deeply connected with this client as well as the creative process and there is a deepening of connection in the client's contact with me*".

Transforming medium from non-verbal expression to verbal exploration

Transforming the medium from non-verbal expression to verbal exploration means that the creative materials used by the therapists can transform the non-verbal expression into verbal exploration during the therapeutic processes. Fifteen participants described that creative materials will be catalyst that can trigger the communication process initially, during the pre-verbal therapy, when the clients might be struggling to communicate verbally. These creative materials also served as a bridge to connect the non-verbal processes to the verbal interaction. The following quotes represent the above statement:

> **T17**: "*I think children will express themselves through the art or the creative resources in the room but they might not be aware of exactly of what the connotation is of what they're saying, what they're playing so it's all working at a very pre-verbal therapy.*"

T4: *And instantly he drew this amazing volcano which was throwing stuff out everywhere, with all sort of lava flowing down the sides and we used that image to look at how he was feeling and what happened to those feelings and what he might want to do differently. Generally we will use verbal communication afterwards to explore what the drawing means".*

4.2.2.1.1 Promoting interactive communication

Promoting interactive communication refers to the way creative materials are used to enable the therapist to induce a variety of interactive communication during the therapeutic processes. From the analysis of the data, three themes emerged: i) providing a bridge for creative expression, ii) assisting the therapist in prompting the questions, and iii) forming a coherent narrative.

Providing a bridge for creative expression

Nineteen participants reported that when using creative practices, it functioned as a bridge for creative expression. Meaning that the materials used enabled the clients to creatively create their internal self expressions that relate to their feelings and emotions, and to transform it externally on any creative activity. The following excerpts illustrate the above statement:

T3: "*I would often spontaneously offer my clients materials and ways to write or draw their struggling, or poetry, or play with dolls, miniatures. And I found that this way of working functioned as a bridge for them to express themselves in more creative ways, easier and straight forward".*

T17: "*Generally speaking, materials used aid as a platform or bridge for creative expression. Creative work is an internal process and expressive work is an external process, to express you must first have created.The two are so closely woven together - creation and expression. When it comes down to it, the creative is where you use another medium – expressive is where you use yourself as the medium".*

Assisting the therapists in prompting the questions

Utilising creative materials in therapeutic practices   also fosters the helpful processes by assisting the therapists in prompting the questions, as mentioned by sixteen participants. The materials assist in bring about idea or any related response from the therapists in relation to the visual images or

kind of possible action or play by the client. The following quote examplifies this theme:

> **T4 :** "*Well, if my client said I've got this hole inside me.That's already a visual image. And so I might say, can you tell me what that hole looks like. And some people could describe that in words very easily. In this case that we will work with that visual image just in words. If they couldn't put in word, I might say,would you like to draw that, and then we might work with that. Normally I will ask any related question based on the client art`s processes and product*".

Forming a coherent narrative

Another seventeen participants highlighted that by employing creative practices, it enabled the therapist to facilitate the clients in forming coherent narratives. This theme refers to the clients being able to clarify the sequence of the events, to articulate the storyline, or to remain consistent in their description of any significant event, as shown by the following quote:

> **T16:** "*Children are more able to express whatever they are unable to say in words with the aid of materials. Either through play or through the arts they can convey more than could be conveyed with words, particularly for young children. I also want to say that with children, including seven and eight years old, we also do a lot of talking and following the use of play materials or art materials we will also have a period of reflection, because I think in my creative practice is that one key aspect of the work is to help the child form a coherent narrative*".

4.2.2.2   The way creative practice can foster the helpful processes: Those involving the clients

Three sub-categories emerged for the way creative practice can foster the helpful processes for the clients, namely, i) improving kinaesthetic-sensory-motor components, ii) dialogue with the arts and, iii) externalising the symbolic functioning.

4.2.2.2.1   Improving kinaesthetic-sensory-motor components

Participants identified that creative practice fosters the helpful processes by improving the kinaesthetic-sensory-motor of the clients, consonant with the client`s developmental level. Three themes of improving kinaesthetic-sensory-motor components were identified: i) increasing

kinaesthetic dimensions, ii) fostering sensory experience, and iii) enhancing motor skills, and improving focus and concentration.

Increasing kinesthetic dimensions

Eighteen participants acknowledged that using particular creative activities will increase kinaesthetic dimensions, as children and young people normally react and relate more easily to the non-verbal realm. Increasing kinaesthetic dimensions refers to the ability of the clients to increase the intensity of physical actions, movement and rhythms as the initial style for non-verbal self expression. The following excerpts illustrate the above statement:

> **T7 :** *"Also Clay, for people who find difficulty in using words, who use it too much or find it scary. Clay is a good starting place. You could use clay; you could put clay into movement or to put some words into clay. You can say to the people, "use it" or "move it with your hands". Clay is a really good medium. There are so many combinations. You would also use music. I would say,"o.k. Azzy, I'm going to invite you to use some clay now together with music, just see what come".*

> **T19:** *"For example, a toy soldier can be anybody, anybody the child wants it to be. It's less verbal, it's more active, it also involved the child`s action, they can move around, either moving hand or their whole body, it`s kinaesthetic movements, they can change their tempo in every session".*

Fostering sensory experience

Along with increasing kinaesthetic dimension, another related theme that emerged is fostering sensory experience which refers to the use of creative practice to stimulate both inner and outer sensory functions. Twelve participants reported that a variety of creative materials and activities offered a variety of channels for client`s sensations through concrete and solid, tangible, visual, auditory, sounding, and vocalising processes. The following quote is an example of this theme:

> **T1:** *"We started off with modelling clay so she could use her hands. And it was very good and her hands were very expressive. She kept changing the shape and changing the shape again. It seemed that she had released some unnecessary feelings through sense of touch and shapes of the clay.*

Enhancing motor skills, and improving focus and concentration

Closely related to fostering sensory experience is enhancing motor skills, and improving focus and concentration which refers to the creative arts and play materials used has enabled the clients to focus on the tactile components that relate to shape,contours, colour , lines, and textile. Based on eight participants' experiences, specific creative materials used has resulted in the improvement of motor skills that can re-direct the client`s focus and attention to the task undertaken during the therapy hour. This aspect is particularly important for specific group of clients such as children with special needs (e.g. autism, dyslexia, visually impaired) to achieve their focussed state of attention. Below are some excerpts illustrating the above statement :

> **T21:** *"They just draw whatever they like to draw because they are in charge of the session, that`s their session and that promotes independence. Indirectly they learn about motor skills, and other life skills such as controlling their coordination, focus and concentration".*

> **T34:** *"Children can rehearse, master skills, improve concentration, coordination and other motor skills through play. Building block, bead roller coaster, shape sorter, trailer, crane and blocks with magnets for easy lifting and loading, toy vehicles such as train set, bridge, tunnel, rail, help to develop fine motor skills and eye-hand coordination".*

> **T40:** *"From my understanding, drawing can improve children`s coordination and the more children do drawing and painting, the more refine their motor skills will become".*

4.2.2.2.2   Dialogue with the arts

Another sub-category for the way creative practice can foster the helpful processes for the clients was dialogue with the arts. Dialogue with the arts refers to creative arts materials or activities which provide additional language for conversation that is more of visual and kinaesthetic dialogue which enable the clients to understand their personal meaning in many different ways. Further analysis divided this sub-category into three themes: i) assessing client`s perception, ii) enhancing client`s affective elements, and ii) expanding client`s cognitive aspects.

Assessing client`s perception

Assessing client`s perception refers to creative practices assisting in balancing the client's words and visual elements that represent their personal experiences, thoughts, feelings, emotions and their inner self. Eighteen participants said that by using creative arts and play materials, the therapists are able to cross check the client`s personal perception and perspective more accurately based on concrete visual elements in front of them, hence deepening client`s understanding of themselves. The following quotes represent this theme:

> **T4:** "*She chose a very ugly stone for herself. The others were quite smooth and the one she chose for herself was old and knobbly and ugly. And when she finished arranging that, I just said to her. You know, I'm just noticing that you've chosen the lovely and smooth stones for all your family members and what you've chosen here for yourself is a stone that is very knobbly, not a smooth stone. And I wonder if there is any significance in that. And what she said was, yes. She feels that she is the one that's ugly in the family; she didn't fit in the family. And we processed her perceptual experiences based on stones she arranged. So that gave her a better understanding of herself as well*".

> **T17:** "*It`s related to non-verbal dialogue. It is an art therapy where the client and therapist share a piece of paper and they draw and they interrelate within that drawing or painting, looking for the meaning of the drawing or painting, and to understand what it means to the client. To verify from client`s perspective –it`s supplementary – extra dialogue...... also about having dialogue of what's understood in the rational world and what's understood in the emotional world – to balance between the two. Using creative materials help to talk about these two contexts, so clients make sense of these*".

Enhancing client`s affective elements

Closely related to assessing client`s perception, the use of creative practices also enhances client`s affective elements, as mentioned by twenty-eight participants. Enhancing client`s affective elements refers to mixed feelings, emotions, thoughts and moods which are evoked when they involved themselves with creative arts materials and activities in the therapeutic relationship. These affective elements might be positive or negative, making the clients feel relieved or overwhelmed, and is important

for the therapist and the clients to process them together. The following excerpts illustrate this theme:

> **T24: "***The client continued playing a duck and sand and said `I'm just looking at the duck in the sand tray, it's changed a bit of my moods and actually there's a lot of mixed feelings and thoughts rushing around my brain. I am processing a lot inside me now, and it's hard to explain by words*".

> **T27: "***I realised the materials provide potential in helping the client to understand what's going on inside their painful feeling, particularly those who have traumatic experiences. It's helpful in understanding parts of themselves; configurations of themselves; soft toys or puppets represent family or different parts of themselves or different people in their family and how they feel about each other and the relationships*".

Expanding client`s cognitive aspects

According to twenty-six participants by using creative materials or activities, it encouraged the clients to have a dialogue with their arts materials which expanded the client`s cognitive domain. This refers to the increase in cognitive processing such as increasing of insight awareness, improving problem solving strategies, and enriching their life skills and coping behaviours. The following excerpt illustrates this theme:

> **T26: "***It's more powerful than word to start the session – I'm aware when the client says a pain was there, holding the globe makes him feel that – it's something about suffering too – so many things would be revealed just from touching or holding this globe. Then the client told me that he really cares about his situation now, he just feels that inside him there is something that he wants to bring out to talk to me. He wants to find the way how he can cope and solve his problem that he endures for so long deep inside him*".

4.2.2.2.3 Externalising the symbolic processing

Externalising the symbolic processing refers to bringing out client`s abstract and inner journey and making them more concrete with the creative materials in front of them. These concrete items represent something significant to them. These concrete materials help to process what is going on inside the client's private life and what it means to them when words cannot adequately convey. Three themes emerged from the sub-category of

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externalising the symbolic processing as follows: i) serving as projective tools, ii) regressive timeline processing, and iii) expressing metaphorically.

Serving as projective tools

As projective tools, the use of creative art materials and activities enables the client to reveal or point out their significant experiences that they were unable to express with words. Twenty participants reported that clients are able to express or project their inner feelings and emotions by using creative materials or by performing selected activities. The following quote points to this theme:

> **T1:** *"I also use a variety of postcards, I just put them on the floor, spread them out same as a toys. I just said "Pick a card that speaks to you" and then clients will project onto these cards and things what are important to them at the moment. Later we continue with verbal processes based on the cards they chose".*

Regressing timeline processing

Following the use of creative materials and activities which served as projective tools for the clients, the next theme is regressing timeline processing. This theme refers to the creative materials used provided a medium for clients to revisit their past or childhood life. For instance, the following excerpt illustrates this theme:

> **T15: "***As a therapist I am holding that space while they explore in a creative way through creative materials or activities I suggested. And when you have a group of eight people – some can be fifteen years old but they talk about how they were abused at the age of eight, so are all the emotions of the eight year olds in the room. All the other young people would respond emotionally and behaviourally sometimes at a similar age level. So, it's like they were revisiting the earlier life experience symbolically".*

Expressing metaphorically

Twenty-seven participants believed that creative practices help the clients to express the metaphoric or abstract dimension. This theme refers to creative materials enable the clients to take into account the entire symbolic representation of something significant to them from many different views and aspects. The following quotes represent this theme:

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T1: "*And the other things, particularly if you are working with configurations of self. I did that the other day with client because she actually was aware of different parts of her. But again when she identified three different tasks after she picked up the toys, she picked up more, but the way it related to each other and suddenly she could feel much more empathy, particularly for her younger self whom she found really struggle. She also felt more empathy to talk about the critical part of herself that had to survive. So, these varieties of toys help clients to balance all their unseen that reveal through metaphors dimension*".

T11: "*I used these cards because they have all the expressions. Symbolic things that children or young people can choose that represent something significant with them. Something that helps them see things from different angles and characteristics. These cards help the clients to compare their positive and negative feelings about themself which they are unaware before coming to the session*".

4.2.2.3 The way creative practice can foster the helpful aspects :

Those occur during the therapeutic processes

The way creative practice can foster the helpful aspects during the processes was further devided into three sub-categories as follows: i) relational intervention, ii) experiential involvement, and iii) fostering mental imagery.

4.2.2.3.1   Relational intervention

Relational intervention refers to creative arts materials used for therapy will foster the dynamic and fruitful relationship between the therapist and the client. Further data analysis showed that three themes emerged from this sub-category: a) inducing relaxation, b) establishing mirroring and, c) enhancing attachment.

Inducing relaxation

Eighteen participants mentioned that by using person-centred creative materials, it enhances relaxation involving sensory-motor parts of their system. The clients feel at ease with the therapists who provided them a freedom in doing things in whatever way the clients prefer. The following excerpt illustrates the above statement:

T22: "*Playing and moving the sand is what she called freedom with compassion. Shuffle the sand and it's nice to run their fingers through the sand. It's relaxing and it keeps them free. And they feel more comfortable with me too when we began the session with using sand tray and shuffling the sand together*".

Establishing mirroring

Another fourteen participants stated that using creative materials fosters the sense of connection and understanding between the clients and the therapist through mirroring established during the therapy. Establishing mirroring refers to the clients being encouraged to imitate or copy the therapist action such as movements, role play, visual expression or other kinaesthetic-based action that enable the constructive interaction between the client and the therapist. The following quote represents the above statement:

T40: "*I have found that children find it easy to put feeling and events through creative materials used. Mini kitchen, miniature kitchen sets such as dinner plate, cutlery, vegetables set, breakfast set, and fruits set, encourages role play; children will be able to develop social skills by mirroring or imitating what I am doing in the session and inventing their own roles. These role plays make me easier to connect with them, and to understand them more through their actions*".

Enhancing attachment

Following establishing mirroring, another twelve participants acknowledged that creative practices also enhance attachment between the therapist and the client. Enhancing attachment refers to the increase in socio-emotional bond between the client and the therapist through the use of creative practices particularly non-verbal movements and expressions. The following excerpt illustrates the above statement:

T21: "*When I use some creative activities such drawing together with the client, it illuminates some of the dark shadows of their mind and soul. For example, I did scribble drawing with one girl who had been abused, and she found it difficult for her to trust anyone, including me. Slowly, after we start that scribble drawing, she seems more relaxed and at ease with me. After ten minutes we finish that drawing, she expresses all her unwanted feelings which she repressed for so long. And she feels more attached to me, more trusting of me, and safer to reveal all her secret with me. And this process helps her to find within herself the powerful symbols of nurturance and attachment. It gives voice to those parts of her that was difficult to connect with anyone before*".

4.2.2.3.2 Experiential involvement

Experiential involvement refers to creative practices offering the clients practical or hands on participation during the therapeutic processes. Three themes emerged from further data analysis, namely: i) body-oriented involvement, ii) activating of neuro-cognitive aspects, and iii) the connection with real life situation.

Body-oriented involvement

According to twenty-two participants, body-oriented involvement refers to the use of creative practices stimulate physical actions, multisensory-based activities as well as kinaesthetic movements that involve more energetic and dynamic functioning for the clients during the therapy processes. The following quote represents this theme:

> **T3:** "*And I also work with physical expression; use your body to express feelings. We sing and do some movement together. I have clients who come with music instrument, they play music, or we paint everywhere, or they are running around the room and we're actually using drama and they're acting out things. They might be acting out and practising being assertive with someone who's bullying them. So, it experientially involved all aspects of physical, kinaesthetic and sensory activities*".

Activating of neurological-cognitive aspects

Closely related to body-oriented involvement, another theme that emerged is an activating of neurological-cognitive aspect, which refers to the increase in the brain, mind, neurological and cognitive processing. Eight participants mentioned that creative practices employed in therapeutic sessions will activate the neurological -cognitive aspects of the clients. The following quotes illustrate the above statement:

> **T15:** "*Yes, and if we are just talking about our life scripts, it doesn't actually make it come to life – if I were to put these teddy bears on a table in front of my clients - they would connect with these teddy bears and they would connect with the process of how we store our memories and how we can be re-traumatised. It's related to our neuro system, connect to our brain as well as our biological system*".

> **T40:** "*I also used musical instruments because it can be a vehicle for self expression particularly for special populations such as children with*

learning difficulties. Music can foster neurological, biological and brain functioning for these groups which will help for their learning activities".

The connection with real life situation

The connection with real life situation refers to creative practices allowing the clients to relate themself with their actual life, or reality outside the therapy room and hours. Twenty participants acknowledged that by offering a variety of creative materials or activities, their clients are able to relate themself with their actual circumstance such as their relationship with family members, situation at school, or past events. The following excerpts represent the above statement:

> **T4:** *"In my counselling room, I have a big bowl full of assorted stones.Different shapes, sizes, colour, some small, some rough. I said to one of my clients,, would you like to take some of the stones? And perhaps you could choose one that represents you and one that represents other people in your family. And she did that, she was able to do that. And through that she was able to see that she felt she was very distant from the family. And that they were all grouped together. And she has a brother who was also very separate from a family. And it gave her a way of looking at the family situation that she hadn't seen before".*

> **T16:** *"I'll give you an example of a client with a little boy whose father had been in prison and what I did was – we replayed his real life situation – quite often the work with very young children is very literal – so it's using play materials to recreate situations and also fantasise about those situations - so in his case there were lots of confusion around what had led up to his father going away and which he wanted to recreate with me repeatedly in the therapy room. So, the scene created helps him to relate with his reality outside the therapy room".*

4.2.2.3.3 Fostering mental imagery

Another way creative practice promotes the helpful processes during therapeutic session is it fosters mental imagery. Creative materials used during the therapy will enable the clients to enhance the visual imagination for something related or very significant to them which they find not easy to convey by verbal communication. Three themes emerge as follow: i) broadening visual and imagination impact, ii) conveying memories and events, and iii) unlocking the unknown.

Broadening visual and imagination impact

Twenty-four participants suggested that broadening visual and imagination impact refers to creative practices would enable the clients to expand the images or imagination that emerged virtually, and to transfer this image or imagination into concrete medium. By doing so, they will gain more understanding of what comes to them. The following quotes represent the above statement:

> **T4:** *"Well, if my client said something like, I've got this hole inside me. That's already a visual image. And so I might say, can you tell me what that hole looks like. And some people could describe that in words very easily. In this case we will work with that visual image just in words. If they couldn't put in word, I might say, would you like to draw that, and it`s like the client imagined something and get a picture of it in their head. And they are able to expand its on paper and we talk about that. It helps in broadening their imagination to something they never thought before".*

> **T5:** *"I asked her to relax and did a short relaxation with her, so that she was in a good place. And then, I asked her to visualize, thinking about herself. Who she is at this time and visualize herself as a plant. And I only gave her a couple of minutes or so to think about that. And then I asked her to draw that and again I gave her a few minutes to draw the image on a piece of paper. And then we explored the image together. And for her, she was very surprised what she learned about herself from that".*

Conveying memories and events

Following broadening visual and imagination impact, fifteen participants mentioned that by employing creative practices, it fosters the client's mental imagery and enables the client to convey memories and events. This theme refers to the use of creative techniques such as visual fantasy or guided imagery that will enable the clients to put into words any significant event, memory or trauma which they were unable to verbalise. The following excerpts represent the above statement:

> **T3:** *"I worked with a young girl who was about 10 years old, and she feels stuck, difficult to explain about her feeling. She had issues to do with culture and loss and both her parents died within a short space of time in tragic circumstances. And we used to go on journeys on a magic carpet and she used to be able to say things to the people that had died that she wanted to".*

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T24: *"Also visual images, to have it symbolically there as a kind of picture in front of me, really roots it and for me that sort of thing is really important ,it's not just the words and actually that visual had brought back some memory".*

Unlocking the unknown

Closely related to conveying memories and events, twenty participants highlighted that creative practice also foster mental imagery by unlocking the unknown. Unlocking the unknown refers to creative practices fostering the therapeutic processes by opening to the clients something they did not know, bringing in new discovery and revealing their hidden or unconscious issues. The following quotes illustrate the above statement:

T1: *"I started with some expressive art and just focus on how to express that movement; just pick up some colour, and move that and see what comes, it might be a shape or just a wave and then interestingly again to do some writing. Expressive art used the term creative connection, it starts with anywhere with any of the arts. Therefore, you can start with sound and you can put some words to the sound and put some colours to the words. It is a way of discovering what is going on in you, even open something you did not notice before".*

T21: *"Sand tray is good to work with. Children like to put different characters that represent different peoples in their family. They could understand more about their issues, about themselves or whatever they were unable to see before".*

4.3 Domain 2 : The unhelpful processes in person-centred creative practice

This section begins by presenting the unhelpful processes in person-centred creative practice covering how unhelpful processes in person-centred creative practice emerged, their nature and the ways to handle these unhelpful processes.

4.3.1 The unhelpful processes of person-centred creative practice : How it emerged

This section will present how unhelpful processes in person-centred creative practice emerged. As the original scope and objective of this study did not focus on how unhelpful processes emerged, the findings for this section are somewhat limited even though a thorough examination and

scrutiny of the data was laboriously done. From this thorough examination of the data, three major categories became apparent as to how the unhelpful processes emerged when using person-centred creative practice. These major categories are: i) negative aspect from the therapist, ii) negative aspect from the clients, and iii) factors from the environment. Figures in parentheses in table 4.4 represent the number of participants reporting how the unhelpful processes in person-centred creative practice have emerged.

Table 4.4   **Summary of the categories under how the unhelpful processes in person-centred creative practice emerged**

Major Category	Category	Sub-category	Themes/codes
4.3.1.1 Negative aspects from the therapist	4.3.1.1.1 External factors	Inadequate training	Inappropriate limits imposed (4)
			Not ready with unexpected issues (2)
			Rush through the processes (3)
		Inadequate practices	Too much verbal respond (5)
			Misdirection (2)
			Unattuned to the client`s needs (6)
	4.3.1.1.2 Internal factors	Lack of confidence	Not ready with unfamiliar type of clients (3)
			Un-regulated to the client`s emotion (2)
			Not sure about the next step (5)
		Therapist focus disturbed	Therapist affected by the processes (1)
			Triggering therapist own negative emotions (3)
			Loss of connection due to therapist overwhelmed feeling (4)
		Therapist personal factors	Personal inclination to interpret (3)
			Unresolved issues of the therapist (2)
			Therapist lost interest in the process (1)
4.3.1.2 Negative aspects from the clients	4.3.1.2.1 External factors	Control by significant others	Limited freedom to tell the truth (2)
			Provokation for never speak to the anyone (8)
			Adults' attempt to intervene /interference by adults (5)
		Negative experiences	Unwanted activities (2)
			Avoiding self-disclosure (8)
			involving too many parties (4)
		Disappointed with the therapist style	Insisting the clients to use the materials (6)
			Failure to attain the client`s unrealistic goal (2)
			Experiencing a degree of confusion due to the therapist lack of skills (8)
	4.3.1.2.2 Internal factors	Internal self-judgemental	Feel lacking creative and artistic ability (6)
			Fear of revealing unexpected issues (3)
			Fear of the possibility of being emotionally overwhelmed(4)
		Unmet expectation	Clients did not turn up (2)
			Initiate inappropriate reaction (3)
			Intention to disturb the session (3)
		Disconnect with the reality	Unable to accept the fact (8)
			Promoting defence mechanism (3)
			Difficult to transitional to the real life (2)
4.3.1.3 Factors from the environment	4.3.1.3.1 Tools issues	Inappropriate materials	Limited materials that represent many aspects of the clients (2)
			Limited budget provided (8)
	4.3.1.3.2 Physical boundaries	Factors related to space	Room not designed for the purpose of therapy (3)
			Space look like nursery school (2)
			Lack of privacy (5)

4.3.1.1 Negative aspect from the therapist

Participants in this study identified that negative aspects from the therapist as one main factor that may lead to how the unhelpful processes emerged in person-centred creative practices. Further data analysis led to grouping this major category into two categories as follows: i) external factors, and ii) internal factors.

4.3.1.1.1 External factors

External factors of negative aspect from the therapist refer to therapist limitations cause by others factors than themselves, which are not personal factors. From data analysis, two sub-categories emerged: i) inadequate training, and ii) inadequate practices.

Inadequate training

Inadequate training refers to the therapist ineffective reaction or responds due to insufficient training in using creative arts and play therapy materials and skills successfully. Further data analysis of this sub-category revealed three themes that emerged: i) inappropriate limits imposed, ii) not ready with unexpected client`s respond, and ii) rushing through the processes.

Inappropriate limits imposed

Inappropriate limits imposed refers to either too many limits or too little limits set by the therapist on him/herself due to insufficient knowledge and understanding of the effects of inappropriate limits set in the therapy. Four participants highlighted that inappropriate limits imposed by the therapist will leave the clients perceiving the therapist in the negative light which led to the emergence of unhelpful processes in person-centred creative practices. The following quote illustrates the above statement:

> **T3:** *The limits and boundaries, I suppose, with too many limits we explain to the clients, they will feel uncomfortable towards us, as if we are too rigid, too structured. If less limits set, the clients will feel that they are allowed to do anything they want in the room, without any boundary. Later if we try to highlight about limits and boundaries,*

clients might get confused because they might feel our attitudes change compared to the beginning of the session.

Not ready with unexpected issues

Another external factor leading to the therapist negative reaction is when dealing with issues that are new and are not so familiar to the therapists, multiple complexes issues, or they have never been exposed to particular issues as mentioned by two participants. The following quote represents the above statement:

> **T8:** *I think there are few external factors that will cause negative reaction from the therapist: when we are not familiar with the issues, something new for us, too complex, multiple complexes issues, and we never experience that issue ourselves, never ever been exposed to the situations, we will not be open to the client's process. We also will not know how to contain the process because we did not attend any workshop on how to contain the client`s process.*

Rushing through the processes

Rushing through the processes refers to the therapist responding too quickly, wrongly timed while using person-centred creative practice. Three participants mentioned that if the therapists are in hurry, or respond too quickly, this factor will lead to the negative perceptions from the clients to the therapist. The following excerpt illustrates the above statement.

> **T6:** *What it means to the clients, not the same as what it means to us. Recently I have a session with one girl and she had done a drawing. And because it was pretty dark, I was talking through this picture, immediately responded to prettiness of the stuff without checking from the client's point of view. But the picture wasn't about the prettiness, it was about loneliness. And if you step in quickly, wrongly timed with the client and you say, Oh!, it is a beautiful drawing, the client could be completely lost from their real personal meaning.*

Inadequate practices

Inadequate practices have also been identified as factors that contribute as external factors for the major category of negative aspects of the therapist. Three sub-categories were identified from this category, namely)

too much verbal respond, ii) misdirection, and iii) un-attuned to the client`s needs.

Too much verbal respond

Too much verbal respond refers to the tendency of the therapist to use too many verbal responds to the client`s art's product as usually happen in visual art class. The following quote is an example of this theme:

> **T8:** *And if you step in very quickly with the client and you say, Oh!, It is a beautiful drawing, the client could be completely lost from their real personal meaning. This normally happened to new therapists who have limited understanding and practices that we need to use less words , cannot impose too much praising, or too many questioning to the client art`s product .If we used too many words, or verbal respond, we will lose the therapeutic power of using arts materials.*

Misdirection

Alongside too much praising from the therapist, another sub-category is misdirection which refers to the possibility that the therapist might divert the client to a different direction. Two participants identified that without adequate practices the therapist might divert the client to a wrong direction. The following excerpt illustrates the above statement:

> **T5:** *Without on-going practice you might go nowhere and feel inadequate, because you might be unable to stay and follow the client's process and you might get lost. Sometimes you might bring your client to wrong direction because you don`t know what to do next.*

Un-attuned to the client`s needs

Another theme from inadequate or insufficient practice of the therapist is un-attuned to the client`s needs which refers to the therapist inability to adjust to the client`s request as mentioned by five participants. This also led to how unhelpful processes emerged in person-centred creative practice. The following quote represents this theme:

> **T2:** *I suppose it's coming back to that understanding of how to use a variety of methods and technique in creative way. This requires extensive practice from our side, if the therapist who's there, but is unable to adjust with what their client`s request. For example, to play with the materials that we are not familiar with is not that easy for us, if we are unable to fulfil their wish, to contain feelings and emotions which they*

might not have had outside the therapy room; they may perceive
negatively towards us. This is really unhelpful for both of us.

4.3.1.1.2 Internal factors

Internal factors relate to negative aspect from the therapist refers to therapist limitations caused by their other personal tendencies or inner factors. From data analysis, three sub-categories emerged: i) lack of confidence, ii) therapist focus disturbed and iii) therapist personal factors.

Lack of confidence

Lack of confidence is one of the internal factors that contribute to the emergence of unhelpful processes by the therapist. Lack of confidence refers to the therapist's uncertainty as to how to respond while using creative arts or play materials. Three participants identified that the therapist is not sure how to respond, and this is not helpful during the therapy process. This uncertainty may be due not knowing how to work with unfamiliar type of clients. The following quotes are examples of this theme:

> **T6:** *I found that there are certain autistic children who need things to be very structured and very ordered and very unpredictable. Working with autistic children and other special needs clients is really tough if you are not familiar with them. I had experienced that when I was just at the beginning of using creative materials. I had autistic`s child referred to me, and I lost my confidence throughout the processes. They might need the therapy room to always be the same, and the materials to remain the same, or to do the same thing. And if the room was too cluttered, it is not really helpful for these groups of clients… Also every autistic child is different.*

> **T10:** *Working with children with disabilities means you sometimes need a longer time to do the play therapy. They can't process as quickly as a child who doesn't have a learning disability. Also children who have multiple and complex social/emotional problems, and it's affecting the session if we are not very familiar to work with these types of multiples and the complex issues.*

Following not ready to work with unfamiliar type of clients, two participants highlighted that when the therapist is unable to adjust him/herself

to the client`s emotion, the client might feel uncomfortable, feeling as if the therapist fails to understand their feelings and emotions. The following excerpt illustrates the above statement.

> **T12:** *For me, if we are unable to understand our client's feeling, then it`s difficult for us to adjust or attune to their emotions at that time. Because the kind of clients I mentioned earlier, always have multiple complex feeling and emotions. If they feel we are not attuned to their emotions, they will feel disappointed, as if we did not understand or empathize with them, which lead to being unhelpful at all.*

In addition to the theme un-regulated to the client`s emotion, the next theme which is the therapist being unsure of the next step which can be translated as they feeling less confident to move forward. This refers to the therapist uncertainty about the kind of activities or materials they should use, or how they should proceed with the therapeutic process as highlighted by five participants. The excerpts below represent this theme:

> **T10:** *For examples, I worked with one client who had been abused. And after a few sessions with me, she is going to play, she is never going to be able to do that before but in the way that seems to be quite safe to her. During the process we go deeper and deeper to her past life. I try to follow her storyline, to allow her doing it safely, but at some point I feel stuck. I hesitate to move forward. Am I doing the right things with her? Sometimes, you need to have experience yourself how to use some materials, so you will become more confident about it.*

> **T12:** *Sometime I did analyze client`s product spontaneously, however, it just wasn't the way I felt comfortable working and the client might also feel uncomfortable too. And we can realise from their respond towards their product. This makes me doubt of what I should do next. I would go very much with 'Where is the client with this, what I need to do now?'*

Therapist's focus disturbed

Therapist's focus disturbed refers to the therapist's concentration interrupted or distracted due to some particular factors and this leads to the emergence of the unhelpful processes. One participant reported that she, as therapist, sometimes was unable to concentrate during the therapy, when working with particular issues. The following quote represents this theme:

> **T8:** *For instance, a lot of the children we work with feel they're not good enough in using creative materials, and sometimes I'm unable to concentrate during the session thinking am I good enough for them?, do I*

really understand them fully?. Because what I've done is I've taken and absorbed all their negative feelings in particular and it affects me so much.

Three participants talked about how the unhelpful processes emerged when the therapist is affected by the client`s issues that trigger therapist's own negative emotions. This normally happened if the therapist also has the same experiences with the clients. The following excerpt illustrates this:

T12: *So the children are transferring all this you, and your job is to contain. So you are containing, but you also having so many loads of your own, you will reflect it very much, especially if you had been through the same experience. It might activate your own negative and painful emotions, which really makes it unhelpful to continue the session.*

Following this, the therapist might lose connection either with the client, or the processes, due to therapist him/herself feeling overwhelmed with the unexpected issues which occur after using creative materials or activity. Four participants described this theme, as shown from the quote below:

T17: *Your job is to contain these unexpected emotions for them. So you are containing, but you also might lose connection with the therapeutic processes when it brings you to your own overwhelmed feelings, because you try to contain your client`s crisis, and you are busy thinking of how to offload, to manage your own dilemma or emotional crisis, and put that somewhere to continue with the session. Sometimes, you don`t realise that you are detached from the clients and the processes.*

Therapist personal factors

Therapist personal factors refer to aspects relating to the therapist him/herself as individual, or something associated with the therapist private life. From data analysis, the following themes emerged: i) personal inclination to interpret, ii) unresolved issues of the therapist, iii) therapist losing interest in the processes. Three participants described that therapist personal inclination to interpret as one crucial factor that therapists need to be aware of, because this tendency will make the therapist give the client's product therapist's own meaning and this will spoil the therapeutic process. The following quotes illustrate this theme:

T7: *One of my clients saying to me that she was surprised with my interpretation of some of the images and symbols she created. She expressed her uncomfortable feeling towards me and was really unhappy with me evaluating her differently from how she actually feels. At the time, I remember her feeling that this is slightly outside of her comfort zone and she was completely lost. She refused to continue the session. So my tendency to interpret really caused the session to be useless.*

T30: *We need a lot of careful handling, because by nature, as human being, we are very quick to want to interpret what the child has done. That really is ineffective once we wrongly interpret and contradict client`s personal meaning.*

Another aspect is unresolved issues of the therapist that might link to the therapist private life as emphasized by two participants. The excerpt below represents this theme:

T22: *Sometimes, counter transference happened when we as therapists have our own issues that are not settled yet. And hopefully I will be able to work on my own issues, because our own unsolved problem will hinder us from responding positively to our clients, which really results in unproductive session I guess.*

Closely related to unresolved issues of the therapist, one participant highlighted that the therapist might lose interest in the processes due to the increase of overwhelmed, mixed and uncertain feelings in him/herself. The excerpt below represents this theme:

T13: *Another thing is about the messy, blended, unsure and horrible feelings mingling inside us and makes us feel exhausted ourselves with the session we are conducting. These uncertain emotions left us feeling uneasy and might cause us to lose interest in continuing with our clients who might be left confused. I remember that I need to stop the session because I was unable to focus anymore.*

4.3.1.2 Negative aspects from the clients

Participants from this study acknowledged that negative aspects from the clients also contribute to how the unhelpful processes emerged in person-centred creative practices. From data analysis, categories are similar to negative aspect from the therapist except for the factor relating to the environment. Two categories identified for negative aspects from the clients

that led to how the unhelpful processes emerged are as follows: i) external factors, and ii) internal factors.

4.3.1.2.1 External factors

External factors linking to negative aspects from the clients refer to the client's aspects that are triggered off by factors outside themselves. Further data analysis resulted in three sub-categories: i) control by significant others, ii) negative experiences, and iii) disappointment with the therapist.

Control by significant others

Control by significant others refers to the clients are being controlled by those important to their life, or their issues. From data analysis, three themes emerged, as follows: i) limited freedom to tell the truth, ii) given warning to never speak to anyone, and iii) adult's attempt to intervene. Two participants stated that some children always have limited freedom or autonomy to tell the truth; either they are scared their issues will be brought to their parent, others in authority, or are scared that the abuser might know that they had revealed to others. The following quote represents this theme:

> **T9:** *And there are lots of very complex needs, and can be very badly neglected – very, very unloved and unwanted and neglected. And I found them often really difficult to use the materials and talk about them as well, because they can be very scared, very frightened to talk. They are scared that we might tell their parents or their teachers, or they're scared they're being monitored by someone important and they are scared that what they disclosed will be reported back or related to someone who does not want those issues exposed.*

Another theme closely related to limited freedom to tell the truth is they are given warning never to speak to anyone. Eight participants highlighted those clients who had been abused in particular. They are usually threatened by the abuser never let anyone know of what had happened to them. The excerpt below represents this theme:

> **T15:** *For examples, there is one girl I work with; she revealed to me that there was domestic violence at home on her first session. No one knows about her and her mum always being abused by her step father at home. I*

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had to tell her in the first session that I have a responsibility to report this abuse towards her to those who can help her out from it. The next day, when I met her again, she doesn't speak about it anymore. I think she's been silenced, totally shut down. She won't talk about it or play any material in the room anymore, and obviously I don't push her. Later she told me that she got warned by her mum not to tell anyone about what had happened at home.

Alongside this, another theme is adult's attempt to intervene. This refers to close family members who try to get involved in the session in order to monitor what their children share with the therapist. As mentioned above, adults often turned description into questioning, took over the session from their child, and always responded very strongly to the unacceptable behaviour of their child at home, as described by five participants. The following quote represents this theme:

> **T25:** *Sometimes when I told his parents about his frustrated feeling towards mum and dad, they were very shocked. "He said that?" "He said that?"And parents may not accept their child disclosing something private about their family. Normally mum will give information about their child negative attitudes at home, always try to interfere when related to family issues. Sometimes it will be a bit difficult for us to handle this situation.*

Negative experiences

Negative experiences refer to harmful, painful, hurtful, and unproductive encounter when using person-centred creative practices that appear as aspects that cause the unhelpful processes to emerge. Three themes emerged from the negative experiences sub-category, as follows: i) unwanted activities, ii) avoiding self-disclosure, and iii) involving too many parties. A couple of participants expressed that clients might refuse to use creative materials if they bring back memories that they don't want to remember anymore. The following quotes illustrate this theme:

> **T21:** *And if they don't want to use all the materials we offered, we need to respect them. Sometimes they have reasons for not drawing, or playing with anything. These activities might remind them of something unhappy, hurtful, or destructive for them. Then they will stop doing anything, even refuse to talk.*

Following unwanted activities that lead to negative experiences, another closely related theme is avoiding self-disclosure, as pointed out by eight participants. According to one participant, avoiding self-disclosure means unwilling to expose unnecessary personal issues while using creative materials provided, as seen below:

> **T23:** *I guess one thing that is difficult is if a client, through creative expressive approaches, might uncover things about themselves that they're not expecting, something they avoid to be disclosed to anyone. So a client may, for example, draw a picture and look at it in horror, and realise it maybe more revealing than they anticipated. They might feel overwhelmed, worse, they might withdraw from the session.*

Involving too many parties was also identified as negative experience that led to the emergence of unhelpful processes, as highlighted by four participants. The following excerpt represents this theme:

> **T13:** *Some children really have complexities of issues, severe multiple acute issues that need to be disclosed to a particular authority and specialist. I will support them emotionally and psychologically. However, it needs a complete package of care, where they may need a psychiatrist, a therapist, a mentor at school, a social worker etc. When involving different peoples, with different tasks and roles, it might cause the client to feel overwhelmed with the processes, which need the client to encounter so many unpleasant processes for them. Normally they refuse to do anything with us because they feel it's too much for them.*

Disappointment with the therapist style

Disappointed with the therapist style refers to the clients feeling dissatisfied with the way the therapist conduct the session. Further data analysis revealed three themes as follows: i) insisting the clients to use the materials, ii) failure to attain the client`s unrealistic goal, and iii) experiencing a degree of confusion due to the therapist lack of skills.

Insisting the clients to use the materials

Insisting the clients to use the materials refers to the therapist who unconsciously is not aware that he is too firm in asking the clients to use creative materials. Six participants reported that the clients might feel unhappy with the therapist if the therapist keeps asking them to work with

any creative materials when they are not ready for that. The following quote illustrates this theme:

T15: *One thing that I found difficult was when unconsciously I seem as if I am forcing them to use the materials for therapy – Just because I thought that's the best way to work with them, so very much, I keep suggesting to them to use the materials .The client might perceive that as I ignore them and will affect them to continue.*

Failure to attain the client`s unrealistic goal

Two participants talked about the clients who perceived that the therapist failed to attain the client`s unrealistic goal and this is seen as another aspect that the clients feel disappointed with the therapist. One participant noted:

T16: *I notice that she also has a very impractical target for herself and by coming to the session she is hoping that I will entertain her unrealistic aim. She seems unhappy when I told her that there are things I am unable to fulfil, which led her to shut down and don`t want to engage with any materials I offered.*

Experiencing a degree of confusion due to the therapist lack of skills

In addition to the above factors, eight participants found that if the therapists have limited skills to respond to something unexpected revealed by the clients, the clients might experience a degree of confusion. This theme suggests that the clients will experience some form of bewilderment by the way the therapist responds to them, which is really unhelpful in the processes. For example, one participant said:

T11: *That is really hard to notice sometimes that our clients are going through some level of mixed up feelings due to our respond to them. Sometimes I would say ` Oh my God, What did I say to her? What did I do? She seems confused.*

4.3.1.2.2   Internal factors

Internal factors relating to the negative aspect from the clients refers to the client's inner characteristics that lead to the emergence of the unhelpful processes. Further scrutiny of the data showed three sub-categories that emerged: i) internal self-judgemental, ii) unmet expectation, and iii) disconnected with reality.

Internal self-judgemental

Internal self-judgemental refers to the client's inner critics that will interfere with the smooth running of the therapeutic processes. From data analysis, three themes emerged: i) feel less creative and artistic, ii) fear of revealing unexpected issues , iii) fear of the possibility of being emotionally overwhelmed. Six participants reported that if the clients feel that they are less creative and artistic, this will hamper the therapeutic processes, and becomes one of the elements that contributes to the unhelpful processes. The following quotes represent this theme:

> **T24:** *They also may feel that they are not so creative to engage with all these materials. They really don`t want to work with any creative stuff, which is really unhelpful especially if they are also unable to express their issues verbally.*

> **T27:** *The only thing I say that could be seen as factor leading to be unhelpful is that a lot of kids and young people have an issue with art – they get taught at school that art has to be very representative – so if you're drawing an apple it has to look like an apple. So some kids believe they are no good at art, less artistic ability.*

Alongside this, three participants highlighted that, another internal self-judgemental which is a negative aspect from the clients that leads to the manner how the unhelpful processes emerged is the clients worry about revealing unexpected issues when using any creative material. The following excerpt illustrates this theme:

> **T27:** *It is something like this thing is a medium to open the door to show everything to them and then they feel sometimes like it opens everything they are not willing to open. They feel anxious if something surprising turns out from these releases.*

Following the theme worry/fear of revealing unexpected issues is the client's fear of the possibility of being emotionally overwhelmed which will constitute as an aspect that causes the unhelpful therapeutic processes to emerge, as highlighted by four participants. The following quote represents the above statement:

> **T27:** *Because I feel it hits something very strongly – something that is very true to them but is hard for them to see – it's almost like breaking through that wall of denial and suddenly it's revealing something painful*

– which is good, but too much for them. They might feel overwhelmed by that, disturbing and breaking their emotions, and they are unable to continue working with these materials.

Unmet expectation

Unmet expectation refers to the clients perceiving the therapeutic session that uses creative materials as not being helpful as they expect. Further data analysis reveals three themes for this sub-category as follow: i) clients did not turn up, ii) initiating inappropriate reaction, and iii) intention to disturb the session. Two participants found that if the therapists lack the awareness of the client`s expectation, or if the clients feel the therapy session differently from their expectation, clients will not turn up for the next session. The following quote represents this theme:

> **T23:** *Sometimes the child needs more than just typical play therapy. They need a little more in-depth, more than just play therapy. Perhaps, coping strategy, anger management etc. And if they feel this is just playing, not much help they get out of something they expected it to be, they don't like to use all the objects, well they don't usually return.*

Closely related to not returning for the following session is initiating inappropriate reaction. This refers to the use of creative materials for therapeutic practices, particularly with children, might lead to unacceptable respond, as expressed by three participants. The following quotes illustrate this theme:

> **T3:** *Some children smash things up. We have punch bags as well. I was wanting to give you another angle, that some of the play materials could increase aggressive behaviour, which sometimes is a bit hard to manage.*

> **T11:** *For examples, I've had clients who have destroyed toys, actually. I've had all sorts of things that have happened where clients have acted out anger. And I had one child who had been abused who actually ripped a toy to bits. Really unhelpful if the toys increase negative actions for our clients in the sessions.*

Another theme for unmet expectation is intention to disturb the session. It refers to the clients purposely interrupting the session if they feel the session is unable to fulfil their hope or expectation for coming to the therapy. Three participants identified that the clients might just want to

continue playing with the toys, or just finish their art work, if they feel the therapist, or the session did not meet their expectation. The following quotes represent this theme:

> **T13:** *If the child feels that play therapy did not fulfil their hope of coming to the session, they might just want to play. And there could be cars all over the room arranged by them, moving constantly, and it could be quite energetic. This really is disturbing to us to focus on therapy.*

> **T24:** *I've noticed a client might just want to finish their art work when using creative materials if they feel that we fail to reach their expectation.*

Disconnected with reality

Disconnected with reality refers to the situations where the clients are cut off from their actual and real life. Three themes emerged from further analysis of the data, and they are: i) inability to accept the fact, ii) promoting defence mechanism, and iii) difficult for transitional to the real life. Eight participants believed that with the use of creative materials, many unexpected and unknown will surface, which sometimes makes the clients unable to accept the fact of their difficulties. The following excerpt illustrates this theme:

> **T26:** *Some clients are reluctant to show certain part of themselves because that's very painful for them, it's the thing that's hidden for so long time, they don`t want to open it to anyone, they don`t talk about that. However, with creative materials, so many of these unconscious will surface, and when this happens, the clients are unable to accept the fact of what has been disclosed about them, particularly negative part in their life which are too painful, or which overloads their emotions.*

Three participants mentioned that the use of creative materials will also promote defence mechanism which refers to an increase in the clients' defensive behaviour in order to protect or cover themselves up. The following excerpt represents the above statement:

> **T24:** *Sometimes creative materials increase her self defensive behaviour because she might spark off a huge amount outrage and anger towards certain person that causes the traumatic experiences to her, and which she might find very difficult to deal with.*

In addition, two participants mentioned that creative materials used on the scene sometimes make the clients difficult for transitional to the real life. This refers to the transition difficulties between the therapy sessions to the real client`s life, as stated by one participants below:

T25: *Sometime, when we put our clients in control of the the session for a certain period of time, it will be difficult for them to transition to the real life.She finds that she cannot control everything. The clients might feel confused and imbalanced to fit themselves in the real situation, after they can freely using any creative materials without any attempts to control them.*

4.3.1.3 Factors from the environment

Participants from this study highlighted that factors from the environment also contribute and may lead to how the unhelpful processes emerged in person-centred creative practices.   Analysis of the data showed led two categories as follows: i) tools issues, and ii) physical boundaries.

4.3.1.3.1   Tools issues

Tools issues refer to something related to materials, and only one sub-category could be identified from data analysis and that is inappropriate materials, as mentioned by four participants. Two themes as follows emerged: i) limited materials that represent many aspects of clients, and ii) limited budget. Two participants reported that insufficient materials to symbolise different aspects of the clients might cause the unhelpful processes because clients might get stuck in the middle of processing because they cannot get the appropriate material. The following excerpt represents this theme:

T13: *If we only offer a limited range of materials and the range did not represent a variety of aspects about the clients and their real life, it could be a lot harder for them. Clients will need more time to think about what to do, and the child is often unable to communicate what he or she needs to communicate about so many things about them.*

Closely relate is limited budget provided to place adequate materials in the therapy room, as mentioned by eight participants. Limited budget to

create an appropriate therapy room with enough materials will hinder the therapeutic processes too, as highlighted by one participant:

> **T18:** *All is about the budget because using creative materials is really costly. We need to have extra materials in the room. Sometimes we even need to buy them ourselves. Without enough materials in the therapy room, it will hamper the therapeutic processes if we are fully using the materials for therapy.*

4.3.1.3.2 Physical boundaries

Physical boundaries refer to the restriction related to space or room that is not suitable for creative therapies. Further data analysis revealed one sub-category that is related to the space factor used for therapy, with three themes: i) room not designed for the purpose of therapy, ii) space looks like the nursery school and iii) lack of privacy. Three participants mentioned that their therapy room was not designed and equipped with sufficient therapeutic environment for therapy. The following quote represents this theme:

> **T19:** *In the schools that I'm in I don't have a suitable room designed for therapy. The materials are not well provided and the space is too small to move around and is so limited to do many creative activities.*

Another two participants commented that therapy room looks like nursery school which also contributes to the emergence of unhelpful processes. The following excerpt illustrates the statement:

> **T23:** *Sometimes there is a room but it is overcrowded with toys and materials, scattered everywhere, and it looks more like a nursery school. Client, ages 10 upwards, coming to the session refusing to have a session with me because she feels like going back to nursery school, everything so childish for her, and she doesn`t want to be seen as a child.*

As for lack of privacy, five participants emphasised that if the room is too close to public area, or not soundproof, there will be disturbing noisiness outside, and this can be a an unhelpful factor for therapeutic processes. One participant said:

> **T21:** *We also need to pay attention to where the room is located, either too open to the public, and everybody can easily access, with or without soundproofing materials, safe to place materials there, and not disturbed by people. If the room does not have privacy, meaning we can hear*

people talking outside the room or vice versa, this really is unhelpful for us to conduct the therapeutic sessions.

4.3.2 The nature of unhelpful processes in person-centred creative practice

From data analysis, the nature of unhelpful processes in person-centred creative practice manifested itself in two distinct categories, namely : i) process difficulties and, ii) personal limitations.

4.3.2.1 Process difficulties

Process difficulties refer to the aspects that hinder the therapeutic process, and constitute three major categories: i) lack of matching, ii) disregulation or loss of working contact , and iii) the inadequate resources. These results are as shown in Table 4.5.

Table 4.5: **Summary of categories for the nature of unhelpful processes under process difficulties with creative practices**

Major Category	Category	Sub-category	Themes/codes
4.3.2.1 Process difficulties	4.3.2.1.1 Lack of matching	Rejecting of material	Unwillingness to use materials (14)
			Not ready to use materials (10)
			Individual mismatch (8)
			Uninterested (6)
			Prefer words (5)
		Different frame of reference	Misinterpretation by therapist (9)
			Therapist judging the client or the process (4)
	4.3.2.1.2 Disregulation	Loss of containment fucntion	Unwanted disclosure by client (11)
			Material misused/abused (6)
			Encouraging aggressiveness/ over-reacting (5)
		Loss of connection	Loss of focus or attention with the work (7)
			Disassociated from the context (5)
	4.3.2.1.3 Inadequate resources	Limited space and material	Limited space (4)
			Overcrowding (2)
			Limited choice of materials (2)
		Limited time	Additional time in therapy (5)
			Longer therapy session (4)

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4.3.2.1.1   Lack of matching

Lack of matching refers to such factors as the materials' or the persons' failure to go well together. Further data analysis indicated two sub-categories as follows: i) rejecting of materials, and ii) different frame of reference.

Rejection of material

Rejection of material refers to clients declining to use the materials based on particular factors. The specific themes that emerged for rejecting materials include clients being unwilling, or not ready, or not interested in the materials, individual mismatch, that is materials offered are not familiar to the clients or they don`t like them, and clients preferring words instead of using materials. Fourteen participants reported that clients rejected working with materials if they do not like them, or they were resistant or reluctant to use the materials offered to them. The following quotes illustrate this theme:

> **T1:***" She doesn't want to work with all this stuff".*

> **T21:** *"It depends on the clients either to play, to draw or even just to talk to me if they are not willing to use any material".*

> **T27:***" She didn't respond to any creative materials I offered, and even reluctant to touch any object. That's very difficult to handle".*

Ten participants talked about clients who were not keen or not ready to use the materials because they might not be familiar with them, or had not been exposed to this method, or they perceived it as something bizarre or strange . The following quotes represent this:

> **T4:***"But for other clients, it's not helpful at all, if they are not ready with or open to, these approaches".*

> **T26:***"Probably they are not ready to work this way or this [is] somethingweird for them".*

Another eight participants said that the material was not for everybody due to individual mismatch, as shown from the quotes below:

> **T7:***" For some client this is completely out of their thing".*

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T30*:"I'm working with a little boy at the moment and it has taken him a couple of sessions to actually know what to do with very simple toys, a very simple drawing or things like that, because he is actually much more used to using computer games".*

Closely related to individual mismatch, six participants described that clients will also reject the materials if they are not interested, or if they are less attracted to the materials offered. For example, one participant said:

T5: *"But they don't seem interested in playing or using any of the materials either. I find that quite hard to work with and to move forward".*

In addition, five participants found that some clients were more comfortable to just talk rather than working with any creative material provided in the therapy room. The following excerpt represents this theme:

T8*:"they prefer just to work with words, and talk things through, so materials will not really help at all in this case".*

Different frames of reference

Different frame of reference refers to therapist and client views that were not the same, or the therapist might impose their own idea that differs from the way the client perceived it. From the data analysis, two themes emerged,namely: i) therapist misinterpretations, and ii) therapist judging the client or the process. Nine participants described that one important element that hindered the process was if the client felt that the therapist is imposing his/her own idea that was different from clients' frames of reference. The following quotes illustrate this theme:

T3:*"We might intend to interpret differently from the child's view. It's not helpful if we misinterpret".*

T6:*"It's quite hard actually if you misinterpret. There will be a lot of resistance".*

Closely related to therapist misinterpretation, is therapists judging the client, or the process, as reported by four of the participants. The excerpts below represent this theme:

T13:*" I couldn't interrupt and make things more difficult as if I judge their work, say, 'clay work looks better this week than paint of last week'. It won't be really helpful".*

T34:*"If the children feel that they are being criticized with their creative expressions, they will automatically stop doing their work. They even stop talking".*

4.3.2.1.2 Disregulation

Disregulation refers to the loss of working contact between the client and the therapist, and this can be catagorized as: i) loss of containment function, and ii) loss of connection.

Loss of containment function

Loss of containment function refers to the loss of their intended functions. Further data analysis revealed three themes, as follows: i) unwanted disclosure by the clients, ii) materials misused or abused, and iii) encouraging aggressiveness or over-reacting behaviour. Eleven participants reported that one element that hinders the process of using materials is revealing matters beyond the client's expectations, issues that they do not want to be exposed, or showing things that are painful and difficult for the client to deal with. The following excerpts illustrate this theme:

T24:*"The unhelpfulness of this is how the client has the feeling of fear of too many things being disclosed unexpectedly".*

T27:*" Because I feel it hits something very strongly – something that is very true to them but is hard for them to see – it's almost like breaking through the wall of denial and suddenly it's revealing something painful".*

In addition, materials that might be misused or abused refer to bringing into play improperly such as smashing, or crushing that leads to breaking the boundaries, or creating untidy and messy surroundings, or making themselves dirty, as seen by six participants. For instance, the following quotes illustrate this theme:

T15: *"With some materials such as clay, drawing or painting stuff, if you are seeing kids in therapy room, or in school uniform at school, there's a practical difficulty.They might create a mess, or dirty their clothes".*

T28:*" Some of the children are so misbehaving. One of my young clients turn the sand tray upside down; some kick and break the toys again and again, whilst others go sticking the clay to the ceiling tiles".*

Along with the misuse of the materials, the next theme is encouraging aggressiveness or over-reacting behaviour,which refers to situations where the materials might promote the destructive behaviour. Five participants indicated that clients might express negative emotions, particularly involving such feelings of anger, where they will act out more aggressively such as destroying the toys and materials , due to their resentment against a person or event that has traumatised them. The following quote shows this theme:

T3: *"I've had clients who destroyed toys, actually. I've had all sorts of things that have happened where clients have acted out anger, a client who has been abused who actually ripped a toy to bits. That's not really helpful because they break the boundary.However they really want to express their negative emotions which I found quite hard to deal with".*

Loss of connection

Loss of connection refers to the act of losing contact in the therapy session. Further analysis of the data indicates that two themes emerged: i) losing focus or attention on the work, and ii) disassociating oneself from the situation. Seven participants identified that some creative materials used with children and young people might cause failure for both the client and therapist to focus on therapy. This might be from the therapist's intent to focus on materials rather than the problem, or the client -- particularly young children -- tending to play rather than talking about their problems. The following quotes represent the theme:

T33:*"We must be aware not to begin by focusing on the sand tray or the art' product but need to focus on the experiencing of the client, otherwise we go nowhere with the client".*

T35:*" But children rarely sit, and play anything for long periods of time.They tend to move around playing different stuff. So it's difficult to stay focused about certain issues".*

In addition, five participants also highlighted that those creative materials might also lead to significant situations for the client that might

cause the client to lose contact or get disconnected with the therapist or the therapy process. The following excerpts illustrate this theme:

> **T1:** *"You know the reason why I use less painting and drawing, because when people go and sit with a piece of paper, sometimes if they are painting or drawing, the connection between you and the client can be broken".*

> **T27:** *"Sometimes, materials offered really hit something about the clients. They can't look at it or they go quite silent and distant. They seen did not engage with the session through those particular materials–they almost disassociating from the process".*

4.3.2.1.3   Inadequate resources

Participants identified that inadequate resources was also one of the unhelpful processes in using person-centred creative practices with children and young people. Two sub-categories were reported as inadequate resources: i) limited space and materials, and ii) limited time.

Limited space and materials

Inadequate space refers to either the therapy room or space being too small and unable to accommodate more materials, or having too many toys and materials, causing over crowdedness. Among other things, this could hinder the therapeutic process. The following quotes represent this theme:

> **T3:** *"The clients could be overwhelmed by a room that's just absolutely full of things".*

> **T32:** *"However for art making to be a form of therapy it needs to be contextually located within a supportive environment. Limited space will not be helpful at all".*

Moreover, limited choices of materials were also perceived as inadequate resources that hindered the therapeutic process, as indicated by quotes from a couple of participants:

> **T13:** *"But if you have a limited range of materials, it could be a lot harder for the child to communicate what they need to communicate".*

> **T15:** *"So the biggest problem is facilitating a creative process because of the extra kits you need, if you couldn't provide sufficient materials or equipments, that's the biggest problem".*

Limited time

Along with limited space and materials, the next theme was limited time, which refers to the time consuming nature of using creative materials for therapeutic work with children and young people. These included the need for additional in-therapy time, or an extra therapy session, which leads to a longer therapy process, as described by nine participants:

> **T8:** *"I think creative material doesn't come in so much into that short time. Using creative materials might need extra therapy hours, particularly if it does link into something big and deep. You have to have extra time to help them cope with that".*

> **T19:** *"Sometimes that may take weeks and weeks before you can start on the play. One possible disadvantage is the lack of time that it can take. It can be a very long process".*

4.3.2.2 Personal limitations

Personal limitations refer to factors from the clients or the therapist that hinder the therapeutic process and can be categorized as: i) client limitation, and ii) therapist limitation as shown in Table 4.6.

Table 4.6: Summary of categories for the nature of unhelpful processes under personal limitations

Major Category	Category	Sub-category	Themes/codes
4.3.2.2 Personal limitations	4.3.2.2.1 Client limitations	Lack of creative talent (10)	
		Unsure about using the right materials (2)	
		Client gets dirty and messy (2)	
	4.3.2.2.2 Therapist limitations	Limited personal qualifications	Age factor (2)
			Inadequate training (1)
		Unwanted task (7)	

4.3.2.2.1   Client limitations

Client limitations refer to the client's lack of creative talent, or the client being unsure if they were using the right materials, or clients getting dirty or messy in using the creative materials.

Lack of creative talent

Ten participants recognised that some clients felt their lack of artistic skill or that they were less creative and had high expectation of the art product.This was the most common client personal limitation that hindered the therapeutic process in using these creative materials. The following excerpts illustrate this theme:

> **T4:***"It doesn`t work for every client. Some clients, it would not be helpful at all, because that is not the way they work, particularly if the client felt they are not artistic".*

> **T6:***"Lots of people have an experience of being bad in art, not being able to draw, not being able to paint, so they are afraid their art making will look ugly, or that would expose their weakness a bit".*

Unsure about using the right materials

Another theme was that clients were unsure about using the materials that are appropriate or fit well with them, as described by two participants:

> **T26:***"Sometimes not all objects might be relevant, because clients may have picked several things but are not sure which one is the most important thing out of their issues".*

Client gets dirty and messy

Two participants talked about the use of inappropriate materials that could lead to messy and untidy clothes, either for the client or for the therapist, or in the therapy room and surrounding area. The following quote illustrates this theme:

> **T28:***" But I don't want my clothes ruined, or I don't want parents getting angry at me if the kids' clothes are ruined, and I certainly don't want my office getting ruined by that too".*

4.3.2.2.2   Therapist limitations

Therapist limitation refers to the therapists not having sufficient training or skills in using creative materials, or age difference between the therapist and the client, or the therapist is not ready for further work after the session. Two sub-categories emerged for therapist limitations : i) limited personal qualifications, and ii) unwanted tasks .

Limited Personal qualifications

Two themes emerged for the sub-category limited personal qualification, as follows: i) age factor and, ii) inadequate training. Two participants considered the age difference as being negative when using creative materials. Other participants highlighted having had less training in working with creative materials has also hindered the therapeutic process. The following quotes represent this theme:

> **T15:** *"One thing that I found difficult was my age – I'm now 57, so very much, I am a grandfather type of figure. The generation gaps do exist. That can be quite a big influence, also a challenge for me because if I try to be like them, play like them, talk like them, they would see me as an idiot straight away".*

> **T21:** *"I believe we really need experience and quite good training before, I think, you stay with a client because otherwise you can't do the follow on steps".*

Unwanted tasks

Seven participants found that using creative materials might be unhelpful because it caused them an additional or useless task to do particularly after the session, when they might need to tidy up the materials or mess left in the therapy room. The following quotes illustrate the theme:

> **T3:** *"Another thing is about the mess left after the session. I might need to clear a room and take any broken thing into another room".*

> **T28:** *"Well, I don't want to have a big clean up or I don't want my carpet ruined. I don't use paints, I never use sand because I don't want to have to vacuum between sessions, so my choice of materials is very self protective".*

4.3.3   The ways to handle these unhelpful processes

Similar to the search for how unhelpful processes emerged, the findings about the way to handle these unhelpful processes are also limited in spite of a very comprehensive scrutiny of the data. This is due to the original objectives of the study, which did not include the additional objective of identifying and focussing on the ways to handle these unhelpful processes. In table 4.7 and 4.8, detailed descriptions of the major category, categories, sub-categories and the themes that emerged are presented. The figures in the

parentheses refer to the number of participants who talked about the particular themes regarding the way to handle the unhelpful processes. In general, two major categories of the ways to handle these unhelpful processes have been identified. They are i) improving therapist`s way of handling, and ii) improving the way of processing the therapeutic session.

4.3.3.1 Improving therapist`s way of handling

The first major category, improving therapist`s way of handling is further divided into two general categories: i) improving externally-related factors, and ii) improving therapist internal factors. Table 4.7 below presents summary of the ways to handle these unhelpful processes under improving therapist`s way of handling.

Table 4.7   Summary of the categories under improving therapist`s way of handling

Major Category	Category	Sub-category	Themes/codes
4.3.3.1 Improving therapist`s way of handling	4.3.3.1.1 Improving externally-related factors	On-going training	The need to learn from wider expertise (5)
			Continue with up-to-date training in the field (4)
			Continue training that offers courses related to contemporary issues (8)
		On-going practices	Regular experimenting (8)
			Regular exercises with colleagues and support group (4)
			Update materials and well prepared tools kit (3)
		On-going supervision	Regular face-to-face mentoring (5)
			Meeting and consulting with supervisor from different fields (3)
			Seeking feedback from group supervision (6)
	4.3.3.1.2 Improving therapist internal factors	Improving Important aspects, and the therapist characteristics	Clear instruction delivered by the therapist (6)
			Creative ability to prompt respond (2)
			Therapist acting more interactively (10)
		Improving therapist sensitivity and awareness	Ability to withhold the intention to interpret the client`s process or product (3)
			Going outside the comfort zone (5)
			Be highly sensitive to the client`s reaction (12)
		Avoid the use of " Don`t" in therapy	Discard inappropriate rules (5)
			Do away with unnecessary respond (12)

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4.3.3.1.1 Improving external-relate factors

Two sub-categories of improving externally-related factors were identified as: i) on-going training, ii) on-going practices, and iii) on-going supervision.

On-going training

On-going training referred to the need for the therapist to continuously attend any related course, workshop, seminar, and program from broader approaches, theoretical aspects as well as different skills from different experts in their respective field. The aims are to enhance the therapist's skills, knowledge and understanding as well as to improve their ways of handling any unexpected phenomenon that might hamper the therapeutic processes while using creative arts materials with children and young people. This sub-category comprises three themes: i) the need to learn from wider experts, ii) the need to continue with up-to-date training in the field, and iii) the need to continue training that offer courses related to contemporary issues. Five participants acknowledged that one important way to improve the therapist skills and knowledge in using person-centred creative practice is to continuously attend any related training from a variety of experts, as shown by the examples below:

> **T2:** *I don't think you can do this without extra training. To me, the person-centred art skill training, it is most essential to feel safe to do this with client. I could not have done that if I do not have experience in the workshop. That was not good enough, but you also need to go for training from other experts who will relate how to work with children and young people. I also went to workshops on play therapy, expressive arts therapy, psychodrama therapy, sand therapy and digital story telling. It was very good and it covers child psychology, child development, which I do think is very important.*

> **T11:** *We need enough understanding of how to handle any difficulty in the session. And that is art therapist skill course I attended. As we are person-centred, we all struggle with this; we have to ask more questions, we have to be more active. You need to be more active. Then you might be listening to someone. You need to learn from different perspectives, such as gestalt, Jung, CBT and so on. So you will be able to handle anything unexpected that happened in the session.*

In addition, continuing with up-to-date training in the field also provided an alternative way to handle the unhelpful processes from the therapist side, as seen by four participants. The following excerpt illustrates this:

> **T5:** *But I do believe that you have to have a certain amount of latest knowledge. Because when I went to Edinburgh we did quite a lot of workshop on integrative approaches. For example, how attachment theory fits very well with play therapy method. So I think it's helpful to have knowledge of issues around attachment, and have knowledge about may be if there are certain things happening within the family or bereavement issues around bereavement with children, I think that's hugely important to have up-to-date skills, not just limits to basic skills of how to use creative materials solely.*

Based on eight participants' experiences, continued training that offers courses pertaining to contemporary issues is another essential element in improving therapist`s way of handling the unhelpful processes in using person-centred creative practices with children and young people. The following quote represents this theme:

> **T22:** *Apart from the basic training, it's good if we go to conferences and seminars about current issues. Yes, I went quite a lot. I've met quite a lot of people at conferences and courses who shared the latest findings from their researches. That`s good for therapists to enhance our skills and knowledge with what others did in the field recently.*

On-going practices

Along with on-going training, the next sub-category was on-going practices, which refers to the necessity for the therapist to keep on practicing, exercising, experimenting and trying out any potential creative method in order to improve their way of handling person-centred creative sessions with children and young people. Further data analysis indicated that three themes emerged from the sub-category ongoing practices: i) regular experimenting, ii) regular exercising with colleagues and support group, and iii) updating of materials and well equipped tools kit. Eight participants emphasised that frequent practices, habitual experiments and trying out with a variety of creative practices will enable the therapist to overcome any unhelpful aspect

during the therapeutic processes. The following quotes illustrate the statement:

> **T11:** *You need to be skilful because you don't know what next thing will happen in the therapy. You might face with a degree of difficulties at some point. You need to be actually more active when you do creative arts or play therapy because you need to keep prompting, you need to find something that you can say and what is this, tell me about that and find ways of keeping that into the client's personal meaning of their working. You need to know how to keep moving smoothly, and how things are going with your clients. And that's why we need to keep on practicing and experimenting.*

> **T17:** *I would say keep practicing and experimenting. Then only you will be able to improve your way of working using these creative materials.*

Four participants also mentioned that regular exercises with colleagues and support group is another way to improve the therapist skills and understanding in employing person-centred creative practices with children and young people. Through on-going practices in group, the therapists will learn from each other any struggling, difficulty, challenge and dilemma, as well of how to handle all these aspects that impede the therapeutic processes. Below are some excerpts illustrating the above statement:

> **T21:** *You know we all develop skills as person-centred therapist utilizing all these creative methods. It's not just the skill by actually practising it on your own. You can make a practice with colleagues and learn from them too. That is why I learn a lot from this peer group that we set up because we experiment it, we experiment with sand tray, with puppets, and with a variety of creative stuff. And that provided me more skills to handle any difficulty along the way in my therapeutic practice with the clients.*

> **T32:** *I went to many workshops. But, I think the workshop with Michael Behr would be useful because he encourages that on-going experiment. And you need to do that with help from others so that you yourself can experiment with colleagues before you do with clients.*

In addition, three participants mentioned that the therapist need to update materials and well equipped tools kit in order to improve their way of handling any unnecessary unhelpful factor caused by material preparations and supplies. Through on-going practices and experimenting with colleagues and support group, the therapist will indirectly learn from others on how to

keep informed with the latest appropriate creative toys and materials, as well as to well to equip the tools kit. The following quote illustrates this:

> **T12:** *A lot of practice and experiments will help us to work with a variety of creative materials. We practiced using puppets through doing role play, using different miniatures with sand tray, and we also learn how to prepare a suitable tools kit, which I think is important to learn from others .And also it's very well supported in term of updating and practising with new stuff that we are unfamiliar with, and I think that's very useful for me to better prepare my own stuff.*

On-going supervision

Participants identified that on-going supervision is another constructive way in improving therapist`s way of handling the unhelpful processes of utilising person-centred creative practice with children and young people. Data analysis showed three themes which emerged as follow: i) regular face-to-face mentoring, ii) meeting with supervisors from different fields, and iii) seeking feedback from group supervision. Three participants believed that consistent advice, support and guidance from the supervisor who can understand the therapist way of working, is really helpful for offloading any unwanted incident that occurs during the therapy processes. The following quotes illustrate this statement:

> **T11:** *I attended regular one-to-one supervision, and my supervisor is very good because she also works creatively and that is important. You need a supervisor who understands that way of working, so my supervisor can offer me suggestion or guide me through the difficult processes that I encountered.*

> **T12:** *I think if I was to give advice to other therapists, my advice is to meet regularly with supervisor. I think supervision is absolutely vital in the work that we do, and it helps to offload all the unnecessary challenge to make it more manageable. And I don't just mean supervision as in managerial. I mean supervision as in being able to talk about the child and their feelings, and how we can improve our means of handling any problem that makes the session unproductive.*

Five participants highlighted the added-value of seeking for supervision. For the therapists who are intent on improving their way of handling the unhelpful processes they ought to meet with supervisors from different fields. The following quote represents this theme:

> **T24:** *Even if I prefer using arts materials, I also need to meet with play therapists. My supervisor is a play therapist. So, yeah, I think it's useful for me to go to a play therapist too, but I found that if we can meet with a supervisor who's from a different therapeutic background and approaches, it's indeed really beneficial to us.*

In addition the above, seeking feedback from group supervision is also considered a good way to handle any unnecessary aspect that impedes the therapeutic processes while using person-centred creative practice. Six participants are convinced that if the therapists seek feedback from group supervision, they will gain more understanding of how to process, or take alternative step whenever they are stuck. Listening to how others work, exchanging ideas, comments and opinion will give the therapist new insights on how to deal with similar unhelpful processes, as the quote below shows:

> **T13:** *And we also sometimes use creative expressive approaches in our own group supervision to process the work we're doing with clients. So sometimes it's a matter of group experimenting under supervision, and then checking it together.*

4.3.3.1.2 Improving therapist internal factors

Improving therapist internal factors refers to improving therapist inner aspects. From data analysis, three sub-categories emerged as follows: i) improving important aspects and the therapist characteristics, ii) Improving therapist sensitivity and awareness, and iii) avoiding the use of "Don`t" in therapy.

Improving important aspects and the therapist characteristics

Participants identified that, in order to improve therapist internal factors, some important aspect and the therapist characteristics need to be improved. Data analysis showed that three themes emerged from this sub-category as follows: i) instruction delivered by the therapist must be clear, ii) creative ability is necessary to prompt respond, iii) therapist need to be more interactive.

Six participants believed that if simple and easily understood guidance through plain communication is conveyed by the therapist, this will be another way to improve the therapist`s way of handling the therapeutic session. Once this aspect improves, it will be an added value for the therapeutic session for both the client and the therapist because miscommunication or misunderstanding about what will happen in therapy with the use of a variety of creative materials can be reduced to the minimum. The following quotes illustrate this:

> **T13:** *And we've had situations where our boundaries have been pushed. So we do have to keep some kind of ground rules. The limits and boundaries in the session, I suppose, with limits, it's about allowing them to do anything they want in the room, within reason. Also to make our clients clear what they cannot do here. This to avoid any limit break at the later stage.*

> **T22:** *For children, I need to provide a very simple and clear instruction about the session we are in. For example, nobody is allowed to come in the room. There's always a sign on the door, and, in fact, I've got signs that the child will put up on the door so they know that this is their safe place. They can do things in this room where nobody's going to know about it, and it's safe, and they're not going to be interrupted in the middle of possibly quite challenging emotional things for themselves. So that's really important, the confidentiality of it, to make the child understand, and to feel safe in the therapy room.*

Along with clear instruction delivered by the therapist, another theme, creative ability to prompt respond refers to the therapist skills to quickly counter or take action where possible, as mentioned by two participants. The following quotes illustrate this theme:

> **T11:** *So, the other problem that happens with the clients is they felt they are not artistic. So, I always said, "It is not about looking good, it just expresses an idea. The quicker you do it, the better because you know why you do that." I just want to encourage them to respond immediately to the creative processes without taking time to think about it, because the more they think, the more they will try to find something more rational instead of freely expressing their inner self.*

> **T24:** *Well, if my client said something like, I've got this hole inside me. That's already a visual image. And so I might say, can you tell me what that hole looks like. And some people could describe that in words very easily. In this case, we will work with that visual image just in words. If*

they couldn't put in word, I might say, would you like to draw that, and then we might work with that. Then I will say, what that means to you, or, can you describe to me from your own personal meaning about this hole.

Ten participants believed that, in term of improving important aspect and the therapist characteristics, the therapist must be more interactive. This refers to the ability of the therapist to be more flexible, interrelating, working together alongside the clients, and the ability to offer a variety of creative materials that can fit with different kind of clients. The following quotes highlight the statement:

> **T5:** *I am more interactive. I feel more confident to actually interact with the clients in more interactive way. I've got puppets , I forgot to say that I have puppets as well, hand puppets and finger puppets , so if a young person picks up the puppet, I'll pick up the puppet as well. I'm more interactive to encourage their involvement.*

> **T18:** *That, on its own, is very interactive; you're just playing a game with them. And I have modelling clay, which is very popular: a lot of the young people like to make models and things. And sometimes I would help with that as well to be more interactive. To move together with the clients, so they will be more comfortable with us being able to play with them, that`s really helpful, I found.*

> **T30:** *I had some teenage clients. They may even get involved in not just drawing and painting per se, but creating things artistically: collage work, making jewellery, puppets. I had a girl, who made up poems, and we actually made a video during the sessions, and what that did was free out her ability to communicate about her problems. So in fact she made that, it was like making a diary almost. Instead of writing or drawing pictures because she could write very well but she didn't like drawing – she wanted to do it this way. So I need to be more 'flexible and interactive' I think these are two important aspects for therapist.*

Improving the therapist sensitivity and awareness

Closely related to improving important aspect and the therapist characteristics is a need for   the therapist to improve their sensitivity and awareness, which refers to the need for the therapist to have a very good understanding, and to be attentive to the client`s emotions, needs and reactions. Further data analysis indicated three themes from this sub-category,

as follows: i) capability to withhold the intention to interpret the client`s process or product, ii) going outside the comfort zone and iii) be highly sensitive to the client`s reaction.

Capability to withhold the intention to interpret the client`s process or product refers to the therapist ability and strength to separate out between personal judgement and therapeutic respond during the therapy. Three participants reported that the therapist, as a human being, normally would have a tendency to quickly interpret whatever is revealed from the clients, or their arts product. This if well managed by the therapist will be a great way to handle any unnecessarily unhelpful that might occur from misinterpretation. The following quotes represent this theme:

> **T3:** *So I would go along more with Michael Behr, where I might just parallel the child's play, look at their interpretation, and not make any assumptions about what a colour meant, or a symbol, but ask if the client wants to say anything about what they've produced, or show it to me. Or if they want to hide anything, that's okay. As a therapist we must have the ability to hold back our tendency to interpret whatever happened in the sessions.*

> **T27:** *We need a lot of careful handling because people are very quick to want to interpret what the child has done, that will leave negative connotation to the child about us. They might think we fail to understand them, or we simply judge them unfairly.*

> **T30:** *We must try to avoid judgement on children. Even if it might happen so suddently. We must have the ability to differentiate between our personal judgement and therapeutic practices.*

Go outside the comfort zone refers to the therapists moving out from the usual situation such as playing an unfamiliar game with the clients, as described by five participants. The following quotes represent the above theme:

> **T3:** *So I need to go outside my comfort zone and play a game that I find uncomfortable if the client particularly likes that game. So, for example, I've never learned how to play chess properly and I had a boy who found it very difficult to communicate. And he always wanted to play a made-up version of chess. And we used to work out a lot of material through these games and how we used to make up rules and break them. And I was very*

uncomfortable with that but I went along with it because he obviously felt that was a good way for him to communicate.

T13: *Whereas, before that training with Michael Behr, I would be much more reluctant to bring myself in the room, because I'm an adult and I'm really uncomfortable to react like a child. And so I pull as much power out of myself as possible, so that they don't feel as threatened by me. But through the training I'm learning to bring more of myself in the room in a way that my clients are more comfortable with me.*

Closely related to going outside the comfort zone is being highly sensitive to the client`s reaction, which refers to the therapist having a great degree of awareness and concern over what the clients had been through. Twelve participants described the need for therapist to always be attentively aware of who is coming to the session, what the clients have been through, the clients' reaction while using creative materials, are the clients able to hold their overwhelmed emotions and the way the therapists respond to the client`s negative reaction. The following quotes illustrate this theme:

T13: *With children who seem particularly fragile, I'll be relatively quiet and let them get on with making what they want to make or paint or draw, and just simply reflect on what they're doing. It can be something simple, like 'That's a blue sky' .With some children who have established relationship, where they seem a bit more robust, I'll go 'While you're painting, what would you like me to do?' Some children say 'Well, you're to paint too', some children say 'Well, you're just to watch'. And then I know what my role is.*

T25: *And there are some children who need extra understanding.They have very chaotic livesand they might need the therapy to be very flexible and vary a lot, and they need to meet at different times, but there are other clients who need the same rooms, the same session, the same thing happening, because they can't trust anything. So, some people might want complete freedom and other people might need some degree of control. So I build it with them. I get to know the clients, their history, what they need. We build a therapy that is going to help them as much as I can.*

T37: *For a moment it can really shut them down, which I have to be sensitive – yeah – being sensitive and managing is my role in it – noticing. I always find that I notice how people are reacting and it's all part of the way I need to be aware of - not forgetting somebody suddenly*

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does a reaction – to notice that is important – as important as what we're doing in the visual.

Avoid the use of "Don`t" in Therapy

This sub-category refers to the therapists knowing what they cannot do, or must avoid in using person-centred creative-practices with children and young people. Further data analysis indicated two themes as follows: i) inappropriate rules, and ii) unnecessary respond.

Five participants acknowledged that in order to improve the therapist internal factors, one important aspect that the therapist needs to avoid is to introduce inappropriate rules during the therapeutic processes. This refers to some particular unacceptable rules such as too rigid, or too highly structured with the clients that they get regular reminders not to touch some beautifully arranged materials, and to keep repeating that the clients cannot screw up and make the room messy and tidy. The following quotes illustrate this theme:

> **T28:** *And we have a set of rules that are normally conveyed at the first assessment that we do, and I also remind them of that in the first session. Things like keeping each other safe, that we cannot throw things around in here, that we don't throw them at heads or faces. But I will not repeat it because the clients might feel that working with us is really rigid and highly controlled.*

> **T32:** *The other part of that is limits and boundaries, but try not to make it highly structured. For example, we constantly say to the clients that the materials must always be at the same place neatly arranged, the same way of organising things, and to keep the toys and materials at the same place after using them.*

Based on twelve participants` experiences, in order to improve the therapist way of conducting the session, unnecessary responds need to be avoided. For examples, the therapist should refrain from giving pointless reactions such as analytical respond and imposing the therapist agenda, which may appear as if the therapists are pushing the clients to use creative materials provided. The following excerpts illustrate this:

> **T7:** *So, in the part of therapeutic processes, you must try to be deeply impartial to the client. You must try to be as unconditional as you*

possibly can, not judging, that is very important because the client may feel judged by their movement, or their art, or their sound because they may have been often judged by their school or their parents. Try not to be too analytical, yeah; I'm sure that the word 'analytical' is appropriate for us. Must try to avoid doing this.

T26: *No, I don't want to set like a task that we have to use these materials every session.I don't want to push clients to use stuff they are not comfortable with. Equally important is there's something about the challenge, it's quite difficult as well to carefully try not seem as pushing the clients to do something we therapist prefer. For me, it's how to blend it without being pressured, to please me "She wants me to do that, so I have to do that." That's not how I like it to be. It's easier to do that way, to direct people. But I don't want to do that way. There will be resistance from the clients, so I can't work with that.*

T33: *Another purpose of this question is to open the processing phase. We try to allow the client to describe rather than analyze. We must keep away responding to the clients that will lead them to analytically think about the fruitful outcomes of their processes.*

4.3.3.2   Improving the way of processing the therapeutic sessions

From the major category of improving the way of processing the therapeutic session, two general categories emerged: i) increasing physical practices, and ii) enhancing therapeutic practices. Table 4.8 below presents summary of the ways to handle these unhelpful processes under improving the way of processing the therapeutic sessions.

**Table 4.8   Summary of the categories under improving the way of
processing the therapeutic sessions.**

Major Category	Category	Sub-category	Themes/codes
4.3.3.2 Improving the way of processing	4.3.3.2.1 Increasing physical practices	Begin the session in a more relaxed way	Conduct a brief relaxation exercise(3)
			Start with simple activity (7)
			Introduce appropriate theme for the clients (2)
		Manage the therapy room well	Room should not look like a toy shop (4)
			Room should not look like a stage for artistic performance (2)
			Regularly tidy up the room (6)
		Select the materials properly	User-friendly materials (6)
			A variety of choice for different clients (28)
			Materials represents specific needs of the clients (20)
	4.3.3.2.2 Enhancing therapeutic practices	Added value for the clients	Foster the client creativity (4)
			Stay focused on the client`s agenda (5)
			Be in-tune with client`s personal meaning (8)
		Improving the therapist competency	Ability to break the client`s rigid ways (2)
			Differentiate between representative and expressive (2)
			Use verbal communications in a gentle way (4)
		Readiness to shift to another activity during the therapy	Alter the processes when appropriate (6)
			Never rush through the processes (2)
			Stop immediately if needed (3)

Increasing physical practices

Participants identified increasing physical practices as one of the ways to
improve the manner of processing in person-centred creative practices, in
order to handle the unhelpful processes more successfully. Three sub-
categories were identified in increasing physical practices, as follows: i) begin
the session in a more relaxed way, ii) manage the therapy room well, and iii)
select the materials properly.

Begin the session in a more relaxed way

Participants identified that starting the session in a more relaxed
manner constitutes a meaningful aspect of handling the unhelpful matters that
might impede the processes, particularly for those who are not ready, not

willing, hesitant, or even reject the use of creative materials. Further data analysis showed that three themes emerged as follow: i) conduct a brief relaxation exercise, ii) Start with simple activity and iii) introduce appropriate theme for the clients. Three participants acknowledged that one of easy ways to begin the session is by conducting a brief relaxation exercise. According to the participants, this relaxation technique will calm down those who may be in an uneasy state such as stress, panic and under emotional turmoil, as shown by the examples below:

> **T14:** *I had one young client who came with very chaotic feelings and I can see very clearly her body waves trying to control herself. I asked her to relax and did a short relaxation with her, so that she was in a good place. And then, I asked her to visualize, to think about herself. Who she is at this time and visualize herself as a plant. That calms her a bit before we continue the session.*

> **T28:** *For example, a young person is stressed because he has got exams, I will teach him a relaxation exercise, which he can use before an exam or in a stress situation. I call it a 'body scan', where you focus on different parts of your body, moving from your feet up your legs, all over your body. And then I ask him to picture whatever it is that is bothering him, and imagine you can drop that on the floor. So that's a way of focussing on the body, coming back into the body rather than in this panicked state. That`s loosening up their nervous tension.*

Another easy way to begin the session is to start with a simple activity, as seen by seven participants. For instances, select a particular creative material such as postcard, cards with different images of emotion, clay, magazines, and the soft toys, all providing something very simple and easy for the clients to engage with the therapist or into the session. The following excerpts illustrate this:

> **T6:** *Postcards are quite a comfortable place to start, because the images are already there, you don't have to form anything; you just have a look and say things.*

> **T7:** *Clay is a good starting place. You could use clay; you could put clay into movement or put some words into clay. You can say to the people, "use it" or "move it with your hands". Clay is a really good medium yet simple way to begin the session.*

Introducing appropriate themes for the clients is also perceived as an easy way to begin the session, as seen by two participants. For example, there will be clients who cannot convey their feelings and emotions with words, and they also do not have any idea as to how to start the session using any creative materials offered by the therapist. By introducing appropriate themes for the clients, they will be able to open their mind,and move forward with that. The following excerpts illustrate this:

> **T3:** *An example would be, I worked with a young girl who was about 10 years old, and she feels stuck, and difficult to explain about her feelings. She had issues to do with culture and loss and both her parents died within a short space of time in tragic circumstances. I used guided imagery, and we go on journeys on a magic carpet and she was able to say things to the people who had died what she wanted to say. I never led her to say who she would ... I gave her free choice, and said 'We're going on this journey. I'll take you on this journey. Who would you like to be there? What do you need to do?' and 'Now you come back into the room' and 'Would you like to paint a picture?' And she did all these pictures.*

> **T22:** *When I started working with clients who found it very difficult to express themselves verbally, I introduce relevant themes to help them engage. For example, I worked with some clients who were either very psychotic or found it very difficult to speak because they were traumatised, and I would often spontaneously offer them a variety of materials and ways to write their feelings down. Their hurt feelings, their painful ... or any unwanted emotion, and then we process through the words that are put on paper. That`s much easier to engage with them.*

> **T35:** *Some clients do not have any idea at all how to start the session, and they don't have any word to say too. So, I would use a visual fantasy to start with, where I wouldn't be prescriptive. So, I would say, 'You are in the garden' and 'What would you like to do?'` Can you imagine something that can bring you happiness in that beautiful garden, and what scares you there`. Then I will ask them to draw and we work through that.*

Manage the therapy room well

Along with easy way to begin the session, the next sub-category was managing the therapy room well, which refers to effectively arrange the creative materials, physical space, decoration, and systematically manage the therapy and the sessions. Participants' responses indicated that three themes

existed under the sub-category managing the therapy room well, which are: i) room should not look like toy shop, ii) room should not look like a stage for performance, and iii) regularly tidy up the room.

Four participants emphasised that, as therapists who are using creative materials in the therapy room as opposed to just talking and verbal therapy, we need to efficiently manage and arrange all the toys and materials used to avoid looking like toy shop, or showcase room. The following quotes illustrate the statement:

> **T18:** *The only challenge for me is to efficiently arrange the toys and materials in this room. I don`t want to make it look like a toy shop. That will lose the therapeutic value.*

> **T36:** *You need to manage your therapy room in a way that is easy for the clients to access any relevant material. We need to avoid arranging them in such a way that it just looks like a showroom as if everything is just for display.*

Two participants also mentioned that the therapy room need to be properly managed to avoid the room looking like a stage for artistic performance, rather than as a therapeutic room. Below is an excerpt illustrating the above statement:

> **T2:** *When preparing the room for therapy, we need to arrange it in a way that does not look like a stage for artist, need to look more therapeutic, our clients feel comfortable to come here, not feeling like they are going to art and crafts classes.*

Participants also agreed that regularly tidying up the room is important and the most needed additional work that the therapist need to prepare, and accept, in order to maintain the quality of physical space provided. Six participants believed that, since using creative materials is really a challenging task especially because it requires extra works to clean the room after the sessions. The therapist must be responsible for this task and must be familiar with this additional task, and make it as a routine, in order to manage the room well. The following quotes represent the above theme:

T13: *The clients could be overwhelmed by a room that's just absolutely full of things. Another thing is about the messy state left after the session. I might need to clear the room and take any broken thing into another room. As therapist who are using a variety of creative materials, we must familiarise ourselves with the chore to tidy up the mess after the session.*

T29: *You need to emotionally prepare yourself too with the messy state left after the sessions. If you are unable to work with this situation, or if you are too rigid, or too highly structured, there will be a problem with you. Because we need to l manage the room well most of the times. Be familiar with how to organise the materials constantly.*

Select the materials properly

Properly selecting the materials is also seen as an essential way to improve quality of physical practices in order to enhance the way of processing the person-centred therapeutic practices. Three themes surfaced from the analysis for this sub-category, namely: i) user-friendly materials, ii) a variety of choice for different clients, and iii) the materials represent specific needs of the clients.

According to six participants, user-friendly refers to the creative materials provided should be easy to use, accessible, readily available, and meeting the needs of the different clients. This would enable the clients to choose what is right for them, what they prefer that fit with their current needs, and are not complicated to work with. The following quotes illustrate the statement:

T10: *The materials arranged in the room need to be easy to get to, and reachable either by the clients or the therapist.*

T30: *I suppose it's about offering straightforward materials that the clients can easily access.*

A variety of choice for different clients refers to the broader choice of materials be provided in the therapy room to tailor to the needs of the different age groups, which can fit a variety of issues , and viable for various kinds of clients. Twenty-eight participants affirmed the essential needs to ensure the therapist providing a variety of choice of materials for different clients, as seen below:

T12: *It's more about matching the right creative materials with a child's interests. You know, some children love to draw, so when you're with them, there's no problem. Other children are not that interested in drawing: they'd rather build something, or create something, or play something. So when you have to think of providing materials that are practical for them to use at any particular time. I think it's more about matching the creative materials with the individual child's need.*

T28: *I try to be responsive to the client's preference of how to be – if one person wants to play; if one person wants to draw; one person wants to talk; another person wants to – I don't know. Different young client work with different things really. Just be ready with a set range of materials, that's fantastic.*

In addition, the materials provided also need to represent specific needs of the clients, as highlighted by twenty participants. This theme suggests that the materials should be able to correspond to, or symbolize a particular requirement of the clients. For instance, the creative materials that we provide should be able to fulfil the need for the release of aggressive tendency, acting-out or expressive behaviour. These materials should also enable the clients to create and construct something, or for comforting and emotional-release, or for creating something. The following quotes illustrate the theme:

T11: *Children have mixed emotional feelings that might have been bottled up for so long. The materials that fit with their psychological needs at that time will be able to help them release their pent-up emotions. Or, toys that allow them to act out their behaviour.*

T28: *Some materials such as wooden block train, jenga, and legos enable the children to build something, create a scene easily, and permit creative-expression, which is good to match with the clients' specific needs.*

4.3.3.2.2   Enhancing therapeutic practices

From data analysis, three sub-categories emerged under enhancing therapeutic practices either for the clients or the therapist or both. These sub-categories are: i) added value for the clients, ii) improving the therapist competency, and iii) readiness to shift to another activity during the therapy.

Added value for the clients

Added value for the clients refers to the way to handle the unhelpful processes in enhancing therapeutic practices so they become meaningful to the clients. This sub-category comprises three themes: i) foster the client creativity, ii) stay focused on the client`s agenda, and iii) be in-tune with client`s personal meaning. Four participants acknowledged that if the therapists are able to foster the clients' creativity, this will become added value for the clients, which indirectly will enhance the therapeutic processes. The following quote represents this theme:

> **T14:** *If we are able to foster our client`s creative ability, or to develop creative competence for those who feel lacking in artistic ability, these will be extra value for them to be more engaged with the session.*

Based on five participants' experiences, stay focused on the client`s agenda is another significant extra factor for the clients because the clients will feel understood for their current needs during the therapeutic processes. Stay focused on the client`s agenda will be added value for the clients because different clients have different needs, preferences and ways of expressing and dealing with their inner self, as shown below:

> **T23:** *So that's not my agenda. My agenda is to offer a free, open space for them to use any material they prefer, or for other clients they might go into their own distress the way that they feel is going to be comforting or explorative. And for some clients, that might be an escape. And some clients may present very differently in different sessions.*

Alongside with stay focused on the client`s agenda is be in-tune with the client`s personal meaning, which refers to the therapist remain on the same wavelength with the client`s affection. According to eight participants' responses, in-tune with the client`s personal meaning will enable the therapist to move alongside the clients, will be an added value for the clients, and will enhance the therapeutic practices for the therapist. The following quotes illustrate the statement:

> **T17:** *Yeah. I mean, even if someone is qualified, they need to be able to regulate with the clients, because if the therapists are able to adjust with the client`s circumstances, the clients will feel more fulfilled. Using*

arts is about talking from an image, then the child will move to narrative and there's an exploring that happens and we need to move alongside the client`s personal meaning – it's really important.

T27: *I often say to my clients that it's not always about the image at the end of the day; it's about the process; how important it is; what does the image say to you; this is a tree and your representation of a tree and what a tree means to you, that's all I'm interested in. We need to sing the same song with the clients, to be attuned with their tempo.*

Improving the therapist competency

In order to stay in-tune with the clients, the next related sub-category is improving the therapist competency. Improving the therapist competency refers to the therapist need to enrich their skills and proficiency in order to enhance their therapeutic practices. Further data analysis revealed three themes as follow: i) ability to break the client`s rigid ways, ii) ability to differentiate between representative and expressive, and iii) ability to use verbal communication in a gentle way.

Two participants emphasised that if the therapists are able to improve their ability and skills in breaking the client`s rigid ways, in facilitating the clients to be more flexible, more compromising and easier to negotiate, the therapists will enhance the therapeutic practices. The following quote illustrates the statement:

T13: *Today I had a session with a little girl, who's kind of perfect, she's very proper, and every thing's neat and tidy. And during the session we discovered that she's been abused. There's a lot more going on under this very perfect portrayal, highly rigid '. And she started to talk a bit about her anger towards her abuser today, and so I wasn't directive, I was suggestive; I said 'Well, there are ways that we can let your anger out'. And what I did was I suggested a variety of different ways where she could be angry. And what she did was amazing. From this very perfect, neat, tidy, clean girl to this very messy, such a mess, she was covered in clay. And she was able to be more compromising, more easily negotiable with me during the next sessions.*

Two participants also mentioned that if the therapists can improve their competency by having the ability to differentiate between representative and expressive, in order to handle a particular unhelpful aspect that emerged,

this will enhance their therapeutic practices. To differentiate between representative and expressive refers to the therapist capability to make a distinction between the arts or play products that is not for their good looks or attractive value, rather the way the clients is expressing it. Below are excerpts illustrating the above statement:

> **T17:** *So some kids believe they are no good at art, so you have to get over that stumbling block and as an art therapist we're not looking for representational art – we are looking for an expressive form of what's going on for them – so it's about reassuring them that whatever they draw, whatever they paint, whatever they talk about is ok. We just want them to express themselves, to let go their inner unnecessary emotions.*

> **T26:** *As therapist, I always assure the clients that I am not looking for the beauty of their arts product. That`s important because clients are always influenced by the tendency to create things beautifully, I always highlight about the way that they can express themselves freely. That`s more important for therapeutic session.*

Four participants identified the ability of the therapist to use verbal communication in a gentle way as another aspect that will improve the therapist competency in term of enhancing their therapeutic practices. To use verbal communication in a gentle way refers to the ability to integrate the use of creative materials and words in a more natural way particularly when sensitive issues are involved. For example, in order to explain the limits and boundary of using creative materials and at the same time to avoid harming both the clients and the therapist, the words used need to be thought out properly. The following quotes illustrate the statement:

> **T15:** *As therapist, we need to set a limit setting with them – I mean, a clear boundary to avoid harm for both, to protect ourselves too during the session but in a gentle way – not a rule that applied to them only, but a rule that applied to both of us – our meeting here would have the rule of respect – we will respect each other.*

> **T29:** *I have found that young people find it easy to put feeling and events into drawings or puppets, and then I would ask my client about that; just to sort of gently ask them. "Who does that doll or drawing mean to you?" Not using words as if we are investigating them, or keep questioning them. Then they will start talking or start sharing and act something.*

Readiness to shift to another activity during the therapy

From the analysis, another aspect that enables the therapist to enhance their therapeutic practices was the readiness to shift to another activity during the therapy. This sub-category refers to the willingness of the therapist to move, change, alter, modify, transfer, or re allocate to another appropriate and relevant action when necessary. Further analysis showed that three themes emerged for readiness to shift to another activity during the therapy. They are: i) alter the processes when appropriate, ii) never rush through the processes, and iii) stop immediately, if needed.

Alter the processes when appropriate refers to amending, revising, adjusting, or modifying the technique used during the therapeutic processes whenever necessary. These are alternative ways to handle any emerging unhelpful processes while conducting the session depending on the clients' circumstances. It also helps to change the client's mood, or to find appropriate feelings, as these quotes from six participants illustrate:

> **T13:** *With the child I described who had lost her parents, and she feels stuck, just don`t know what she should do or say. I shift from playing with the materials to do the visual fantasy … because I'm very aware of what her words are all about. I think I did it with her because she said 'I need to escape. I need to escape'. And I took her on this journey to escape, as a way of containing and to release her a bit.*

> **T21:** *If somebody stagnates, don`t have particular words to explain their feelings, I might invite them to use these creative cards to explain something significant regarding their feeling at the moment, or just check with them for any particular meaning of the cards they just choose. Or, we offer them other creative materials they prefer. It's just a way to modify our approach.*

Closely related to altering the processes when appropriate is another theme which is never rush through the processes. This theme warns the therapist not to respond too quickly, or to hurry in the processes, or to move the therapeutic processes quickly because these will make the client lose their focus. Two participants highlighted that if the therapist is in a hurry during the therapeutic practice, the client might lose the direction. Instead the

therapist needs to be ready with alternative medium that fits the clients at that moment. The following quote highlights the statement:

> **T14**: *What`s important is never rush the process. We need to handle it in a gentle way, or just alter a bit if not fit with the clients. If we move too fast, the clients will lose direction, and unsatisfied feelings may increase.*

Following never rush through the processes is another significant theme: stop immediately if needed. This theme suggests to the therapist to discontinue using any creative material or talking about any client`s arts processes and product, if   the session does not seem to progress well for a particular reason. According to three participants suspending or bringing to the end, or withdrawing from using any creative material, or processing it, is one of the ways to handle the clients who find the session not productive for them, for specific reason such as a sudden increase in their overwhelmed feelings, or unwanted and unexpected issues which the clients are not ready to processes. The following quote are examples of this theme:

> **T27:** *We need to be ready for any consequences. Be prepared to modify anything in the session. Sometimes it is too powerful in a moment and a client can feel overwhelmed and it has to be stopped. We must stop immediately if that helps them feel better.*

4.4   Domain 3: Helpful effects of person-centred creative practice

As outlined in the method section, in addition to helpful processes utilising creative materials, therapists also reported about the helpful effects that occurred during therapy sessions. From the analysis, domains for helpful effects are divided into two major categories: i) immediate effects and ii) continuing effects, as reported in Tables 4.9 and 4.10. The following section includes a description of the major categories, categories, sub-categories and their more specific themes, with specific quotations that best exemplify extracts from interview transcripts for each sub-category, and a review of the number of participants mentioned in the emerging themes.

4.4.1 Immediate effects

"Immediate effect" refers to what came out of the session or how the client reacted to what happened in the session. As shown in Table 4.9, three

categories emerged: i) attaining a productive psychological state , ii) entering a new dimension of self-discovery and, iii) fostering positive learning experiences.

Table 4.9:   Summary of categories under immediate effects

Major Category	Category	Sub-category	Themes/codes
4.7.1 Immediate effect	4.7.1.1 Attaining a productive psychological state	4.7.1.1.1 Reaching emotional catharsis	Feeling at ease (15)
			Letting go of tension (8)
			Emotional relief (6)
		4.7.1.1.2 Enriching wellness	Enhancing healing (12)
			Dealing with grief (6)
			Greater self-acceptance (9)
	4.7.1.2 Entering a new dimension of self-discovery	4.7.1.2.1 Promoting self-awareness	Encouraging self-reflection (16)
			Increasing self image (17)
		4.7.1.2.2 Discovering new insights	Self-insight (19)
			Insight about family (6)
			Insight about situations (16)
	4.7.1.3 Fostering positive learning experiences	4.7.1.3.1 Having pleasure and fun	Achieving self-satisfaction(8)
			Feeling fulfilment (12)
		4.7.1.3.2 Revealing hidden talents	Expanding creative thinking(14)
			Increasing creativity(14)

4.4.1.1 Attaining a productive psychological state

Attaining a productive psychological state refers to achieving two valuable or productive psychological conditions; namely: i) reaching emotional catharsis, and ii) enriching wellness.

4.4.1.1.1 Reaching emotional catharsis

The specific themes that emerged for reaching emotional catharsis that related to affect (emotion) included feeling at ease, letting go of tension, and emotional relief. Fifteen participants found using creative materials helpful to make clients feel at ease or make them feel more relaxed, calm and comfortable. For example:

> **T24**: *Playing and moving the sand is what I called freedom with compassion. Shuffle the sand and it's nice to run her fingers through the sand. It's relaxing and keeps the client comfortable and free.*

In addition, some participants reported a general sense of relief after releasing unpleasant emotions, and letting go of stress, tension or pressure.

T8: *Certainly I think he felt he'd got things off his chest, and he'd been able to explain after he arranged all the materials on his own. And, yes, maybe he did feel more at peace about it.*

4.4.1.1.2 Enriching wellness

Enriching wellness is a sub-category that refers to being in good physical and mental health (well-being) and being able to overcome negative effects, including enhancing healing, dealing with grief and greater self-acceptance. Twelve participants reported their client being able to reach psychological remediation and a peaceful state of healing, thus enabling them to overcome negative feelings too. Another six participants believed that as their clients began to heal, they became better able to handle anguish and to deal with grief in particular.

T34: *I found the most comfort and solace from doing artwork was during the bad times in our life, including times of grief and how the healing process occurs and can also help to overcome grief.*

Furthermore, nine participants emphasised greater self-acceptance as another emerging theme for the sub-category of enriching wellness, referring to acknowledging and appreciating oneself and accepting rather than denying any part of oneself, which would make clients feel better about themselves.

T26: *I found that something in what we were working through was evident in what I saw which was very powerful and she started to love herself in a different way, accept herself more rather than reject her all the time.*

4.4.1.2 Entering a new dimension of self-discovery

Participants identified entering a new dimension of self-discovery as another integral component of the immediate effects, which refers to coming across another element of self. These categories were further divided into two sub-categories: i) promoting self-awareness and ii) discovering new insight.

4.4.1.2.1 Promoting self-awareness

With respect to promoting self-awareness, participants indicated that through deepening thought and introspection, clients became explicitly more understanding and aware of their unconscious. From the data analysis, two themes developed for promoting self-awareness, beginning with encouraging self-reflection and increasing self-image. Sixteen participants reported that working with creative materials encouraged clients' self-reflection, making them more sensitive and in touch with the unconscious aspect, uncovering things they were unaware of previously and increasing awareness.

> **T20:** *I also believe if we can increase awareness in the present, the child will wake up and see themselves in a clearer way. This means re-experiencing imaginatively significant events in their life and the process will increase the client's awareness.*

In terms of promoting self-awareness, clients also improved their self image. In some instances, some participants said that their client was able to understand more about him/her self, and to improve self-confidence and self-esteem. The following quote is an example of a representative theme:

> **T2:** *Working with children with this stuff I can be really creative and I do have a belief, really, that we can raise children's self-esteem and confidence.*

4.4.1.2.2 Discovering new insights

Along with promoting self-awareness, the next sub-category, discovering new insights, refers to finding out something new about the client's life. Three themes emerged in this sub-category: self-insight, insight about family and insight about situation. Nineteen participants described clients gaining self-insight, which refers to finding out something about themselves. Furthermore, some participants discovered that clients found out something new about family members too. The following quote illustrates of both self insight and insight about family:

> **T4:** *She feels that she is the one that's ugly in the family; she didn't fit in the family. The others were the same and she just didn't fit. And what she saw was that there is her mum and her step dad and two little sisters who were very close and she felt quite distant and she has this brother whom*

she felt quite separate to. So that gave her a better insight into herself as well.

As well as insight about self and family, sixteen participants reported that by using creative materials, clients also gained insight about their situation or found out something new about certain circumstances. The following quote illustrates a client gaining insight about their situation:

T8: *And sometimes they will get an insight into their situation when they see it all laid out.*

4.4.1.3 Fostering positive learning experiences

Fostering positive learning experiences refers to a stimulating, exciting environment that seems quite encouraging to clients. Data analysis for this category further divided it into two sub-categories: having pleasure and fun, and revealing hidden talents. Themes emerged for the sub-category of having pleasure and fun include achieving self-satisfaction and feeling fulfilment. Some participants reported that the materials became a tool to encourage the clients to continue attending sessions, stimulating their happiness and having fun as well.

T2: *Most of the young people are very happy to continue for the next session.They're usually quite happy to meet and they're usually looking forward to play all these materials with me.*

Twelve participants explained that the materials attracted and fulfilled their clients, who might need the pleasant experiences which made them enjoy the therapy.

T9: *I would say the vast majority of children find it enjoyable and they like to come. It stimulating and attractive for those children that maybe need it.*

Creative materials help clients experience pleasure and fun during therapy hours, and beyond the therapy session, they also lead to disclosing clients' unknown or undiscovered artistic ability. In this respect, two themes emerged in the sub-category of revealing hidden talents: i) expanding creative thinking, and ii) increasing creativity. Some participants reported that having

creative materials in the session inspired clients to think creatively and openly, and thus they came up with unexpected solutions. For example, the quote below shows that a client can be a creative thinker when having materials laid out in front of them:

> **T25:** *For me the creative process is where you cross a kind of threshold, I think – through the actual act of painting or creativity, the clients kind of do a shift of dialogue in their mind...they start to think creatively, and they might be surprised to* discover *the way out for their problem.*

> **T29:** *I think it provides a visual thinker and a creative thinker and I think the thought process is the important thing – it provided another way of thinking.*

Furthermore, some participants believed that the clients' creativity also increased, and they honoured their ability more The following quote illustrates the theme:

> **T22:** *she did something spontaneously from the materials provided;she made her difficulties easy to be seen by me. She was able to explain her personal meaning from her art works and she also appreciates and value of doing that so creative.*

4.4.2 Continuing effects

Continuing effects refer to the ongoing reactions by clients to utilising creative materials in person-centred therapy. Participants indicated that specific experiences, as shown in table 4.10 below, existed as ongoing effects: i) forming potentially new life skills and ii) enhancing self-development.

Table 4.10:   Summary of categories under continuing effects

Major category	Category	Sub-category	Themes/codes
4.7.2 Continuing effects	4.7.2.1 Forming potentially new life skills	4.7.2.1.1 Enhancing life control skills	Establishing problem solving skills (8)
			Enhancing decision making skills (6)
			Fostering coping skills(6)
			Improving relationships with others (14)
		4.7.2.1.2 Initiating autonomy	Fostering independence (15)
			Increasing self empowerment (14)
	4.7.2.2 Enhancing self-development	4.7.2.2.1 Promoting self growth	Reducing psychological concerns (10)
			Fostering psychological well-being (12)
		4.7.2.2.2 Reconstructing life	Enhancing cognitive activity (12)
			Establishing constructive behaviour (10)

4.4.2.1 Forming potentially new life skills

Forming potentially new life skills refers to figuring out the possibility of managing different aspects of the client's life. Data analysis for this category further divided it into two sub-categories: enhancing life control skills and initiating autonomy.

4.4.2.1.1 Enhancing life control skills

Enhancing life control skills refers to clients being in control or able to undertake a variety of life tasks and management. For this sub-category, four themes emerged; namely, establishing problem solving skills, enhancing decision making skills, fostering coping skills, and improving relationships with others. Eight participants reported that using creative materials helped clients to think creatively or find solutions for their current issues, even managing to resolve their life problems. Furthermore, clients were also able to enhance decision making skills or establish choices to determine

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something, as stated by some participants. The following quotes illustrate the statement:

> **T22**: *The creative process involved in expressing one's self artistically can help people to resolve issues.*

> **T34**: *Children with cognitive disabilities benefit from the use of art to help enhance decision-making skills and mastery of the materials.*

Following the skills above, some participants believed providing creative materials also fostered clients' coping skills, in terms of having the ability to deal with something in a better way. The following quotes show the theme:

> **T13:** *And that helps them cope a bit better with the abuse that they've suffered.*

> **T22**: *Through in depth understanding people also will be able to cope with symptoms of stress and traumatic experiences and in turn may promote personal development, or identify healthier coping skills.*

With respect to social context, fourteen participants believed that creative materials also helped clients improve their interpersonal relationships with others. For example, board games can teach clients how to deal positively with therapists, and indirectly showed them healthy relationships, particularly among peer groups. Here are some of the representative quotes:

> **T10**: *I play games with them that involve fair negotiation, and the end result of that experience, they will learn of socialising among their friends, with a healthy relationship they learn here , maybe for the first time in their life.*

> **T9:** That *memory book re-built and enhanced the relationship between that girl and her mother because they both realised their similar painful feeling that was unknown to each other.*

4.4.2.1.2 Initiating autonomy

Initiating autonomy refers to establishing self-power, also identified as one element in forming potentially new life skills. Participants believed that employing creative materials in therapy enabled clients to foster independence and increase self-empowerment. Fifteen participants thought

that providing creative materials, with clients leading the session in their own way, allowed them to have freedom, feeling detached from or beyond the control or influence of others.

> **T21:** *They just draw whatever they like to draw because they are in charge of the session, that's their session and that' encourages their ability of independence. Indirectly they learn about life skills.*

In addition, some participants explained that through developing these life skills, clients will indirectly also enhance ongoing self-empowerment. For instance, the ability to continue having personal power or self-control beyond the session, as illustrated by the quote below:

> **T3:** *When words are not enough, these materials will aid for verbal expressions bringing insight awareness and enhancing different life skills, while keep empowering children beyond treatment sessions. So they might have more self control than they maybe have in other settings previously.*

4.4.2.2 Enhancing self-development

Enhancing self-development refers to personally growing and developing to a 'better' stage. Two sub-categories for enhancing self development are promoting self-growth and reconstructing life.

4.4.2.2.1 Promoting self-growth

From the data analysis, two themes emerged for promoting self-growth: i) reducing psychological concerns and ii) fostering psychological well-being. Ten participants reported that creative materials enabled the clients to reduce negative psychological concerns such as anxiety, worry, fears and phobia. The following quote show the theme :

> **T22**: *For example, one girl who experienced a very traumatic event in the past said to me "This arts thing gives me a different perspective of myself. My doubts and worries become so much less important".*

In addition, twelve participants identified fostering psychological well-being -- referring to moving towards a better psychological state or moving to a better state of mood -- as another specific theme developed from promoting self-growth.

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T22: *Usually creative materials have an impact as a way to improve one's emotional state or mental well-being and, particularly improve mood and impulses.*

4.4.2.2.2 Reconstructing life

Closely related to promoting self-growth, another sub-category is reconstructing life, referring to re-organising a particular variety of aspects of life in a more positive way. Two themes emerged: i) enhancing cognitive activity and ii) establishing constructive behaviour. Around a quarter of participants said the continuing impact on the client included the ability to restructure thoughts and intellectual functioning. This means that the clients were able to re-assess thoughts, think differently and change their minds.

T10: *I have a boy, he comes every week for play therapy sessions, through the toys that he play and constructed, he's thinking and thinking and thinking, and then he gets it. He is able to increase coping skills, and enhance cognitive functions that make him feel better about his current life.*

Along with enhancing cognitive activity, some participants reported that clients were also better behaved, able to manage and control unwanted behaviour and avoid self defeating behaviour.The following quote illustrates the theme :

T22: *It can help them to learn to self-regulate their behaviours as well as develop and manage their behaviour.*

4.5   Domain 4: Unhelpful effects of person-centred creative practice

Apart from investigating the helpful effects of utilising creative practices in person-centred therapy (e.g. using creative, art or play methods), therapists also mentioned about unhelpful effects. From the data analysis only one major category developed, that is, immediate negative effects.

4.5.1 Immediate negative effects

An immediate negative effect refers to how the client reacted in negative way to what happened in the session of therapy. As shown in Table

4.11, three categories emerged: i) increasing unwanted emotions, ii) increasing unnecessary thoughts, and iii) establishing unwanted reactions.

Table 4.11: **Summary of categories under immediate negative effects**

Major Category	Category	Sub-category	Themes/codes
4.9.1 Immediate negative effects	4.9.1.1 Increased unwanted emotions	4.9.1.1.1 Developes unpleasant feeling	Feels Overwhelmed (16)
			Feels too much (10)
			Feels terrible (7)
		4.9.1.1.2 Feels uneasy from too much disclosure	Feels regret from too much disclosure (23)
			Feels scared from too much disclosure (8)
			Feels surprise from too much unexpected disclosure (12)
	4.9.1.2 Increased unpleasant thoughts	4.9.1.2.1 Thinks unpleasantly	Thinks it's childish (10)
			Thinks unfairly judged (13)
		4.9.1.2.2 Gets lost	Gets confused (11)
			Loses personal meaning (7)
	4.9.1.3 Unwanted reactions	4.9.1.3.1 Behaves inappropriately	Breaks the boundary (2)
			Overfocused on art works (1)
			Over-reacting (8)
		4.9.1.3.2 Unwilling to give commitment	Resistant (8)
			Shuts Down 15)
			Withdraws (5)

4.5.1.1 Increasing unwanted emotions

Increasing unwanted emotions refers to a rise in the feeling that clients did not like. From data analysis, two sub-categories of increasing unwanted emotions occurred as follows: i) developing unpleasant feelings, and ii) feeling uneasy as a result of too much disclosure.

4.5.1.1.1 Developing unpleasant feelings

Developing unpleasant feelings refers to beginning to feel awful or unlikeable. The specific themes emerged for developing unpleasant feelings, including feeling overwhelmed, feeling too much, and feeling terrible. Some participants reported that sometimes client' may feel overloaded or unnecessary emotions rising by providing too many materials to them. Other participants said that clients might feel uncomfortable for something they

were not prepared to disclose and or that distracts them emotionally and puts them in a more chaotic state thus making them feel overwhelmed. For example, the following quotes indicate this theme:

> **T4:** *It's not helpful if they revealed too much about something they don't want to disclose and they may find themselves overwhelmed by the intensity of their emotions which are difficult to face.*

> **T23***: Children often have a short attention period, and it is important to present art to them in a way that they can appreciate and not feel overwhelmed by it.*

Closely related to feeling overwhelmed, clients also might feel too much refers to client have feelings over and above(beyonds) negative emotions. A quarter participants believed that for clients who have experienced traumatic feelings and struggle with that, they might feel that the materials are too much for them. The following excerpt illustrates this theme:

> **T33:** *Sometimes when the child does something significant to their suffering with the sand tray that effects them over the years, and we are allowing them to experience any emotions to surface and they might be afraid of their emotions and never feel comfortable and we can notice their struggles and they might feel that is too much for them.*

In addition, some participants found clients also increasingly feeling dreadful, painful or terrible as a result of working with creative materials, particularly clients with trauma experiences. For example, the following extracts from the interview transcripts illustrate this theme:

> **T3***: So a client may, for example, draw a picture and look at it in horror, and realise it's maybe more revealing than they anticipated. They might spark off a huge amount of outrage and anger towards a certain person that caused the traumatic experiences to them, and get angry and be horrible to me too.*

> **T24***: She might clearly link it to something in the past and led to some of that painful feeling.*

4.5.1.1.2   Feeling uneasy of too much disclosure

Feeling uneasy of too much disclosure was the most common perceived unhelpful effect for clients, and refers to clients feeling uncomfortable because they revealed more about them than they intended to,

or were prepared or ready to disclose. Three themes emerged: i) regret from too much disclosure, ii) scared from too much disclosure and, iii) too much unexpectedly disclosure that makes client feels uneasy.

Twenty-three participants reported that their clients might feel regret, disappointed or feel sorry about things that they uncover unexpectedly, which make them feel uneasy. The following quote indicates this theme:

T27: *I just realised – is it something like this thing is a medium to open the door to show everything to them which they not willing it's to be open. They might feel unhappy or guilty about that.*

Closely related to this, eight participants emphasised the possibility for clients to feel frightened of things uncovered, and that the therapist might inform to their parent about something they keep secret from their parents. The following excerpts represent this theme:

T3: And *then they might get quite scared that they've opened up so much, and get worried if I'll reject them or tell their parents.*

T24: *The unhelpful aspect of this is how the client having the feeling or fear of too many things disclosed unexpectedly which has actually left them feeling quite traumatised.*

In addition, some participants said that due to disclosing so many things unexpectedly, clients might feel surprised, which leads to significant negative feelings for them, or with which they are unable to cope. The following quote illustrates this theme:

T27: *Because I feel it hits something very strongly – something that is very true to them but is hard for them to see – it's almost like breaking through that wall of denial and suddenly it's revealing something painful. They might feel shock and awful.*

4.5.1.2 Increasing unpleasant thoughts

Participants identified increasing unpleasant thoughts as another important element of the immediate negative effects, referring to rising pointless thinking. These categories were further divided into two sub-categories as follows: i) client thinks disagreeable things, and ii) client gets lost.

4.5.1.2.1   Client thinks unpleasantly

With respect to client thinking disagreeable things, participants indicated that clients might develop negative thoughts about having materials in the therapy session. Further data analysis divided this into two themes: clients thought it was too childish, and thought they were unfairly judged. Some participants reported that having particular materials for clients might make them feel or look immature, silly and childlike. The following excerpts illustrate this theme:

> **T6:** *Particularly when using a sand tray. They would think," Oh! I have to be a child again." A lot of adolescents don't want to be a child again.*

> **T10:** *But there are also quite a few things there for older children who would think, 'Oh, that's baby stuff'.*

Moreover, some participants believed that if they give the wrong impression about the client's product or play scene, the client will think that they were judged unfairly.

> **T26:** *It could bring out something that I would not notice. I can see that there is something difficult there. I think for them– that was really hard - if we misinterpreted to something that hit them…make them think I was not fair in my opinion to them.*

4.5.1.2.2   Client getting lost

Increasingly negative thoughts could result from having too many creative materials around, so that clients get lost. Two themes emerged in this sub-category: i) getting confused ,and ii) losing personal meaning.Clients getting confused refers to the clients might misunderstand or be in doubt about something that was unsure. Some participants said that creative materials sometimes exhibit unexpected things that increase a mix up of thoughts to clients that led them to feel confused. The following extract illustrates this theme:

> **T21:** *they are sometimes surprised about their family situation; sometimes they are unable to accept fact about their family life. They found their situation different from other family life which sometime makes them confused.*

In addition, some participants said that sometimes therapists might react inappropriately to the client's art work, which might lead the client to fail to notice its individual meaning or value. The following excerpt illustrates this theme:

> **T1:** *And if you step in quickly with the client and you say, Oh! It is a beautiful drawing; the client could be completely lost from their real personal meaning.*

4.5.1.3 Establishing unwanted reactions

Unwanted reactions were unnecessary or inappropriate responses, in this respect related to behaviour or action. Two sub-categories were identified as follows: i) clients behave in an inappropriate way, and ii) are unwilling to give a commitment to the process.

4.5.1.3.1 Clients behave in an inappropriate way

Clients were sometimes reported to behave in an inappropriate way, not reacting according normal behaviour. Themes included breaking the boundary, over-focus on art works, and acting out of place. A couple of participants said the difficult part to deal with in using creative materials was when clients over-expressed their emotions, which ended up with client breaking the boundary. The following quote represents this theme:

> **T3:** *That's not really helpful because they break the boundary, however they really want to express their negative emotions which I found quite hard to deal with sometimes.*

While some clients, as mentioned above, might break the boundary, one participant believed that it is important for therapists not to focus too much on art things, as this might lead the client to focus excessively or hypnotically on art-making. The following excerpt illustrates this theme:

> **T23:** *We must be aware not to push the child too much into art making as this will only make that child feel as if the art becomes a chore and theyare completely lost into the arts things.*

Along this line, some participants said the clients who really needed an outlet to express their negative emotions, could develop over--reactions,

particularly by expressing their anger at someone or to particular circumstances. The following extract illustrates this theme:

> **T3:** *For example I've given a slightly unusual session. I've had clients who have destroyed toys, actually. I've had all sorts of things that have happened where clients have acted out anger. And I had one child who had been abused who actually ripped a toy to bits, and acted their anger out.*

4.5.1.3.2   Unwilling to give a commitment

Unwillingness to give a commitment refers to client reluctance to engage in the session. Three themes come forward here, such as client resistance, shutting down, and withdrawal from the session. Eight participants reported that using creative materials inappropriately could lead clients to reject these materials if they felt they are not so creative, or feared it would dig up their secrets, and increased their resistance. The following quotes point to this theme:

> **T6:** *They also may feel that they are not so creative to engage with all these materials, or if you misinterpret, there will be a lot of resistance, particularly adolescents, they can be very resistant.*

> **T24**: *But there was some resistance to move forward, it was just contemplation because what the client was noticing about a huge big digging into their life that they were not ready to open to anybody.*

Following clients' resistance, the next theme was the client shutting down, which refers to clients not wanting to continue working with creative materials, and just stopping talking. Some participants reported that using creative materials that did not fit with the client needs or that the therapist misinterpreted will cause the client to develop defence mechanisms and keep a distance from the process. For instance, the following excerpt illustrates this theme :

> **T27:** *And it's like they shut down the whole - defence mechanisms come in and they can't look at it or they go quite silent and quite distant.*

Further into therapy, some participants believed that if clients did not like to use creative materials, had difficulties handling the current situation or

opened too much about their life, they would withdraw from the session.The following quotes illustrates this:

> **T13:** *And if they don't like to use all the objects, well they usually return, or if they find it open too hard about things don't like then they just don't come back.*

> **T24***: I've noticed a client might suddenly resist or withdraw if is something difficult to handle with when using creative materials.*

4.6   Summary of key findings

In general, the results presented all the four domains of research aims for this study. In term of the helpful processes, this chapter presented a detail finding of the nature of the helpful processes, as well as the way creative practices can foster its. With regards to the nature of helpful processes in using person-centred creative practices, the most frequent themes are aiding verbal expression, reducing fear to communicate, immediate engagement and taking action, materials reveal beyond words, facilitating triadic interaction, and symbolisation of experiences. Moreover, person-centred creative practice can foster these helpful processes through three ways: those involving the therapist, those involving the clients, and those that occur during the therapeutic processes.

In term of possible unhelpful processes, the chapter revealed in detail how the unhelpful processes emerge, its nature and the way to handle these unhelpful aspects. With regards to the emerging of unhelpful processes, the finding indicated three factors comprising the negative aspect from the therapist, the negative aspect from the clients, and the factors from the environment. The nature of unhelpful processes with the most frequent themes are unwilling to use materials, over-exposed or unwanted disclosure, therapist's misinterpretation, clients' lack of creative talent, and unwanted task for the therapist. In addition, this chapter listed in detail the way to handle these unhelpful processes which can be divided into two ways, either through improving the therapist`s way of handling, or improving the way of processing the therapeutic session.

With regards to the helpful effects, the most frequent themes are increase in creativity as well as expansion of the creative thought, gain on insight about situation, increase of self-image, enhancement in healing, increase in self-empowerment, improvement in relationship with others, and ability to foster psychological well-being. Finally, the results also revealed the potential unhelpful effects with the major themes such as client feels regret as well as feels surprise from too much unexpected disclosure, feels overwhelmed, and clients might be shut down from the sessions or therapy.

CHAPTER 5: DISCUSSION

5.1   Introduction

In this chapter the findings of the four domains in relation to the research questions for this study will be discussed. For this purpose, the key summaries from the previous chapters will be used to direct the discussion based on the results from my study, linking and comparing these with previous studies and academic literature. Limitations of the methods utilised and of the research process are then discussed, followed by research limitations. Implications for therapeutic practice with children and young people and for training and continuing professional development are then addressed. Key contributions to the field of counselling and psychotherapy, and potential developments within a Malaysian context, are highlighted. Recommendations are offered for future research. Finally, concluding remarks are presented.

5.2   Review of the results

To facilitate discussion regarding this study, a brief review of the findings in relation to the research questions will be presented. All information obtained from the data has been used to answer the seven research questions for the four focused domains of this study.

Domain 1: Helpful processes of person-centred creative practice

Research Question 1: What is the nature of the helpful processes in person-centred creative practice for children and young people?

With regards to the nature of the helpful processes in person-centred creative practices, the study found the following categories: initiating the triadic therapeutic relationship, developing alternative non-verbal forms of communication, holding and maintaining the therapeutic processes, facilitating emotional exploration, attaining symbolic processes in the client`s life, complementing client needs and development level, and enhancing self empowerment. This study also revealed the implicit working model emerging

from these categories to form the conceptual framework for the helpful processes in person-centred creative practices.

Research Question 2: How do therapists perceive person-centred creative practice as fostering the helpful processes for children and young people?
The study revealed that the person-centred creative practice can foster the helpful processes through three factors, namely: those involving the therapist, those involving the clients, and those that occur during the therapeutic processes. All these factors have been found to facilitate pre-verbal therapy, to promote interactive communication, to improve kinaesthetic-sensory-motors components, to prompt the dialogue with the arts, to externalise the symbolic processing, to promote relational intervention and experiential involvement, and to foster mental imagery.

Domain 2: Unhelpful processes of person-centred creative practice
Research Question 3: What factors do therapists perceive as the factors that contribute to the emergence of unhelpful processes of person-centred creative practices with children and young people?
With regard to the emergence of unhelpful processes, the findings identified three factors comprising the negative aspect from the therapist, and the negative aspect from the clients, both involving internal and external factors. In addition, this study also reveals factors that relate to the environment such as tools issues and physical boundaries.

Research Question 4: What is the nature of unhelpful processes in person-centred creative practice for children and young people?
This study found two distinct categories for the nature of unhelpful processes namely process difficulties and personal limitations. The findings further revealed that the most frequent themes include unwillingness to use the materials, reluctant disclosure by the clients, unreadiness to use the materials, therapist misinterpretation, client's lack of creative talent, individual mismatch, and loss of focus or attention on the work.

Research Question 5: How does therapist perceive the way to handle these unhelpful processes in person-centred creative practices with children and young people?

The study found two ways of handling these unhelpful processes, either through improving the therapist`s way of handling, or improving the way of processing the therapeutic session. These include improving externally-related factors and internally-related factors for the therapist as well as increasing physical aspects and the therapeutic practices in order to improve the ways of processing the sessions.

Domain 3: Helpful effects of person-centred creative practice

Research Question 6: What do therapists perceive as the potential helpful effect of person-centred creative practice on children and young people?

Helpful effects consisted of two major categories consisting of an immediate effect which refers to what came out of the session, and continuing effect which refers to on-going reaction from the clients. The findings further identified five categories that emerged namely: attaining a productive psychological state, entering a new dimension of self-discovery, fostering positive learning experiences, forming potentially new life skills, and enhancing self-development.

Domain 4: Unhelpful effects of person-centred creative practice

Research Question 7: What factors do therapists perceive as the possible unhelpful effects of person-centred creative practice on children and young people?

In this study, factors that therapists perceive as the possible unhelpful effects are immediate negative effects consisting of increased unwanted emotions, increased unpleasant thought, and unwanted reactions.

5.3 Domain 1: Helpful processes in person-centred creative practice

The discussion regarding the first domain, the helpful processes in person-centred creative practices, is further expanded into two sub-topics namely the nature of the helpful processes, and how person-centred creative practices foster these helpful processes. Existing literature suggests that, by nature, creative practice can be used within two distinct strands, either used `as a medium for therapy` for the purpose of healing processes, for growth and development; or used `as therapeutic tools in therapy`, as the means for communication and self expression (N. Rogers, 1993; Malchiodi,2007; Rubin, 2010). Thus, the discussion on the nature of the helpful processes in person-centred creative practice will be based on these two strands. In addition, most studies on the helpful processes seem to centre around verbal therapy. However, there is limited research on the helpful processes in any creative practice. Most of the previous studies utilising creative materials have focused solely on the benefit of using this approach (Paulson et al., 1999; Levitt et al., 2006; Rober et al., 2008; N.Rogers, 1993; Landreth, 2002; Carroll, 2002) instead of the helpful aspects.

This study examined the nature of helpful processes in person-centred creative practices, and the way it fosters these helpful processes. In doing so, I will address the nature of the helpful processes and the way to foster these based on the findings of my study. I will also relate it to the benefit of utilising creative practices based on the existing literature (e.g. Axline, 1974, 1989; N.Rogers, 1993; Silverstone, 1997; Moustakas, 1959, 1973, 1997; Landreth, 2002; Malchiodi, 2007; Rubin, 2010). In order to discuss the sub-topics as mentioned above, this study has included empirical evidence from previous studies that are related to either expressive arts/art and play therapy that examined their benefit within a variety of settings and populations (e.g. Carroll, 2002; Green, 2005; Cochran et al., 2010; Campbell & Knoetze, 2010; Winter-Martin, 2010; Estenson, 2012).

5.3.1 The nature of helpful processes in person-centred creative practice

The discussion that follows will focus on: i) establishing triadic therapeutic relationship, ii) developing alternative non-verbal forms of communication, iii) holding and maintaining the therapeutic process, iv) facilitating emotional exploration, v) attaining symbolic processes in the client`s life, vi) complementing client needs and development level, and vii) enhancing self empowerment. Finally, based on the discussion on the above sub-categories, the conceptual framework pertaining to two major categories discovered from the findings will lead to the discussion on the development of the implicit helpful working model.

5.3.1.1 Establishing triadic therapeutic relationship

The current study shows that the creative materials provided, offers the clients an alternative means to connect with the therapist and to participate in the session. Therefore, creative materials, by nature, served as `*external therapeutic tools to be used in the therapy*`. Similar finding has been reported from the existing literature (N.Rogers, 1993; Landreth, 2002; Malchiodi, 2007; Rubin, 2010). The findings indicate that two kinds of triadic therapeutic relationship namely developing the therapeutic engagement, and maintaining the therapeutic alliance, emerged in person-centred creative practices. This finding is consistent with Malchiodi`s view (2007), who clearly stated that creative arts can be used as a means for communication and self expression. Both therapeutic engagement and therapeutic alliance should be developed at an early stage of the therapy.

Previous literature points out that therapeutic engagement implies that the connection between the therapist and the client is through a relationship, while therapeutic alliance suggests some form of collaboration of both parties in the relationship (Hovarth, 1993; Oetzel & Scherer, 2003). Consistent with the existing literature, the current study found that therapeutic engagement evolved from the sub-category "encouraging client into immediate

engagement", while the therapeutic alliance emerged from sub-category "establishing rapport". While, the most prominent theme for therapeutic engagement is immediate positive response; followed by alternative ways of making contact and the materials that attract the client, for therapeutic alliance, two themes were found, namely facilitating interaction and learning about the processes of fair negotiation. The finding of current study is in line with those of the previous studies for both verbal therapy (Glass & Arnkoff, 2008; Israel et al., 2008; Castonguay et al.,2010) as well as person-centred expressive arts and play therapy (Green,2005; Goslin-Jones,2010;Winter-Martin,2010). However, previous studies did not focus on learning about the processes of fair negotiation. Thus, the result from my study has added to the finding of the existing studies, that is, learning about the processes of fair negotiation is one of the important elements for helpful processes in person-centred creative practices.

5.3.1.2 Developing alternative non-verbal forms of communication

The findings indicate, among other things that one of the significant natures of helpful processes in person-centred creative practices is the nonverbal approach has an added value to, and complements, the verbal aspect of therapy. Participants in this study reported that using creative materials in therapy assisted the development of alternative forms of nonverbal communication when words alone were not enough. This is consistent with the views of the previous authors who stated that verbal communication is necessary but not sufficient, particularly for children who use materials instead of language, and toys instead of words (Ginott, 1960; Landreth, 2002). Non verbal approach assists the client to explore the hidden issues beyond words (N. Rogers, 1993). Importantly, the results from this study are very similar to those of the classical art therapy, stipulates that creative practices used '*as therapeutic tools in therapy*' context are helpful as a means of communication and for self expression, or be transformed into a verbal element (Silverstone, 1997, 2009; Malchiodi, 2007; Rubin, 2010). This is further confirmed by the few previous empirical studies on play therapy, in

which children perceived talking as essential to support their playing (Carroll, 2002; Green, 2005). In person-centred expressive arts therapy the clients view creative connection® activities as a means to relate a variety of meanings based on words (Goslin-Jones, 2010). Although the results of my study parallel those in previous literature, it however has an added dimension in that the current study lays out in detail deeper features of the nature of helpful processes when materials are used to complement the talking (e.g. releasing internal factors, freeing external factors, facilitating self narratives). Therefore, the results from this study fulfil the need of a variety of clients who have language difficulties, and this finding is consistent with the previous literature (e.g, Silverstone, 1997; Porter et al., 2009). By offering alternative non-verbal forms of communication, practitioners could avoid discriminating against clients who have verbal limitations or who lack the ability to work only with talking therapy.

5.3.1.3 Holding and maintaining the therapeutic process

The discussion on the sub-topic of holding and maintaining the therapeutic process will focus on providing a contained space as '*therapeutic tools in therapy*'. Practitioners from this study highlighted that a variety of person-centred creative practices enabled the therapist to create a contained space for a transformational process, involving the client's verbal or nonverbal self expression in a more spontaneous way. In addition, the materials offered play a role as therapeutic tools for self expression, and this was perceived as permitting clients to progress at their own pace, in line with the views of Rober et al. (2008). This contained space, as described by participants in my study, with the creative practices offered, will help to overcome any overwhelmed feeling, emotion and behaviour, as well as to facilitate the verbal process. Previous literature has drawn attention on how the materials as the therapeutic tools can be used to express various feelings, thoughts, or experiences when verbal expression is limited (Axline, 1974; Landreth, 2002; Carroll, 2002; Green, 2005). However, it can be argued that previous literature places less emphasis on the use of materials as helpful

processes that can become a catalyst to help the therapist to hold, manage and contain the therapy process. Therefore, this study has filled the gap where creative practices play a role as contained space, which enables the clients to express any unpleasant feeling and emotion.

The results also show that creative practices help clients to enhance a variety of creative process in therapy. According to the participants in this study, the use of creative materials as a `therapeutic tool in the therapy` simplifies the complex and difficult issues, makes communication more interactive , more creative, more imaginative, and more intuitive. This statement supports the view from existing literature that appears to be more conceptual. (N.Rogers, 1993; Silverstone, 1997; Malchiodi, 2007). However, no study had focused on the materials or practices as a contained space for interactive communication, creativity, imagination and intuition that helps to simplify the complex issues of the clients. This is another significant contribution of this study, which helps to fill the gap that currently exists.

5.3.1.4   Facilitating emotional exploration
Finding on this sub-section indicated that creative practices, by nature, are helpful as `therapeutic tools in therapy` not only to express feelings and emotions, but also to identify appropriate feelings and emotions too. Previous literature suggested that creative materials are helpful as a bridge to facilitate emotional expression from the unconscious to certain level of awareness as well as bypass cognitive level (N.Rogers, 1993; Silverstone, 1997; Riley, 2001; Landreth, 2002), and this is consistent with the finding of the current study. The themes for expressing feelings and emotions, such as bringing hidden feelings to cognitive level and translating feelings and emotions into language reflect the above statement.

However, more recent studies did not show specifically that, by nature, creative practices served as a `therapeutic tool in therapy`, which will enable the clients to identify particular feelings and emotions. Most of these

studies tend to highlight that the use of creative materials function only as a bridge or medium to facilitate emotional exploration and expression (Green, 2005; Cochran et al., 2010; Goslin-Jones, 2010). In this case, my study has added new input to the existing literature that creative practices, can be helpful and serve as a therapeutic tool to identify appropriate feelings and emotions, which the clients fail to express by words. In doing so, creative practices help the client to recognise specific feelings and emotions associated with their presenting issues, as well as to understand such feelings and emotions.

5.3.1.5 Attaining symbolic process in the client`s life

Existing literature indicate that, offering concrete and diverse media of expression, as well as more accurate and wider symbolisation of experiences can be attained by utilising creative practices. (N.Rogers, 1993; Silverstone,1997; Landreth, 2002; Wilson & Ryan, 2005; Malchiodi, 2007; Rubin, 2010). The finding of this current study supports the above statement. Participants stated that the use of a variety of creative materials is one of the necessary elements to symbolise both verbal and nonverbal expressions in more concrete and various ways. The practitioners further stated that the clients were able to use different types of materials more spontaneously, and the metaphoric process that occurs might help unknown, hidden or out-of-awareness issues to become more meaningful and tangible, and this parallels the views in the previous literature (Moustakas, 1973; N. Rogers, 1993; Landreth, 2002). In addition, the results from my study also confirmed that participants also applied the concepts of creative connection® proposed by N. Rogers (1993), which uses a diversity of interconnected media, and which was perceived as promoting significant self expression to happen in a more concrete way. This current study has found that expressive processes and symbolisation processes with the use of creative practices are inter-related or connected in therapy, although this was highlighted in distinct ways in the previous literature (N.Rogers, 1993; Landreth, 2002), and this inter-relatedness was not emphasised in the previous studies (e.g. Carroll, 2002;

Ryan & Wilson, 2005; Diehls, 2008; Campbell & Knoetze, 2010). This current study has therefore supported the idea that the use of creative practice '*as therapeutic tools in therapy*' is helpful to facilitate both symbolisation experiences and expressive processes in a more concrete and broader way.

Authors from previous theoretical literature have expressed different views of symbolisation experiences and the relatedness to the expressive processes (Axline, 1974; N. Rogers, 1993; Silverstone, 1997; Landreth, 2002; VanFleet et al., 2010; Cochran et al., 2010). These authors did not emphasise that creative materials do permit the accuracy of this symbolic process as was stressed by Rogers (1959) in his classical view of person-centred therapy. The results of the current study support previous authors in showing that practitioners perceived creative materials as helpful in facilitating broader symbolisation experiences (e.g. symbolisation of self, family and experiences in the past, present and future). In addition, practitioners in my study also believed that creative materials could contribute to more accurate symbolisation processes and as well as expressive processes. It appears that there is a gap between previous empirical and theoretical literature and the current study of these major aspects of the symbolisation process.

Practitioners in this study contributed a significant view by emphasising that using a variety of creative materials enables a more accurate, broader and a variety of symbolisation and expression for wider client's experiences, hence indicating that the use of creative materials is central and prominent in the helpful processes in any creative practices. These are evidences from the findings that the most occurring theme is symbolisation of experiences, followed by symbolisation of family, general symbolisation, configuration of self. This means that the person-centred creative practice facilitates the overall process of symbolisation related either about the self, daily life, events, family, or recalling past experiences.

5.3.1.6 Complementing the client needs and development level

The results from this study revealed that the use of a wide range of creative materials served as a `*therapeutic tool in therapy*` as well as a `*medium for therapy*` to compliment the client needs and development level. The finding further revealed that within the two strands used as mentioned above, children and young people becomes more responsive according to their needs and age level, as well as acquiring a variety of general skills. The most frequent themes that emerged are that these materials are age appropriate for children, followed by being responsive to the client`s limitations and preferences, beneficial for adolescents, and finally, meeting specific needs of the specific groups consistent with previous literature (e.g. Landreth, 2002; Wilson & Ryan, 2005). However previous studies focussed less on these aspects as the nature of helpful processes when employing creative practices. The current study highlights that creative practices can be used either as ` *a therapeutic tool in therapy*` or as `*a medium for therapy*`, which is helpful in complementing the client needs and development level. This indicates person-centred creative practices are an appropriate approach to be used on children and young people.

In addition, the use of creative practice either as ` *a therapeutic tool in therapy*` or as `*a medium for therapy*`, involved kinaesthetic aspects and physical skills, which enhance a variety of general skills such as psychomotor and psychosocial skills (e.g. movement, making sounds, forming things, playing, drawing, and constructing things). The results parallel N. Rogers' view (1993), who emphasised that the use of the multimodal approaches in person-centred expressive arts therapy nourishes client creativity, provides encouragement for the kinaesthetic learner, and enhancing a variety of skills. However, N.Rogers (1993) did not mention these aspects as the nature of helpful processes in her creative approach, similar to those scholars in child centred play therapy (Landreth, 2002; Wilson & Ryan, 2005), and person-centred art therapy (Silverstone, 1997). Previous studies did not examine adequately the nature of helpful processes in a variety of creative practices

with the above mentioned aspects (e.g. Diehl, 2008; Campbell & Knoetze, 2010). The current study has therefore filled the gap for this sub-section.

5.3.1.7 Enhancing self empowerment

In addition, practitioners in my study also believed that the use of the person-centred creative practice either as '*a therapeutic tool in therapy*ˋ or as a '*medium for therapy*', enhances the client`s self empowerment. The finding indicates that these approaches enhance the client`s self empowerment through establishing self-control and power, as well as through encouraging self freedom. Previous literature also put forward the view that a safe and accepting environment, in which clients are free to use any materials they prefer, promotes self autonomy and psychological freedom (Axline, 1974; Landreth, 2002; N. Rogers, 1993; Silverstone, 1997). The current study supports previous views that the use of a variety of creative practice is helpful in enhancing client self empowerment. However, previous study did not empirically examine this aspect, by default my study has filled the gap by adding the findings to the existing literature.

5.3.1.8 Implicit helpful working model

From the results of this current study, it seems that practitioners articulate indirectly the implicit therapeutic working model using person-centred creative practices with children and young people. For example, the findings indicate that the nature of helpful process is seen as the initiator for developing and maintaining the therapeutic alliance, and is then followed by achieving and accomplishing a productive therapeutic working process (Refers to table 4.1 page 181, and 4.2 page 191). These results are similar to those of the previous literature in the field of child-centred play therapy, which are reflected in a variety of working models. However, each author has a different view of the way and the stages the process helps children progress in a play therapy session (Moustakas, 1959; Guerney, 2001; Landreth, 2002; VanFleet et al., 2010; Cochran et al., 2010).

In contrast, this working model was not mentioned in the field of art /expressive arts therapy (N. Rogers 1993; Silverstone, 1997), in which N. Rogers emphasised the connection from one art form to another with the term she called creative connection®. However, it would be seen that practitioners were not only influenced by the creative connection® 'term proposed by N. Rogers (1993), but also engaged more with the whole process from beginning to the end of the therapy. The implicit working model identified in my study signified the perceived importance of therapeutic engagement and therapeutic alliance, which may serve as a bridge for significant symbolisation of experiences and expressive processes for the clients, which is consistent with previous literature (Axline, 1950; N. Rogers, 1993; Silverstone, 1997; Landreth, 2002; Carroll, 2002), although these were not articulated explicitly in any working model used in their practice.

Therefore, it could be argued here that the results from my study reflect the lack of consistency and explicit helpful working models that might enable practitioners to follow them, rather than leaving the practitioners to draw on their own practice. Nevertheless, practitioners were observed to be following an implicit model in their work with clients. This confirmed the idea of working stages in child-centred play therapy (Landreth, 2002, Cochran et al., 2010), which emerged from consistent observations of common themes and patterns that occurred in the therapy sessions. To summarise, although the results of this study demonstrate an implicit helpful working model, the differences and inconsistencies in the findings related to the nature of the helpful process in people-centred creative practice suggests that this requires further investigation, mainly to establish an explicit helpful working model for any suggested treatment plan.

5.3.2 The way creative practice can foster the helpful processes

The result of this study shows that, the factors categorised as the way to foster the helpful process in person-centred creative practices linked, interconnected, or overlapped with its nature. This overlapping is due to a

variety and broad range of themes that emerged under sub-headings: the nature of helpful process and the way creative practices can foster it. Different therapists listed closely similar themes for these two sub-headings, which led to some difficulty in differentiating the themes when attempts to group them into a specific category either under the nature of helpful processes, or the way to foster these helpful processes.

However, the findings from this study identified three factors as a way to foster the helpful process in person-centred creative practices, either by involving the therapists, or by involving the clients, or those factors that occur during the therapeutic process. The results show that the way creative practices can foster the helpful processes is for the therapist to encourage pre-verbal therapy as well as to promote interactive communication. The most frequent themes that occur are providing connections tools, followed by transforming the medium from non-verbal expression to verbal exploration, providing a bridge for creative expression, forming a coherent narrative, and assisting the therapist in prompting the question. These are consistent with the views of the earlier writers (Axline, 1950 ; Moustakas, 1973) and the more contemporary writers (N. Rogers, 1993; Landreth, 2002; VanFleet et al., 2010; Cochran, et al., 2010). However not very much empirical studies have been done that focused on the way creative practices foster the helpful processes for the therapist.

With regard to the way creative practices can foster the helpful processes for the client, the findings revealed three categories which are improving kinaesthetic-sensory-motor components, starting a dialogue with the arts, and externalising the symbolic processing. From these results, it could be argued that, the way for creative practices to foster the helpful process for the clients is highly overlapping with its nature, although different participants attached different meanings for each theme due to different contexts. For instance, the finding for this sub-section, as a whole, revealed that the themes that emerged can be divided into two distinct dimensions. The

first one involves internal aspect of the client that relates to kinaesthetic, sensory, motor skills, focus and concentration, while the category of dialogue with art involves elements of perception, affective and cognitive domains of the client. As for the externalising the symbolic processing, it involves external factors of the clients in the form of a projective tool, the regressive timeline processing, and expression of the metaphors.These results support what has been suggested in the previous theoretical literatures regarding the above mentioned categories (N. Rogers,1993; Silverstone, 1997; Landreth, 2002; VanFleet et al., 2010) However, much less attention has been given in the empirical studies (e.g. Wilson &Ryan, 2005; Green, 2005; Cochran, et al., 2010, Campbell & Knoetze, 2010; Goslin-Jones, 2010). This study has therefore filled the missing gap in term of the way creative practice can foster the helpful processes specific for the client.

Whilst the existing theoretical literature proposes the benefit of utilising creative materials in therapeutic practices (e.g. N. Rogers, 1993; Silverstone, 1997; Landreth, 2002; Malchiodi,2007; VanFleet et al., 2010; Rubin,2010), there seem to be less empirical researches that specifically look at how creative practices can foster the helpful aspects during the therapeutic processes. The present findings show that creative practices can foster the helpful processes during therapeutic processes by creating a more relational intervention, experiential involvement, and by fostering the mental imagery with nine themes encompassing the sub-categories mentioned.

The result further reveals that although some of the themes seem overlapping or interrelated with the theme in sub-section on the nature of helpful processes, the theme for this sub-section however conveys a different meaning for this context (Refers Table 4.3 page 199). Hence, the results from my study lay out in greater detail the way creative practice can foster the helpful processes compared to those that have been presented in the literature. Therefore, the finding suggests that previous work (N. Rogers, 1993; Silverstone, 1997; Landreth, 2002; VanFleet et al., 2010), and empirical

studies (Wilson and Ryan, 2005; Green, 2005; Cochran, et al., 2010, Campbell & Knoetze, 2010; Goslin-Jones, 2010) did not focus extensively on the way creative practices can foster the helpful process in the therapeutic person-centred creative practices, which the current study has successfully achieved.

To summarise, this study has more successfully blended together the various ways that creative practices can foster the helpful processes in person-centred creative practices, compared to the general benefit and helpful aspects given in the previous texts (e.g. N. Rogers, 1993; Landreth, 2002; Wilson & Ryan, 2005; Silverstone, 2009; Goslin-Jones, 2010; VanFleet et al., 2010; Cochran et al., 2010) The results of the current study indicated in a much clearer and a more comprehensive way creative practices can foster the helpful processes, involving the therapist, the client, and the therapeutic practices.

5.4   Domain 2: The unhelpful processes in person-centred creative practice

In general, the unhelpful or hindering processes can lead to non-productive therapeutic processes. There is therefore the inclination for both, the client and the therapist, to keep away these aspects rather than talk about them openly (Lietaer, 1992; Grafanaki & Mcleod, 1995; Paulson et al., 2001). Due to little attention being given, the unhelpful or hindering processes in creative practice in particular have rarely been investigated, and less empirical research has been done on this aspect. Since the literature regarding unhelpful processes in person-centred creative practices for children and young people is limited, studies examining unhelpful or hindering processes in verbal therapy (Grafanaki & Mcleod, 1999; Glass and Arnkoff, 2000; Israel et al., 2008; Castonguay et al., 2010) and hindering processes for adult clients in general (Hill et al., 1993; Elliot, 1985, 2008; Paulson et al., 2001) were also examined to compare with the unhelpful processes in the current study. The aims of this study are to investigate how the unhelpful or

hindering processes emerge, what their nature is, and how to handle this unhelpful process. The subsequent sub-sections will discuss this subject further under these three areas.

5.4.1 How the unhelpful processes in person-centred creative practices emerged

The finding suggests that the unhelpful or hindering processes emerged from three factors and can be divided according to negative aspects from the therapist, negative aspects from the clients, and the factors from the environment. With regards to these three aspects, the findings are consistent with those of the previous literature (N. Rogers, 1993; Gladding, 2010) and previous empirical studies (Ray et al., 2005; Shen, 2008). All indicates that the external factors and the internal factors from both parties, therapists and clients, as well as the factors from environment (e.g. tools and physical boundaries) influence the emergence of unhelpful or hindering processes.

The current study illustrated specific list of factors that led to the emergence of unhelpful processes in person-centred creative practices. As for the external factors for the therapist, they include inadequate training and inadequate practices, while the internal factors include lack of confidence, therapist focus disturbed, and therapist personal factors. The finding supports previous literature that limited training and practices influence the therapist self confidence (Shen, 2008), the possibility to divert the session to be non-therapeutic art`s and craft`s session (Gladding, 2010), imposing inappropriate limits (Landreth, 2002; Cochran et al., 2010), and rushing through the process (Axline,1974; N.Rogers, 1993; VanFleet et al., 2010). Previous studies however did not discuss in detail how the lack of training and practices as factors that hinder the therapeutic practice (Ray et al., 2005; Shen, 2008).The findings from the current research lay out these factors in detail (see Table 4.4, page 215). For example, if the therapists have insufficient practices, they potentially will use a lot of inappropriate verbal response, will tend to misdirect the session, and become unattuned to the

client`s need. This parallel previous author`s views (N.Rogers, 1993; Gladding, 2010) that too much verbal response and praise of client`s art or play work, will divert the client`s attention away from the therapeutic processes.

As for the negative aspects from the clients, the external factors include being controlled by significant others, negative experiences, and disappointment with the therapist style, while the internal factors include internal self judgement, unmet expectations, and disconnected with the reality. Results show that some factors such as negative experiences, disappointment with the therapist style, internal self judgement and unmet expectations paralell those of the previous studies on verbal therapy with adult clients (Elliott,1985; Paulson et al.,2001), and on creative practice texts which are associated with the client`s inner critics (N. Rogers,1993) , or having overly self critics (Gladding, 2010). Based on the above findings, it does appear that previous studies did not highlight factors such as "controlled by significant others" and "disconnected with reality" as factors that contributed to the emergence of unhelpful processes. The current study has therefore contributed these two factors as significant factors that contribute to the emergence of unhelpful processes in person-centred creative practices.

In addition, the findings also revealed two factors from the environment that cause the emergence of unhelpful process and they are the tools issues and physical boundaries which parallel those views in the previous literature (Landreth, 2002; Ray et al., 2005; Shen, 2008). The findings relating to tools issues such as limited materials and limited budget, are consistent with those of the previous study (Ray et al.,2005), while the finding on physical boundaries such as room not designed for the purpose of therapy, space looking like a nursery room, and the lack of privacy, parallel Landreth`s (2002) view. This study supports the findings of the previous studies although the purposes of study are quite different.

It can be summarised that the findings are consistent with those of the previous authors and empirical research (N.Rogers, 1993; Gladding, 2010; Ray, et al., 2005; Shen, 2008), which suggested that the unhelpful processes can emerge from the negative factors of the therapist and the clients, limited materials that are provided, and unsuitable and insufficient space.

5.4.2 The nature of unhelpful processes in person-centred creative practice

The discussion regarding the nature of unhelpful processes in person-centred creative practice will be divided into four sub-topics. These sub-topics are: i) the major nature of unhelpful aspects which comprise the process difficulties and the personal limitations; ii) the various types of the significant nature of the unhelpful processes; iii) implicit confrontation, and iv) the overlapping aspects between how unhelpful processes emerged and its nature.

5.4.2.1 The major nature of unhelpful aspects: the process difficulties and the personal limitations

From the practitioners' perspectives, there were two core natures that hindered the use of person-centred creative practices. They are the process difficulties and personal limitations. Process difficulties relate to lack of matching (e.g. *mismatch between the clients and the materials or different frame of reference between the therapist and the clients*), disregulation (e.g. *lost of containment function or lost of connection*) and inadequate resources in reference to the materials used in the therapy, while personal limitations refer both to therapist`s and client's limitations. Previous studies also showed similar aspects that hinder the therapeutic practices; however, these were limited to talking therapy (Lietaer, 1992; Elliott, 1985; Elliott et al., 1985; Llewelyn et al., 1988; Paulson et al., 2001; Castonguay et al., 2010). For instance, in Lietaer's (1992) study, therapist negative behaviours and client negative perceptions of the relationship were seen as the hindering personal

factors, while client's negative reactions to the therapist were viewed as the hindering process factors.

While previous studies limit the focus only to therapist's or client's reactions to verbal therapy, the current study reveals the hindering processes from the triadic perspective: therapist, client, or materials. The results from this study that apply to both verbal and nonverbal therapy comprise the physical aspects too, which include physical space and materials used. This differs from the findings of the previous studies on verbal therapy, but they are however closely related to the texts of a variety of person-centred creative practices (Axline, 1974; N.Rogers, 1993; Silverstone, 1997; Landreth, 2002). For example, the finding indicates that the sub-category different frame of references (e.g. *misinterpretation by the therapist or therapist judging the client or the processes*) significantly influence and contribute to the processes difficulties. This parallel previous author`s views that misinterpretation or wrongly judging the client`s art-making or play therapy processes often lead to unproductive therapeutic processes (N.Rogers, 1993, Silverstone, 1997; Landreth, 2002; Gladding, 2010). Thus, practitioners in this study have given valuable information that enable the therapist to be aware of, or to revise their use of a variety of person-centred creative practices with children and young people in order to minimise factors that hinder the therapeutic processes.

5.4.2.2 Categories of significant nature of unhelpful processes

Whilst the existing theoretical literature proposes that the nature of practices are based on two distinct strands, either '*art use as therapeutic tool in th*erapy' or `*art as a medium for therapy'* (e.g. N. Rogers, 1993; Malchiodi, 2007; Rubin, 2010), there would seem to be no previous empirical research which specifically looks at significant nature of unhelpful processes in person-centred creative practices. The present findings indicate that participants perceived a broad range of significant nature of unhelpful processes from which develop the themes that emerged. This suggests that the efforts to identify and group the nature of unhelpful processes based on

previous literature are widely applied in actual practice. Four categories of the nature of unhelpful processes have been identified and they are therapist`s limitations, client`s limitation, material`s limitations and space`s limitations (e.g Landreth, 2002; Shen, 2008; VanFleet et al.2010; Cochran et al.2010; Corey et al., 2011). The present study has however identified eight themes as the main significant aspects of the nature of unhelpful processes in person-centred creative practices. These eight aspects are unwillingness to use the materials, reluctance to disclosure by clients, not ready to use the materials, lack of creative talent, misinterpretation by the therapist, individual mismatch (client-materials mismatch) , loss of focus or attention with the work, and unwanted task (for the therapist).

The results of this study found additional aspects that hinder the therapeutic process in person-centred creative practices consistent with previous literature. These are the therapist misinterpretation of the client`s art work and unwanted task -for the therapist (N.Rogers, 1993; Silverstone, 1997; Landreth, 2002), unwillingness to use the materials and not ready to use the materials (Moustakas, 1997; Cochran et al., 2010), and reluctance to disclosure by clients (Estenson, 2012). In addition, this present study found three significant aspects: lack of creative talent, individual mismatch of the materials and loss of focus or attention with the work, as unhelpful aspects which were given less attention in the previous work.

This study also found additional factors that hinder the therapeutic processes in person-centred creative practices for which less empirical research has been done (e.g. Ray et al., 2005; Shen, 2008). This is the area of loss of connectivity and lost of containment function. The current study offers valuable views of the nature of unhelpful processes in person-centred creative processes that potentially might lead or encourage the client to go beyond the boundary, in the context of peer pressure in terms of readiness or expectation to use the materials. For example, the issue regarding non-directiveness from the therapist point of view, in order to avoid pressuring the client to '*use all*

the materials in therapy room', as described by one participant. This refers to issues of loss of connection with the client that might hinder the process, consistent with the findings of the previous studies (Merrill, & Andersen, 1993; Paulson et al., 2001; Diehls, 2008). The current study not only supports the findings of the previous literature, but it also contributes by providing information alerting the therapists regarding the unhelpful or hindering processes in terms of how materials might contribute to under/over containment. For example, under the themes materials misused/abused and encouraging aggressiveness/overacting behaviours, showed to the therapists that these things will likely to happen during therapeutic sessions that cause the loss of containment functioning. These in turn provided constructive information that might help improve specialist creative practice.

5.4.2.3 Implicit confrontation

The finding indicates that in group creative practice work, the process may be more challenging for the clients, who might feel that they are not creative, or might feel pressured by their peers when the client sees other members, particularly in the group, having a more attractive art product. This may directly affect the client's self concept. The therapist must be aware that some clients might be struggling with the creative process, as reported in previous literature that focused on the process rather than the product. Therapists should also recognise and acknowledge the uniqueness of every client (N. Rogers, 1993; Moustakas, 1997; Silverstone, 1997; Landreth, 2002; Prever, 2010; Cochran et al., 2010). With regard to this, the current study not only supports previous literature, but fills in the lack of empirical studies specifically on person-centred creative practice for group format with children and young people.

5.4.2.4 The overlapping aspects between how unhelpful
processes emerged and its nature

Most of the previous literature on people-centred creative practice only stated in general regarding the unhelpful or hindering factors in

therapeutic processes, and did not stress on the aspects that cause the emergence of this unhelpful process, or its nature (e.g. N.Rogers, 1993; Silverstone, 1997; Landreth, 2002; Wilson & Ryan, 2005; Gladding, 2010). The result of this study revealed the overlapping of the particular aspects, and that practitioners are struggling to make clear distinctions between these aspects that cause the emergence of the unhelpful processes and its nature in the therapeutic.

Among the factors that overlap and that cause the emergence of the unhelpful processes are individual mismatch, misinterpretation by the therapist, reluctance to disclosure by the client, loss of focus or attention with the work, get dissociated from the context, limited space, limited choice of materials, lack of creative talent, uncertainty about using the right materials, and inadequate training. The comparison is made between the two contexts. The finding indicates that the `terms` used tend to be similar yet vary according to the contexts, either as a triggering factor that hinders the therapeutic process or the nature of unhelpful processes. However, these similarities and differences cannot be identified either in the previous texts or empirical studies (e.g. N.Rogers, 1993; Landreth, 2002; Ray et al., 2005; Shen, 2008; Cochran et al., 2010; Gladding, 2010; Estenson, 2012). The sub-section below discusses the differences between the selected above mentioned aspects according to the two different contexts.

In term of the nature of unhelpful aspect such as individual mismatch (referring to *clients will reject the materials if they are not interested or less attracted to the materials offered*), it is closely related to *limited materials that represent many aspects of the client*. This will trigger the emergence of the unhelpful processes. Although the terms set out by the participants look quite similar and overlapping, yet further analysis indicates the differences according to the contexts in line with the views of the previous authors. For instance, *individual mismatch* is associated with the factor related to the management of the materials (e.g.Landreth, 2002; Cochran et al., 2010;

VanFleet et al., 2010), while *limited materials that represent many aspects of the client* refers to the lack of understanding in the use of toys and materials as discovered in Ray et al.`s (2005) study.

The most common nature of the unhelpful aspect for the personal limitation is lack of creative talent. This refers to the themes the *clients who felt they lack artistic skills, is less creative, or had high expectation of their art product.* These themes appears to be similar to the themes *the client internal self-judgement of feeling less creative and lacking artistic ability* which leads to the emergence of unhelpful processes in therapy. The above discussed aspects seems to be overlapping, however there are significant differences according to the context, consistent with the previous authors. To further elaborate on this distinction, *the client internal self-judgement of feeling less creative and lacking artistic ability* parallel N.Roger`s (1993) view that the client`s inner critic , the need for approval and the need to please other block the clients from freely engaging with the creative processes, leaving them feeling artistically inadequate. On the other hand, a few authors have different views regarding the nature of the unhelpful aspect of *personal`s limitation re-lack of creative talent* making the client worry over negative judgement of their art-works (Gladding, 2010), and confused over the role of creative process in therapy (Landreth, 2002; Estenson, 2012).

In conclusion, based on the two examples above, despite the overlap of terms used, further analysis reveals they are different. They are either the nature of unhelpful processes, or how these unhelpful aspects emerged depending on the contexts. The use of the terms relies on the practitioners' perceptions and experiences. The terms are used differently based on the contexts as illustrated from previous literature. The results of this study support what has been proposed in the previous literature regarding the unhelpful aspects in person-centred creative practice. The study even listed and distinguished in detailed relevant factors that trigger the emergence of the unhelpful process and the characteristics of its nature.

5.4.3　The way to handle the unhelpful processes

　　　The investigation and discussion on the way to handle the unhelpful or hindering processes in verbal therapy as well as person-centred creative practices has rarely been done. Since the previous literature regarding the way to handle the unhelpful processes in person-centred creative practices with children and young people is limited, several ways have been identified from studies involving counselling in general (Sultanoff, 1992; Hayes, 2006), creative practices with adult`s clients (Lev-Wiesel & Doron, 2004; Menna, 2008; Herron, 2008), and creative practices for specific issues (Parashak,1997; Knill et al., 2004; Malchiody, 2007; 2014). Also suggested various approaches on how to handle the hindering factors in a variety of creative practices (Ginott, 1959; N.Rogers, 1993; Landreth, 2002; Gazzola & Theriault, 2007; Malchiodi, 2007; Gladding, 2010). Some of the studies reviewed are related to other theories and concepts (Bowlby, 1969; Perry, 2009; Siegel, 2012).

　　　The present study suggests that the way to handle the unhelpful or hindering processes in person-centred creative practices can be divided into two major categories, namely, improving therapist`s way of handling, and improving the way of processing the therapeutic session. These two categories will be summarised before they are discussed in greater detail under various sub-topics.

5.4.3.1 Improving therapist`s way of handling

　　　The findings of this study indicated that the way to handle the unhelpful or hindering processes in person-centred creative practices under the category of "improving therapist`s way of handling" involves two different aspects, that is, improving externally related factors, and improving therapist internal factors. The findings further revealed that the aspect of improving externally related factors emerged from three sub-categories which includes on-going training which is supported by previous literature implied the need for adequate and proper training for this unique non-verbal approach

(Robbins, 1985; Gladding, 2010), ongoing practices and on-going supervision. However, the last two sub-categories were less emphasised or were even ignored in the previous literature.

In term of on-going training in order to handle the unhelpful processes, results showed significant themes including the need to learn from a wider circle of experts, consistent with the previous literature that suggested that therapists ought to be familiar with the connection of '*creative arts used in therapy*', '*creative arts used in psychotherapy*', and '*creative arts used for healing*' (Knill et al., 2004), ought to integrate multimodal with intermodal practice (N. Rogers, 1993; Parashak, 1997), ought to benefit from understanding wider theories and concepts (Bowlby, 1969; Perry, 2009; Siegel, 2012), as well as ought to be knowledgeable of how to work with the complexities of issues (Malchiodi, 2014) . Based on solid on the ground experiences, practitioners in this study provided constructive views regarding the themes by advocating the importance to continue with up-date training in the field, and to continue with the courses that are related to contemporary issues as a way to fulfil the need for on-going training. This new finding offers a productive input to improve existing training, and in so doing has added a new input to the existing literature.

With regard to improving therapist internal factors this study has found three sub-categories which are consistent with existing literature. They are improving important aspect and the therapist characteristics (Sultanoff, 1992; Hayes, 2006; Gladding, 2011), improving therapist sensitivity and awareness (N.Rogers, 1993; Menna, 2008; Malchiodi, 2011), and avoiding the use of `*Don`t*` in therapy although previous authors discuss this aspect from different angles (Ginott, 1959; Landreth, 2002).

The finding indicates new themes that emerged under sub-category on-going practices as the way to handle the unhelpful or hindering processes such as regular experimenting, regular exercises with colleagues and support

groups as well as regular updating of materials and preparing the tools kit well. All these are extension from previous literature on issues of lack of training, leaving the therapist in a state of uncertainty: to continue the session or not (Gladding, 2010).

In addition, new findings emerged under the sub-category of on-going supervision. This constitutes regular face-to-face mentoring, meeting and consulting with supervisor from different fields and seeking feedback from group supervision expanding the previous literature on the need for proper training (e.g. (Robbins, 1985; Gladding, 2010). The results showed that participants were strongly influenced by their personal experiences in the field where they provided a more practical point of view, somewhat different from those in the previous literature.

To summarise, this study identified the key aspects that hinder the therapeutic process arising from the mismatch between client and the materials, or between therapist's and client's views. Previous studies were limited to focusing on the aspect between the therapist and the clients, and did not include additional aspects such as the materials (Elliott, 1985). Elliott (1985) have also identified misperception as unhelpful in verbal therapy when the client perceived the therapist as having misunderstood or having missed the point raised by the client or when the therapist used inappropriate words for the client's feelings. In order to be more successful in handling these unhelpful aspects, the finding indicated the need for therapist to improve their way of handling and processing the therapeutic sessions.

5.4.3.2 Improving the way of processing the therapeutic sessions

The practitioners in this study identified several ways in which the unhelpful or hindering processes can be handled through improving the way of processing the therapeutic sessions. In general, two categories emerged from the main category of improving the way of processing the therapeutic

sessions, namely, increasing physical practices and enhancing therapeutic practices. Consistent with previous literature, increasing physical practices such as begin the session in a more relaxed way, manage the therapy room well, and select the materials properly were perceived as a constructive mean to improve the way of handling the therapeutic sessions (N.Rogers,1993; Landreth, 2002; Herron, 2008; Shen, 2008; VanFleet et al.,2010).

The finding suggested that particular theme such as introducing appropriate theme for the clients to make things easier. This particularly helpful for those who are unable to articulate their feelings and emotions through verbal processes. The finding further suggested   the need to handle the session with clear instruction and more directive approach (N.Rogers, 1993; Herron, 2008; Gladding, 2010). In addition, results showed the need for user-friendly materials, which means the creative materials provided, should give the clients the freedom to choose the one they prefer, are comfortable with and are less complicated to work with. This finding is congruent with the previous authors' view who proposed that toys and materials must be selected not collected (Ginott, 1959; Landreth, 2002, VanFleet et al., 2010).

Another way to improve and enhance therapeutic practices has been found under three sub-categories, namely added-value for the clients (See table 4.8 page 253), improving the therapist competency and his or her readiness to shift to another activity during the therapy. This finding is supported by a few previous literature (Landreth, 2002; Knill et al., 2004; Gladding, 2010; Malchiodi, 2014). This few literature is however limited to the discussion on these sub-categories but not in the form of empirical studies. The current study has succeeded in supplementing previous work with empirical study.

The theme regarding the sub-category "added value for the client" as a way to improve therapeutic practices processing is closely related to those outlined in the following previous studies: fostering the client creativity (N.

Rogers, 1993); staying focused on the client`s agenda which is quite similar to the letting child lead to the session ( Moustakas, 1997; Landreth, 2002); and be in-tune with the client`s personal meaning (Behr, 2003).

With regard to the sub-category "improving the therapist competency" with the ability to break the client`s rigid way is closely related to the previous texts (Ginott 1959, 1961; Landreth,2002). However the theme differentiates between representative and expressive as well as in the use of verbal in a gentle way appeared as new emerging factors in improving the way of processing the session. These have not been discussed in the previous literature particularly in relation to improving the therapist competency. It could be argued that the practitioners in the present study perceived that the therapists need to enhance their ability to improve their therapeutic practices and processes based on practical experience on the ground. Therefore, it can be said that this study has revealed important aspects that enable the practitioners to improve the way of handling the unhelpful process, however, the newly discovered aspects were given less attention in the previous studies.

While N. Rogers (1993) proposed the creative connection as a process by which one art form fosters or stimulates another art form that enables the clients to freely choose, engage and move at their own pace with preferred means for self expression, utilising this concept for therapist as the way to improve therapeutic practice has been overlooked. For instance, the results show that the themes: "alter the processes when appropriate, never rush through the process, and stop immediately if needed", all occurs as sub-category readiness to shift to another activity during the therapy. This indicates the need to utilise multimodal, intermodal and creative connection practices (N.Rogers, 1993; Parashak, 1997; Gladding, 2010), yet these particular aspects were not given adequate coverage in the previous studies (e.g. Parashak, 1997; Green, 2005; Shen, 2008; Herron, 2008; Goslin-Jones, 2010; Malchiodi, 2014).

In conclusion, in most person-centred creative practice, the therapists need to be aware of the existence and the condition of the materials, and to properly manage the therapy room, as highlighted by several key scholars (Axline, 1974; Ginott, 1961; Landreth, 2002; VanFleet et al., 2010; Cochran et al., 2010), and in empirical research (Ryan et al., 2005; Shen, 2008). The present study underscored the necessity to be aware of and to check the space and materials beforehand; making sure that they are explicitly well managed and skilfully delivered. For this factor, it is obvious in this current study that the need for awareness is not limited to physical aspects only, but also to the attitude of the therapist as well. This study has therefore added to existing literature the need to manage the selected materials well, and the space to be prepared properly before therapy.

5.5   Domain 3: Helpful effects of person-centred creative practice

This discussion will be further divided into six sub-topics as follows: i) separation of helpful processes from helpful effects; ii) developing a taxonomy of helpful effects; iii) attaining holistic and multidimensional aspects of self growth; iv) consistency with wider therapeutic outcomes; v) privileges and advantages; and iv) sharing fun and pleasure.

5.5.1   Separation of helpful processes vs. effects

The findings for the domain of helpful effects are more tentative than and not as solid as for helpful processes, because the results were originally from research questions about the added-value of creative practices. Nevertheless, the results show that practitioners in this study clearly identified differences between helpful processes and outcomes or effects. Therefore, the findings of the current study provide a different view from previous literature (e.g. Paulson et al., 1999; Keeling & Bermudez, 2006; Castonguay et al., 2010; Timulak, 2010), which do not separate off, and to some extent mix, helpful process and outcomes or effects. It should be noted also that this overlap may be difficult or hard to separate due to many of the

terms used. However, the reason that my study distinguished these is perhaps due to the fact that in practice, practitioners were able to compare and relate clearly what they believed was helpful in the therapy process, and also the helpful effects of these processes that they observed in the clients.

5.5.2 Developing a taxonomy of helpful effects

The findings also indicate that practitioners were able to lay out the immediate helpful in-session effects, and ongoing post-therapy helpful effects, of psychotherapy using creative practices. Although the practitioners did not attempt to develop taxonomies of helpful effects, or to prove that one effect is more helpful than another; nevertheless, the frequencies of each theme implies a classification. Consistent with previous studies (Elliott, 1985; Paulson et al., 1999; Dunne et al., 2000; Castonguay et al., 2010), the result points to a hierarchy of immediate and on-going effects. For instance, the taxonomy of immediate effects are: attaining a productive psychological states, entering a new dimensions of self-discovery, and fostering positive learning experiences. This also applies to continuing effect that are forming potentially new life skills and enhancing self-development. Therefore, the current study supports previous literature on the emergence of this classification and taxonomy of helpful effects in the clients.

5.5.3 Attaining holistic and multidimensional aspects of self-growth

The findings indicate that the helpful effects identified attain entirely all the aspects of self-growth in various ways at different times either in session, or after the session, at least as viewed by the practitioners. For example, by using person-centred creative practices the clients were perceived as being able to fully utilise both the left and right brain, establish constructive behaviour, improve social relationships, reach emotional catharsis, improve psychological wellbeing, and develop a variety of physical skills. Previous literature also pointed out that offering a creative process enabled the client to freely develop the whole part of self for holistic growth and development (Axline, 1974; N. Rogers 1993, Silverstone, 1997; Cochran

et al., 2010). Therefore, the results support previous authors' views that offering a variety of creative practices will enable the client to use their entire potential for optimum growth and development, enabling them to be fully functioning persons. Moreover, person-centred creative practice provides arts '*as the therapy*' for therapeutic healing and growth, as highlighted in previous texts (N. Rogers, 1993; Silverstone, 1997; Malchiodi, 2007; Rubin, 2010), thus confirming that these practices are not limited to person-centred contexts, but rather apply to other orientations (e.g. psychoanalytic, classical art therapy) too.

5.5.4   Consistency with wider therapeutic outcomes

Among the findings, practitioners perceived self discovery such as promoting self awareness (e.g. encouraging self reflection, increasing self image) and discovering new insight (e.g. insight about self, family and situations) as being particularly helpful immediate effects. In addition, practitioners also valued the ability to form new life skills (e.g. problem solving, decision making and coping skills) as particularly helpful continuing effects. Consistent with the theoretical literature (N. Rogers, 1993; Schwarz & Schwarz, 2000; Landreth, 2002; Silverstone, 2009), and empirical research (Merril & Anderson, 1993, Caroll, 2002; Winter-Martin, 2010; Goslin-Jones, 2010), the use of a variety of creative approaches in person-centred therapy enabled the client to increase self awareness, insight and to develop a variety of problem-solving skills.

Moreover, the current study is also consistent with the wider therapeutic outcomes of verbal therapy for adult clients (Elliott, 1985; Llewellyn, 1988; Israel et al., 2008) and in other therapeutic orientations (Keeling & Bermudez, 2006; Malchiodi, 2007; Rubin, 2010). Although the results are consistent with previous literature, it would be argued that less research on helpful effects in person-centred nonverbal therapy with children and young people was documented. Thus, although the current study only focused on the therapist's view, it does contribute to understanding the

helpful effects of various person-centred creative practices with children and young people, filling a gap where there have been limited empirical studies.

5.5.5 Privileges and advantages

Practitioners revealed a variety interesting and helpful effects due to the nature of person-centred creative practices. For instance, practitioners believed that the creative materials provided a variety of privileges (added benefits) and advantages. These include exciting learning experiences, revealing hidden talent and enhancing creativity, establishing gross and fine motor skills, developing imagery, intuition and innovation, promoting catharsis and healing, and encouraging self autonomy. Previous authors also note similar helpful effects due to this nature (N. Rogers, 1993; Silverstone, 1997; Schwarz & Schwarz, 2000; Carroll, 2002). Despite the wider empirical study of the outcomes, particularly in the field of child-centred play therapy, there is lack of research that experimentally measures the nature of person-centred creative practices. In addition, most studies focus more on effectiveness of specific presenting problems (e.g. abuse, aggressive behaviour, disabilities, and developmental delay); therefore, they have lacked an overall view in terms of helpful effects of these creative approaches. Thus, the current study indicates a variety of privileges or added benefits, and advantages inherent in the nature of person-centred creative practices that the children and young people might benefit from.

5.5.6 Sharing fun and pleasure

Practitioners also believed that by using creative materials, the therapist and the client were able to share pleasure and fun in therapy, therefore these aspects might attract the young client rather than perceive the therapy typically as just for treatment. In contrast, verbal therapy only works with words and does not have the aspects of 'sharing fun and pleasure' that indirectly provide for the helpful effect on the clients. For example, sharing fun and pleasure might be helpful in encouraging the clients to feel at ease, relaxed, comfortable and to reduce their anxiety in the therapy session, as

described by the practitioners. Previous literature also highlights that 'having fun and pleasure' will attract clients to fully engage in the session thus contributing to positive outcomes (N. Rogers, 1993; Caroll, 2002; Schwarz & Schwarz, 2000). Therefore, this study supports previous literature pointing to 'having fun and pleasure' as one essential therapeutic aspect, which is differs from verbal therapy.

5.6   Domain 4: Unhelpful effects of person-centred creative practice

The discussion now moves to domain eight of unhelpful effects of person-centred creative practice and will focus on two sub-topics: i) Potential effects of feeling overexposed or overwhelmed, and ii) the conditions needed for therapist to be alert and sensitive.

5.6.1   Potential effect of feeling overexposed/overwhelmed

Therapists also in general tend to be unaware of the unhelpful effects as highlighted in previous literature (Grafanaki & McLeod, 1995; Hill et al., 1993; Paulson et al., 2001). However, the findings of my study reveal the potential significantly unhelpful effects of person-centred creative practice that therapists are aware of, such as the client feeling overexposed, overwhelmed, and having disclosed too much information. These leave the client feeling uneasy, uncomfortable and regretting having told their story, with the result that they may feel blocked from continuing the session. This parallels previous literature (Axline, 1974; Elliott, 1985; Elliott & Wexler, 1994; N. Rogers, 1993; Silverstone, 1997; Landreth, 2002; Cochran et al., 2010; VanFleet et al., 2010). Therefore, my study supports previous literature that the therapists need to be aware in using person-centred creative practices that these may end with the clients withdrawing from the session.

5.6.2   The conditions needed for the therapist to be alert and sensitive

Besides potential unhelpful effects of overexposure/overwhelmed feeling the clients might have, the therapists must also keep an eye on potentially unhelpful effects such as clients feeling childish, or distracted, by

revisiting painful and unhappy childhood experiences. These might lead the client to be unwilling or reject the use of the materials in front of them, which is consistent with observations by previous authors (N. Rogers, 1993; Silverstone, 1997; Cochran et al., 2010; VanFleet et al., 2010). Therapists may need to set some limits to convey where the responsibility lies for the benefit of both parties (Ginot, 1959; Landreth, 2002), or to refer to a particular specialist if the clients have a potential for a serious self-harm. For example, upon inviting the client to use any creative materials, the therapist should clarify that the client has the right not to disclose in words any issues emerging from their art or play things if they feel disturbed by talking about it. Therapists also may need to tell their client about any issues that need additional support, in which therapist might involve parents or others authority such as social workers, head teachers, or doctor. Therefore, this study supports previous recommendations that therapists need to be prepared to deal with the negative emotions, unwanted thoughts, feelings, or behaviours of the client in order to avoid negative consequences for the clients.

5.7   Limitations

There are three main types of limitations for this current study, discussed in the following sections: i) focus of research questions; ii) researcher limitations; and iii) practitioner bias.

5.7.1   Focus of research questions

This section is further divided into two sub-topics: limited to therapist view, and shift from original research focus.

5.7.1.1   Limited to therapists' views

This study refers only to the practitioner's views, perceptions and experiences, and does not involve the client' perspective or third party observations such as researcher observation, audio or video recording. It should be noted that the practitioners in this study tended to focus more on

the helpful processes of using creative materials and might not have known, or have been unaware of, or chose not to tell the researcher about the unhelpful or hindering processes of using these creative materials, parallel to what happens in verbal therapy with adult clients (Grafanaki & McLeod, 1995; Hill et al, 1993; Paulson et al, 2001). Although previous studies suggest that therapists and clients generally have different views (Llewelyn, 1988; Elliot & James, 1989; Carroll, 2002; Timulak, 2010; Levitt & Piazza-Bonin, 2011), in this study, the practitioner' view can be considered as appropriate first step in exploring this field of study.

5.7.1.2 Shift from the original research focus

Focus of this study has changed in line with the change in the research process based on three levels of work done. At the beginning, this study originally aimed at exploring and investigating what the creative practice looks like, the type of materials used, groups of clients these approaches are suitable for, the helpful aspects and the added value of person-centred creative practice. However, some practitioners were unable to talk about the added-value aspects or to provide adequate clarification on the subject. They tended to perceive this particular aspect as similar to helpful aspect, as well as focusing on the helpful effects of this approach.

At second step of research, during the data analysis, the idea of helpful and hindering processes as well as helpful and hindering effects emerged, when I discovered practitioners were able to talk about these, and some practitioners were able to distinguish these things clearly. Hence, at this stage the research aims shifted away from the original focus on the helpful aspects and added-value of creative practices to the helpful and unhelpful processes as well as helpful and unhelpful effects for children and young people.

Finally, with the change that had occurred, this study also moved to a more in-depth investigation, instead of the four first domains involving

therapist characteristics, the kind of creative practice, the type of materials used, and presenting issues. The focus of this study was amended to therapist`s views and perceptions on the process and outcomes of person-centred creative practices that involve the remains four domains as clarify below.

The four domains that remained consisted of the helpful, and the unhelpful processes, as well as the helpful, and the unhelpful effects. In addition, under the domain of the helpful processes, two sub-topics were added, namely, the nature of helpful process, and how creative practices foster these helpful process. Under the domain of the unhelpful process, three sub-topics were added to include how the unhelpful processes emerged, the nature of unhelpful processes, and how to handle these unhelpful processes.

5.7.2 Researcher limitations

The researcher's limitations are further divided into three sub-topics: language barriers, lack of research experiences, and limited background knowledge in the field of the person-centred approach.

5.7.2.1 Language barrier

In general, one major factor that hindered access and full engagement at the early stage of data collection was the language barrier. I, as the researcher, am originally from Malaysia; therefore English is not my first language and I rarely used the English language back home. As I was not familiar with the English language as a means of communication, it has hindered my efficiency during interviews with the participants, particularly for the phase 1 study.

In addition, I also struggled, and was not familiar with, the different accents and dialects; therefore some important elements such as some words or phrases from the practitioners were ignored or not explored in-depth. Moreover, after some time, there were words that needed to be cross-checked

with participants, but I was unable to do this due to time constraints, or because the participants did not respond, or lost contact with the researcher. Besides that, since I also have limited skills of prompt questions, there were several important aspects left unexplored that should have been emphasised more in-depth in the initial interviews.

5.7.2.2   Lack of research experiences

My lack of experience in engaging in research, particularly qualitative research, is one of the limitations for this current study, particularly when preparing the research protocol, interviewing, and in the data collection process, as well as analysing the data. Therefore, the questions that I used to probe for answers and to facilitate the practitioners' responses in greater depth were limited. In the beginning, I also encountered issues during the transcribing processes when I asked a colleague whose English was not her first language to undertake the transcriptions; and ended up with highly inaccurate transcripts, until I found a native speaker with experience in the transcription process. As a researcher, I do not have much experience in qualitative research and what the outcomes might look like, therefore the process of data collection up through the preparation for data auditing took a bit longer. In spite of this, I have tried to overcome these difficulties through attending several workshops on qualitative research, discussions with other PhD students or during research meetings as well as checking in regularly with my supervisors.

5.7.2.3 Limited knowledge in the field of person-centred approach

As an early career researcher who had just embarked on the qualitative research process, I had limited knowledge of the person-centred approach as well as the variety of person-centred creative practices. I also was never exposed to any training on or learning in person-centred creative practices; therefore, I might have missed some subtleties (e.g. in understanding the person-centred approach more deeply or finding distinctions between varieties of creative practices). Nevertheless, after I did

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some background reading and became involved in a range of training and workshops, gradually I was able to overcome these difficulties. Nevertheless, this may have led me to miss some understandings or important elements.

5.7.3   Practitioner bias

Because the practitioners in my study seemed to be fully engaged in, and fascinated with their creative approaches, the practitioners were very likely to have been more focused on highlighting the benefits of these methods and may have wanted to prove their usefulness for their clients. These might thus be considered practitioner' biases in sharing their views, perceptions and opinions. In other words, practitioners might have wanted to believe that by using materials, their practices were more helpful for them than they actually were. In addition, some practitioners also insisted that they did not see any unhelpful or hindering aspects in their use of creative approaches, particularly for children and young people. Practitioners also claimed that these approaches were more appropriate methods to work with children and young people compared to just using a verbal approach that they believed was not really as helpful with these client populations. This is consistent with my personal biases as a researcher; who really feel fascinate by person-centred creative practice. These findings were in accordance with what my second supervisor expected to find, which was that helpful aspects and effects would be substantially more developed in the analysis than the hindering aspects and effects.

In terms of location, while the practitioners' locations were diverse in some ways because they included both the UK and the USA, they did not broadly represent the international context. In addition, this sample of practitioners cannot be claimed to represent views from the rest of Europe, because the current study only interviewed practitioners across the UK. Moreover, although the practitioner population came from the UK, it should be noted that majority were located in Scotland and England, with none from Northern Ireland. This same sort of limitation applies for those in the USA

too, where practitioners were located in California, Chicago and Pennsylvania.

5.8 Implications

Due to the limited empirical research on the process and outcome in person-centred creative practices with children and young people, these findings offer valuable information based on the views and solid experiences of practitioners engaged in a variety of creative practices. I will discuss the implications of my study under two major aspects: i) The therapeutic work and practice with children and young people, ii) Enhancing training and continuing professional development.

5.8.1 Therapeutic work and practice with children and young people

The findings have practical value for person-centred creative practice in the real world, including how to fit, adapt, and revise it for a more innovative and contemporary approach. The results can also enhance awareness for practitioners by providing aspects of helpful processes that worked well, and those that did not work well in person-centred creative practice with children and young people.

In addition, the practitioners have identified the nature of helpful processes based on two distinct strands, either as therapeutic tools used '*in the therapy*', for the purpose of facilitating verbal and nonverbal communication, dealing with language limitations and difficulties, or for self expression or used as a medium '*as the therapy*', for healing, growth and development. These two strands may be used independently or together complimentarily in meeting the different needs of the client.

Practitioners are also given a fairly clear description on how a variety of creative practices can foster the helpful processes in the therapy. For instance, practitioners are provided with detail information on the above

stated areas that were grouped into three main categories: those involving the therapist, those involving the client and those that occur during the therapeutic processes, as discussed in the previous section.

For those involving the therapist, practitioners will acquire skills from two sub-categories namely facilitating skills in pre-verbal therapy and promoting interactive communication. For those involving the clients, practitioners are given information on how to foster the helpful processes within three sub-categories consisting of improving kinaesthetic-sensory-motor components, initiating dialogue with the arts and externalising the symbolic processing. With regard to those that occur during the therapeutic processes, practitioners are able to learn that there will be three sub-categories namely relational intervention, experiential involvement and fostering mental imagery. Therefore, the findings from this study have provided meaningful and useful information to new practitioners to understand and prepare themselves if they wish to practise creative practices based on the two strands mentioned above. The findings from this study have also provided useful and practical ideas on how creative practices can foster helpful factors in the therapeutic processes.

In addition, practitioners have also been provided with information on how unhelpful processes emerged, the nature of unhelpful processes and how to handle these unhelpful processes in person-centred creative practices with children and young people. Undoubtedly, practitioners will gain valuable benefits from understanding the how unhelpful processes emerged, either from negative aspects of the therapist, negative aspects of the clients, or from the environmental factors. Practitioners will also gain some understanding of the nature of unhelpful processes that manifest either from process difficulties or the person's limitations, and they would understand how to manage these unhelpful factors listed when working with children and young people. Finally, the current study provides the evidence of the helpful effects as well

as the unhelpful effects of these practices in reality, enabling those who are interested to reflect on their own practice.

5.8.2 Enhancing training and continuing professional development

The findings of this current study provide valuable information to be used to revise and enhance training and continuous professional development. The findings highlight the specific skills identified by the researcher that need to be addressed in terms of training and professional development. Inclusive varieties of creative methods and activities can be adopted for specialists whose training is not only limited to the person-centred approach but could also be adapted to other theoretical orientations. Specifically, the results provide several ideas for training development as follows:

1. The need to educate those who are beginning to use person-centred creative practices with several basic concepts and ideas such as therapeutic practices and processes; the underlying theory behind this non-verbal approaches, namely the symbolisation processes; the distinction between the concept of creative and expressive processes; and the nature of approach based on arts used as *therapeutic tool in therapy* as well as art used as *a medium for therapy*.

2. The need to train those who are already utilising person-centred creative practices to gain deeper understanding and specific skills on the processes and outcomes in person-centred creative practices. These include the nature of helpful processes and how creative practices foster them, as well as how unhelpful processes emerged, the nature of unhelpful processes and the way to handle these unhelpful processes specifically in person-centred creative practices, or for any non-verbal method in general.

3. The need to adapt, integrate or combine with other appropriate theoretical orientations, or concepts, depending on clients' needs or preferred activity. However, the core conditions must remain as a foundation.

4. There is a need to revise, adapt or extend current training program to produce a new program more comprehensive and more viable for specialists in a variety of person-centred creative practices, particularly based on the understanding of the helpful and unhelpful processes and outcomes, in dealing with children and young people.

5. As revealed in the domain on unhelpful processes which have been highlighted by some practitioners, there is a need to give particular attention to this specific domain and the related sub-sections. By so doing, this will provide a useful guideline for developing further training programmes. For example, practitioners will know from this study that the unhelpful factors can emerge either from the therapist, the clients, the materials or the space provided. Therefore the new training program should emphasise on how to handle the unhelpful factors from these four sources.

6. There is a need to adapt training for practitioners to focus more on the unhelpful or hindering factors, and to provide a detail understanding on how to handle unhelpful or hindering factors, either by improving the therapist way of handling, or improving the way of processing the therapeutic session. These should be highlighted in order to handle the nature of unhelpful processes involving personal limitations and processes difficulties.

7. Beginning or experienced practitioners, both will gain valuable benefit from understanding the helpful and the unhelpful effects of using person-centred creative practices with children and young people. It is therefore important that the training programme should list and differentiate between the immediate and the on-going effect on the clients, to help the practitioners recognise easily any change and improvement in the clients.

8. The inclusive criteria to become practitioners should not be limited to counsellors or particular therapists in a clinical setting, but rather be open to a wider audience such as special need teachers, play workers, nursing, social workers, and parents with the goal of developing more

therapeutic work in utilising creative practices with children and young people.

5.9 Keys contributions to the field of Counselling and Psychotherapy

Some empirical studies have been carried out in the field of person-centred creative practices; however, few studies have specifically focused on both the helpful and the unhelpful processes as well as the helpful and the unhelpful effects. The present study investigated in-depth the essential issues regarding the processes and outcome of person-centred creative practice particularly the nature of helpful processes, how creative practices foster these aspects, how unhelpful processes emerged, its nature and the way to handle these unhelpful processes, which were given less attention in the previous empirical researches. Therefore, this current study has not only provided a very valuable information on person-centred creative practices, but it has also contributed significant knowledge to wider general creative practices.

This study has also contributed by pointing out the value of combining the three person-centred creative approaches to include child-centred play therapy, person-centred expressive therapy and person-centred art therapy into a more general person-centred creative practice. The details of the findings from this study that are related to particular essential issues under the helpful and unhelpful process can be applied in any kind of wider person-centred creative practices, following client's preferred methods at their own pace. The therapists are therefore able to use a variety of creative methods, besides having extensive knowledge, ideas and skills in term of essential issues pertaining to the helpful and the unhelpful process, enabling them to adjust, revise or refine their therapeutic work with children and young people. Equally important, the therapists will be wary of the need to take precaution in order to prevent the emergence of the unhelpful processes,

or to take appropriate action to manage any factor that hinders the therapeutic processes and practice.

In addition, the current study also contributes to a better understanding regarding the distinction between helpful and unhelpful processes and outcomes, and lay out the helpful and unhelpful immediate and on-going effects clearly. The therapist would be knowledgeable of what to expect in terms of the outcomes when utilising person-centred creative practices with children and young people. The comprehensive information from this present study should be highly meaningful to the need for improving mental health services for children and young people. In conclusion, this present study has provided a much deeper understanding for development specialists to revise, refine, adapt or adopt therapeutic skills of wider creative practices to work with, so that the needs of the diverse client groups can be successfully and adequately met.

5.10   Potential development within Malaysian context

With regards to the development of person-centred creative practice within a Malaysian context, the findings from this current study provide important and comprehensive information to address the need for practitioner skills and training programmes. This current study can thus offer a frame of reference for developing and establishing practice and training in a range of work settings, as creative interventions are considered relatively new, with limited knowledge and expertise in Malaysia. Thus, the findings offer a good grounding for therapeutic work and practice, particularly for children and young people, or for applying to adult clients too. Moreover, this study can also be the basis for suggesting and bringing innovation when counselling children and young people, which is a shift from conventional talking therapy to a more interactive approach.

Finally, although the findings are originally from Western culture, it is my view that the basic core approaches remain applicable, with some

adaptations, to South-east Asian culture as practice by some Asian art therapist. For example, some clients may not be familiar with certain materials and activities proposed, or these may be bound up with different lifestyles, carry social stigma, or even offend religious values and faiths; therefore, they might need some modification. For instance, methods of emotional expression through artistic media is something difficult to practice in some cultures in Malaysia, as well as dance, body movement, music or sound, especially for some of the Muslim people. However, through promotion and education it could be made clear that these approaches can be adapted and are not contrary to the tenets of Islam such as the use of materials, `*nasyid songs*` (Islamic song), as well as dance or movement used only for therapeutic value in therapy.

In addition, there is a need to explain and to help parents have a better understanding of therapy, so that they are aware that sometimes words alone do not help, and these are additional or alternative to talking therapy that work with children and young people. Nevertheless, it is still worth developing these approaches, to extend and expand research and practice within different cultural backgrounds.

5.11 Directions for future research

Future research could seek to discover the views of practitioners and clients particularly on the processes, outcomes and the effects in the endeavour to acquire a much better understanding of the helpful and hindering processes. In addition, future research could also explore the clients' views and perspectives with specific aims such as identifying the helpful processes and how creative practices foster their symbolisation of experiences as well as other helpful processes. The research should also explore what they perceived as unhelpful for them in therapy, how they emerged as well as how the therapist can handle or manage these unhelpful factors. Future research could also investigate from the client`s perspective

the effectiveness and the ineffectiveness of person-centred creative practice with specific client groups or presenting issues.

In fact, this study can be replicated within Malaysia to gain local information**.** Moreover it will be more challenging if this study is replicated in Malaysia due to its multicultural population, as it can contribute very valuable information multiculturally. This Malaysian study can either be qualitative or quantitative and in fact it can even be mixed-method study. However, single-case studies may help develop explicit therapeutic working models that focus more in-depth on several related issues pertaining to the helpful processes and effects in person-centred creative practice in general, and with children and young people in particular.

Besides this, as unhelpful or hindering processes and effects are typically a neglected area and there has been very limited empirical research in the past, there are potential research areas to be explored, particularly from the client's view and experiences in person-centred creative practice. Future research on unhelpful processes and effects can be extended to identify, from both practitioner and client points of view, how these unhelpful processes and effects might be managed and minimized.

Future research could also explore the effects of practitioner level of skill training on clients by comparing helpful processes between practitioners with basic skills (e.g. person-centred with art/expressive arts//play therapy skill) and practitioners who have attended specific training programmes (person-centred art/expressive arts//play therapist). It is also recommended that research into the integration of various person-centred creative practices and other theoretical perspective be undertaken. It may give birth to a form of eclecticism in person-centred creative therapy, which may suitable for a diverse variety of clients.

Finally, other possibilities suggested from this study would be to investigate the helpful as well as unhelpful processes and outcomes for specific person-centred creative practice used either '*as therapeutic tools in the therapy*', '*as a medium for therapy*', or in combination of both contexts. These future research studies could delineate the differences for the development of specific training programs and practices to fit with clients' needs, based on person-centred creative practice for the purpose of '*in therapy*' or '*as therapy*'. Therefore, address the comprehensive needs for health and well being of clients in general, and specifically for children and young people.

5.12   Concluding Remarks

The primary aims of this study were to examine the four domains of person-centred creative practice for children and young people, namely helpful processes, unhelpful processes, helpful effects and unhelpful effects. The literature review explored for this current study compared and contrasted the specific helpful and unhelpful processes as well as helpful and unhelpful effects among three major creative practices in the field of person-centred approach namely person-centred art therapy, person-centred expressive arts therapy and child-centred play therapy. A more comprehensive review of the previous literature focus specifically on the nature of helpful processes, how creative practices can foster these helpful processes, how unhelpful processes emerged, its nature and the way to handle these unhelpful processes, particularly within a variety of creative practices. The results provided practical and constructive information regarding the processes and outcomes in person-centred creative practices. The findings indicated that person-centred creative practice used in general is parallel with Rogers' idea of "necessary and sufficient conditions" that bring about change for the clients.

The findings also acknowledged Carl Rogers' idea of the core concepts of person-centred approach as essential internal factors for psychological safety and freedom. However, this study also supported the

idea of N. Rogers regarding external factors such as a variety of creative activities will foster the client's ability to take part in the transformation process. The essence of people-centred creative practice, namely, the process of symbolisation and self-expression is a process that is closely related to each other, where symbolic expression plays an important role in the application of non-verbal creative practices that go beyond words into the unknown, unexpected, and hidden issues in the client`s life. The person-centred creative practice therefore can also enhance the symbolisation experiences proposed by Carl Rogers, seeing these as one of the major helpful processes making abstract and metaphoric issues more concrete and tangible.

The literature review that looked into some of the similarities and differences practices based on two strands in person-centred creative practice either '*in therapy*' or '*as therapy,* and other related theoretical orientations, provides information on the possible adaptation and modification of these practices. Therefore, the results of this study found that by nature, the person-centred creative practices can be used both as therapeutic tools '*in therapy*' as well as a medium *'for therapy `* in helping the clients to move towards becoming fully functioning persons.

To conclude, this study has succeeded in filling in the gap in the limited empirical literature by documenting a wide range of the helpful and the unhelpful processes as well as the helpful and the unhelpful effects in person-centred creative practice for children and young people. It can be concluded that this study has contributed significant findings in particular aspects on the processes and outcomes by expanding the existing literature, for the further development of empirical research, and for improving the training programs as well as the practices in the field of person-centred approach for children and young people.

REFERENCES

American Art Therapy Association (2012). Accessed 15 January 2012: http://www.art-therapy.us/art_therapy.htm.

Association for Play Therapy. (2011). Accessed 10 February 2011: http://www.a4pt.org/ps.playtherapy.

Ater, M. K. (Ed.). (2001). *Play therapy behaviors of sexually abused children*. New York: Brunner -Routledge.

Axline, V. M. (1950). Play therapy experiences as described by child participants. *Journal of Counselling Psychology, 14*,53–63.

Axline, V. M. (1974). *Play Therapy*. London: Churchill Livingstone.

Axline, V. M. (1989). *Play Therapy*. New York: Churchill Livingstone.

Bala, P., Pratt, K., & Maguire, C. (2011). The needs of children and young people: developing a new service. *Healthcare Counselling & Psychotherapy Journal, 11*(2), 20-24.

Baldwin, L. (2008). *The discourse of professional identity in Child and Adolescent Mental Health Services.* Unpublished doctoral thesis, University of Nottingham, Nottingham.

Barker, C., Pistrang, N., & Elliott, R. (2003). *Research Method in Clinical Psychology* (Second Edition ed.). Chichester: John Wiley & Sons,Ltd.

Barrett-Lennard, G., T. (2007). The Relational Foundations of person-centred Practice. In M. Cooper, M. O`Hara, P.F. Schmid & G. Wyatt (Eds.), *The handbook of person centred psychotherapy and counselling* (pp. 127-139). New York: Palgrave Macmillan.

Barlett, C. F. (1932). *Remembering: A Study in Experimental and Social Psychology*. Cambridge: Cambridge University Press.

Barnes, J., Stein, A., & Rosenberg, W. (1999). Evidence based medicine and evaluation of mental health services: methodological issues and future directions. *Archives of Disease in Childhood, 80*, 280-285.

Behr, M. (2003). Interactive Resonance in work with children and adolescent : A theory-based concept of interpersonal relationship through play and the use of toys. *Person-centered and Experiential Psychotherapies, 2*(2), 89-103.

Behr, M. (2009). Advocating Growth and Relationship in Work with Young People : Introduction to Special Issue. *Person-centred & ExperientialPsychotherapy, 8*(4), 263 - 265.

Behr, M., & Cornelius-White, J. H. (2008). *Facilitating Young People`s Development : International Perspective on person-centred theory and practice*. Ross-on-Wye: PCCS.

Bohart, A. C. (2007). The Actualizing Person. In M. Cooper, M. O`Hara, P.F. Schmid & G. Wyatt (Eds.), *The handbook of person centred*

psychotherapy and counselling (pp. 47-63).New York: Palgrave Macmillan.

Bozarth, J., & Wilkins, P. (Ed.) (2001). *Rogers' Therapeutic Conditions: Evolution, Theory and Practice :Unconditional Positive Regards* . Ross-on-Wyne: PCCS Books Ltd.

Bozart, J.D., Zimring,F.M., & Tausch,R. (2002). Client-centered therapy : The evolution of a revolution. In D. J. Cain, & J. Seeman, (Eds.), *Humanistic Psychotherapies : Handbook of Research and Practice* (pp.147 − 188). Washington DC: American Psychological Association.

Bowlby, J. (1991). *Attachment and loss* (2 ed.). London: Penguin Books.

British Association for Play Therapy. (2011). Accessesed 18 April 2011: http://www.bapt.info.

Brodley, B. T. (2006). Client-initiated homework in client-centered therapy. *Journal of Psychotherapy Integration*, 16(2), 140- 161.

Brown, D. (2012). Counselling and creativity. Accessesed 23 February 2012 : http://www.counsellingandcreativity.co.uk.

Brunner, J. (1986). *Actual Minds, Possible Worlds*. Cambridge, Massachusetts: Havard University Press.

Brunner, J. (1991). The Narrative Construction of Reality. *Critical Inquiry,18*(1), 1 - 21.

Bullington, J., & Karlsson, G., (1984) Introduction to phenomenological psychological research. *Scandinavian Journal of Psychology*, 25(1) 51–63.

Burke, L. A., & Miller, M. K. (2001). Phone Interviewing as a Means of Data Collection:Lessons Learned and Practical Recommendations. *Forum: Qualitative Social Research,*2(2). Art 7.

Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D., Farmer, E. M. Z., & Erkanli, A. (1995). Children's mental health service use across services sectors. *Health Affairs,14*(3), 147-159.

Cain, D. J. (2010). *Person-Centred Psychotherapies*. Washington DC:American Psychological Association.

Campbell, M. M., & Knoetze, J. J. (2010). Repetitive symbolic play as a therapeutic process in child-centered play therapy. *International Journalof Play Therapy, 19*(4), 222-234.

Capuzzi, D. & Gross, D. R. (Eds.). (2003). *Counseling and psychotherapy: Theories and interventions* (3rd ed.). Columbus, Ohio: Merrill/Prentice Hall.

Carroll, J. (1998). *Introduction to Therapeutic Play*. London:Blackwell Science Ltd.

Carroll, J. (2002). Play therapy: the children's views. *Child and Family Social Work, 7*, 177-187.

Castonguay, L. G., Boswell, J. F., Zack, S. E., Baker, S., Boutselis, M. A., Chiswick, N. R., Damer, D. D., Hemmelstein, N. A., Jackson, J.S., Morford, M, Ragusea, S. A., Roper, J. G., Spayd, C., Weiszer,T., Borkovec, T. D., and Holtforth, M. G. (2010). Helpful and hindering events in psychotherapy: A practice research network study. *Psychotherapy:Theory, Research, Practice, Training, 47*(3),327-344.

Case, C. & Dalley,T. (2008). *Art Therapy with Children. From Infancy to Adolescence*. London: Routledge.

Cattanach, A. (1994). *Play therapy: Where the sky meets the underworld.* London: Jessica Kingsley Publishers.

Charmaz, K. (1991) *Good days, bad days: The self in chronic illness and time*. New Jersey: Rudgers University Press.

Children and Adolescence Mental Health Services. (2008). *Children and young people in mind: the final report of the National CAMHS Review*. Edinburgh: Department of Health.

Children and Adolescence Mental Health Services. (2009). *Securing better health for children and young people through world class commissioning: A guide to support delivery of Healthy lives, brighter futures: The strategy for children and young people's health.* London: Department of Health.

Children and Adolescence Mental Health Services. (2010). *Specialist TIER 4NHS Service for Young People with Mental Health Problems*.Plymouth: National Health Services.

Children`s Mental health Teams. (2010). *Keeping Children and Young People in Mind – The Government`s full response to the independent review of CAMHS* .Nottingham: Department for Children, School and Family Publications.

Chitsabesan, P., Kroll, L., Bailey, S., Kenning, C., Sneider, S., MacDonald, W., & Theodosiou, L. (2006). Mental health needs of young offenders in custody and in the community. *British Journal of Psychiatry, 188*, 534 - 540.

Cochran, J. L., Cochran, N. H., Nordling, W. J., McAdam, A., & Miller, D.T.(2010a). Monitoring two boys' processes through the stages of child-centered play therapy. *International Journal of Play Therapy,19*(2), 106-116.

Cochran, J. L., Cochran, N. H., Nordling, W. J., McAdam, A., & Miller, D. T. (2010b). Two case studies of child-centered play therapy for children referred with highly disruptive behavior. *International Journal of Play Therapy, 19*(3), 130-143.

Cochran, N. H., Nordling, W. J., & Cochran, J. L. (2010). *Child Centred Play Therapy*. New Jersey: John Wiley and Sons,Inc.

Coholic, D., Lougheed, S., & Cadell, S. (2009). Exploring the Helpfulness of

Arts-Based Methods With Children Living in Foster Care. *Traumatology, 15*(3), 64-71.

Cooper, M. (2005). Therapists`experiences of relational depth: A qualitative interview study. *Counselling & Psychotherapy Research, 5*(2), 87-95.

Cooper, M. (2007). Developmental and Personality Theory. In M. Cooper, M. O`Hara, P. F. Schmid & G.Wyatt (Eds.), *The Handbook of Person-CentredPsychotherapy and Counselling* (pp. 77-92). New York: Palgrave Macmillan.

Corbin and Strauss (2008). Basics of qualitative research: Techniques and procedures for developing grounded theory (3rd ed.). Thousand Oaks, CA, US: Sage Publications, Inc.

Corey, G., Corey, M., & Callanan , P. (2011). *Issues and Ethics in the helping Profession.* Belmont, CA: Brooks and Cole.

Cornelius-White, J.H.D. (2007). Congruence. In M. Cooper, M. O`Hara, P. F. Schmid & G.Wyatt (Eds.), *The Handbook of Person-Centred Psychotherapy and Counselling* (pp. 168-181). New York: Palgrave Macmillan.

Crenshaw, D. A. (2004). *Engaging resistant children in therapy:Projective drawing and story telling strategies*. New York: Rhinebeck Child and Family Center Publications.

Crenshaw, D. A. (2006). *Evocative strategies in child and adolescent psychotherapy*. New York: Jason Aronson.

Crenshaw, D. A. (2008). *Therapeutic engagement of children and adolesencents : Play, symbol, drawing, and storytelling strategies*. New York : Jason and Aronson.

Creswell, J. W. (2009). *Qualitative, quantitative, and Mixed Methods Approaches*. London: Sage Publication Inc.

Creswell, J. W., Hanson, W. E., Clark, V. L. P., & Morales, A.(2007). Qualitative Research Designs: Selection and Implementation. *The Counseling Psychologist, 35*(2), 236-264.

Denzin, N. K., & Lincoln, Y. S. (2003). *The lanscape of Qualitative Research : Theories and Issues*. Thousand Oak, California: Sage Publication.

Denzin, N. K., & Lincoln, Y. S. (2005). *Handbook of Qualitative Research* (Third ed.). London: SAGE Publication Ltd.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2008). *The Discipline and Practice of Qualitative Research* (Third ed.). London: Sage Publication Inc.

DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education, 40*, 314 - 321.

Diehls, V. A. (2008). *Art therapt, substance abuse , and the stages of change.* Unpublished master dissertation, Emporia State University, Emporia.

Dorfman, E. (1951). Play Therapy. In C. Rogers (Ed.), *Client-Centred Therapy* (pp. 235-278). London: Constable and Robinson Ltd.

Dougherty, J., & Ray, D. (2007). Differential Impact of Play Therapy on Developmental Levels of Children. *International Journal of Play Therapy 16*(1), 2–19.

Dunne, A., Thompson, W., & Leitch, R.(2000). Adolescent males' experience of the counselling process. *Journal of Adolescence, 23*(1),79-93.

Eaker, B. (1986). Unlocking the Family Secret in Family PIay Therapy. *Child and Adolescent Social Work, 3*(4), 235 -253.

Elliott, R. (1985). Helpful and nonhelpful events in brief counseling interviews: An empirical taxonomy. *Journal of CounselingPsychology,32*(3), 307-322.

Elliott, R. (2010). Psychotherapy change process research: Realizing the promise. *Psychotherapy Research, 20*(2),123-135.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related field.*British Journal of ClinicalPsychology 38*, 215-229.

Elliott, R., & James, E. (1989). Varieties of client experience in psychotherapy : An analysis of the literature. *Clinical Psychology Review, 9*(4), 443-467.

Elliott, R., & Wexler, M. (1994). Measuring the impact of session in Process-Experiential Therapy of Depression : The Session Impact Scale. *Journal of Counseling Psychology,41*(2), 166-74.

Ellis, A. & MacLaren, C. (1998). Rational-emotive behavior therapy: A therapist's guide. California: Impact Publishers.

Erikson, E. (1963). *Childhood and society* (2nd ed.). New York: Norton.

Estenson, M. (2012). Counseling Interns' Experiences and Perceptions of A Creative Arts Drawing Activity in Group Supervision. Unpublish doctoral dissertation, Northern Kentucky University, Kentucky.

Estrella, K. (2005). Expressive therapy: An integrated approach. In C. Malchiodi (Ed.), *Expressive therapies* (pp. 183-209). New York: The Guilford Press.

Feist, J. & Feist, G. (2009). *Theories of Personality*. (7th ed.). New York: McGraw-Hill.

Filaccio, M. D. (2008). *Child-centered play therapy for children with low vision : a multiple case study.* Unpublish doctoral dissertation, University of North Colorado, Colorado.

Gazzola, N & Thériault, A. (2007). Relational Themes in Counselling Supervision: Broadening and Narrowing Processes. *Canadian Journal of Counselling*, 41(4), 228-243.

Gibeault, A. (2005). Symbols and symbolization in clinical practice and in Elisabeth Marton's film My Name was Sabina Spielrein. Journal of Analytical Psychology, 50,297–310.

Gillham, B. (2005). *Research interviewing : The range of techniques*
    Berkshire: Open University Press.

Ginott, H. G. (1961). *Group psychotherapy with children: Thetheory and practice of play-therapy*. New York: McGraw Hill.

Ginott, H. G. (1959). The theory and practice of "therapeutic intervention" in child treatment. *Journal of consulting psychology, 23*(2), 160-166.

Ginott, H. G. (1960). A rationale for selecting toys in play therapy. *Journal of consulting psychology, 24*(3), 243 - 246.

Gladding, S. (2010). *The Creative Art in Counselling* (4 ed.). Alexandria: American Counseling Association.

Glamcevski, T. M. (2008). *The Malaysian Counselling Profession, History and Brief Discussion of the Future*. Paper presented at the Counselling in the Asia Pacific Rim: A Coming Together of Neighbours Special Issue, Hong Kong.

Glaser, B.G., & Strauss, A.L. (1968). *The discovery of grounded theory:Strategies for qualitative research.* . London:Weidenfeld and Nicolson.

Glass, C. R., & Arnkoff, D. B. (2000). Consumers' perspectives on helpful and hindering factors in mental health treatment. *Journal of Clinical Psychology, 56*(11), 1467-1480.

Goslin-Jones, T. (2010). *The perceived effects of Person-Centered Expressive Arts on one`s work experience.* Unpublished doctoral dissertation, Saybrook University, San Francisco,California.

Grafanaki, S., & McLeod, J. (1999). Narrative processes in the construction of helpful and hindering events in epxeriential psychotherapy. *Psychotherapy Research, 9*(3), 289-303.

Green, E. (2005). *Elementary School Children'S Perceptions Of The process Of Counseling With School Counselors Who Utilize Play Therapy Techniques.* Unpublish doctoral dissertation, University of New Orleans, New Orlean.

Green, H., McGinnity, Á., Meltzer, H., Ford, T., & Goodman, R. (2005). *Mental health of children and young people in Great Britain, 2004*. New York: Palgrave Macmillan.

Greenberg, L. S. (1986). Change process research. *Journal of Consulting and Clinical Psychology, 54*(1), 4-9.

Guba, E. G., & Lincoln, Y. S. (1989). *Fourth Generation Evaluation*. London: SAGE Publications Ltd.

Guerney, B., Jr. (1964). Filial therapy: Description and rationale. *Journal of consulting psychology, 28*(4), 304-310.

Guerney, L. (2000). Filial therapy into the 21st century. *International Journal of Play Therapy, 9*(2), 1-17.

Guerney, L. (2001). Child-centered play therapy. *International Journal of*

Play Therapy, 10(2), 13-31.

Hall, E., Hall, C., Stradling, P., & Young, D. (2006). *Guided Imagery :Creative Intervention in Counselling*. London: Sage Publications Ltd.

Hallberg, L. R.-M. (2006). The ''core category'' of grounded theory: Making constant comparisons. *International Journal of Qualitative Studies on Health and Well-being, 1*, 141-148.

Hayes, N. (2006). *Foundations of Psychology, 4th Edition*. London: Thompson Learning.

Health Advisory Services. (1995). *Together We Stand: The commissioning,role and management of child and adolescent mental health services*. London: The National Health Service, England.

Henderson, V. L., O`Hara, M., Barfield, G. L., & Rogers, N. (2007). Applications Beyond the Therapeutic Context. In M. Cooper, M. O`Hara, M., P. F. Schmid & G. Wyatt (Eds.),*The Handbook of Person Centred Psychotherapy and Counselling* (pp. 305-324). New York: Palgrave Macmillan.

Herron, S. A. (2005). Person-centered expressive arts therapy : An interview with Dr. Natalie Rogers [DVD]. California: Great Blue Herron Productions.

Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., & Hess, S. A. (2005). Consensual Qualitative Research: An Update. *Journal of Counseling Psychology, 52*(2), 196-205.

Hill, C. E., Thompson, B. J., Cogar, M. C., & Denman, W. D. (1993). Beneath the Surface of Long-Term Therapy: Therapist and Client Report of Their Own and Each Other's Covert Processes. *Journal of Counseling Psychology, 40*(3), 278-287.

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist, 25*, 517–572.

Hinz, L. D. (2009). *Expressive Therapies Continuum : A Framework for using Art in Therapy*. London: Routledge.

Hobday, A., & Ollier, K. (1998). *Creative therapy with children and adolescents*. Atascadero: Impact Publishers.

Hodgetts, A., & Wright, J. (2007). Researching clients' experiences: A review of qualitative studies.*Clinical Psychology & Psychotherapy, 14*(3), 157-163.

Holldampf, D., Behr, M., & Crawford, I. (2010). Effectiveness of Person-centred and Experiential Psychotherapies with Children and Young People; A Review of Outcome Study. In M. Cooper, J. C. Watson & D. Holldampf (Eds.), *Person-Centered and Experiential Therapies Work: A Review of the research on Counseling, Psychotherapy and related Practices* (pp. 16-44). Ross-on-Wye: PCCS Books Ltd.

Hopper, L. (2007). *Counselling and Psychotherapy with children and adolescents*. New York: Palgrave Macmillan.

Horvath, A. O.& Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology*, 61(4), 561-573.

International Art Therapy Organization. (2012). Accessed 15 January 2012, from http://internationalarttherapy.org/whatisarttherapy.html.

International Expressive Arts Therapy Association. (2012). Accessed 15January 2012, from http://www.ieata.org/about.html.

Irvine, A. (2011). Duration, Dominance and Depth in Telephone and Face-to-Face Interviews: A Comparative Exploration. *International Journal of Qualitative Methods, 10*(3), 202-220.

Israel, T., Gorcheva, R., Burnes, T., & Walther, W. (2008). Helpful and unhelpful therapy experiences of LGBT clients.*Psychotherapy Research,18*(3), 294-305.

Jackson, C., Hill, K., & Lavis, P. (Eds.). (2008). *Child and Adolescent mental health today : A handbook*. Brighton:Pavilion Publishing Ltd.

Jennings, S. (1993). *Playtherapy with children : A Practitioner`s Guide*. Oxford: Black-Well Science Ltd.

Johnson, C., M & Sullivan-Marx E., M. (2006). Art therapy: Using the creative processes for healing and hope among African American older adults.   *Geriatric Nursing*, 27(5), 309-316.

Karkou ,V. (Eds). (2010). *Arts Therapies in Schools: Research and Practices*. London: Jessica Kingsley Publishers.

Keeling, M. L., & Bermudez, M. (2006). External Problems Through Art and Writing : Experiences of Process and Helpfulness. *Journal of Marital and Family Therapy,32*(4), 405-419.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters,E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM- IV disorders in the National Comorbidity Survey replication. *Arch Gen Psychiatry,62*(6), 593-602.

Khanna, M. (1989). *A phenomenological investigation of creativity in person centered expressive therapy*. Unpublish doctoral dissertation,University of Tennessee, Knoxvile.

Kim-Cohen, J., Caspi, A., Moffitt, T. E., Harrington, H., Milne, B. J., & Poulton, R. (2003). Prior juvenile diagnoses in adults with mental disorder: Developmental follow-back of a prospective-longitudinal cohort. *Arch Gen Psychiatry, 60*(7), 709-717.

Kirschenbaum, H., & Henderson, V. L. (Eds.). (1990). *The Carl Rogers Reader*. London: Constable.

Knill, P., Barba, H. N., & Fuchs, M. (2004). *Minstrels of the soul: Intermodal expressive therapy*. Toronto: EGS Press.

Knox, R., & Cooper, M. (2010). Relationship qualities that are associated with moments of relational depth: the client's perspective. *Person-Centered and Experiential Psychotherapies, 9*(3), 236-256.

Kossak, M. S. (2009). Therapeutic attunement : A transpersonal view of expressive arts therapy. *The arts in Psychotherapy, 36*, 13 - 18.

Kozlowska, K., & Hanney, L. (2001). An Art Therapy Group for Children Traumatized by Parental Violence and Separation. *Clinical Child Psychology and Psychiatry, 6*(1), 49 - 78.

Kvale, S. (2007). *Doing Interview*. London: Sage Publications.

Kvale, S. (2009). *Interviews : Learning the craft of Qualitative Interviewing* (Second ed.). London: Sage Publications Inc.

Landreth, G., Homeyer, L., Glover, G., & Sweeney, D. (1996). *Play therapy interventions with children's problems:Case studies with DSM–IV diagnoses.* New Jersey: Jason Aronson Inc.

Landreth, G. L. (2002). *Play Therapy: The Art of Relationship* (Second ed.). New York: Brunner-Routledge.

Landreth, G. L., & Bratton, S. C. (2006). *Child Parent Relationship Therapy : A 10-Session Filial Therapy Model* New York: Routledge.

Landreth, G. L., & Sweeney, D. S. (2009). Child-centred play therapy. In K.J.O'Conner & L.D. Braverman (Eds.), Play therapy theory and practice: Comparing theories and techniques (2nd ed.) (pp. 123-162). Hoboken, NJ: John Wiley & Sons.

Levitt, H., Butler, M., & Hill, T. (2006). What Clients Find Helpful in Psychotherapy : Developing Principles for Facilitating Moment to Moment Change. *Journal of Counseling Psychology, 53*(3), 314 - 324.

Levitt, H., & Piazza-Bonin, E. (2011). Therapists' and clients' significant experiences underlying psychotherapy discourse. *Psychotherapy Research, 21*(1), 70-85.

Lev-Wiesel, R., & Doron, H. (2004). Allowing clients to choose their preferable nonverbl therapeutic modality. *Arts in Psychotherapy*, 31(4), 261-269.

Lietaer, G. (1992). Helping and hindering processes in client-centered/ experiential psychotherapy:A content analysis of client and therapist postsession perceptions. In S. G. Toukmanian & D. L. Rennie (Eds.), *Psychotherapy process research:Paradigmatic and narrative approaches* (pp. 134-162). housand Oaks, California: Sage Publications.

Lincoln, Y. V., & Guba, E. G. (1985). *Naturalistic Inquiry*. London: Sage.

Llewelyn, S., & Hardy, G. (2001). Process research in understanding and applying psychological therapies. *British Journal of ClinicalPsychology, 40*(1), 1-21.

Llewelyn, S. P. (1988). Psychological therapy as viewed by clients and

therapists. *British Journal of Clinical Psychology,27*(3), 223-237.

Lowenstein, L. (Ed.). (2008). *Assessment and treatment activities for children, adolescents, and families: Practitioners share their most effective techniques*. Toronto: Champion Press.

Lucock, M. P., Hall, P., & Noble, R. (2006). A Survey of Influences on the Practice of Psychotherapists and Clinical Psychologists in Training in the UK. *Clinical Psychology and Psychotherapy, 13*, 123–130.

Mahrer, A. R., & Nadler, W. P. (1986). Good Moments in Psychotherapy: A Preliminary Review, a List, and Some Promising Research Avenues. *Journal of Consulting and Clinical Psychology, 54*(1), 10-15.

Malchiodi, C. (2007). *The Art Therapy Sourcebook* (Second ed.). New York: McGraw-Hill

Malchiodi, C. (2011). Truama informed art therapy with sexually abused children. In Paris Goodyear-Brown (Ed.). *Handbook of Child Sexual Abuse : Preventation, Assessment, and Treatment*. New York : Wiley.

Malchiodi, C. (2014). Creative Arts Therapy Approaches to Attachment Issues. In C. A.Malchiodi & D.A. Crenshaw (Ed.). *Creative Arts Therapy and   Play Therapy for Approaches Problems*. New York : Guilford Press.

March, J. S. (2009). The future of psychotherapy for mentally ill children and adolescents. *Journal of Child Psychology and Psychiatry, 50*(1-2),170-179.

Marsh, D. T. (2004). Serious Emotional Disturbance in Children and Adolescents: Opportunities and Challenges for Psychologists. *Professional Psychology: Research and Practice, 35*(5), 443-448.

Martin, J., & Stelmaczonek, K. (1988). Participants' Identification and Recall of Important Events in Counseling. *Journal of Counseling Psychology,35*(4), 385-390.

Martínez, L. G. (2003). Person-Centered Expressive Arts: An Alternative Path to Counseling and Education. An interview with Natalie Rogers. *RevistaElectrónica de Investigación Educativa, 5*(2). Retrieved 26 February, 2010, from http://redie.uabc.mx/vol5no2.

McDougall, T. (2011). Mental health problems in childhood and adolescence. *Nursing Standard, 26*(14), 48-56.

McLeod, J. (2001). *Qualitative Research in Counselling and Psychotherapy*. London: Sage Publications Ltd.

McLeod, J. (2003). *Doing Counselling Research* (Second ed.). London: SAGE Publications Ltd.

Mcleod, J. (2011). *Qualitative Research in Counselling and Psychotherapy* (Second ed.). London: Sage Publications Ltd.

Menna, A. R. (2008). Resiliency in lesbians with a history of childhood sexual abuse : Implications for clinical practice. Unpublished doctoral

dissertation, University of South Florida, Florida.

Merrill, C., & Andersen, S. (1993). A content analysis of person-centered expressive therapy outcomes. *The Humanistic Psychologist, 21*(3), 354-363.

Merry, T. (1997). Counselling and creativity: An interview with Natalie Rogers. *British Journal of Guidance & Counselling, 25*(2), 263-274.

Mey, S. C. (2004). *School Counseling and Guidance in the Asia-Pacific Region :Current Issues and Prospects*. Paper presented at the The 5th International Conference on Education Research, Seoul Korea.

Mey, S. C., & Kok-Mun, N. (2010). Counseling in Malaysia: History, Current Status, and Future Trends. *Journal of Counseling & Development, 88*,18- 22.

Moon, B. L. (2007). *The Role of Metaphor in Art Therapy:Theory, Method,and Experience*. Illinois: Charles Thomas Publisher Ltd.

Morrow, S. L. (2007). Qualitative Research in Counseling Psychology. *The Counseling Psychologist, 35*(2), 209-235.

Moustakas, C. (1959). *Psychotherapy with children*. New York:Harper.

Moustakas, C. (1973). *Children in Play Therapy*. Michigan: Jason Aronson Inc.

Moustakas, C. (1997). *Relationship Play Therapy*. London: Jason Aronson Inc.

Musselwhite, K., Cuff, L., McGregor, L., & King, K. M. (2007). The telephone interview is an effective method of data collection in clinical nursing research: A discussion paper. *International Journal of Nursing Studies,44*(6), 1064-1070.

National Advisory Council. (2010). *One Year on the first report from the National Advisory Council for Children's Mental Health and Psychological Wellbeing*. Nottingham: Department of Children, School and Family Publications. Retrieved 12 July, 2011, from www.teachernet.gov.uk/publications.

Norcross, J. C. (Ed.). (2011). *Psychotherapy relationships that work* (2nd ed.). New York: Oxford University Press.

Norton, C. C., & Norton, B. E. (2002). *Reaching Children through Play Therapy: An Experiential Approach.* Denver, Colorado: The Publishing Cooperative.

Norton, C. C., & Norton, B. E. (2011). Experiential play therapy. In C. E. Shaefer (Ed.), *Foundations of play therapy* (pp.185-203). New Jersey: John Wiley and Sons, Inc.

Norton, B., Ferriegel, M., & Norton, C. (2011). Somatic Expressions of Trauma in Experiential Play Therapy. *International Journal of Play Therapy, 20*(3), 138–152.

Oaklander, V. (1978). *Windows to our children: A Gestalt therapy approach*

to children and adolescents. Utah: Real People Press.

Oetzel, K.B. & Scherer, D. G. (2003). Therapeutic Engagement With Adolescents in Psychotherapy. Psychotherapy: Theory, Research, Practice, Training, 40(3), 215-225.

Opdenakker, R. (2006). Advantages and Disadvantages of Four Interview Techniques in Qualitative Research. *Forum : Qualitative Social Research.* 7(4).

Oster, G. D., & Crone, P. G. (Eds.). (2004). *Using drawings in assessmentand therapy: a guide for mental health Professional* (2nd ed.). East Sussex: Brunner-   Routledger.

Parashak, S. T. (1997). The richness that surrounds us: Collaboration of classroom and community for art therapy and art education. *Art Therapy:Journal of the American Art Therapy Association, 14*(4), 241-45.

Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *Lancet, 369*, 1302-1313.

Paulson, B. L., Everall, R. D., & Stuart, J. (2001). Client perceptions of hindering experiences in counselling. *Counselling and Psychotherapy Research 1*(1), 53-61.

Paulson, B. L., Truscott, D., & Stuart, J. (1999). Clients`Perceptions of Helpful Experiences in Counseling. *Journal of Counseling Psychology, 46*(3), 317 - 324.

Perry, B. (2009). Examining child maltreatment through a neurodevelopment lens. *Journal of trauma and loss*, 14, 240-255.

Piaget, J. (1962). *Play, Dreams and Imitation in Childhood*. New York: Norton.

Play Therapy United Kingdon. (2011). Accessed 20 January 2011: http://www.playtherapy.org.uk.

Polkinghorne, D. E. (2005). Language and Meaning: Data Collection in Qualitative Research. *Journal of Counseling Psychology, 52*(2), 137–145.

Ponterotto, J. G. (2005). Qualitative Research in Counseling Psychology: A Primer on Research Paradigms and Philosophy of Science. *Journal of Counseling Psychology,52*(2), 126-136.

Ponterotto, J. G. (2006). Brief Note on the Origins, Evolution, and Meaning of the Qualitative Research Concept "Thick Description". *The Qualitative Report 11*(3), 538-549.

Porter, M. L., Hernandez-Reif, M., & Jessee, P. (2009). Play therapy: a review. *Early Child Development and Care 179*(8), 1025-1040.

Prever, M. (2010). *Counselling and Supporting Children and Young People :A Person-centred Approach*. London: Sage.

Quesnelle, C. L. (2011). *Evaluating the therapeutic alliances: What`s matter to the teen.* Unpublished doctoral dissertation, University of Calgary,Alberta, Canada.

Ray, D. C. (2010). Challenges and barriers to implementing play therapy in schools. In A. A. Drewes & C. E. Schaefer (Eds.), *School based play therapy* (Second ed., pp. 87-104). New Jersey: Wiley and Son Ltd.

Ray, D. C., Amstrong, S. A.,Warren, E., & Balkin, R. S. (2005). Play therapy practices among elementary school counsellors. *Professional School Counselling*, 8(4), 360-365.

Rennie, D. L. (2000). Grounded Theory methodology as methodical Hermeneutics: Reconciling, Realism and relativism. *Theory and Psychology, 10*(4), 481-502.

Rennie, D. L., & Fergus, K. D. (2006). Embodied Categorizing in the Grounded Theory Method : Methodical Hermeneutics in Action. *Theory &Psychology, 16*(4), 483–503.

Richardson, G., Partridge, I., & Barrett, J. (Eds.). (2010). *Childand Adolescent Mental Health Services : An Operational Handbook*. Glasgow: Bell and Bain Limited.

Riley, S. (2001). Art therapy with adolescents. *West Journal Medicine,175*(54-57).

Robbins, A. (1985). Perspective: Working towards the establishment of creative arts therapies as an independent profession. *The Arts in Psychotherapy, 12,* 67-70.

Rober, P., Elliott, R., Buysse, A., Loots, G., & Corte, K. D. (2008). Positioning in the Therapist`s inner conversation : A Dialogical Model Based on a Grounded Theory Analysis of Therapist Reflections *Journalof Marital and Family Therapy, 34*(3), 406–421.

Roberts, R. E., Roberts, C. R., & Xing, Y. (2007). Rates of DSM-IV psychiatric disorders among adolescents in a large metropolitan area. *Journal of Psychiatric Research., 41*, 959-967.

Rogers, C. R. (1942). *Counseling and Psychotherapy: Newer Concepts in Practice.* Boston: Houghton Mifflin.

Rogers, C. R. (1951). *Client-Centred therapy*. Boston: Houghton Mifflin.

Rogers, C. R. (1957). The Necessary and Sufficient Conditions of Therapeutic Personality Change. *Journal of Consulting Psychology,21*(2), 95-103.

Rogers, C.R. (1961). *On Becoming a person : A therapist`s view of psychotherapy*. London: Constable and Robinson Ltd.

Rogers, C. R. (1980). *A way of being*. Boston: Houghton Mifflin.

Rogers, C. R., & Russell, D. R. (Eds.). (2002). *Carls Rogers : The Quiet Revolutary and Oral History*. California: Penmarin.

Rogers, N. (1987). The Creative Connection® [DVD] California: Person-

centered Expresive Arts Therapy Institute.

Rogers, N. (1993). *The Creative Connection : Expressive Art as Healing*.California: Science & Behavior Books,Inc.

Rubin, J. A. (2010). *Introduction to art therapy*. New York: Routledge Taylor and Francis Group.

Ryan, V., & Needham, C. (2001). Non-directive Play Therapy with Children Experiencing Psychic Trauma. *Clinical Child Psychology and Psychiatry, 6*(3), 437- 453.

Salomon, M. K., & Garner, A. M. (1978). Use of Play Materials in Treating a severely Handicapped Child. *Child: Care,Health and Development,4*(2),131-140.

Sanders, P. (2007). Introduction to the Theory of Person-centred Therapy. In M. Cooper, M. O`Hara, P. F. Schmid & G. Wyatt (Eds.), *The Handbook of Person-Centred Psychotherapy and Counselling* (pp. 9-18). New York:Palgrave Macmillan.

Schwarz, S. b., & Schwarz, J. (2000). Person-Centered Sandtray Therapy. *Person-Centered Practice, 8*(2), 75-86.

Seligman, L. & Reichenberg, L, W,. (2010). *Theories of Counseling and Psychotherapy :Systems, strategies, and skills.* (3rd Edition). New York: Pearson.

Shechtman, Z., & Gluk, O. (2005). An Investigation of Therapeutic Factors in Children's Groups. *GroupDynamics: Theory, Research, and Practice, 9*(2), 127-134.

Shen, Y. J. (2008). Reasons for school counsellors' use or nouse of play therapy : an exploratory study. Journal of Creativity in mental Health. 3(1), 30-43.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information,22*, 63 -75.

Siegel, D. (2012). The developing mind. (2nd ed.). New York: Guilford Press.

Silverstone, L. (1997). *Art Therapy The Person-Centred Way.* London:Jessica Kingsley Publisher.

Silverstone, L. (2009). *Art Therapy Excercises : Inspirational and Practical Ideas to Stimulate the Imagination*. London: Jessica Kingsley Publisher.

Sommers-Flanagan, J. (2007). The development and evolution of person-centred expressive art therapy : a conversation with Natalie Rogers . *Journal of Counseling and Development, 85*(1), pg 120 -125.

Stern, D. N. (1985). *The interpersonal world of the infant: a view from psychoanalysis and developmental psychology*: New York: Basic Books.

Strauss A. , & Corbin J. (1998). *Basics of qualitative research: Grounded theory: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.

Strickland-Clark, L., Campbell, D., & Dallos, R. (2000). Children`s and adolescents view on Family Therapy. *Journal of Family Therapy 22*, 324 - 341.

Sturges, J. E., & Hanrahan, K. J. (2004). Comparing Telephone and Face-to-Face Qualitative Interviewing: A Research Note. *Qualitative Research,4*(1), 107-118.

Sultanoff, S. (2013) Integrating Humor Into Psychotherapy: Research, Theory, and the Necessary Conditions for the Presence of Therapeutic Humor in Helping Relationships. *The Humanistic Psychologist*.41 (4). 388-399.

Sweeney, D., & Landreth, G. (2011). Child-centred Play Therapy. In C. E.Schaefer (Ed.), *Foundation of Play Therapy* (Second ed., pp. 129-152). New Jersey: John Wiley and Sons.

Tenzin-Dolma, L. (2000). Interview With Dr Natalie Rogers, Ph.D., R.E.A.T. Retrieved 5 April, 2008, from http://www.nrogers.com.

Thacker, K. (2009). *A phenomenological approach to art therapy with adoelscent females : A study on responsive art making.* Unpublish master dissertation, Hofstra University, New York.

The University of Hong Kong. (2012). Three-year training program in expressive Arts Therapy –The person-centered approach. Retrieved 23 February, 2012, from http://cbh.hku.hk/Documents/Pamphlet.

The Scottish Government. (2010). *Realising potential: An action   plan for allied health professionals in mental health.* Edinburgh: The Scottish Government, St Andrew's House.

The Scottish Government. (2011). *Mental Health Strategy for Scotland: A Consultation 2011-15.* Edinburgh: The Scottish Government, St Andrew's House.

Timulak, L. (2007). Identifying core categories of client-identified impact of helpful events in psychotherapy: A qualitative meta-analysis. *Psychotherapy Research, 17*(3), 305-314.

Timulak, L. (2010). Significant events in psychotherapy: An update of research findings. *Psychology and Psychotherapy: Theory, Research and Practice,83*(4), 421-447.

Timulak, L., Belicova, A., & Miler, M. (2010). Client identified significant events in a successful therapy case: The link between the significant events and outcome *Counselling Psychology Quarterly 23*(4), 371-386 .

Tolan, P. H., & Dodge, K. A. (2005). Children's Mental Health as a Primary Care and Concern: A System for Comprehensive Support and Service. *American Psychologist, 60*(6), 601-614.

Trotter, K., Eshelman, D., & Landreth, G. (2003). A place for Bobo in play therapy. *International Journal of PlayTherapy, 12*(1), 117-139.

VanFleet, R. (2005). *Filial Therapy : Strengthening Parent-Child Relationships Through Play* (Vol. Second). Florida: Professional Resource Press.

VanFleet, R. (2011). Filial Therapy : Strengthening Family Relationships With the power of Play. In C. E. Schaefer (Ed.), *Foundations of Play Therapy* (Vol. Second, pp. 153-169). New Jersey: John Wileys and Sons.

VanFleet, R., Sywulak, A. E., & Sniscak, C. C. (2010). *Child Centred Play Therapy*. New York: The Guilford Press.

Van Kalmthout, M. (2007). The process of person-centred therapy. In M. Cooper, M. O`Hara, P. F. Schmid & G.Wyatt (Eds.), *The Handbook of Person-CentredPsychotherapy and Counselling* (pp. 221-231). New York: Palgrave

Viner, R. M., & Barker, M. (2005). Young people's health: the need for action. *British Medical Journal, 330*, 901 - 903.

Walker, S. (2001). Consulting With Children and Young People. *The International Journal of Children`s Right, 9*, 45 - 56.

Warshaw, T. (Ed.). (2008). *Creative Discernment : The key to the training and practice of person centred play therapist*. Ross-on-Wyne: PCCS Books Ltd.

Weitzman, S. (2008). 7 essential skills to teach children. In Lowenstein, L.(Ed.).*Assessment and treatment activities for children, adolescents, and families: Practitioners share their most effective techniques.* Canada: Champion Press.

West, J. (1996). *Child centred play therapy* (Second ed.). London: Jessica Kingsley.

Wilson, K. & Ryan, V. (2005). *Play therapy: A non-directive approach for children and adolescents* (2nd ed.).London: Elsevier.

World Health Organization. (2005). *Child and Adolescent Mental Health Resources:Global Concerns: Implication for the Future*. Switzerland: The World Health Organization,Department of Mental Health and Substance Abuse.

White, J., Draper, K., & Jones, N. P. (2001). Play Therapy Behaviours of Physically Abused Children. In G. L. Landreth, (Ed.), *Issues, Process, and Special Populations* (pp. 99-118). New York: Brunner-Routledge.

Wikström, B.,M. (2005). Communicating via Expressive Arts:The Natural Medium of Self-Expression for Hospitalized Children. *Pediatric Nursing 31*(6), 480 - 485.

Winnicott, D. W. (1991). *Playing and Reality*. London: Routledge.

Winter-Martin, S. (2010). *"Lifting the Burden": Art Therapy for Survivors of Intimate Partner Violence.* Unpublished doctoral dissertation, Roehampton University.

YoungMinds (Ed.). (2006). *What are Child and Adolescent Mental Health Services?* London: YoungMinds.

Zimring, F. M., & Raskin, N, J. (1992). Carl Rogers and client/person-centered therapy. In D. K. Freedheim (Eds), *History of psychotherapy : A century of change* (pp.629 – 656). Washing, DC : American Psychological Association.

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Person-centred therapy with children and young people using arts and creative approaches. If you are a person-centred therapist who uses arts and/or play material with children and young people aged 10 to 16 and would like to be interviewed about your work, please contact me (Azizah Abdullah, PhD student, University of Strathclyde) at: azizah.abdullah@strath.ac.uk / 07948613158.

Dear …………………

I am Azizah Abdullah from Malaysia currently undertaking PHD research at the University of Strathclyde. My supervisors are Prof. Mick Cooper and Prof. Robert Elliott of Department of Educational and Professional Studies, Faculty of Education, University of Strathclyde.

The title of my research is **'A qualitative interview study of creative practice as an adjunct to person-centred therapy working with young people aged 10 to 16.`** The study attempts to investigate what types of creative practices are employed by therapists, material used and groups of young people this approach more suitable for. The study also focuses on helpful aspects, unhelpful aspects and added-value of utilise creative practice as alternative way of working rather than talking therapy itself.

To find therapists to interview, I searched BACP, BAPCA, ADPCA, A4PT, PTUK, BAPT and a few websites and found that you are currently working as a therapist utilizing art or play and creative approaches with young people and had related person-centred approach in your work. If you would like to be interviewed about your work, please contact me at: azizah.abdullah@strath.ac.uk / 07948613158.

Your kind consideration and cooperation to this research are highly appreciated.

With Best Wishes,

Azizah

Azizah Abdullah
Post-Graduate PhD Research
Counselling Unit
Department of Educational and Professional Studies
Faculty of Education, University of Strathclyde
Glasgow, Scotland

(The original letter was on Counselling Unit, University of Strathclyde letter head)

1st March 2008

....

....

....

....

Dear ……………………..

RESEARCH ON PERSON CENTRED WITH YOUNG PEOPLE USING ARTS AND CREATIVE APPROACHES

I am carrying out a preliminary interview study as part of a PhD research project in counselling at the University of Strathclyde supervised by Professor Mick Cooper and Professor Robert Elliott.

The title of the research is 'A qualitative interview study of creative practice as an adjunct to person-centred therapy working with young people aged 10 to 16.'

For this research I hope to interview around 10 to 25 people who are Person-Centred therapist,who have been using creative approaches such as art and/or play materials, with young people aged 10 to 16.

If you feel you would be interested in participating in this preliminary study or finding more about it, I would be grateful if you could read the attached Information Sheet and, if still interested, sign and return the consent form in the enclosed envelope. I will then contact you to arrange a convenient date and location (face to face or telephone) when the interview can be conducted.

You can contact me at: azizah.abdullah@strath.ac.uk or 07948613158 if you have Any questions.

With best wishes,

Your Sincerely,

Azizah
(Azizah Abdullah)
Post-Graduate PhD Research
Counselling Unit
Department of Educational and Professional Studies
Faculty of Education, University of Strathclyde
Glasgow, Scotland

INFORMATION SHEET (Latest version)
Thank you for your interest in this research. Please read this information sheet if you are interested in taking part in this study. This study is intended for those who use or have used creative approaches, such as art and/or play materials, in person-centred therapy with children and young people age 5 to 18.

ABOUT THE INVESTIGATOR:
My name is Azizah Abdullah. I am from Malaysia and am currently undertaking PhD research at The University of Strathclyde. My supervisors are Prof. Mick Cooper and Prof. Robert Elliott of School of Psychological Sciences and Health, Faculty of Humanities and Social Sciences.

I studied for four years a Bachelor Degree in Guidance and Counselling and MSc in Counselling at a Malaysian university. Whilst study for my MSc, I did an internship with regular supervision at various places such as a Boarding school, Marriage and Family Development Centre and Gerontology/ Geriatric Centre. I work as a teaching staff at one of the university in Malaysia lecturing in Counselling.

My counselling practice is informed by the person-centred approach and I am interested to find out about creative practice across UK, to adapt and adopt within a Malaysian context.

Background and purpose of study:
The title of the research is ` **Contemporary person-centred creative practice with children and young people: Therapist characteristics, materials, practices, client groups, helpful factors, unhelpful factors and added value** `.

The study attempts to investigate what types of creative practices are employed by person-centred therapists and which groups of young people they may be suitable for. The study also focuses on helpful aspects; unhelpful aspects and added-value of utilize creative practice as alternative way of working rather than talking therapy itself.

Ethical approval for this study has been obtained from the University of Strathclyde.

Criteria of Participants:
Person-centred therapists who have used creative practices such as art and/or play therapy with children and young people age 5 to 18.

What is involved for participants:
Participants will be invited for an interview for duration of an hour at a place of your convenience (either face-to-face or by telephone). Question asked are about the experiences of creative practice in person-centred therapy (such as art or play materials) with children and young people. The key questions are:

    i.   What kind of creative practices have you used with young people?
    ii.   How have you conducted this kind of creative therapy with young people?
    iii.   Why do you use this approach?
    iv.   What do you think is helpful/ unhelpful about this way of working?
    v.   What's the added-value in using this approach?

The interview will be recorded and participants will be sent a copy of the transcription on request.

Right to withdraw:
A participant may withdraw from the study at anytime, or request their data be withdrawn without needing to give any reason.

Confidentiality:
Details of participants will be kept confidential and anonymous during and after the study and in any publication. Personal detail will be kept separately from transcripts and will be destroyed at the end of the study.

Payment:
There will be no payment for taking part.

Potential Risk/Discomforts:
There is a very small risk that talking about past experiences with clients may remind you of feelings of psychological discomfort you experienced at that time and cause distress or discomfort. If you would like to contact somebody about any feeling or concerns that the interview has raised, please e-mail Jane Balmforth at jane.balmforth@rasmd.ac.uk.
You can also contact BACP Client Information Helpdesk at 01455 883316

Result of the study:
I intend to publish a summary of the results in a national or international journal of counselling and psychotherapy. If you would like a copy of the results of this finding, or of any published articles please let me know.

Individuals to contact:
If you have any questions at any point during the study please contact me on:
azizah.abdullah@strath.ac.uk or 07424112716.

Independent Person to contact:
If you would like to talk to an independent person about this research, please contact Chair of Department Ethics Committee Dr David Rowe at : david.rowe@strath.ac.uk or
0141 950 3712.

CONSENT FORM

Title of research project: **Contemporary Person-centred creative practices with children and young people: Therapist characteristics, materials, practices, client groups, helpful factors, unhelpful factors and added value.**

Researchers: Azizah Abdullah
Mick Cooper
Robert Elliott

Please tick to confirm

1.   I confirm that I have read and have understood the information sheet for the above study. I have had the opportunity to consider the information, asked questions and have had these answered satisfactorily.

2.   I understand that my participations is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected.

3.   I understand that I may refuse to answer any questions about which I feel uncomfortable.

4.   I understand that all information I provide will be treated with the Utmost confidentiality and I can also request the destruction of information if I wish.

5.   I agree to take part in the above study.

Name   : ……………………………………………………..

Signature   : ……………………………………………………..

Date   : ……………………………………………………

Contact email :……………………………………………………

Contact tel.   :……………………………………………………

University of Strathclyde

Department of Educational and Professional Studies

Application to

Departmental Ethics

Committee

Chair of DEC: David Wallace david.wallace@strath.ac.uk

Administrator: Tammy McLean t.mclean@strath.ac.uk

1 Introduction

1.1 The Faculty of Education has a clear vision of research excellence and is committed to rigorous investigation in the interests of scholarship and evidence based teaching and learning. Central to effective research is the application of sound ethical principles that are provided in the University Code of Practice and which detail the role of both University and Departmental Ethics Committees.

1.2 If you are preparing a research investigation you should firstly be familiar with the requirements of the University of Strathclyde *Code of Practice on Investigations on Human Beings* (approved by Court 28 June 2005) that is available at http://www.mis.strath.ac.uk/Secretariat/Ethics.htm . The code of practice provides guidance on standards of conduct for staff and students who are conducting investigations under the auspices of the University. It is these protocols that inform the deliberations of ethics committees.

1.3 The attached form is used for ethics application to either Departmental or University Ethics Committees. Each investigator must decide on the basis of the code of practice the most appropriate destination for their application. The following extract from the code provides initial guidance.

2 University Ethics Committee

2.1 All investigations governed by the Code that involve any of the following types of volunteers, techniques or procedures **must** be submitted to the University Ethics Committee for prior approval:

> i. where any harm, discomfort, physical or psychological risk is potentially involved;
>
> ii. where participants are used who are over 65 years of age or whose ability to give voluntary consent is limited, including cognitively impaired persons, prisoners, persons with a chronic physical or mental condition, or those who live in or connected to an institutional environment;
>
> iii. where any invasive technique is involved, DNA testing, or collection of body fluids or tissue;
>
> iv. where an extensive degree or duration of exercise or physical exertion is involved;
>
> v. where manipulation of cognitive or affective human responses are involved which could cause stress or anxiety;
>
> vi. where drugs, including liquid and food additives or other substances, are administered for research purposes;
>
> vii. where deception of participants is used of a nature which might cause distress or which might reasonably affect their willingness to participate in the research;
>
> vii. where highly personal, intimate or other private or confidential information is sought;
>
> ix. where payment is made to participants other than to cover expenses or time involved.

2.2 Where children under 16 years of age are involved in investigations, then provided they are willing to take part, none of the above procedures or circumstances are involved and parental/guardian consent is given, these do not necessarily have to be considered by the University Ethics Committee but may be considered by the Departmental Ethics Committee.

3 Departmental Ethics Committee

3.1 Rationale:

Where it is clear that none of the above (I to ix) apply, the Educational and Professional Studies Departmental Ethics Committee can consider applications for approval for investigations on human participants, whether involving adults or children under 16 years of age where parental/guardian consent has been given. This will largely comprise class teaching experiments and demonstrations, student and staff research projects which do not involve any of the techniques or procedures outlined above (I to ix), and any other instances when the University Ethics Committee has delegated authority to the Departmental Ethics Committee.

If the Departmental Ethics Committee has any doubts about a particular investigation, or if it cannot reach agreement, then the application for ethical approval will be referred to the University Ethics Committee for consideration.

3.2 Application To Departmental Ethics Committee

Once it is decided that the application for ethical approval is a matter for the Departmental Ethics Committee, you should complete the application in detail and submit the form to Tammy McLean (secretary) at the Educational and Professional Studies Office, room W313B, or contactable at t.mclean@strath.ac.uk and on 0141 950 3161. All applications should be typed/word processed.

The Departmental Ethics Committee members will then be circulated a copy of each application and will arrive at a recommendation for or against approval. Notification of the decision of the committee will normally be confirmed to the applicant in writing within 15 working days of receipt of the application.

Where applications do not obtain approval, reasons are communicated to applicants in writing and these may inform resubmission.

NB It is the responsibility of the applicant to obtain approval in advance of investigations on human subjects and therefore to allow time for such approval in the planning of such investigation.

3.3 Checklist

The following checklist may assist in expediting the application and avoid unnecessary rejection or delay:

1. Is the form typed and clearly presented?

2. Have you completed each section of the application form in detail?

3. Have you provided suitable justification for the number and type of participants in the study?

4. Have you provided clear evidence that the selection of the "group" has been considered in the light of guidance provided at Annexe 2 of the Code of Practice?

5. Have you completed and attached the management risk assessment form provided at annexe 4 of the code of practice?

6. Have you enclosed a copy of the means of obtaining informed consent (consent form)?

7. Have you enclosed the information sheet to be provided to participants?

8. Have you enclosed the interview schedule detailing question areas/questions?

9. Is the methodology valid and robust?

10. Have you signed the form at section 21 – declaration?

NB – If you are a student or working under the direction of an academic member of staff, the chief investigator is that member of staff (who assumes responsibility on behalf of the university)

The required signature of the Head of Department will be sought by the committee secretary following approval by DEC.

UNIVERSITY OF STRATHCLYDE

APPLICATION FORM FOR UNIVERSITY ETHICS COMMITTEE

This form applies to research with human participants undertaken by staff or students of the University of Strathclyde which falls within the remit of the University Ethics Committee (see Code of Practice, para 5.1) or the Departmental Ethics Committees (see Code of Practice, para 5.2).

However, this form should NOT be used for any research involving clinical trials (see Code of Practice, para 2(vii)) or medicinal products, nor for research involving staff, patients, facilities, data, tissue, blood or organ samples from the National Health Service. Applications for ethical approval for research involving the National Health Service in any way must be made under the governance arrangements for National Health Service Research Ethics Committees (see Code of Practice, para 3.2(d)) using the form issued by COREC (see Code of Practice, para 6.1).

Information sheets for volunteers and consent forms to be used in this study should be submitted with the application form for consideration by the Committee.

The application will be judged entirely on the information provided in this form and any accompanying documentation – full grant proposals to funding bodies should not be attached.

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15. **Chief Investigator**

Name: Mick Cooper , PhD

Status: Professor

Department: Educational and Profesional Studies (Counselling unit)

Contact details: **Telephone:** 0141 950 3361

   E-mail: mick.cooper@strath.ac.uk

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2. **Other Strathclyde Investigator(s)**

Name(s): Azizah Abdullah

Status (e.g. staff, post/undergraduate): PhD Research Student

Department(s): Educational and Professional Studies (Counselling Unit)

If student(s), name of supervisor: Prof. Mick Cooper and Prof. Robert Elliott

Contact details: **Telephone:** 07948613158

   E-mail: azizah.abdullah@strath.ac.uk

Please provide details for all researchers involved in the study

3. Non-Strathclyde collaborating investigator(s)

Name(s):

Status:

Department/Institution:

If student(s), name of supervisor:

Contact details: Telephone:

E-mail:

Please provide details for all researchers involved in the study

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4. Title of the research:

Creative practices in contemporary person-centred therapy with children and young people: practices, materials, client groups, helpful factors, unhelpful factors and added value .

5. Where will the research be conducted? (Note that the Committee reserves the right to visit testing sites and facilities)

Telephone and face-to-face interviews will be conducted at places of convenience to interviewees. This could be participants' workplace (e.g., consultation room or meeting room).

6. **Duration of the research (years/months):**

(**Expected) start date:** 1st March 2008

(**Expected) completion date:** 31th May 2008

7. Sponsor: University of Strathclyde

8. Funding body (if applicable):

Status of proposal – if seeking funding (Please select as appropriate):

i)   **in preparation** ☐

ii)   **submitted** ☐

iii)   **proposal accepted by funding body** ☐

Date of submission of proposal:

Date of commencement of funding:

9. <u>Research objectives:</u>

Brief outline of the background, purpose and possible benefits of the research.

Various counselling strategies and approach have been used to help young people to enhance their psychological wellbeing. In light of the development and need for counselling services for young people, practitioners need to broaden their knowledge and skills in order to address the wider array of clients' needs. Therefore, the focus on its helpful aspects, why it is helpful and how it is actually helpful (Richards, 2006) in identifying the process of change has become a crucial topic of discussion. This study is a first step of PhD research to find out about the creative practices in person-centred therapy to young people aged between 10 to 16 years. Hence, this study attempts to investigate what types of creative practices employed by person-centred therapists to young people to enhance their psychological wellbeing. The findings will be of help to determine the subsequent steps of the PhD.

The variety of methods available for helping young people to cope and overcome problems has grown in the past few decades with numerous creative and alternative approaches. Creative therapy using play and art materials for young people are becoming better known and more utilized. They are an effective way of helping many clients prevent and resolve problems (Gladding, 2005). The creative process can be a positive experience for young people for psychological growth (Rambo, 1996), a greater spontaneity and the opportunity to convey deep personal meaning (Wilkins, 1995), and for a healing process (Robertson, 2001). Based on this, the use of creative practices in counselling in conjunction with person-centred therapy may improve the wellbeing condition of young people.

The specific objectives of this study are:

1)   to identify the kinds of creative practice used by person-centred therapist with young people.
2)   to recognise the specific creative materials used by person-centred therapist with young people.
3)   to analyze the helpful aspects of creative practice in person-centred therapy.
4)   to identify groups of young people that the creative practice may be suitable for.

Through presentation of the results at conferences and journal papers, it is hoped that this research will raise awareness of appropriate creative practice as an adjunct to person-centred therapy with young people.

10. <u>Nature of the participants:</u>

Number: 10 - 25
Age (range): 25 - 65 Years old
Gender of volunteers: Male and female
Recruitment method(s): Obtain a list of person-centred practitioners who work with young people through accessing key informants and searching the websites of: British Association of Counselling and Psychotherapy's (BACP), British Association of person-centred Approach (BAPCA), person-centred therapy Scotland (PCT Scotland). I will send these practitioners an invitation email (see Appendix B) and invite them to participate in the study. Additionally, I also will put a notices or advertisements (Appendix A) at appropriate places, such as the PCT Scotland, BACP and BAPCA website to explain about the purpose of the study. A recruitment letter (Appendix C), Research Information Sheet (Appendix D) and Informed Consent Form (Appendix E) will be sent out to the interested practitioners who have responded to the notice or invitation. They are asked to return the signed Consent Form if they would like to participate in the study. For telephone interviews, signed Informed Consent forms will need to be returned before the interviews can proceed.

Inclusion/exclusion criteria (if appropriate):

Person-centred practitioners (psychotherapists, counsellors, or psychologists) who have

used creative practices with young people aged 5 to 18

Screening procedure (if appropriate): Not applicable

Any special skills, attributes, medical conditions?: Not applicable

Any vulnerable participants (see Code of Practice, annex 2)?: Not applicable

Justifications for sample size (e.g. power calculations)?:

As the use of qualitative interview is for exploration and the project is still at the early stages no specific number of participants are required (Gillham, 2005); but 10 to 25 participants, depending on the depth and extent of interview material elicited, is common practice within qualitative research.

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15. **What consents will be sought and how?**

When practitioners respond to an initial invitation, a recruitment letter (Appendix C), Research Information Sheet (Appendix D), and an Informed Consent Form (Appendix E) will be send to them. The Consent Form states their rights to withdraw from the study at any time, and that they may request a copy of the transcript after the interview for cross checking.

When the participants return the consent form, they will be contacted to arrange a date, time and places of interview.

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16. **Methodology**

Design: -- what kind of design is to be used in the research (e.g. interview, experimental, observation, randomised control trial, etc..)?:
Qualitative interview

Techniques: -- what methods will be employed and what exactly is required of participants?
A semi structured, open ended interview with a series of questions (Appendix G) will be used to ask participants about the use of creative practices within person-centred when working with young people.
The interviews will be tape recorded, and a copy of the recording will be sent to the participant on request.

Reference should be made to clause 5.1 of the code of practice and relevant details listed.

The duration of the study for participants and frequency of testing (if repeat testing is necessary)
Participants will be interviewed for approximately one hour, including approximately 10 minutes at the end of the interview for the participant to be debriefed and to ask any questions.

17. <u>Potential risks or hazards:</u>

There is a very small risk that talking to practitioners about past work may remind them of feelings of psychological discomfort they experienced at that time and cause distress. To minimize the distress associated with such experiences, participants will be provided in their information sheet with relevant support that they can access following the interview as well as at a later date, if they require it.The contact person they can contact for further reference is: jane.balmforth@rasmd.ac.uk

Who is a counsellor at The Royal Scottish Academy of Music and Drama, Glasgow

They will also be reminded that they can contact the British Association of Counselling and Psychotherapy (BACP) at: 0870 443 5252

18. <u>Any payment</u> to be made: none

19. What <u>debriefing</u>, if any, will be given to volunteers?

Transcriptions of the interviews will be sent on request and participants will be given an opportunity to discuss the interview with the researcher at the end of the interview session.

**20. What are the <u>expected outcomes</u> of the research? How will these be disseminated?
Will you seek to publish the results?**

These outcomes of research will be disseminated by presenting at national and international conference of Counselling and psychotherapy. e.g BACP conference, PCE World-2008 etc.

I would hope that the finding and result of this study will be published in national or international journals of counselling and psychotherapy, such as Person-Centered and Experiential Psychotherapies.

**21. Nominated person (and contact details) to whom participants' concerns/questions should be directed before, during or after the research.
Azizah Abdullah, 126A SouthBrae Drive, Glasgow G13 1TZ
0141 959 0671 or 07948613158
azizah.abdullah@strath.ac.uk**

22. Previous experience of the researcher(s) with the procedures involved.

11 years of Counselling experience with young people in Malaysia
Lecturing in counselling at Malaysian University
Conducting researches in counselling with young people in Malaysia

Professor Mick Cooper has conducted a number of in-depth interview studies, such as: Cooper, M. (2005). Therapists' experiences of relational depth: A qualitative interview study. *Counselling and Psychotherapy Research, 5*(2), 87-95.

23. <u>Generic approval:</u> if approval is sought for several separate pieces of research, all employing the same basic methodology and serving the same overall objective, then generic approval can be sought for a 3-year period. Give, <u>on a separate sheet</u>, further details about additional studies to be covered by this approval application, using the relevant headings (1-16 above), and drawing attention to any variations in methodology, participants, risks, etc. Student projects can also be submitted via Generic approval – see Code of Practice on Investigations on Human Beings, Section 6.3.

24. Sponsorship

This application requires the University to sponsor the investigation. I am aware of the implications of University sponsorship of the investigation and have assessed this investigation with respect to sponsorship and management risk. I agree on behalf of the University that the University is the appropriate sponsor of the investigation and there are no management risks posed by the investigation.

Signature of Head of Department

……………………………………………..

Date: ………………………

25. Declaration

I have read the University's Code of Practice on Investigations on Human Beings and have completed this application accordingly.

Signature of Applicant/Chief Investigator

……………………………………………..

Signature of Head of Department

……………………………………………..

Date: ………………………

* *

Notes

1. If there is any variation to any aspect of the research (location, investigators, methodology, risks, etc.) then the Secretary to the Ethics Committee should be notified in writing immediately.

2. Should anything occur during the project which may prompt ethical questions for any similar projects the lead investigator should notify the Ethics Committee.

3. Insurance and other approval requirements from appropriate external bodies must also be in place **before** the project can commence.

* *

For applications to the University Ethics Committee this completed form should be sent (electronically or hard copy) to Research and Consultancy Services in the first instance.

INTERVIEW PROTOCOL

(Via phone or face-to-face interview)

Participants: Practitioners working with children and young people age 5 to 18 using one of the creative approaches in person-centered therapy.

<u>**Questions:**</u>

1. What kinds of creative therapy have you used?
    Examples: Play Therapy, Art Therapy, Creative Therapy, Expressive Therapy
2. What kind of experience or training do you have in using this approach with young people? Could you elaborate more about this training programme?
3. How that you get interested in using these approaches?
    How many years of experience do you have in practicing this methods.
4. Who has influence you the most?
    - Natalie Rogers, Lielse Silverstone, Micheal Behr, Virginia Axline, Garry Landreth
    -Others….whom?
5. What books are you reading?
6. What type of materials that you used in therapy?
    What category do you place these materials in (e.g. play, art)
7. With what presenting issues or problems of young people do you think it is useful to use these approaches?
8. Could you describe (in confidence) how you have conducted play and/or art therapy with young people?
9. What was particularly helpful in using these approaches with young people?
    -What kind of impact do you identify as being helpful? (e.g. to build therapeutic relationship, control the process, less threatening etc)
    -Can you elaborate on this?
    -What are the helpful things you do when using these materials? (Depends on what material therapist mention)
    -How do you view that as helpful?
10. Do you found any factors that unhelpful, less helpful or unsuccessful in using this approach?
    -What was particularly unhelpful in using the materials you mentioned?
    -Can you explain more about that?
11. What added-value do you found in using creative approach with children and young people?
    What was the outcome of using this particular approach to children and young people?
12. Which aspects do you think could further develop and improve?
13. Would you like to add anything else on the use of creative therapy with young people?
15. Anything you might want to know regarding to this interview?

Thank you once again for your time, patience and help.

Interview 5: 10/6/08
Code: AM5/08

Q   *Hello. Thank you for agreeing to be interviewed. I'm interested to know what kind of creative approach you use with young people.*

A   Well, when I go out to school I have like a suitcase on wheels, so I actually take all my resources with me. So the kinds of things I have in my bag , I have paper, pens, glitter pens, glue, scissors, pipe cleaners. I have sticky shapes, like eyes, googly eyes. I have a good range of art and craft materials. I have paints, brushes. I also have about five or six board games , snakes and ladders, ludo, checkers, connect4, who's who. I also have cuddly toys, toy cars, some animals, fences. And basically that's all I can really fit, because it gets quite heavy, the bag, so it's really just to have a variety of things there for the young people that I go out to see.

Q   *So does this mean that every time you go to the …?*

A   Yeah, I bring it with me.

Q   *Could you tell me about your experience and background?*

A   Well, I've got a post-graduate diploma in counselling from Strathclyde University, Jordanhill. I've also got a post-qualifying certificate in counselling children and young people, which I done last year at Edinburgh University. It was actually a PPD course, but because I'd done the assignments, I got credits, post-graduate . I got 20 credits for it. And then obviously I've done the play therapy course at Jordanhill, and I've done various workshops through the organisation I work for. I've had two-day training on challenging behaviour, emotional well-being in school, so I've done lots of other , focussing on specific areas, maybe things that young children might have to deal with.

Q   *How did you become interested in using all this with young people?*

A   Well, I think when we started off , the counselling in secondary schools has been going on for about five or six years , we've had counsellors in secondary schools. But it was really through primary schools phoning us and having referrals . That's when the organisation decided to set up the primary school counselling. So it was myself and my colleague Anita. When we first started, we really didn't have a clue …[both laugh]   …
to be honest with you. Initially the kind of age group we were offering services to was primary six(aged 11) and seven(aged 12), because we didn't feel we had skills to work with younger children. So at the beginning all we really had in our bag was some games, pen and paper. We didn't have a lot, we just had a few things. And I think it's going through the course in Edinburgh we learned a lot more, and we learned about the different types of things you can bring along to play. I think that's when I began to feel more confident to use a lot of different types of material, toys, in the counselling session. That's the way it started, and obviously doing the play therapy course at Jordanhill was fantastic. I really feel that it's enhanced my work with the young people.

Q   *What do you find is particularly helpful about using all this material working with young people?*

A   What do I find helpful with the children?

Q   *Yes.*

A   I think ,sometimes young children are able to talk. Sometimes they talk and tell you how they're feeling. But sometimes they can't put that into words, and I think the play help them a lot to explore their feeling . Because I think when I first started, I thought, 'well, what's actually happening here? What am I doing? Am I actually helping? Am I playing?' But I feel more … I'm not saying I'm hugely experienced: I still see myself as at the beginning, just learning. But what I do feel is that I have trust, more trust in what the children actually do with the play, and allowing them that space to be able to do that. For example, one of my clients, who is nine, his younger brother at four has got brain cancer, so he's very, very ill. He's in and out of hospital all the time. Sometimes he's in hospital for weeks, and his mum's always at the hospital. So it was actually the school and his dad who referred him, because he was depressed and didn't want to go to

school. So he came along to the first session and he really began to thrive through coming for the counselling. He plays with everything. It's like all the things he's missing in his life he tries to cram it all into that one session. He makes a lot of cards for his mum. He tells his mum how he feels on the card, like 'Dear mum, I miss you so much', and he makes things for his brother, like pictures and paintings. And he'll write on it, 'Hope you get better'. He draws pictures of himself with tears pouring down his face, saying 'My brother is ill'.

I've actually formed a really strong relationship with him , he actually draws pictures of me as well. And I was a bit concerned about that, I took that to supervision. But we agreed that because it's not just me because he has become quite attached to me , he does it for everybody: he even made a card for my manager who he's never met, saying thank you very much for giving him me. That's what he put on the card.

Q   *What age is he?*
A   He's nine.
Q   *Nine? Oh.*
A   So he plays .He mostly, all the young people are different , uses all the art materials. He usually starts a session by telling me how his brother is: 'He's at home' or 'He's in hospital'. And then he uses all the art materials. He really involves me, I don't have to … He'll say to me 'Can you cut that for me? Can you do this? Can you do that? Will you draw me a picture?' So he really wants me to be involved with him in that session. He even sang a song to me one day at the end of the session! He sang a song to me in Urdu.
Q   *How long does a session take?*
A   In the primary school, it's usually 50 minutes. But he would stay longer, he would stay there the whole morning, so I have to be ,because I see other young people in the school, and one of them's his friend, so the two of them have told each other that they come to see me.
Q   *Oh!*
A   You find that a lot in primary schools.
Q   *So, it sounds like they love to see you …*
A   So, on the other hand, I need to be careful. I need to give them all the same time, because they would notice, and they would tell , I mean, I don't tell, but if they choose to tell their friend, you can't really , I think it's really sweet that they're not actually afraid, they don't have any inhibition or anything to actually say they're coming along to see the counsellor.
Q   *So they understand that you're a counsellor?*
A   Yes, they understand.
Q   *How many sessions do they normally …?*
A   Well, what we do is we have eight-weekly reviews. After every eight sessions we have a review with them and sometimes with their teacher or parent and obviously we have a sense of how they're progressing because maybe the teachers or parents will give feedback. And obviously before we start the session we explain about the materials that we have. And we've start by used faces, like a smiley face up to a sad face, and they circle how they feel about different parts of their life. And it's so that we have an idea of the kinds of things that they perceive as being difficult for them.

And then after the eight-weekly reviews we would complete a similar form, used face images and they choose the one closed related to them at that time so that we , obviously we have a sense of how they're progressing because maybe the teachers will give feedback, or parents, or the head teacher. But it's to find out what they actually think how they're feeling. Not just listening to the adults, but to actually see how they feel , if things are actually getting better, or worse, or just the same. But what I have found, with working with teenagers and younger children, younger children, it's a much longer process. It doesn't seem to be , they come for much longer.
Q   *What do you mean by that?*
A   Sometimes teenagers can come along maybe three or four times, we've sorted them okay, and they go. But with younger children, I've found that they tend to want to come for counselling for much longer.
Q   *Oh.*

A	That's, through experience, what I've found.
Q	**So you work from aged eight to ...**
A	From 9 to ....well, our remit is 9 to 20 . But normally in the secondary schools 17 to 18 is the maximum age. But we do offer counselling within our agency to maybe older young people.
Q	**So you told me that you work with different ethnicity . So what is normally the ethnic background of the referrals?**
A	Well, probably the most is like Pakistani ,You know, Scottish, but obviously from a Pakistani background. That's the main group. But we work with all young people. When we work in the schools, although we work specifically with ethnic minority young people, we don't turn any young people away. Even white Scottish people I work with as well . But as long as, because of our funding, the balance doesn't go over. Because obviously when you're working in the primary schools, the schools that we actually targeted are the schools that have higher ethnic minority young people, so that we're available where they need it. But obviously the whole school , we don't discriminate, we offer counselling to all young people who need .
Q	**So you work with a quite diverse ...**
A	Quite diverse.
Q	**Oh. You never meet with Malaysian ...? [laughs]**
A	No, not yet.
Q	**Could you just explain about how you conduct [a session] using this material?**
A	What I do is I've got my bag and I open it out, and what I usually do… Because, in the primary schools as well , sometimes you're in places where there's not a lot of space. You have to really make do with what you've got. They don't have a lot of spare rooms. The new secondary schools have interview rooms and all that. They don't have that in primary schools. So it depends on the school and on the room, how much space you actually have.
	Sometimes you can be in an office that maybe a staff member doesn't use on the day you go, so you can get their office. With a few of the schools I've got really lucky, and I've got a big family room where it's got sofas and tables.
	So basically I just open out the bag, and sometimes when young people first come along, they think, 'What's that?' They think, 'Oh. Counselling toys?' They look as if to say 'What is that for?' And just picked something to play, that help them to start the session. Sometimes they'll talk and play and , I don't direct, I … I feel like, after doing the play therapy course, I'm more interactive. I feel more confident to actually interact. I've got puppets , I forgot to say that I have puppets as well, hand puppets and finger puppets , so if a young person picks up the puppet, I'll pick up the puppet as well.I'm more interactive to encourage them involved .
	And I'll do that with the art materials, if they're making something, sometimes they ask me to help so I'll join in with them and help them in their activity. Obviously sometimes we play games. That, on its own, is very interactive, you're just playing a game with them. And I have modelling clay, which is very popular: a lot of the young people like to make models and things. And sometimes I would help with that as well to be more interactive..
Q	**Do you use the material for the whole session?**
A	Sometimes they play , do different things. Some young people have actually brought in their own things to the session. They'll say 'Can I bring this in?' So they'll bring things in as well. Not just a few young people I've worked with. And it depends on the young person as well. What I find is that everybody has their own way. One boy I see, he talks for 50 minutes, telling me what's been happening, how he felt about things.
Q	**So how do you see … how do you observe the outcome..?**
A	Well, I think that play is hugely important, but for me the relationship ,it's the relationship we build with the young person. It's like offering them the core conditions; you're trying to build a trusting relationship. And that's the two main things for me. And obviously you're doing it in a way where you can relate to them at their age . I think as well that a lot of the young children I see , they don't really have stable, steady relationship. With me, they know they're coming every week for up to an hour. They

know that I'm going to respect them. I've built a relationship with them. I play with them. For me, I think that's the same as an adult, the process of change, but children do it in a different way, through their play.

As I said, when I first started doing it I was like 'What's happening here? What am I doing? How is this counselling?' Because a lot of the young people don't talk about the issue, what they're there for. But the feedback I've got from teachers and parents with a lot of the young people I'm working with… how they've actually noticed a difference in them, noticed how in class they're not as moody or angry or upset. So obviously coming for the play therapy is helping them. And I do think they do release … they do get out what they need to get out during that session.

Q **What do you find unhelpful?**

A What do I find unhelpful? I suppose … It's getting a bit difficult when young people don't want to play any of the games or use any of the toys, or they don't want to talk either! I've had a few like that. They don't want to talk, they find it hard, but they don't seem interested in playing, in using any of the resources either. I find that quite hard. It's not all the young people, it's maybe one or two that don't really play the games, and they don't really talk either. So that can be difficult.

Q **Who influenced you? I mean the scholar who influenced you in your way of working, like Carl Rogers …**

A Carl Rogers. He's the main one, because I believe I work in a person-centred way. What I found is there isn't much literature available for counselling children in a person-centred way. But I do believe ,there's a few books I'm going to buy that have been released lately, which I will get, and I'll read through them. but there's not really been a lot … Obviously there's Axline and *Dibs*, but there hasn't been a lot.

So I suppose I'm still finding my way. I believe the course with Michael Behr really helped. He's given us a book list but I've not got round to it: I've been too busy to get to look at that. But I probably will look at the work of Stern, which talked about the more interactive approach, which I feel really suits me, rather than just sitting back. I don't mind doing that, but I feel to interact with the young person, that really helps.

Q **More meaningful.**

A Yes. I think that you feel that you're more involved, that you're in a relationship with them rather than being an observer, and just offering feedback. Obviously you have to be respectful with that as well, to know when to become involved and when not to.

Q **Which aspect of using creative material with the person-centred approach do you think we can further develop?**

A What aspects, in working with children? I think there needs to be more , I don't think there's a lot of research on working with specifically . There has been obviously Strathclyde University did the research with the schools, working with teenagers. But I don't think there's much research , don't quote me on this in person-centred counselling working with children using play therapy. I don't think there is a lot of that. I think there needs to be more books written about working with children in a person-centred way. Because it feels like you're using yourself as a person-centred counsellor, but with children you can't just go in and work with them the same way you would expect to work with adults. You can't do that. You have to have other experience. For me, it was finding my way.

I suppose people who's worked in like, a primary school teacher. Someone who's worked with children and then maybe doing the counselling course would have had more of an idea, but I didn't. But I don't think that's hugely important; I think it depends on you, the person you are, because there are a lot of teachers who can't really relate to children. I think it depends on the personality. And I really feel I've got the personality that children relate to me.

Q **What do you mean by that?**

A You know how with some adults children take a step back; they don't really relate to them. Children can relate to me. I'm not being overly confident, but I know I have a way with children, and I think it's about respect. I respect them, I can talk to them, I know they find me very non-threatening. I can sit down on the floor. Okay, yes, I am an adult,

but I don't create a 'You're here to see the expert, the counsellor'. I'm not a teacher. I make it very clear I'm not a teacher. I respect them and I listen to what they have to say to me, from their perspective and their age group and in their world, and be interested and patient, you need to be patient as well. I think you do need to have certain qualities. I don't think it's all about training; you do need the skills and the training, but you need to have certain qualities of your personality to be able to work with that age group.

Q *How would you expand your work to someone, sharing with someone who wants to learn your way of working?*

A You mean like to talk?

Q *Yes.*

A Well, obviously my colleague Anita, she works in primary schools as well, so we have each other, and then we have supervision. And our supervisor has not with that age group , but he has worked in schools with adolescents, so it's good to have a supervisor who knows , who has experience. I think that helps.

Q *And what would your suggestions be for those just beginning to work with young people, who want to use all this creative material?*

A What would be…?

Q *… good for them.*

A What would work for them?

Q *Yes, to prepare themselves.*

A You mean for people who were actually going to …?

Q *Yes.*

A Well, I think the course that Michael Behr , I think that was fantastic. But also, because I work in a person-centred way I don't put children into stages of development. You know, 'They're at that age so this is what they should be doing'. I'll work the same way with adults. You're working with a person, a human being, who's unique. So I would just work with that. But I do believe that you have to have a certain amount of knowledge. Because when I went to Edinburgh we did quite a lot of on attachment theory. So I think it's helpful to have knowledge of issues around attachment, and have knowledge about maybe if there's certain things happening within the family or bereavement issues around bereavement with children, I think that's hugely important. Although you're not going to put them into different stages of grief or different things, I do believe it's important to have that knowledge of the process of grief.

That's just a few things, but it doesn't mean that I'm going to in there and say 'Oh, that young person's angry, so they're in stage two of blah blah blah', you know, like that. It's like holding in one part that information. Yes, an awareness, but not actually trying to pigeon-hole a young person into it. So I do think you have to have knowledge of different things when you're working. I think it's helpful to have knowledge of attachment, bereavement, and other issues that children might come across.

Q *And storing this information.*

A Yeah, I think so.

Q *Do you think these creative materials are an adjunct to the person-centred approach or do they integrate with it?*

A I think it can integrate. Do you mean do you think it kind of fits with, you can use …?

Q *Yes.*

A Definitely, I think you can. Because I see it as an extension, it's not really a different approach I'm using. I'm working in this person-centred way, but I'm providing something there to relate to a child at the level they're at. So you're just working in the same because that's how children communicate a lot, and learn, through their play. A lot of the time you're communicating .

One young girl I work with, the very first session she revealed to me that there was domestic violence at home. Social work were already involved in the family, but I had to tell her in the first session that I had to report this obviously in a very respectful way. The next day, I still see her, but she doesn't speak about it any more. I think she's been silenced. She won't talk about it any more, and obviously I don't push her. But what she did do, the next session she created a make-believe world: there's are cuddly toy , a

cuddly cat and then she made another cat out of art materials. And they got married, and then they have a baby cat, a kitten. And it was just following their story, and how the dad got pushed out of cat land. I'm not interpreting this is what's happening in her life, but I got a sense of something really significant, because the cat was getting hit, and the baby knows . You know, just different things that were happening and what she was silenced in she was getting out in different ways. That's just what I sensed.

Q *Do you feel that you've covered everything that I need to know about your way of working?*

A Yeah. I could probably talk for much longer, mind you! But I think that's fine. I still feel really passionate and excited about my work with young people. I know I'm still at the very beginning. But I think after the first year, when I felt hopeless and thought I wasn't doing anything right , after going into the second year, and beginning to get feedback, that they've noticed changes, and obviously that's ,and actually seeing how I've been building relationships with all these young people as well.

Q *What do you mean by feeling 'passionate' about this approach?*

A I think it's obviously the approach, but it's more about me working with children as well. I feel very passionate. But obviously I'm working in a way. I don't see it, but obviously it is an approach. But for me it's not really about… It's about who I am as a person. Working in a person-centred way is just so much a part of who I am. I don't really separate it from myself. When I say I'm working in a person-centred way, that's me, that way really fits me very, very well, so I don't really separate it from myself. It's just me that goes into the session with the young person.

Q *Okay. Oh, it's good to hear that! Is there anything you want to know about this interview or my research?*

A How many people are you hoping to interview?

Q *I'm not sure yet. If I can get more, it's good for me, because I can learn different things, a little bit different things … I have interviews in Wales and England …*

A Is it all person-centred?

Q *Yes yes, yes.*

A I mean obviously everybody you work with will be different … Is it all the same questions?

Q *Yeah.*

A Well, they'll all respond in different ways and have different ideas.

Q *Yeah. And I've found that the more I interview the more I gain something. So if you know anybody that uses the same the same approach that I can interview, just let me know.*

A Yeah, okay. No problem.

Q *So, I think that's all I want to know.*

A Okay …

[tape ends]

- **Nodes**
- **Tree Nodes**
-    **HELPFUL PROCESS**
-        **Developing and maintaining the therapeutic alliance**
-            i) *Initiating therapeutic relationship*
-                *Encouraging client into engagement*
-                    Alternative way to connect
-                    immediate Connection
-                    More simple way
-                *Establishing Rapport*
-                    Bridge for connection
-                    Trusted relationship
-                    Meaningful interaction
-                *Facilitate Interaction*
-                    Developing fair negotiation
-                    Establishing triadic interaction
-                    Initiating group contact
-            ii) *Developing Alternative Non Verbal Form of Communication*
-                *Facilitating Self Narratives*
-                    Ahead of words
-                    Aiding in phrase
-                    Assisting for accurate words
-                    Expanding a wider range of vocabulary
-                *Fostering Dialogue*
-                    Additional language
-                    Break the Unspoken
-                    Soundless
-                    Unblock the Resistance
-                *Less Threatening*
-                    Developing `safe environment`
-                    Reducing fear to communicate
-            iii) *Embracing and containing the therapeutic process*
-                *Controlling the therapeutic process*
-                    Slow down the session
-                    with client`s own pace
-                *Facilitates verbal and non-verbal expression*
-                    externalizing internal issue
-                    outlet for self expression
-                *Stimulating spontaneity*
-                    Instant reaction
-                    Related to significant value