

GESTALT PLAY THERAPY WITH CHILDREN RECEIVING REMEDIAL INTERVENTION

by

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“I declare that ‘Gestalt Play Therapy with Children Receiving Remedial Intervention’ is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.”

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Summary

Traditional remedial intervention programmes address academic and perceptual deficits but not emotional needs. Existing literature suggests that most children with learning disabilities have concomitant emotional, behavioural and social difficulties; however an apparent lack of consensus regarding the types of emotional and behavioural difficulties faced by these children exists especially amongst teachers, parents and professionals in the field of learning disabilities. The aim of this study was to discover which emotions might emerge during Gestalt play therapy sessions with children receiving remedial intervention. Three respondents from three different remedial programmes participated in the study. Data was gathered from the therapeutic sessions as well as from unstructured interviews with parents, teachers and professionals in the field of learning disabilities. Recommendations are made as to how Gestalt play therapy could be implemented as an additional support for children receiving remedial intervention.

Key Concepts

Remedial intervention; learning disabilities; Gestalt play therapy; field theory; awareness.

Opsomming

Tradisionele remediërings-programme spreek slegs akademiese en perseptuele tekortkominge aan en nie emosionele behoeftes nie. Bestaande literatuur dui daarop dat die meeste kinders met leerprobleme gepaardgaande emosionele, gedrags- en sosiale probleme ervaar. Daar is egter 'n gebrek aan konsensus tussen onderwysers, ouers en professionele persone op die gebied van leerprobleme, oor die tipe emosionele en gedragsprobleme waarmee hierdie leerders te kampe het. Die doel van hierdie studie was om vas te stel watter emosies tevoorskyn mag kom, tydens Gestalt-speel-terapie-sessies met leerders wat remediëringsonderrig ontvang. Drie respondente van drie verskillende remediërende programme het aan die studie deelgeneem. Data is ingesamel van terapeutiese sessies, sowel as van ongestruktureerde onderhoude met ouers, onderwysers en professionele persone in die veld van leerprobleme. Die bevindings van die studie blyk in ooreenstemming te wees met bestaande literatuur, naamlik dat kinders met leerprobleme bykomende emosionele en sosiale probleme ondervind. Aanbevelings is gemaak oor hoe Gestalt speltherapie geïmplementeer kan word as 'n addisionele ondersteuning vir kinders wat remediërende intervensie ontvang.

Sleutelkonsepte

Remediërende intervensie; leerprobleme; Gestaltspeltherapie; veldteorie; bewustheid.

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

When children struggle scholastically, remedial intervention is usually indicated. They face small failures daily through their inability to cope scholastically. These accumulate and often do impact their emotions negatively.

Children express emotional difficulties in acting out behaviours such as aggression, anger, resentment and passivity. It has been the experience of the researcher that, typically, these children are usually referred to a counsellor such as a psychologist or play therapist, only if their behaviour is externalised in such a way that it becomes problematic.

Identifying underlying emotions causing certain behaviours does not usually form part of traditional remedial intervention programmes. The focus of remedial intervention is to develop skills that will help children to cope academically. The researcher agrees with Koller (1995:3), who reports, “Most remedial programmes implemented in schools today concentrate on the academic or perceptual aspects of the problem with little or no emphasis on the emotional component.” Elias (2004:61) concurs by stating that insufficient attention has been given to the emotional and relational factors in learning disabilities and remedial situations.

This emotional component concerned the researcher who has worked for many years in the field of remedial intervention and psychometrics. The kinds of emotions expressed by the children, with whom she researcher worked, varied. For some of the children poor verbal expressive ability limited their ability to express their emotions which exacerbated matters. The researcher’s experience had been similar to that of Koller (1995:7) who asserts, “Some children are unaware of the specific

nature of their problems and feel angry, frustrated, tense or depressed without knowing why.” They appear to lack awareness.

Play therapy is hypothesised to assist children to express their emotions, as play is a natural way for children to express themselves. Play therapists using the Gestalt approach help to raise awareness of the thoughts, feelings, and behaviours of their child-clients whilst they are playing. Through awareness these are identified and named. Once identified and named, these thoughts, feelings and behaviours can be addressed.

The aim of this study, therefore, was to use Gestalt play therapy with children receiving remedial intervention to discover what emotions might emerge.

This chapter focuses on motivation, problem formulation and purpose of the research. The aims and objectives are stated; the demarcations of the field of study, research methods and ethical considerations are discussed. Key terms and concepts are defined and the development of the study is explained.

1.2 MOTIVATION FOR CHOICE OF RESEARCH

The choice for this study was motivated by the following determinants:

- After extensive experience in the field of remedial intervention, the researcher began to believe that the emotional needs of the students with whom she worked in her remedial practice were not being adequately met. Consequently, the researcher decided to broaden her field of study by enrolling in a master’s degree in play therapy based on the Gestalt approach. She began to experiment by incorporating Gestalt play therapy into her remedial intervention programme whenever the children appeared to be upset, angry or frustrated. The perceived positive results and encouragement from various professionals in the remedial and psychological fields motivated the researcher to conduct a pilot study which is described in Chapter two (Phase one). The results of the pilot study served as motivation for further study.

- Preliminary interviews with professionals in the remedial and psychological fields revealed a lack of consensus regarding the types of emotional and behavioural difficulties displayed by children in remedial intervention programmes. By using Gestalt play therapy with children receiving remedial intervention the researcher could describe the kinds of emotions that possibly emerged.
- Studies have been implemented whereby children with learning disabilities and Attention Deficit Hyperactivity Disorders were supported by various individual and group therapeutic interventions; however, none of the therapeutic interventions implemented appeared to involve the Gestalt play therapy approach. The researcher was of the opinion that there was a need to implement the Gestalt approach with children in remedial intervention programmes because in the Gestalt approach children are viewed holistically; Gestalt play therapists recognise that children cannot be viewed apart from their phenomenological fields. They help to raise the awareness of the impact that feelings, thoughts, behaviour, sensory input, and relationships with others have on oneself and one's environment (Joyce & Sills, 2001:28). According to Koller (1995:1) and De Wit and Booysen (1995:122), a child's play is a medium of expression through which he reveals much about himself and his perceptions of his world. Play can help children to come to terms with physically and emotionally unpleasant things (Sheridan, 1999:4). "Play helps the child to master his thoughts and actions, and helps him to interpret his experiences" (Tsao, 2002:230). Gestalt play therapists help their child-clients to deal with unfinished business and to take responsibility for their lives.

The main feelings children with learning disabilities deploy during the day are, according to Elias (2004:56) "...sad, glad and mad, but with deeper probing, one would find that these feelings were probably more feelings of frustration, anxiety, inadequacy, disappointment, bafflement and challenge." The researcher agrees and is of the opinion that these emotions are seldom addressed unless they become externalised in such a way that they become problematic. Emotional support by means of Gestalt play therapy could assist children in remedial programmes to better

cope with the feelings described by Elias (2004:56) and possibly prevent more severe emotional difficulties. Motivation to do this study therefore included the researcher's personal interests and biases and the perceived understanding that a need existed to support children receiving remedial intervention with play therapy.

1.3 PROBLEM FORMULATION

In her work in remedial intervention, the researcher observed how poor scholastic performance appeared to negatively affect the emotions of many of her students. All of the students with whom the researcher worked had been diagnosed as having learning disabilities. One of most common statements made by these children was, "I am so dumb! I am stupid." They often appeared to believe that in comparison to their classmates, they were the weakest learners. They tended to associate their failure to succeed with a lack of ability.

Many parents, teachers and peers who did not understand learning difficulties often labelled these children as being lazy and unmotivated. Children who believed the labels placed on them were at risk of developing a cycle of negative thinking and poor performance. Furthermore, having to attend remedial intervention classes could in itself cause negative emotions in some children. The problem could be further exacerbated by the difficulty that many of these children faced when trying to verbalise and understand their feelings and behaviours.

A relationship exists between skill development and self-esteem (Lavoie, 2002:1). When skill development increases, so does self-esteem. Conversely, poor skills development can result in lowered self-esteem. Remedial intervention, by implication, impacts skill development and therefore self-esteem, but this is usually a slow process. The experience of the researcher had been, however, that the children, who participated in her remedial intervention programme, displayed various emotions, not just poor self-esteem.

From the problem of the study the question arose regarding the different emotions children may experience during remedial intervention. A further question was asked

whether Gestalt play therapy could assist these children to become more aware of their underlying emotions. If that were the case, the researcher was of the opinion that additional support of Gestalt play therapy on a regular or occasional basis could assist many of these children to better cope with the emotional struggles they faced because of their learning disabilities. This, according to the researcher, had not been done before.

1.4 AIM AND OBJECTIVES

The problem formulation and research motivation determined the aim of the study. The aim of this study therefore was to discover which emotions might emerge during Gestalt play therapy sessions with children receiving remedial intervention.

According to the Collins Cobuild Essential English Dictionary (1992:639), “the purpose of something is the reason for which it is made or done.” (Compare Longman Active Study Dictionary of English, 1991:543.) The term “goal”, “aim” and “purpose” are used as synonyms of each other, and imply a “broader, more abstract conception of” the end result of an aspiration (Fouché, 2002a:107). The researcher has used the term “aim” as a synonym for goal and purpose.

According to Fouché (2002a:107-108), the “objectives” are the steps taken within a certain time-span to attain a purpose. The objectives which guided the process of the investigation were as follows:

- To explore the emotions experienced by children in remedial intervention programmes through the use of Gestalt play therapy.
- To explore the views of significant adults regarding the possible emotions experienced by children in remedial intervention programmes.
- To descriptively compare the above-mentioned findings with information gained from a literature study.

- To make recommendations based on the findings of the research regarding offering Gestalt play therapy as an additional support to children receiving remedial intervention.

1.5 RESEARCH METHODOLOGY

To determine the viability of the research, a pilot study using Gestalt play therapy as an additional support with children in remedial intervention programmes was implemented. The pilot study included unstructured interviews and a brief consultation of relevant background literature. Unstructured interviews were conducted with parents, teachers, and experts in the field of learning disabilities and remedial intervention. These interviews were not for evaluation purposes, but were conducted in order to enhance the descriptive nature of the study. The pilot study, which was the first phase, was used for triangulation purposes to improve the trustworthiness of the study; this led to the in-depth empirical research in Phase two, which is Chapter three.

- Arkava and Lane (in Strydom & Venter, 2002:198), describe the universe as “all potential subjects who possess the attributes in which the researcher is interested” and the population as “individuals in the universe who possess specific characteristics.” (Compare Leedy & Ormrod, 2001:259-260.) The universe for the study can be described as all children receiving remedial intervention, parents of children in remedial intervention programmes, school teachers and experts in the field of remedial intervention and learning disabilities. The specific population from which the sample was drawn included children who were enrolled in remedial intervention programmes in the Western Cape, parents of children enrolled in remedial intervention programmes, school teachers and experts in the field of remedial intervention and learning disabilities. Seaberg (in Strydom & Venter, 2002:199) defines a sample as “a small portion of the total set of objects, events or persons that together comprise the subject of our study.” (Compare Leedy & Ormrod, 2001:259-260.)
- Three English-speaking children who were receiving remedial education were selected as respondents. The researcher did not select respondents younger than

seven years of age because she wanted respondents who had been in remedial intervention programmes for a while. Respondents older than eleven years of age were not selected because emotional difficulties, should such difficulties emerge during the case studies, could be exacerbated by various factors such as the onset of puberty and the transition into high school. The respondents included an eleven-year-old girl in Grade four from a public school, a ten-year-old boy in Grade five from a private school, and an eight-year-old boy in Grade one from a school that catered for learners with special educational needs. The respondents were selected from different schools and different remedial programmes so that a more representative view of children in remedial programmes could be obtained. The remedial teachers at those schools all indicated their willingness to provide possible candidates, with the permission of all parties involved.

- The respondents for the study were selected by means of purposive sampling; they were chosen because the researcher believed that they were a typical representation of children in remedial intervention programmes. (Compare Leedy & Ormrod, 2001:219; Strydom & Venter, 2002:207.) In her selection of respondents, the researcher was in agreement with Leedy and Ormrod (2001:102) who contend that “qualitative researchers tend to select a few participants who can best shed light on the phenomenon under investigation.”
- A qualitative, applied research approach, with an exploratory and descriptive nature by means of a case study design was used. The researcher used a qualitative research approach because it would allow her to test the validity of her assumptions “within real-word contexts” (Leedy & Ormrod, 2001:148). The researcher’s intent was to focus her investigation on a small number of participants over a period of time, thereby enabling her to explore and describe the case “through detailed, in depth data collection methods, involving multiple sources of information that are rich in context” (Fouché, 2002b:275).
- Each respondent attended individual Gestalt play therapy sessions. Two of the respondents attended six play therapy sessions, and one attended five. The sessions were video recorded so that they could be evaluated afterwards. Such evaluation provided insight for the study and served as a learning tool and possible basis for further study.

- Field notes included detailed and comprehensive written descriptions of reactions, actions, comments, body language and other relevant information (Leedy & Ormrod, 2001:102).

1.6 DATA COLLECTION AND ANALYSIS

According to Leedy and Ormrod (2001:102,195), the observations in qualitative research are recorded in great detail and the methods of recording may include video recordings, field notes, interviews, documents, and drawings. (Compare Strydom & Delpont, 2002:333-334; Oliver, 2004:24.) “Qualitative researchers are often described as ‘being’ the research instrument because the bulk of their data collection is dependent on their personal involvement (interviews, observations) in the setting” (Leedy & Ormrod, 2001:102). Extensive data was collected on the children on whom the investigation was focused. The data included:

- Observations of the therapeutic process.
- Unstructured interviews.
- Video recordings.
- Field notes.

The researcher developed a measurement instrument called “Sticky Questions” which was utilised with each of the respondents during one of their play therapy sessions (see Appendix). It was the researcher’s intent to use the instrument to gain an insight into the respondents’ experiences of their schooling. The statements formulated did not encompass every aspect of schooling, but in an unthreatening manner, would according to the researcher, provide her with a basic understanding of the respondents’ perception of certain emotional, social and academic aspects related to their school experiences. The first four statements were included to ensure that the respondents understood what to do.

The triangulation method was used to analyse the data collected from the unstructured interviews, the literature study and the therapeutic intervention. In keeping with the principles of triangulation which, according to Leedy and Ormrod

(2001:105) involve collecting data from multiple sources “with the hope that they converge to support a particular hypothesis or theory,” the data was categorised and interpreted in terms of common themes and then synthesised into an overall picture of the research results. (Compare de Vos, 2002:341-342.) This provided insight into the emotional needs of children in remedial intervention programmes and the benefits of additional therapeutic support with Gestalt play therapy. Recommendations for further study regarding Gestalt play therapy with children in remedial intervention programmes were made.

1.7 LITERATURE CONTROL

The outcome of the empirical research determined the focus of the literature control. It involved an in-depth study of current literature on children who have learning disabilities, the concomitant emotional and difficulties and Gestalt therapeutic intervention. The literature control is discussed in Chapter four (Phase three).

1.8 ETHICAL CONSIDERATIONS

Research involves people whose human rights need to be protected. Listed below are ethical considerations based on guidelines suggested by Strydom (2002a:64-75). (Compare Leedy & Ormrod, 2001:107-110.) To the best of her knowledge, the researcher established these prior to, during and after the study (where applicable).

- The respondents were not exposed to any physical or emotional harm. The researcher ensured that the therapy playroom was safe, and that the respondents were not subjected to undue embarrassment or stress.
- Informed consent was obtained from all parties involved. The respondents’ parents granted written permission and their children agreed verbally to the study. No coercion was used.
- Written consent to video record the play therapy sessions was obtained from the parents and the respondents. The respondents were assured that the videos would not be viewed by anyone except the researcher.

- To safeguard confidentiality, no real names were used. These included the names of the respondents and their parents as well as the names of the interviewees from the telephonic and unstructured interviews. The researcher refrained from using the real names that emerged during the pilot and case studies when describing these.
- The goals and objectives of the study were clearly explained to all the respondents and their parents. This was to ensure that there were no misconceptions.
- Report writing was accurate and objective. To the best of her knowledge, the researcher refrained from making any value judgments and remained impartial at all times.
- Recognition was given to sources consulted.
- Therapeutic intervention was offered, if needed, after the research had been completed.

1.9 DEFINITION OF TERMS AND KEY CONCEPTS

The following terms and key concepts required particular emphasis because of their importance to the study.

1.9.1 Gestalt Play Therapy

“Gestalt therapy is a humanistic, process-oriented mode of therapy that is concerned with the healthy, integrated functioning of the total organism – the senses, body, emotions, and intellect.” “Attention is paid to the how of behaviour, rather than the why” (Oaklander, 1988:143,146). (Compare Joyce & Sills, 2001:27.) Gestalt therapy deepens one’s awareness of oneself and one’s feelings. It focuses on process and the therapeutic relationship. Schapira (2000:50) states:

One of the core beliefs in humanistic psychotherapy is a search for growth and awareness through self-responsibility. In the humanistic approach the client is held to be the expert of his

own decisions, feelings and attitudes, not the therapist. The client is helped to discover and develop his rich potential and resources through the exploration of his choices. He is also helped to be aware of what the blocks and obstacles are to those choices.

It is the researcher's opinion that the Gestalt approach to play therapy is a powerful and effective therapeutic intervention. To the researcher Gestalt Play Therapy is a way of being in a child's world; it allows the child, through play, to communicate his feelings in a non-prescriptive environment and through awareness the child is helped to deal with unfinished business and to become a whole, integrated, self-regulating human being. In her experience with Gestalt play therapy and remedial intervention, she found that the concerns of the children were more readily brought to the fore during play therapy than during their remedial lessons.

1.9.2 Basic Constructs of Gestalt Therapy

The following constructs of the Gestalt approach were selected as key concepts because of their relevance to the study.

1.9.2.1 Field Theory

In Gestalt therapy, the client is never viewed apart from his or her field. Mackewn (1997:48-49) explains the field as being "the individual-environmental entity, where the field consists of all the complex interactive phenomena of individuals and their environment." Joyce and Sills (2001:24), agree by stating that the field is every object, situation and relationship in the "known" universe. A person is always in contact and connected with everything else, consequently he or she is never isolated or independent.

The researcher understands Field theory as looking at the total situation — all the elements that affect and impact the client. The construct of Field theory was one of the main factors that motivated the researcher to do the study because the researcher

is of the opinion that one should not address children's learning needs in isolation – their social and emotional needs, for example, can influence and impact their learning and vice versa and need also to be addressed.

1.9.2.2 Awareness

The Gestalt therapist seeks to raise the awareness of the client. This awareness is, according to the researcher, all-encompassing – awareness of feelings, thoughts, perceptions, behaviour, body language and sensations, information from senses, and relationships with others. “Awareness could be said to be consciousness of my existence, here, now in this body” (Joyce & Sills, 2001:28). Kirchner (1995:6) concurs and states that awareness is a “subjective experience, a being in touch with one's own existence inclusive of all senses at a given moment.”

The type of remedial intervention used by the researcher has its foundations in the work of Reuven Feuerstein. One of the deficient cognitive functions that might accompany a learning disability is called an episodic grasp of reality. Feuerstein (1980:102), states, “Grasping the world episodically means that each object or event is experienced in isolation without an attempt to relate or link it to previous anticipated experiences in space and time.” This implies that connections between experiences may be limited or lacking. It is the researcher's opinion that an episodic grasp of reality may result in limited awareness. She understands that the Gestalt approach which focuses on awareness could benefit children in remedial intervention programmes and could benefit the respondents in the study.

1.9.3 Remedial Intervention and Learning Disabilities

Children are usually referred for remedial intervention by the classroom teacher or by a psychologist after undergoing a psycho-educational evaluation. It is the researcher's opinion that the aim of remedial intervention is to address learning, cognitive and perceptual deficits in children who struggle with learning disabilities and therefore cannot cope with the academic demands of schooling. In the context of learning disabilities, to remediate is to “help the child overcome his perceptual skills

and/or language deficits so that he is equipped to make satisfactory progress under standard instructional conditions” (Rosner, 1993:85). Remediation improves specific skills like reading and language arts by utilising individualised instruction (Compare Cosford, 1990:12; Martin, 1995:95.)

In the researcher’s experience most children in remedial intervention programmes are diagnosed as having learning disabilities.

The failure to achieve consensus with respect to defining learning disabilities has resulted in repeated efforts to formulate an acceptable definition (Compare Martin, 1995:14-15; Chard, Kameenui & Lloyd, 1997:14.) However, Hammil (in Chard, *et al.*, 1997:20) comments, “Substantial agreement exists among learning disability definitions and definers.” A review of the literature, therefore, indicates that most definitions of the term “learning disability” include the following features:

- A discrepancy exists between a child with learning difficulty’s potential for learning and what he actually learns (Compare Martin, 1995:14; Lerner, 2000:13.) Mwachinda (1995:441) explains “children with learning disabilities are children whose performance in school is not in keeping with their intellectual ability (IQ), or who do well in some subjects and poorly in others.”
- In Lerner (2000:12), the Interagency Committee on Learning Disabilities states that a learning disability can affect “listening, speaking, reading, writing, reasoning, mathematics, or social skills.”

To the researcher, learning disabilities are specific to certain learning areas resulting in an uneven pattern of development. Social skills may be impacted.

For the purposes of the research, children receiving remedial intervention because of poor scholastic performance were selected, irrespective of whether or not they met the criteria listed in the definitions for learning disabilities.

1.9.4 Middle Childhood Development

Information concerning relevant aspects of middle childhood development has been included in this chapter because of its importance with regards to the context of the study.

According to Cincotta (2002:69), middle childhood encompasses the years from about five to about twelve, or to the beginning of puberty. DeBord (1996:1) suggests middle childhood as being between the ages of six and twelve years.

1.9.4.1 Motor Development

When children enter school, their gross and fine-motor development begins to refine because they engage in formal learning and they are introduced to organised sports (Compare Turner, 1996:84; DeBord, 1996:2.) During this period, “children continue in the development of mature movement skills that will carry on until adulthood” (Frost, Wortham & Reifel, 2000:216). As physical energy increases and motor skills improve, children engage in activities such as swimming, running, climbing, bicycle riding, skating and skipping (Mwamwenda, 1995:53-54). The researcher is of the opinion that participating in sports activities becomes important, both socially and physically.

Some children with learning disabilities have deficits with motor coordination, clumsiness and spatial perception (Compare Martin, 1995:34-35; Lerner, 2000:16.) In her remedial practice the researcher observed motor difficulties, such as poor handwriting, poor sports ability and clumsiness. The effects of these difficulties appeared to impact the children, both socially and emotionally. For example, clumsiness affected sports ability, which sometimes resulted in peer rejection and frustration. Turner (1996:84) suggests “... organized sports can cause frustration in some children, particularly when they become overeager to prove themselves on the playing field.” With regards to poor handwriting, the researcher observed that writing speed and neatness were impacted, which sometimes affected feelings of self-worth or increased frustration levels.

1.9.4.2 Cognitive Development

Logical thinking improves in middle childhood (Compare Austrian, 2002:84; Bentham, 2004:14.) Independent learning, the capacity to pay attention, understand, respond to rules and maintain self-control all increase (Compare Austrian, 2002:82; Collins, 2003:1.) Referring to Piaget's concrete operational stage of development which is from seven to twelve years, Oakley (2004:22) explains that during this stage strategy and rules "for interpreting and investigating the child's world" develop. In discussing Vygotsky's theories, Oakley (2004:39) states that the engagement of higher mental functions develops with inner speech from the age of about seven years. As language improves, metacognition, which is the ability to reflect on one's thinking, develops (Compare Louw, Van Ede & Louw, 1998:339; Austrian, 2002:80; Armstrong, 2002:1.)

Processing speed, memory and the ability to manipulate information in order to execute complex tasks, improves (Louw, *et al.*, 1998:331).

The researcher is of the opinion that cognitive development in middle childhood develops because handling of information becomes more sophisticated, which places more demand on memory and problem-solving which improves flexibility of thinking. Children with learning disabilities may have deficits in memory, attention and concentration, listening skills, information-processing, and the ability to develop cognitive strategies for learning (Compare Martin, 1995:34-35; Lerner, 2000:16.) In the researcher's work in remedial intervention, she found that the majority of the children with whom she worked struggled with memory difficulties, metacognition, problem-solving ability, processing speed, attention, focus, concentration, planning ability and self-regulation. Children, with whom the researcher worked in remedial intervention programmes, often declared that they were "stupid". They sometimes engaged in negative self-talk, aggressive behaviours such as bullying, and sometimes appeared to struggle with anger and poor self-esteem.

1.9.4.3 Language Development

“Changes in language development are consistent during school-age years, although they are less dramatic than in preschool years” (Frost, *et al.*, 2000:228). According to Louw, *et al.* (1998:339), during middle childhood improvements in vocabulary and the length and complexity of sentences are seen, as well as the development of metaphorical language which impacts the understanding of irony and humour. Eight human activities that are directly linked with the growth of knowledge and with the growth of language are listening, speaking, reading, writing, moving, watching, representing and viewing (Corson, 1999:88).

Many children with learning disabilities have poor language abilities which are manifested in various ways, such as having poor vocabulary, conceptual understanding and language usage (Compare Bos & Vaughn, 1998:3; Lerner, 2000:16.) The majority of children referred to the researcher for remedial intervention had language-related difficulties. These included difficulties with receptive, expressive, written, oral and metaphorical language, reading comprehension, reading, spelling and the language of mathematics.

1.9.4.4 Social and Emotional Development

Social interaction amongst children in middle childhood results in a greater sensitivity to and understanding of others’ feelings. They begin to see the point of view of others and begin to see themselves in a different light (Compare Mwamwenda, 1995:56; DeBord, 1996:2; Armstrong, 2002:1.) In this regard, Frost, *et al.* (2000:233), suggests the following:

Self-esteem is bolstered, either positively or negatively, by self-evaluation and by the feedback they receive from their peers. Emerging cognitive development facilitates the awareness of personal success and failures, which affects confidence. When children are able to imagine what others are thinking and feeling, it affects how they react in social situations.

There is a growing independence from parents and family during middle childhood as the social world begins to expand (DeBord, 1996:1). There is a greater emphasis on friendships and there is an increased desire to be liked and to be accepted by friends (Compare Mwamwenda, 1995:56; Louw, *et al.*, 1998:366; Eccles, 1999:1.) Teamwork, the participation in sports and joining clubs is common (Austrian, 2002:79). Feelings are easily hurt and children in middle childhood do not know how to deal with failure, whether real or perceived (DeBord, 1996:2). Their growing ability to reason and to reflect, and to reflect on their performance, makes them more realistic about their own capabilities (Eccles, 1999:1). Common fears may include failure, death, the unknown, family problems and rejection (Compare Mwamwenda, 1995:59; DeBord, 1996:2.)

Social skills deficits are faced by many children with learning disabilities (Compare Bos & Vaughn, 1998:381; Lerner, 2000:532.) Social skills difficulties were often observed by the researcher in her work with children in remedial intervention programmes. These included social inappropriateness and bullying behaviours such as teasing and name-calling which often resulted in feelings of worthlessness, isolation and loneliness. It is the opinion of the researcher that social difficulties can be more debilitating than learning disabilities.

1.10 DEVELOPMENT OF THE STUDY

Chapter one focused on the motivation, problem formulation and purpose of the research. The aim and objectives were stated; the demarcations of the field of study, research methods and ethical considerations were discussed. Key terms and concepts were defined, relevant background on middle childhood was given and the development of the study was explained.

Chapter two (Phase one) is devoted to the pilot study and the findings of preliminary interviews conducted with school teachers, experts in the field of remedial intervention and learning disabilities and parents of children with learning disabilities. Background information obtained from the literature review is discussed.

Chapter three (Phase two) discusses the empirical research, which includes the case studies, unstructured interviews with parents, school teachers and experts in the field of learning disabilities and summaries of the findings.

The literature control, conclusion and recommendations are discussed in Chapter four (Phase three).

CHAPTER TWO

(PHASE ONE)

PILOT STUDY

2.1 INTRODUCTION

The researcher is of the opinion that factors such as socio-economic disadvantages, illness, lack of exposure to learning, emotional disturbances, sensory impairment and learning disabilities can negatively influence learning. Remedial intervention is aimed at addressing the breakdowns in learning faced by children with learning disabilities (Compare Cosford, 1990:12; Rosner, 1993:85; Martin, 1995:95.) These might include reading, decoding and comprehension, spelling, mathematics, language processing and handwriting (Compare Martin, 1995:34-35; Lerner, 2000:16.)

Whilst working with children in remedial intervention, the researcher realised that the children's academic needs were being met, but their emotional needs appeared not to be adequately met. This led to further investigation. A pilot study was conducted to determine the viability of further research regarding the emotional needs of children receiving remedial intervention and Gestalt play therapy. The pilot study incorporated unstructured interviews conducted telephonically with school teachers, experts in the field of remedial intervention and learning disabilities and parents of children with learning disabilities. Semi-structured interviews in the form of case studies by means of Gestalt play therapy sessions with six respondents were conducted, as well as a literature review.

2.2 PILOT STUDY

2.2.1 Telephonic Interviews

Experts in the field of learning disabilities, parents and school teachers were asked to list the most common emotional difficulties that they had seen in children that needed or received remedial intervention. The interviewees were free to mention any emotions that they felt were applicable. They were not supplied with a list of emotions from which to choose. Their responses were communicated telephonically and via e-mail. The researcher recorded the telephonic responses by means of a digital voice-recorder. These were transcribed afterwards. No further discussion was entered into regarding their answers.

Table 2.1 (in appendix A) represents the types of emotional difficulties listed by the experts, parents and teachers.

The total sample consisted of eleven people – one psychologist, three remedial teachers, one occupational therapist, two classroom teachers and four parents of children who were receiving remedial intervention.

Listed in hierarchical order are the most common emotions suggested by the eleven interviewees:

1. Frustration, poor self-esteem, feelings of inadequacy and helplessness.
2. Anger.
3. Anxiety.
4. Learned helplessness.
5. Depression.

The question might arise as to whether or not some of the above-listed emotions might be synonyms for each other. For example, poor self-esteem and feelings of inadequacy could be viewed by some people as being similar emotions. An in-depth analysis of the words listed by the interviewees was not done because the researcher had asked them to list the emotion words they deemed true in their experiences. These words were therefore accepted as given and were recorded as such.

The children with whom the researcher worked in her remedial practice expressed a variety of emotions. For example, some appeared to lack confidence; others

appeared angry or frustrated, whilst others appeared to be sad. One of the aims of the preliminary interviews was to list the different kinds of emotions that others might have seen expressed in children participating in remedial intervention programmes. Another aim was to determine the viability of further study. In regard to the latter, all of the interviewees were of the opinion that children receiving remedial intervention could benefit from additional emotional support by means of play therapy, which implied that further study was viable. The interviewees had indicated that they understood what play therapy entailed; however, not all of the interviewees had prior knowledge of the Gestalt approach, which necessitated an explanation from the researcher.

2.2.2 Case Studies

To further test the viability of the study, the researcher decided to use her experience as a play therapist by substituting one remedial lesson per week with Gestalt play therapy. This was done for a limited period with six children in the researcher's remedial practice. Permission was obtained from the parents of these children.

All of the seven-to-eleven-year-old children who received remedial intervention at the researcher's practice were selected as respondents for the case studies. The aim of the case studies was to describe the emotions as observed by the researcher, that emerged during play therapy and to determine the potential viability of further study. The case studies were limited in that they served merely to determine the viability of further study. Therefore each respondent was seen for a limited amount of sessions, and not until saturation had occurred.

A total of six respondents participated in the case studies. Three respondents each received two individual play therapy sessions. Two respondents each received one individual play therapy session. A sixth respondent was seen in a group session along with two of the respondents that had already received individual play therapy. These sessions were in lieu of remedial intervention.

The group play therapy session was held with three respondents from the same grade. As already mentioned, two of the respondents in the group session had already been seen individually. The researcher wanted to experiment to see whether or not the respondents would be able to express their emotions in a group setting.

The researcher had been working with these respondents in remedial intervention for an average of two years. The researcher was of the opinion that a good relationship had already been established between her and the respondents. However, she was aware that the development of a dialogic relationship would nevertheless be on going.

The therapeutic or dialogic relationship is foundational to Gestalt therapy. Joyce and Sills (2001:44), suggests that it is the intention of the therapist who offers a dialogic relationship to be “fully present, understanding, validating and authentic with their clients.” This creates a safe environment for clients to tell their stories.

Typically, play therapy using the Gestalt approach begins with sensory work in order to heighten awareness. (A brief description of elements of a Gestalt play therapy session is given in Chapter three [Phase two]). The sensory work activities are not described; only the sections of the play therapy sessions that were directly linked to the aim of the study are described.

The names of the children have been changed to maintain anonymity.

2.2.2.1 *Belinda*

Belinda received remedial intervention to address visual memory, reading, language-processing and spelling. At the time of the pilot study, Belinda was a Grade five learner. During remedial intervention it appeared that Belinda lacked confidence and struggled with poor self-esteem. The researcher’s intent was that Gestalt play therapy would afford Belinda the opportunity to express her feelings.

- **First session**

Belinda was asked to draw a picture. She divided her page in two, and drew the pyramids in Egypt on the top half of the page and Buckingham Palace at the bottom. During the ensuing discussion Belinda commented that she had chosen to draw the pyramids because they reminded her of when she had been in the third grade, and she had enjoyed her time there. Buckingham Palace reminded her of England, where her great-grandmother lived.

Through discussion it emerged that Belinda would have preferred to be in Grade three as opposed to being in Grade five. She commented that Grade three was the last time that she had felt that she had coped with her schoolwork. Grade three was when she had been the happiest at school. She did not mention Grade four. The work in Grade five was in her opinion, too difficult and she felt inadequate and unhappy about not being able to cope. She felt that she was the worst in the class. She was anxious that she might fail Grade five. This made her feel sad. She wanted to escape to England where her great-grandmother lived, hence the picture of Buckingham Palace.

- **Second session**

Belinda was asked to make a monster out of clay. This would represent a monster in her life. Belinda named the monster “loneliness” because it represented the loneliness she felt. She did not feel that she had any real friends at school and she felt isolated. She felt rejected by the girls in her class who teased her because “she was stupid.” She felt that the teachers overlooked her as she was seldom chosen to lead important classroom activities. As a result, she said that she was not happy.

During both sessions a strong emphasis was placed on empowerment. The sessions with Belinda appeared to have been beneficial because she left the sessions smiling, and after the first session she hugged the researcher and commented, “I feel so much better.”

2.2.2.2 Andrew

Andrew received remedial intervention to address dyslexia and auditory memory difficulties. He also received Physiotherapy to address his clumsiness due to poor muscle tone and motor planning. At the time of the pilot study, Andrew was a Grade four learner. During remedial sessions it appeared that he was struggling with anger and frustration. He often commented that he was “the dumbest boy in his class.” He was in the habit of using negative self-talk, saying things like, “stupid” when he found the work difficult. At times he would bang his hand on the table, or hit himself on the head when he made these negative comments to himself. The researcher hypothesised that play therapy could assist Andrew to deal with some of his feelings.

- **First session**

Andrew was asked to draw a picture. He drew a “war zone” which consisted of three rows of bombs on a warship. He named it the “School - War Zone.” (He used the actual name of his school). When asked whom all the bombs were pointed at, Andrew angrily replied that they were aimed at a particular classmate. He commented that this classmate who had been calling him names like dumb and stupid was teasing him. He said he was embarrassed and angry and added that he felt stupid. He was worried about failing his grade, which made him anxious. He said that he was sad because he struggled with reading and he was also sad because the boys at school, particularly the boy mentioned above, were teasing him. He said he did not have any friends.

- **Second session**

Andrew was given clay and asked to build a monster in his life. He chose to build a geometric shape that he wanted to pound and rebuild each time. He did this over and over again, and shouted things like, “stupid,” and at times, using expletives. He did not want to name his monster. Through discussion with the researcher, Andrew said

that the monster represented different people and things. He was angry with certain boys in his class. He hated homework and he hated schoolwork.

During the first session both Andrew and the researcher “exploded” the bombs he had drawn, the researcher working in confluence with her client. It was quite physical, with lots of shouting, banging, and sound effects. During the second session the researcher observed Andrew working with his clay monster and did not join in. She commented only when she felt it was appropriate.

The focus of the ensuing discussions for both sessions was alternatives and empowerment. Andrew left both sessions smiling. The researcher concluded that the play therapy had appeared to help Andrew to rid himself of some of his anger and seemed to place him in a better place, emotionally, to cope with the remainder of his school day.

2.2.2.3 Justin

Justin received remedial intervention to address language-processing difficulties such as verbal reasoning skills, listening and reading comprehension, spelling and oral reading decoding. At the time of the study he was also receiving speech therapy and occupational therapy. He was in Grade two.

He received two individual Gestalt play therapy sessions and one group session. Justin appeared to struggle with a lot of anger. When he felt overwhelmed during class time, he would find a cupboard or small space into which he could hide. He would turn his back on his classmates and face inwards. The researcher wanted to offer Justin a safe place to vent his feelings and she hypothesised that Gestalt play therapy was appropriate for that purpose.

- **First session**

Justin asked researcher if he could draw a picture. He drew a dam containing two fish, a bird in the sky holding a fish in its mouth, the sun and a tree containing a

squirrel and its home. After much discussion between the parts of the picture, Justin appeared to get angry, particularly at the one fish in the dam. This fish “hated” the fish in the bird’s mouth. The researcher tried to encourage Justin to talk about the fish and their relationships, which he did at first but then he seemed to become frustrated and overwhelmed. He refused to continue and broke contact by climbing under the table. The researcher had to coax him out from under the table and they did not discuss the picture any further. They played a game instead which Justin seemed to enjoy. He left the session smiling.

- **Second session**

When Justin came to the researcher’s room the following day for remedial, he blurted out, “I want to finish the picture I did last time. I didn’t finish it.” The researcher decided to stay with what was on Justin’s foreground and to use play therapy instead of remedial therapy. Justin did not want to add to the picture he had drawn the day before, but wanted a clean sheet of paper. He then proceeded to draw the exact picture that he had drawn the previous session. Through discussion it emerged that he was angry but he could not explain why he was feeling that way. The researcher could not work deeper with his feelings because this seemed to agitate Justin. He would kick his legs and shout, “My legs are getting irritated.” He told the researcher that the “sun” had the most power and that he was like the sun. He then explained that the sun could destroy everything and proceeded to use a yellow crayon to scribble over the rest of his drawing, to indicate that he was destroying everything. He said that this made him feel better.

Justin’s verbal expressive ability was very poor and he had a slight stutter, especially when he appeared stressed. The researcher is of the opinion that part of Justin’s anger was related to his inability to express himself. One of the main reasons he attended remedial intervention was to address his verbal expression.

The play therapy sessions afforded Justin the opportunity to name what he was feeling. The researcher is of the opinion that the play therapy sessions did not adequately help Justin to deal with his anger and that he needed intensive play

therapy. Justin needed to work through his apparent resistance, which in turn would help him to deal more effectively with his anger. He therefore began play therapy sessions with a local psychologist and continued remedial sessions with the researcher.

2.2.2.4 Martin

Martin received remedial intervention to address language difficulties such as verbal reasoning skills, auditory memory, and listening and reading comprehension. At the time of the pilot study, Martin was a Grade five learner. He had repeated Grade R and was older than his classmates, although physically smaller than the rest of the boys in his class. He received one individual Gestalt play therapy session.

Of all the children, Martin had been in remedial the longest. He often appeared very confident and when he got things right, would comment, “Whose the man? Give me a high five!” Some teachers suggested that he was arrogant. He hated being wrong, and disliked being told when he had made a mistake. When Martin perceived things to be going well at school; when he felt that he could cope with the workload and his peer relationships seemed strong, he was happy. He would laugh a lot and tell jokes. However, as soon as he felt that things were not going well at school he made negative comments such as, “I am so stupid. I’m the worst in the class. Everybody hates me.” These comments were made at home, at school and during his remedial sessions.

At the time of the pilot study things were not going well at school for Martin. He was struggling with the workload and with peer relationships. He was worried about failing his grade. He was feeling anxious and started to have stomachaches just before having to leave for school.

- **First session**

The researcher used a “feelings chart” to help Martin identify his feeling. The “feelings chart” represented various facial expressions with accompanying labels.

These were discussed with Martin. From the chart he selected all the feelings he had experienced in his life. These were then written on a sheet of paper. On a second sheet of paper, three circles were drawn, entitled “school”, “home” and “soccer”. The researcher had selected three important places in Martin’s life.

From the first list Martin selected feelings that he felt were applicable to the circles. In the circle titled, “school,” Martin listed the following feelings: angry, annoyed, sick, dejected, disappointed, bored and sad. The circle titled, “home,” contained the following words: happy, relaxed, love, thankful and excited. In the circle titled, “soccer,” Martin wrote: hurt, confident, proud, lonely and sick.

In the ensuing discussion, Martin said that he was the “stupidest” boy in his class. He said that the boys teased him and called him “stupid”. He said that because he was so small, he was not as strong as the other boys and that the boys teased him about being weak. He commented that he did not have any friends because he was so “dumb”. He said that he hated school, especially having to do homework on the weekends. He commented that he wished he could stay at home every day. He appeared to be angry.

Although he enjoyed playing soccer and was, according to his parents, a good soccer player, at the time of the pilot study Martin had been moved to a different team; hence the selection of words in the circle entitled “soccer”. He was hurt and lonely because he was no longer in a team with his friends. He did not realise that he had been placed in a new team because of his age, but felt that he had been put there because he was “weak”. He said that he was the smallest boy in his class and reiterated that he was weak.

The remainder of the session was focused on empowerment and alternatives. Martin was given the opportunity to discuss all the things he was good at doing. He was helped to understand that his move to a new soccer team was age-related and not skill-related. He demonstrated some of his ball skills and wanted to end the session by demonstrating his good drawing ability to the researcher. The boy who left the play therapy room appeared to be much different from the one who had entered it an

hour earlier. On arrival he seemed angry and possibly depressed, but when he left he was smiling, making jokes and laughing. In the opinion of the researcher, Gestalt play therapy had made a difference in helping Martin to deal with what was on his foreground that day.

As a result of the session and the unhappiness Martin was displaying at school, changes were implemented at school, which helped Martin to better cope with the workload, and he appeared to be much happier for the next few months.

2.2.2.5 Jimmy

Jimmy received remedial intervention to address handwriting, mathematics, visual memory, visual-motor integration and visual spatial difficulties. During remedial sessions it appeared that he was struggling with poor self-esteem. He received a total of two play therapy sessions – one individual play therapy session and one group play therapy session. He was in Grade two.

- **First session**

Jimmy would often chat freely on the way to the remedial room. On the day of the case study, he did not chat freely and he seemed to be withdrawn.

Jimmy asked to draw a picture and he drew a picture of a boy, about the same age as himself. When asked to name two wishes that the boy in the picture would wish for, Jimmy replied in the following order, “To not have to go to school, and to be invisible like Superman.” He explained that he did not like school, but when asked, could not give reasons for his dislike of school.

Further discussion revealed that Jimmy was worried that he might fail the grade. He was feeling anxious and told the researcher that he often had a “sore tummy” before school. His progress at school and at remedial had been outstanding and there had never been any discussion about having to repeat the grade, either by his parents or

his teacher. Fearing failure appeared to be the result of Jimmy's negative perception of his scholastic ability. He said that he was "not good" with his work.

It emerged that the boys in class were teasing Jimmy about his physical size. He was small in stature. He said that if he was Superman he could be invisible and then no one would know he was at school. He would be able to fly away from school whenever he wanted to. He wanted to escape because he felt unhappy. He was also unhappy about not having any friends.

During the play therapy session alternatives and empowerment were focused upon and Jimmy appeared to leave the session feeling more confident. He said that he was glad that he could play games and do "fun stuff" instead of "reading and stuff." He told the researcher that he felt better and that he felt happy inside. Based on his comments the researcher believed that Gestalt play therapy had helped Jimmy to talk about what had been on his foreground that particular day. However, the fear of failure still remained a concern for Jimmy, as was revealed in the group session that will be discussed next.

2.2.2.6 *Group Therapy*

Jimmy, Justin and Cathy participated in this session. This was the first time Cathy had attended a play therapy session. Jimmy and Justin had previously been seen individually. All three children were in Grade two and were receiving individual remedial intervention.

The children were asked to draw a happy face, an angry face, a sad face and a worried face. The therapist asked them to respond to various statements by pointing to the relevant faces they had drawn. Statements such as, "Show me how you feel when you play outside," or, "Show me how you feel when you go to bed," were given. The children responded accordingly and discussed their responses with each other and with the researcher. They seemed to enjoy suggesting alternatives for each other. The children laughed and participated further by making up their own statements, like, "Show me how you feel when it's your birthday," and "Show me

what you feel when you get into trouble.” After many of these statements, the researcher concluded with this statement, “Show me how you feel most of the time.” Justin pointed to the worried face but changed his mind and commented while pointing at the angry face, “No, I’m not worried, I’m angry!” Both Cathy and Jimmy looked at Justin as he said this, nodded their heads and said, “Yes you’re angry. You’re not worried, you’re angry.”

Jimmy and Cathy both pointed to the worried face.

Justin could still not give a reason for his anger. He had participated in individual play therapy (previously discussed) where he had revealed that he was angry, but “didn’t know why”.

Cathy and Jimmy both said that they were anxious about their work at school. Both commented that they would prefer to be at home and not have to attend school. They said that they were not doing well at school and that they were worried about failing. They said that they were “the worst in the class” and that they were unhappy at school.

The interaction between the children during the group play therapy session appeared to be significant. They encouraged each other and helped each other to generate alternatives. When asked to evaluate the session, all three of the children said that “it was fun” and they asked if they could come for play therapy again. The researcher therefore believed that the therapeutic intervention had been beneficial.

2.2.2.7 Analysis of Findings

The following key emotions appeared to emerge during the play therapy sessions with the respondents: sadness, feelings of isolation and loneliness, anger and frustration, poor self-esteem and anxiety. Five of the respondents were afraid that they were going to fail their grade as a result of their inadequate achievement. They perceived themselves as being the “worst in the class.” The researcher was of the opinion that their self-esteem had been affected by their feelings of inadequacy. The

same five respondents appeared to feel unhappy and sad. Because of being teased, four of the respondents felt isolated and lonely. These feelings seemed to be exacerbated by their poor social skills – they said that they had few or no friends. Three of the respondents seemed to struggle with anger and frustration.

In the telephonic interviews, the interviewees had listed frustration, poor self-esteem, feelings of inadequacy and helplessness, and anger as the most prevalent emotions displayed by children receiving remedial intervention. The semi-structured interviews revealed that poor self-esteem, anxiety and sadness appeared to be the most common emotions expressed by the respondents, followed by loneliness and feelings of isolation. Anger was expressed by fifty percent of the respondents. Upon careful examination of all the data collected from the pilot study, self-esteem appeared to be the most affected in children receiving remedial education.

2.2.3 Literature Review

A literature study on the relationship between emotions and learning disabilities was conducted. The aim of the literature study was to determine, along with the pilot study and telephonic interviews, the viability of further study. An in-depth literature control followed the empirical research and is discussed in Chapter four (Phase three).

According to Silver (1998:48), the same disabilities that interfere with reading, writing, and arithmetic also interfere with emotional and social development, or cause emotional and social problems. The researcher agrees with Levine (2002:263) who declares, “Repeated failure inflicts penetrating wounds in the child’s psyche”. He has found that four states of mind are particularly prone to harm in the face of academic frustration: feelings and moods, motivation, self-esteem, and behaviour. During the pilot study the respondents expressed various emotional struggles. Three of the respondents felt that they wanted to escape; to not have to be at school, which by implication could be interpreted by some as poor motivation.

Lavoie (2002:14) asserts that:

Research and observation clearly demonstrate that individuals with learning disabilities tend to be less accepted by peers, interact awkwardly and inappropriately in school situations and are socially imperceptive.

This was observed when four of the respondents expressed that they struggled with social rejection. The researcher, in her experience as their remedial therapist, was aware that more of the respondents in the semi-structured interviews struggled with social skills difficulties, but these did not emerge. What was foremost on their minds appeared to emerge instead. This, according to the researcher, could have occurred because in the therapeutic setting of Gestalt play therapy, the respondents might have felt safe to allow what was foremost on their minds to emerge.

The pain that children can experience because of their frustration and failures is real, according to Silver (1998:57), who asserts that, “Unattended, it can have a major impact on their personality development. Without help, these feelings and thoughts can shape behaviour both for the present and the future”. It is for this reason that the researcher believed that there was a real need to better support children who struggle to learn, not only with their learning needs, but also with their emotional needs. She is of the opinion that in order to deal effectively with emotions, they need to be identified. Frost, *et al.* (2000:388), explains that therapeutically, “Play is a window into the concerns of the child”. Through play therapy the child is able to play out his thoughts, feelings and problems. The child is thus helped to communicate feelings. Through play therapy a child can therefore express himself in a non-threatening environment. Schoeman (1996:30) suggests that awareness in Gestalt play therapy affords the child the opportunity to self-regulate, thereby learning to become true to himself, which results in empowerment. Consequently the child develops more positive feelings of self-respect, self-worth and confidence.

Schoeman and van der Merwe (1996:4), assert the following:

The therapeutic relationship based on a Gestalt approach is an important tool in helping unlock the child's deepest feelings, fears and frustrations. It is an instrument used to heal the child through meeting him in the therapeutic milieu. In such a relationship the child is handled in a natural way, thinking, feeling and acting freely.

The researcher is of the opinion that children with learning disabilities have emotional needs, but are seldom supported emotionally through a therapeutic intervention such as play therapy unless their emotional difficulties are severe. She is unaware of previous studies which offered individual Gestalt play therapy to children receiving remedial education and was of the opinion that such a study would be viable. Children receiving remedial intervention might therefore benefit from Gestalt play therapy, which could potentially help them to become aware of, identify and name their feelings; it could help them to deal with their feelings. The researcher believes that many children with learning disabilities do not know how to deal with their feelings and Gestalt play therapy could help such children to better cope with the stress of the academic frustration they might face daily both at home and at school.

2.3 CONCLUSION

It was the researcher's intent to do a pilot study and brief literature review in order to determine the viability of doing further study with regards to offering Gestalt Play therapy to children receiving remedial intervention. It is the opinion of the researcher that the pilot study and brief literature review did indeed serve as grounding for further study; the pilot study therefore being the first phase, the empirical research being the second phase and the literature control being the third phase. Furthermore, the researcher deems possible that Gestalt play therapy as an additional support could be effective in helping to unlock the feelings, fears and

frustrations of children who receive remedial intervention; they could be supported therapeutically.

CHAPTER THREE

(PHASE TWO)

EMPIRICAL RESEARCH

Data gathering was conducted at the researcher's office in Durbanville, Western Cape, South Africa. Individual, semi-structured interviews in the form of Gestalt play therapy sessions with three respondents and unstructured interviews with parents, teachers and professionals in the field of learning disabilities were included in the data gathering. In addition to this, the researcher had contact with the respondents' teachers, remedial therapists and parents in order to obtain background information. This is included in the biographical information. The semi-structured interviews with the children were conducted before the researcher gained background information. This was done in order to minimise contamination during the therapy process.

For the purpose of the study the three respondents were selected from three different schools in three different remedial programmes. The researcher's intent was to select respondents from different schools and different remedial programmes so that a more representative view of children in remedial programmes could be obtained. The researcher wanted to describe the possible emotional difficulties experienced by children in remedial programmes. However, the researcher was aware that the study would be limited in that the findings could not be generalised. These findings could provide insight into some of the emotions that emerged during Gestalt play therapy which were experienced by such children. The researcher, therefore, hoped to make recommendations about the need for emotional support for children in remedial intervention programmes.

None of the respondents had been diagnosed with emotional difficulties, nor had they had any emotional support by means of play therapeutic intervention, prior to the researcher's intervention.

Two of the respondents attended six therapy sessions and one attended five. The respondents were free to project and express their thoughts, feelings and experiences in any way they wished.

A brief description of relevant elements of the Gestalt play therapy process, as well as the respondents' biographical information precedes the description of the play therapy sessions.

Names have been changed in order to guarantee anonymity.

3.1 GESTALT PLAY THERAPY PROCESS

Field theory (as defined in Chapter one) purports that “people and events exist only through being of-a-field and meaning is achieved only through relations in that field” (Yontef, 1993:324; Joyce & Sills, 2001:24). Therefore everything in the child-client's field is important, including the way information through the senses is integrated. Sometimes a “distortion of sensory impulses” exists which requires that sensory skills be developed to ensure that optimal meaning is made of one's surroundings (Schoeman, 1996:41-42; Kranowitz, 1998:8), hence the inclusion of a sensory activity at the onset of a Gestalt play therapy session. Such an activity involves the stimulation of the five senses through, for example, listening, tasting, touching, smelling or visualising. The sensory activity also serves to orient the child-client in the here-and-now of the therapy room and may also include breathing exercises, movement or a “fantasy trip” which is an imaginary journey.

The here-and-now experience focuses awareness (defined in Chapter one) on what happens in the present; in the “now,” which is important for children because they tend to live in the now rather than the past. They “often bring the unfinished aspect of things that happened in the past into the now” (Schoeman, 1996:67). Furthermore Schoeman (1996:34) states that the “present is the focal point of awareness, contact and the creation of new solutions.”

Through play children project their needs and emotions. In this regard, Schoeman (1996:64) explains that when children make use of projections, they take their “own experience and put it into another person or object”. In order to assist child-clients to project their needs and emotions so that they can be dealt with, Gestalt therapist may utilise certain projection techniques and forms of play. There are numerous ways, techniques and forms of play which assist child-clients to make projections. A few examples include:

- Drawing or painting pictures.
- Modelling objects in play-dough, clay or wooden blocks.
- Free play.
- “Fantasy” play using, for example, dressing-up clothes.
- Completing “unfinished sentences” or statements.
- Listening to and creating stories and poetry.
- Playing board games.
- Playing with puppets and finger-puppets which may include role-playing (dramatic play).
- Making pictures in sand trays using small toys and objects.

Sometimes child-clients prefer just to talk, instead of utilise equipment in the play therapy room and at other times they might choose certain equipment with which they wish to “play”. Once they have made a projection, they are helped in various ways to deal with any emotions, needs and unfinished business associated with or resulting from such projections. Oftentimes emotions and experiences are difficult for child-clients to express and they might resist talking about them, which is called breaking contact, or resistance to contact.

Helping child-clients to feel empowered after they have expressed needs and emotions is important, as is ending the session on a positive note so that the child-client does not leave the therapy room feeling burdened. A fun activity or game with which to end the session may therefore be selected as well as having the child-client suggest a self-nurturing activity to be enjoyed after the session.

3.2 BIOGRAPHICAL INFORMATION

3.2.1 Allen

Age at the commencement of the study	: Ten years
School grade	: Five
Gender	: Male
Home language	: English

Allen attended a private school in Durbanville and was in Grade five at the commencement of the study. There were twelve children in his class. The school was not specifically for learners with special educational needs, but did allow their learners to attend remedial classes during school hours.

From the age of one year and for varying lengths of time Allen received physiotherapy and occupational therapy to address low muscle tone and certain perceptual difficulties. At the end of 2000, an assessment by an educational psychologist was conducted in order to determine Allen's school readiness. The overall assessment results revealed areas of significant strengths and weaknesses. A strong possibility existed that Allen would struggle to keep up with the pace of formal schooling, despite an above average IQ. However, because of Allen's physical size it was recommend that he begin Grade one in a school that provided small classes.

Allen began Grade one whilst continuing occupational therapy and physiotherapy, and he began vision therapy to address eye-tracking difficulties. During the fourth term of Grade one he started remedial intervention and was still enrolled in a remedial programme at the commencement of the study. He no longer received occupational therapy, physiotherapy and vision therapy.

According to his teacher, Allen struggled with language-related subjects, especially those that involved reading (decoding and comprehension) and spelling. Persistent

low muscle-tone difficulties resulted in poor gross and fine-motor control. Poor fine-motor control negatively impacted his written task speed, which meant that Allen was often slower than his peers with written tasks, and necessitated his having to catch up the work at home. Clumsiness, a result of gross-motor weaknesses, meant that Allen would often accidentally hurt the other children, which negatively affected his social skills. His teacher commented that he would get frustrated with his inabilities and verbalise this frustration by using negative self-talk, saying things like, “I am stupid! I am dumb!” Allen’s teacher, his remedial therapist and his mother agreed that he frequently displayed anger and sometimes expressed that anger by hurting the other children, himself or his sister. He seemed frustrated about having to attend remedial classes, and would often lash out verbally at his remedial teacher. They commented that he struggled to maintain friendships and was often rejected by his peers.

3.2.2 Andy

Age at the commencement of the study	: Eight years
School grade	: One
Gender	: Male
Home language	: English

At the time of the study Andy attended a school for learners with special educational needs. All of his classmates had learning disabilities. There were eight children in his class. The school provided extra support by offering individual or group remedial intervention, physiotherapy, occupational therapy or speech therapy.

Andy was born in Port Elizabeth. From the age of three months he attended a crèche where he was cared for during the day. His parents were unemployed and struggled to provide for him. Consequently, at ten months of age the owner of the crèche took care of Andy from Sunday night to Friday night. His parents took him home for the weekends. When Andy was three years old, the owner of the crèche and her family moved to Cape Town, and with his parents’ permission, took Andy with them. They became his foster parents. A year later his biological parents separated and his foster

family adopted him. Apart from rare phone calls from his biological mother, Andy has had no further contact with his biological parents. He visited his biological grandmother annually when his adopted family holidayed in Port Elizabeth. According to his adopted mother, Andy had a good relationship with his biological grandmother.

Andy's adopted mother reported that she had always been concerned about his development. He started occupational therapy at about four years of age. During Grade R his teacher recommended further testing and he began physiotherapy. Before beginning Grade one Andy was referred to a special school that caters for children with special educational needs. He was diagnosed as having a learning disability with concomitant Attention Deficit Disorder, Hyperactive Type (ADHD) for which he received medication. Mathematics and handwriting were very poor, with reading and spelling being below average.

At the time of the study Andy was in the fourth term of Grade one and his adopted parents had just been informed that he would need to repeat the year. His adopted mother was concerned that he was being bullied at school. She reported that he struggled to make friends and was often rejected by the children at school. Apart from remedial intervention, he attended occupational therapy and physiotherapy at school and he attended vision therapy privately.

3.2.3 Chanley

Age at the commencement of the study	: Eleven years
School grade	: Four
Gender	: Female
Home language	: English

At the commencement of the study in October 2005, Chanley had just turned eleven and was in Grade four at a public school. In January 2006 she began Grade five at a school that catered to learners with special educational needs.

When Chanley was about nine months old, she was diagnosed with a mild form of Cerebral Palsy. Fine-motor difficulties accompanied this disorder and scholastic difficulties were predicted. Chanley received physiotherapy when she was young, but her parents decided to discontinue treatment after a short while. Chanley's mother said that the family had decided to let her develop at her own pace.

She repeated Grade R. Academic difficulties were present throughout her schooling. She was diagnosed with a learning disability when she was in Grade four and started private remedial intervention. She also had a private tutor that assisted her in the afternoons by re-doing the work she had done at school that day, as well as supervising her homework.

According to her mother, Chanley had had a close relationship with her Grade four teacher. She had received extra attention and assistance. Chanley's mother explained that the change over to the new school had been quite difficult for Chanley at first because her new teacher treated the learners equally and did not "baby" them. Chanley missed her previous teacher because she had made Chanley feel "special" and this was not the case with her new teacher. She added that changing schools had, nevertheless, been very good for Chanley because she now was "the same as everyone else". The entire learner body at Chanley's school struggled with various learning disabilities.

3.3 GESTALT PLAY THERAPY SESSIONS

The therapist-client relationship is a process that develops over time, facilitating a safe environment in which the client can feel comfortable to tell his or her story. The researcher was aware that it could take a number of sessions to develop a relationship with the children and did not presume that a good relationship could be developed in one session. A brief discussion of relationship building will take place at the beginning of each session. Thereafter only information relevant to the aims of the study will be discussed.

3.3.1 Allen: session one

The main focus of the first session with Allen was relationship building. He appeared to be shy at the beginning of the session, but chatted freely nevertheless. He looked at the camera quite often, seemingly aware of its presence, but when asked if the camera bothered him, he said, “No.” He made eye contact with the researcher and appeared to be relaxed in her presence. During the first five minutes the conversation revolved around school, friends, birthday parties and hobbies. Allen appeared to enjoy the friendly discussion. He mentioned that the best thing about school was break, lunch and playing with his friends. Hockey and cricket were his favourite sports.

The researcher then moved on to sensory work involving a listening exercise. This was done in order to heighten Allen’s awareness of the here-and-now, an important aspect of Gestalt therapy. This activity produced much laughter.

The researcher familiarised Allen with the playroom and types of activities. He chose play-dough and said that he liked the feel of the play-dough and that he enjoyed playing with it. He took about twenty-five minutes to build a ship. Towards the end Allen commented that he enjoyed building and creating things; he enjoyed working with his hands.

When asked about his ship, Allen said it was a “destroyer.” He then told the researcher that his destroyer was like one he had seen in a “movie” and proceeded to describe parts of the movie. When asked where on the ship he would like to be, Allen answered that he would like to be the captain because he “would not be scared of the responsibility” involved. When questioned about having been the captain of other things, Allen said that he had been the captain of “projects” at school and “computer games”. He said that he enjoyed being the captain and when invited to explain how it felt like to be the captain, he replied, “I feel like everyone else. I tell people what to do.” He commented that he often felt different to everyone else and the boys in his class teased him and sometimes would not play with him. He did not want to discuss his comment any further.

Later discussion resulted in Allen acknowledging that he preferred “action” to “paper work.” He said that he really enjoyed mathematics and designer technology, but “literacy is terrible.” He added that he hated writing comprehensions and stories.

In response to what he felt were his strengths and weaknesses, Allen said that his strength was “designing and making stuff” and that his weaknesses were “personal stuff” like sickness and dying. When encouraged to elaborate, Allen explained that he was not afraid of physical things or “gory things”. He was afraid of sickness and dying and he was also afraid of bad people that were real. For example, he enjoyed watching movies about World War Two and they did not frighten him because the bad people in those movies were dead. However, he did not enjoy watching movies about bad people who were still alive in the real world today. That frightened him. At this point Allen turned his back on the researcher, and broke contact. When made aware of this he commented that he was “okay” and that he was “just thinking.”

The time had run out, so the researcher did not pursue the topic any further except to attempt to empower Allen by asking him to discuss what he liked about himself, to which he answered, “I have a good sense of humour. I like making people laugh.”

3.3.2 Allen: session two

Allen was friendly and seemed happy to be in the playroom. He had a lot of fun making faces at the camera whilst laughing and joking. General conversation regarding his weekend activities, sports activities and day at school took place at the onset of the session. The researcher felt the relationship between her and Allen was developing because he seemed relaxed and genuinely pleased to spend time with her.

A sensory activity, which involved the sense of touch, followed.

The researcher had developed a form called “Sticky Questions” in order to facilitate a discussion regarding his schooling (see appendix B). After reading each statement Allen placed a yellow (yes) or brown (no) sticker in the corresponding answer block.

Sometimes he overlapped the yellow and brown stickers to represent both a yes and no answer together and sometimes he placed two of the same colour sticker in the answer box to represent how strongly he felt about his answer.

In response to statement number five, "I like School", Allen explained that he sometimes liked school and sometimes didn't. The following discussion ensued:

Allen: "When it's hard work I don't like it. When it's fun work like today then it's fun 'cause the day went quickly."

Researcher: "I see you said here that you aren't good at reading. Talk to me about reading."

Allen: "I go to Linda to practice my reading. She's a pain in the bum." Linda [not her real name] was Allen's remedial teacher.

Researcher: "Help me to understand why."

Allen: "Because she's really irritating. Because every time I have to do something fun I have to go and every time the other kids come. They're really irritating. And every time I do the same stuff over and over again."

Allen explained that sometimes he had individual remedial sessions and sometimes he had group sessions with Grade two children. The group sessions made him feel "terrible". As he said this, he looked down at his hands. He said that he didn't want to do remedial anymore. It made him feel angry and frustrated. He felt that he was getting his reading correct and therefore didn't need to go to remedial anymore. He commented that he was bored because they kept repeating the same things at remedial. Allen made very little eye contact during this time. When asked to comment how he felt about reading aloud, he replied, "That I hate" and turned his back on the researcher and the camera. He said that he preferred silent reading because he made fewer mistakes.

Regarding the group remedial session with the younger children, Allen said that he felt "embarrassed" and "irritated". The researcher asked him to explain how he behaved when he was irritated, to which he replied, "When I go out the thing [remedial session] I get really mad and then I just calm down." He explained that he

got mad at his remedial teacher. He appeared to be very angry at this point, and looked down constantly or turned his back on the researcher. When asked if he would like to role-play talking to his remedial teacher, Allen declined. He then explained that he wouldn't mind if he could attend group remedial sessions with children from his class, but he was the only one in his class who went for remedial. This made him feel "embarrassed" and going to remedial with younger children made him feel "degraded." At this point the researcher asked Allen what he would say to his remedial teacher if she were sitting in the room right at that moment. He replied, "Go away. Leave me alone. I hate you", and once again turned his whole body away from the researcher. Allen explained that as a result of his anger he sometimes ran away from his remedial teacher when she came to fetch him for his lessons. The following conversation ensued:

Researcher: "So at this stage you're the only one going. How does that feel?"

Allen (banged his hands on the table): "It's bad."

Researcher: "Explain to me how it's bad."

Allen: "Mostly I feel left out."

Researcher: "Left out of?"

Allen (looked down): "Of all the stuff they're doing and I feel degraded. That's it."

Allen explained that the boys sometimes teased him and he felt left out and degraded because he was "different." When working on alternatives and empowerment, Allen found it difficult to generate alternatives and did not want to discuss any of the alternatives suggested by the researcher. In his opinion there was "no solution" to his problem. A possibility existed that his mother would agree the discontinuation of remedial in 2006 and Allen was asked whether or not he could "stick it out until the end of the year" to which he replied, "Ja, but if it goes on next year, I'm going to blow up."

The session ended with a game which involved sword fighting. Allen seemed to enjoy this and laughed a lot. He said that he would be "okay" to work on his anger issues during the next session and that he had enjoyed the session. He said, "It was fun."

3.3.3 Allen: session three

Allen seemed happy to be in the playroom. He laughed a lot and chatted about his day at school. It was a very hot day, so the researcher decided to use a fantasy trip involving ice at the onset of the session. Allen appeared to enjoy this.

The researcher asked Allen how his week had been and he replied that it had not been good because a Grade three boy had been with him in his remedial session. When asked what he thought about that, Allen answered, "I hate my life." Once again, he began breaking contact with the researcher by looking down. He said that it had felt, "really, really, really bad" to be at remedial. The researcher asked Allen if he had talked about this with his remedial teacher and he answered that she only listened to parents and not to children.

Using finger puppets, a role-play ensued with Allen playing himself and the researcher playing his remedial teacher. It was the researcher's intent to assist Allen with his feelings at that moment. He appeared to enjoy the activity because he laughed, joked and smiled throughout. He kept hitting the researcher's finger puppet with his finger puppet calling her finger puppet, "stupid."

At one point the researcher asked Allen what could be done to help him feel happier about continuing remedial until the end of the year. He misunderstood the question and thought the researcher had suggested he carry on for another full year. He said the following:

Allen: "I will just shoot myself. If it carried on for a year, then I'm just not going to go to school [stuck out bottom lip]. I'm not going to get out of bed even if I get five million hidings."

After explaining that she had not suggested continuing remedial for another year, the researcher asked Allen to make his feeling out of play-dough. When he was told that

he would need to think of a name for his feeling, he commented, “Aah, beating up Linda.”

Researcher: “What feeling would make you want to beat her up?”

Allen: “Mmmm ... Just hatred”

Researcher: “Hatred? Hatred for Linda or hatred for ...”

Allen (interrupted): “Hatred for Linda. I hate Linda.”

Researcher: “Do you think it’s her fault?”

Allen: “But she’ll just keep me there.”

Allen explained that Linda would keep him at remedial. He proceeded to make his feeling, “hatred” out of play-dough. He explained that his projection was a bullet in a person’s head with “blood going everywhere.”

Researcher: “Let ‘hatred’ say something.”

Allen: “It feels like I want to murder her.” [Looked down.]

They discussed this comment a bit and Allen agreed that he could not actually murder Linda, but he could express his feelings in the safety of the room. He was given a stress ball and encouraged to throw it against the wall whilst shouting out all the things he wanted to say. He was reminded that he wasn’t throwing the ball at Linda, but rather to say to her what was on his heart.

With each throw of the stress ball against the wall, Allen made the following comments, one at a time.

Allen: “Stupid homework. Idiot.”

Researcher: “Say how you’re feeling inside. Start your sentence with ‘I feel ...’”

Allen: “I feel like she’s just keeping me there.”

Researcher: “Say it to her. Say, ‘I feel you’re keeping me there.’”

Allen: “I feel you’re keeping me there.”

Researcher: “Tell her how you feel when she’s taking you for remedial. How you feel inside.”

Allen: “I feel sad. I feel degraded. I feel not alive as in ... I feel like I’m nothing in the world.”

Researcher: “How does that feel, Allen, when you feel like you’re nothing in the world?”

Allen: “Bad.”

Researcher: “Do you feel like you’re invisible or do you feel like you’re nothing?”
(By asking this question the researcher wanted to clarify what Allen meant when he said he felt like “nothing in the world”.)

Allen: “Ja, I’m useless.”

He explained that he felt useless because he needed to be helped continuously. He then threw the stress ball again.

Allen: “I feel like I hate you. You’re an evil bastard. You’re a brainless domkop. That’s it. That’s everything.”

Researcher: “Is everything out?”

Allen: “Ja.”

Researcher: “How do you feel now?”

Allen: “Fine.”

Allen admitted that he was tired but it had felt good to get it out. Alternative ways of dealing with anger were discussed and Allen said that he would like a punching bag at home. He told the researcher that sometimes when he is angry he hits a cricket ball at the cricket nets. He then asked if he could say anything during therapy, even the “f-word” to which the researcher answered “yes.” He then shouted, “She’s a f-ing bastard” and admitted that it felt better when he could use that word.

The researcher ended the session by summarising what had taken place and repeating the feeling words Allen had used. They talked about a self-nurturing activity that Allen could do later that day and before he left the researcher asked him if he would like to come back the next week, to which he responded, “This is helping me. I want to come back.”

3.3.4 Allen: session four

As a starting point for the session, the researcher chose a sensory activity which involved tasting small pieces of chocolates and hard sweets. Allen really enjoyed this and seemed enjoy talking about the memories evoked by the various tastes.

When asked what he wanted to do, Allen chose to work in the sand tray. He was permitted to select toys from three baskets. These would be used by him to make a picture in the sand. In one of the baskets was a large toy gun, which caught his attention. He asked if he could have the gun and when asked what he planned to do with it, he responded that he was going to blow up the school. The researcher suggested that he could make the school in the sand tray and then blow it up. Allen thought this was a good idea, and as he placed his figures in the sand, he kept repeating the words, "Blow up the school."

Through the subsequent discussion, he explained that the school trained little boys to become terrorists and that he was going to blow them up because they deserved to die. He played out a scene of blowing up some of the children. The researcher followed his lead and selected a figurine to represent a negotiator. She tried to negotiate on behalf of the children and teachers, but Allen would not negotiate. He said that the teachers were also terrorists.

The discussion led to Allen suggesting that some schools brainwashed children. They talked about that for a while. Allen said that schools that had children in them that were still naughty did not brainwash their children and he gave an example of a local school. When the researcher asked him if his own school brainwashed the children, he said, "yes" and began to talk about how strict his principal was. He soon changed the subject and began playing with the toy gun again.

After some more general discussion about school, the researcher asked Allen if the activities of the week had anything to do with how he was feeling. She asked if he was feeling better than he did the week before.

Allen: “No, I feel worse.”

Researcher: “Help me to understand that.”

Allen: “Private reasons, I cannot tell you.”

Researcher: “Okay. Is that why you feel like bombing the school? You don’t have to tell me the reason.”

Allen: “School’s evil.”

Researcher: “Tell me what you’re feeling right now when you talk about school.”

Allen: “Sometimes it’s evil; sometimes it’s not that bad. It’s never good.”

After some discussion about school and his hatred of homework, Allen changed the subject and played with the toy gun again. He chatted a bit about sport and then told the researcher that he had gotten two test results back that day. He said that he was worried that his results were not good enough and that he would get into trouble from his mother. He was concerned that his mother would get “mad” and make him study for the “entire school holidays”.

Later, when asked if he was angry with the school, Allen said, “No, I’m worried. I’m always scared that I’m going to fail the grade”. Afterwards he once again changed the subject and played with the toy gun. At this point the researcher decided that Allen did not want to pursue the subject anymore. With regard to the “bombing” of the school, alternatives were generated which could allow Allen to release some of the angry feelings associated with school because “bombing” was only acceptable in the therapeutic setting. Afterwards the researcher proceeded to work on empowering Allen by discussing some of his good points. The session ended with a game that Allen selected. He commented that it was “fun” to attend the sessions.

3.3.5 Allen: session five

Allen appeared to be in a very good mood this session. He smiled a lot and made numerous funny comments. The researcher chose an activity which involved matching the tops of faces to their corresponding bottom halves, whilst discussing the possible emotions being portrayed. He laughed a lot during this activity, seemingly enjoying it.

The session took place during the last week of the fourth term and Allen was very excited about the upcoming school holidays. He chatted at length about this, about not doing hard work during the last week and about being glad that they had not had homework for the entire week. He had been informed that he had passed Grade five. He then told the researcher that he was definitely stopping remedial at the end of the year. He was very excited about that. He said that he had shouted at his mother and she had finally agreed to let him stop and that Linda had said it would be “okay” if he “quit”. When asked how he felt, he answered, “Good,” and that nothing was bothering him. He talked about the changes he was going to make in his room at home so that he could create a more private space for himself. He asked if he could play a game, which he selected. He did not want to work on any of his feelings because he said he was “fine”. For the rest of the session, Allen and the researcher played a game called “pinball”. With the holidays approaching, Allen said that he did not want to attend therapy during the holidays. The researcher said that she would approach the subject again in the new year.

At the beginning of 2006 and then a couple of months later the researcher approached Allen at school to find out how he was doing and he said that he was very happy about the fact that he had stopped remedial. He said that he did not need to see her anymore. The researcher told Allen that he could approach her at any time if he felt he needed more support. Although he often went to greet her when he saw her at his school, he did not return for further play therapy.

3.3.6 Summary of Findings: Allen’s sessions

The key emotions relevant to the study that seemed to emerge during the five play therapy sessions with Allen were the following:

- Anger, irritation and frustration.
- Poor self-esteem.
- Worry and fear of failure.
- Hatred of reading aloud, his life and his remedial teacher.

- Embarrassment.
- Feelings of being isolated.
- Sadness.

At times Allen appeared to display some aggressive behaviour, like hitting the researcher's finger-puppets or "bombing" the school he had made in the sand tray. He appeared to be lacking in social skills, which resulted in feelings of isolation. Allen sometimes felt "left out."

As an additional means of support during the time that he attended remedial lessons, Gestalt play therapy appeared to be beneficial to Allen. He had been given the opportunity to talk about how he had been feeling; it seemed as though he had managed to release a lot of his anger and he had said a number of times that he thought the sessions were helpful. He told the researcher that he enjoyed coming and that he wanted to come back. When, however, he knew that remedial was going to stop, Allen felt that he could cope without the additional support of play therapy.

3.3.7 Andy: session one

Andy's biological mother brought him to the researcher's office for play therapy. From the onset he chatted freely and did not appear to be reserved or uncomfortable. He readily separated from his mother and accompanied the researcher to the playroom.

In order to get to know him better, the researcher asked Andy to tell her about himself. He told her his full name and nicknames, mentioned his sister in England who phoned him a lot and then proceeded to tell the researcher that he was adopted. He told her that he was born in Port Elizabeth and some facts about his life there. For example, he said that his biological parents had no money, that his dad had been "fired" and that they had lived on the street. His adopted mother had found him with a bald head because his biological father made him go to the hairdresser to have all his hair shaved off.

He spoke about his adopted family, his first time on an aeroplane and his best friend. He tended to jump from topic to topic; he did not stay with one topic for very long.

His favourite things to do at school were drawing and playing. The worst things about school were “work, maths and break.” He told the researcher that he didn’t like break because no one would play with him. He had to play all by himself. He admitted that he was lonely at school because he had no friends.

Through discussion it appeared that Andy had weak expressive language and working memory. He frequently mixed up his tenses and forgot facts. He could not remember how many children there were in his class. He said there were two girls and “maybe four boys” and that the boys were “ugly to you or they just ignore you.” He reiterated that they were, “ugly” to him.

Andy (raised voice, sounded angry): “Ugly. They bully me. They so-so me. Today my one friend, Jack [not his real name], he’s like, so-so, so-so, so-so.”

Researcher: “Does he tease you?”

Andy: “That’s what they do.”

Researcher: “What do they tease you about?”

Andy (turned his back on the researcher): “Stuff.”

Researcher: “Like what?”

Andy: “Toys or anything.”

Researcher: “And how does that feel?”

Andy (looked right at the camera): “Strange. Really sad.”

Researcher: “I can see that you feel sad. You’re telling the camera you feel sad. Where do you feel sad?”

Andy pointed to his heart. He then changed the subject.

Andy was familiarised with the playroom and the various activities and he opted to draw a picture. At this stage it was still the researcher’s intent to use the session for relationship building rather than to focus on therapeutic work.

The picture Andy drew was about a man who lived on the beach. He was sad because he could not get off the beach. His car was broken; he slept in his car. His wife was gone and his children lived in the car with him. Andy chatted continually whilst drawing his picture, explaining each addition. The story later changed from the man having no money to being rich. He spent a very long time on his picture, adding a lot of detail. With each detail added an explanation was given. Although he was engaged in this activity for a long time, he did not stay with any one part of his picture for very long; he constantly added or changed things. He did not want to engage in discussions about any parts of his picture for more than a few seconds. His attention span appeared to be short. The drawing took the remainder of the session.

The researcher did not know much about Andy's past at this time. She thought that Andy had made a projection about his past life and that he had lived with his parents in their motorcar. She had made this assumption because of the things he had told her at the beginning of the session.

When she interviewed Andy's adopted mother after the sixth session, the researcher discovered that Andy had been with his adopted family from a very young age (see biographical details). According to his adopted mother, he had never lived on the beach, nor had his biological parents. He had never had his head shaved, nor had he lived on the street.

3.3.8 Andy: session two

Andy appeared to be very subdued during this session. He chatted about his day at school and answered the researcher's questions, but the spontaneity of the previous session seemed to be missing. After the session the researcher asked his mother if he had been ill because he had been so subdued. Andy's mother told the researcher that she had given him Ritalin just before he had attended play therapy that day.

After Andy had shared about their swimming gala at school that day, the researcher used a listening exercise to help him focus on the here-and-now.

The researcher chose to implement an exercise involving unfinished sentences, partly because Andy was so quiet. She hoped it would facilitate discussion, and partly because she was still trying to build a relationship with him.

From the unfinished sentences it emerged that Andy felt he was good at “sums and reading” and that he really enjoyed “reading, writing and phonics tests.” When completing the sentence “I feel angry when ...” Andy responded, “Somebody hurts me.” He explained that the children at school bullied him and, “do other stuff” and that it made him feel “sad”. He was excited that he had not been bullied that day. His father had been at the gala, so his friends did not bully him when his father was around. He changed the subject and asked to play with play-dough.

Andy made two happy faces representing a boy, Goofy and a girl, Claire. When asked about them, he changed the subject and said, “I know what I want to make.” He made another big, happy face and then said, “There, I’ve done it. Happy face planet.” The researcher asked him if that’s where he lived, but he said, “No, just in South Africa.”

Andy wanted to change his model again, stating, “I know what I want to do”. The researcher realised that Andy did not want to be interrupted; he did not seem to want to talk, so she decided to let him be. She took some play-dough and they played for the remainder of the session. Andy made all sorts of objects like hot-dogs, balls and a shop. When asked at the end of the session if he enjoyed himself and wanted to come back the next time, he said, “Yes.” He left the session smiling.

3.3.9 Andy: session three

Andy entered the playroom full of energy, and chatted about his weekend. He made constant eye contact and seemed to be very comfortable in his surroundings. He looked around the room a lot and focused his attention on various things. During the sensory activity at the beginning of the session, his attention wandered considerably, even though he appeared to be enjoying the activity. The sensory activity involved

feeling fabric squares, which varied in colour and texture. Andy enjoyed rubbing the fabric squares on his face. Some fabrics were soft and reminded him of his adopted dad, whom he described as being “soft.” When his adopted parents were cross, then they were “hard”, just like some of the fabric squares. During this activity, Andy mentioned that he was not being bullied at school anymore. He changed the subject continuously. He fidgeted a lot, slid on his chair and kept looking under the table and around the room.

A file in the room captured his attention. In the cover of the file the researcher had placed a copy of an emotions chart. The chart consisted of rows of faces depicting various emotions. Andy asked the researcher to take the chart out because he wanted to choose some faces. The researcher discussed some of the emotion words with him so that he could understand what they meant. He could not read most of the words accompanying the pictures. As these were discussed, the researcher asked Andy to choose the emotions that he had experienced in his life. She wrote these down and then drew two circles and labelled one “home” and the other one “school.” From the general list Andy selected the emotion words relevant to home and to school.

At home Andy said he sometimes got bored. He got “irritated, really angry and frustrated” with his Play Station games. He said that he sometimes hated going to bed to sleep because of bad dreams. He quickly added that he never wanted to talk about his bad dreams. When asked if he could rather draw his bad dreams, he said, “No, but I saw blood in my dream”. He changed the subject. He then explained that he hated going to bed to sleep because he had to stop watching his movies. He felt sad when he missed his movies. He proceeded to tell the researcher all about Mr. Bean, the movie.

At school Andy said that he liked doing work and that he felt sad when he couldn't get something right. He explained, “When we're doing something nice, I want it to be perfect and I make a mistake.” When asked what things needed to be perfect, he replied, “My work. That's all.” In response to how he felt when he made mistakes, he commented that he felt, “sad” and demonstrated the feeling by making a sad face.

He pointed to his head and heart when asked to show where he felt sad and said, “Both places.”

Andy explained that he often made mistakes at school, mostly with “maths, and then I erase it and then the teacher thinks I’m good.” His attention was caught by something else in the room and told the researcher that he wanted to write something. She gave him the necessary tools – he drew a few sticks and asked if he could see the picture he had drawn the first time that he had come to play therapy. He wanted to add to it because he’d “...forgotten to put the wife there.”

Andy proceeded to add to and to make changes to his previous drawing (see session number one), and explained what he was doing as he went along. He changed the face of the dad to a happy face, by erasing the sad mouth and drawing a smiling mouth. He fixed all the things that were broken, like the dad’s car. The dad’s friends were added to the picture and everyone was happy. The dad had fifty-five children, which later became one hundred children. Andy explained that it was “New Year’s Eve” and he added decorations, after which he talked about it being Christmas and all the children were going to have Christmas and lots of presents. He said that the dad was very rich and all the children were going to get presents. Andy said that he was one of the children and that he was getting “... a teddy bear, that’s what I deserve. I’m getting a teddy bear in the water – look, there it is. It’s Christmas there.”

Andy continued making everyone and everything in the picture happy. Eventually he used some scissors and cut off the edges of the picture, declaring, “Now I’m done.” He said that the children were the most powerful in the picture because they could “... win the dad a lot. Like, then they dive on him and other stuff.” When asked if there was any part of the picture that was like his real life, Andy replied, “The water. Ja. I swim in my pool and I drive with my mom in the car and I also get to spend time with my dad.” He talked about his adopted dad being the “... boss of the work ...” and that he missed his dad when he was at work. He enjoyed spending time with his dad.

The researcher ended by summing up the session and discussing fun things that Andy wanted to do for his dad and for himself. Andy said that the best thing about the session was "... drawing and playing."

3.3.10 Andy: session four

Andy had just come from his vision therapy session, so he chatted about that for a while. He seemed happy to be at play therapy. He told the researcher that he liked clean things and proceeded to clean the table at which they were sitting. He enjoyed the camera and wanted to make some faces into the camera, which he did.

A tasting exercise was used for sensory work. Andy enjoyed tasting the "Astro" chocolate balls and said it reminded him of chocolate on ice cream, something he enjoyed a lot.

The researcher introduced the "Sticky Questions" sheet. (See appendix C.)

Whilst completing the form, Andy commented continuously. Each response appeared to match how he was feeling at that exact moment, so when the responses were discussed in detail afterwards, he changed some of his answers.

In response to statement number seven, "I am good at maths", Andy said, "I am good at maths, sometimes." He told the researcher that he was good at maths and that it was his best subject. A little later he changed his mind and said, "I don't actually do well with my maths." He looked down as he said this, and appeared to be feeling sad because his facial expression changed and his spoke softly.

Researcher: "You don't do well with your maths? How does that make you feel?"

Andy: "Sad."

Researcher: "Can you help me to understand that a little bit? Why do you feel sad when you can't do your maths?"

Andy: "Because I always get my maths wrong." [Whilst he said this he held his head between his hands and looked down with a very sad expression on his face.]

Researcher: “And then what happens?”

Andy: “Actually – mostly then my teacher gets cross and everything. I have to do them all over again.” [He began to speak softer and softer.]

Researcher: “I wonder what that feels like when you have to do it again.”

Andy: “Not frustrated. I feel sad.”

The researcher commiserated with Andy and he pointed to his heart to indicate where sad was felt on his body. He admitted that he often got his maths wrong and that it would be better for him if he could “get good at maths.” He said that he might fail because of his maths and when asked how he would feel if he did fail, he said that he did not mind. However, at this point he turned his back on the researcher. With his back turned, he reiterated, “I don’t mind.” He then turned back towards the researcher, smiled and said, “Maths isn’t really hard,” and proceeded to place a “no” sticker over the “yes” sticker in statement number twenty-eight, indicating that he was no longer worried that he might fail.

In response to the statement, “I am good at reading,” Andy said that his reading was good when he did it with his mother.

When the researcher read statement number thirteen, “I wish I had more friends,” to Andy, he immediately said, “No!” but after using his fingers to count the number of friends he had, he changed his mind and said, “Ja, I do hope I had more friends ‘cause I’ve only got four friends.”

In response to statement number sixteen which said, “Children bully me,” Andy said, “When it was the swimming gala kids liked me” so he answered “No” to the statement. It had been the gala that week and his father had been there. Andy explained, “The kids that bully me know that they would get hurt by my father, so they didn’t bully me.” When asked if he had been bullied that day, he said he had not.

Further responses revealed that Andy said that he was lonely and bored at school and that he got scared at school when he made mistakes. When asked about his “yes”

response to the statement, “I wish I could go to another school,” Andy changed his mind and said he was happy at his school. He changed the sticker to reflect his new answer.

To end the session, the researcher did an empowering activity, which involved a game, “Pinball,” in which Andy excelled. He felt empowered because he won, and possibly because he could control the game. He beat the researcher’s score.

3.3.11 Andy: session five

Andy entered the playroom very quietly and with a very serious expression on his face. He was not his usual talkative self. In response to general conversation he shrugged his shoulders or nodded his head instead of engaging in conversation. When asked if anything was wrong, he shook his head and said, “Nothing.” The researcher discovered afterwards when talking to his mother that she had once again given him Ritalin before the session.

The sensory exercise at the beginning of the session involved smelling various essences. In response to the various smells, Andy either pulled a face or shrugged his shoulders. Occasionally he answered, but it was a whisper. He eventually told the researcher that he had been to the wrestling with his dad and that he had gone to bed late. He did not want to discuss the wrestling. The researcher commented that it seemed as if he did not feel like talking, and Andy nodded in agreement. She then stated, “You’re having a quiet day,” and he nodded again.

The researcher decided to read a story to Andy, instead of trying to get him to talk. The story made Andy laugh, and he seemed to enjoy being read to. Afterwards he asked if he could see the video of the session, so the researcher let him watch the session on her television set. While watching the video Andy became more animated and chatted to the researcher about what he was watching. He did this until his mother came to fetch him. He laughed a lot and therefore appeared to have enjoyed himself. He commented that he had enjoyed watching the video and was happy that

he had come. When asked if he would like to return the following week, he said “Yes.”

After the session Andy’s mother agreed to not give him Ritalin just before future play therapy sessions because the researcher felt it had made him too withdrawn.

3.3.12 Andy: session six

The session took place during the first week of the December school holidays. Andy seemed to be in a good mood when he entered the playroom and was back to his talkative self. He told the researcher that he was staying behind in Grade one so that he could be his teacher’s special helper. He said that he did not mind staying back.

He had brought a toy car along which he wanted to show to the researcher. He then looked at all the toys in the playroom and took a few soft toys down off the shelf. He told the researcher that he wanted to have a tea party so they took the cups and saucers off the shelf and had a tea party with some of the toys.

The researcher pretended to be one of the toys, and attempted to engage in a conversation with one of Andy’s soft toys, but he did not want to do that. He started hitting the researcher’s toy instead. He did this for a while and then said, “I’m done. Let’s play something else.”

He chose a puppet for himself and the researcher, calling his one “evil one” and her one “fiery teddy.” Once again he hit the researcher’s puppet. He kept choosing new puppets and kept hitting the researcher’s puppets. This went on for a while and then he took out the finger-puppets and told the researcher that he wanted to make a house for his finger-puppets.

He built a house on the floor with some wooden blocks. He was in charge, and the researcher had to do exactly what he told her to do. She was given some blocks and told to build her own house. She was then given three finger-puppets and told to visit him at his home. The researcher played along, and as soon as she approached

the house, she was ordered off the property. This went on for most of the session. He kept “bossing” the researcher around, apparently enjoying the fact that she was playing along. Eventually he said, “This is where I live now, in P.E. I’ve had enough. Can I go and watch TV on the real TV in the lounge?”

As they started packing up, the researcher asked Andy if the house he had built was anything like his real house, to which he answered, “No.” He said it was like the house he wanted to have one day, and that he also wanted lots of friends. He said that he did not have any friends.

He said he would like to live in Port Elizabeth because that was where he was born, but that he did not want to live with his biological parents.

As it was school holidays, the researcher knew that Andy and his biological parents were going away. In her subsequent interview with his adopted mother, the researcher offered her services to the family should they feel that Andy needed more support when he started school after the Christmas holidays. His mother remained in contact with the researcher during the first term of 2006. She felt that he did not need the extra support at the time of the contact but felt he might need support from the second term onwards. Information from those sessions was not included in the study.

3.3.13 Summary of Findings: Andy’s sessions

The emotions relevant to the study that seemed to emerge during the six play therapy sessions with Andy were the following:

- Sadness.
- Loneliness and feelings of isolation.
- Anger and frustration.
- Fear of failure and being bullied.

Aggressive behaviours appeared to emerge during some of the sessions. Andy sometimes hit the researcher's puppets and finger-puppets and he enjoyed "bossing" the researcher's finger-puppets. Apparent social skills difficulties resulted in feelings of loneliness and isolation.

The play therapy sessions that Andy attended were, according to him, fun. The researcher felt that Andy had been helped to deal with the emotions that had been on his foreground during each of the play therapy sessions. She is of the opinion that the format of the Gestalt approach afforded Andy the opportunity to play out the feelings that were on his foreground in a safe, non-judgemental environment.

3.3.14 Chanley: session one

Chanley appeared to be a bit shy when she first entered the playroom. She did not initiate conversation, but responded well when spoken to. During the first few minutes it emerged that Chanley was the younger cousin of a friend of the researcher's younger daughter. The researcher had never met Chanley before but knew her cousin. Chanley seemed to become more animated when she heard this and she proceeded to talk about a wedding they had all attended. Chanley had been a bridesmaid and the wedding had been a highlight in her life. The researcher's older daughter had gotten married earlier that year, and so she fetched the wedding album and they looked through the photographs and compared bridesmaid's outfits, wedding cakes et cetera. This led to about twenty minutes of discussion and appeared to be beneficial to the building of a relationship. Chanley initiated conversation, joked with the researcher and appeared to be relaxed in the researcher's presence.

The researcher then took out some magazines and scissors and told Chanley that they were going to cut out some pictures, which would be used to represent who they were and what they liked. This would facilitate their getting to know each other better. They discussed their pictures until the end of the session. Chanley told the researcher that she had had fun and would "... love" to come back the following week.

The entire session had been devoted to relationship building.

3.3.15 Chanley: session two

Chanley seemed pleased to see the researcher when she entered the playroom. She made good eye contact and smiled a lot. She chatted freely about her week.

The researcher chose to do the sensory activity that involved touching various fabric squares. The exercise appeared to evoke some good memories for Chanley because she spoke continuously.

Whilst packing away the fabric squares the researcher asked Chanley about school and what her favourite subjects were. She mentioned that she liked history and geography but “hated maths, taal and homework.” She said that reading was sometimes difficult, but not always. When asked what it felt like when reading was difficult, she replied, “It doesn’t really matter to me because I am good at other things.”

The researcher asked Chanley to name some of the things she was good at. She replied that she was good at drawing and swimming, and said that she had stopped participating in sports at school because she always got too much homework. She explained that they sometimes got extra homework if they did not complete their work at school.

Chanley (sounded very irritated): “From half past two to half past four it takes me to do my homework.”

Researcher: “Goodness, that’s terrible.”

Chanley: “And then from half past four – sometimes it goes on ‘till quarter to five, then I come home and then I have to do work, and then, it’s terrible.”

Researcher: “It sounds terrible.”

Chanley: “It is. And [pointed at the researcher] children are supposed to play, not work, work, work [held up three fingers]. I can’t even play outside [frowned and then rested head on both hands].”

At this stage Chanley seemed very irritated and began drumming her fingers on the table. She sighed a few times and wiped her face with her hands. She said that she was feeling “irritated”. When asked how she felt when she had to do all that homework, she replied, “Very angry. I get very cross and everything.” She explained that she went to her cousin’s home (not the same cousin that the researcher knew) every afternoon and did their homework there. They often fought over the homework, especially when her cousin had her repeat an activity. This, she said, made her angry and frustrated. She said she often took her frustration out on her cousin.

Chanley was very angry about the fact that she had to spend so much time doing homework because she felt that she did not have enough time to play. She reiterated this point many times during the session. At one point she said,

“I never study when I come home. That’s my time when I come home. At half past eight it’s bedtime, so I’ve only got from half past four, quarter to five ‘till half past eight. That’s all the time I have. And I have to do is eat supper, bath, do chores, unpack the dishwasher, and do everything in that time.”

Chanley said that she felt “overwhelmed” and the feeling that it evoked was described as “anger.” When asked what she would like to do with that anger, Chanley answered, “What would I like to do with that anger? Is go home and play. I don’t have time to play anymore.”

The researcher got some play-dough and asked Chanley if she could make her feeling in play-dough. When Chanley had the play-dough in her hands, she was asked to close her eyes and think about the last time she had felt angry. She described the scene which involved having to re-do work that she felt she knew. She

made a figurine to represent “anger” but then said her figurine was like her cousin. She did not want to talk to her feeling, anger, but rather to her cousin. She told her cousin that she didn’t want to go to her for help anymore because she didn’t have time to play. She said that when she went to Grade five she wanted to do her homework by herself. The researcher used Chanley’s figurine and did some role-playing. Chanley had figured out various alternatives to her situation and discussed those in the role-playing situation.

The session ended with Chanley explaining that she was moving to a new school in 2006. The school she mentioned was a school that catered for children with special educational needs. She said that the workload would be less at her new school and that she was looking forward to it because she could play more and also participate in sports. She said that she was very excited. She left the therapy session smiling and said that she was looking forward to seeing the researcher again.

3.3.16 Chanley: session three

Chanley appeared relaxed when she entered the playroom. She chatted easily.

As a sensory exercise the researcher used various essences, which Chanley smelled and then described the memories or feelings each smell evoked. She seemed to enjoy the exercise, especially when she smelt the almond essence. It reminded her of Christmas cake.

The researcher used the “Sticky Questions” form with Chanley. (See appendix. D.) Aspects only relating to the study have been selected for discussion.

The researcher learnt that Chanley did not want to do mathematics because she did not enjoy it. It made her feel “angry” when she had to do it. She found mathematics “hard.”

Reading was difficult for her unless she did prepared reading. However, prepared reading meant she had to practice, which she didn’t enjoy because she had to practice

the same thing over and over again. When asked if there was ever a time when she was embarrassed about her reading, Chanley said, “Yes. There was. A lot.” She explained that reading made her “nervous” and that she would start to get a headache when she had to read. It made her anxious. Afterwards she would “calm down”. She said that reading was a stressful activity.

Chanley explained that spelling was “very hard” but when asked how it felt to get red marks in her book because of her spelling errors, she shrugged her shoulders and said, “Fine.”

The researcher asked Chanley to talk about her “yes” response to the statement, “I get angry a lot at school.” She said that when things were really difficult, like when she had to do comprehensions, she would get “miserable” because she could not do them. Chanley told the researcher that she knew that she wasn’t the only one in the class who was struggling, but she still thought she was the “worst in the class.” At this point Chanley kept looking down or would shrug her shoulders. When asked to explain how she felt, she said, “I just feel angry. I just feel angry.”

The researcher decided to empower Chanley and talked about how “clever” she was. They chatted briefly about this and then the researcher got some newspapers and together they wrote down names of all the school subjects that Chanley did not like. Chanley really enjoyed this and laughed a lot. She shouted out the names of subjects she didn’t enjoy, like, “begrip, spelling, maths and lees.” As she shouted the names out, the researcher wrote them down on separate pieces of newspaper.

The researcher then held up the pieces of newspaper, one by one, and encouraged Chanley to punch or kick them. Whilst doing that she shouted out what she was feeling. When the newspapers were in bits, they made balls from the bits of newspapers and threw them at each other. This resulted in much laughter.

Chanley made the following comments with each kick or punch of the newspapers, which bore the names of the school subjects she disliked: “You make me cross. You

make me angry. You make me miserable. You make me sad. You make me cross. You make me struggle. I don't like you. I hate you.”

After a while Chanley smiled and said, “I feel better already.” She then made some newspaper balls and whilst throwing them, shouted, “I hate you. I don't ever want to see you again.” This continued for a while and Chanley seemed to enjoy herself. Afterwards she commented, “I am so happy now” and she hugged the researcher.

When they were washing their hands, Chanley reiterated that she was so happy and that she felt so much better. They talked briefly about how she could manage her anger in future.

3.3.17 Chanley: session four

This session took place during the December school holidays after Chanley had been away with her family. A session had been planned before the schools had closed for the year, but Chanley's mother forgot to bring her.

The sensory activity involved tasting various chocolates, fruits and hard sweets. Chanley appeared to enjoy this activity because she laughed a lot and became quite animated in the discussions of the various tastes.

A brief discussion about Chanley's last day at her old school followed. She said that it was not as bad as she thought it might be and that she didn't cry. She was unsure about her feelings regarding starting at a new school because “it was still too far away.” When the researcher mentioned that she didn't have to think about school or homework now that it was holidays, Chanley's face lit up and she smiled. She said that she could get to play which made her very happy.

She said she wanted to draw a picture and proceeded to draw herself and her dad painting the garage – a project they were busy completing. She described the project and said that she liked working with her dad. She said that because it was holidays

she got time to play and to see her parents. During the term she did not see them as much because she was always busy with homework.

The researcher took out a chart containing faces with corresponding words that described emotions. Two circles were drawn, one entitled “at school” and the other entitled “holidays.” Chanley wrote down the emotions evoked by each title.

In the circle entitled “at school”, Chanley wrote the following words: angry, frustrated, worried, sad, pleased, excited, confident, bored, sad, hate, thankful, anxious and embarrassed. In the circle entitled “holidays” she wrote: excited, pleased, angry, happy, thankful, confident, love, bored and jealous.

The anger and jealousy she felt during the holidays had to do with sibling rivalry. She said that the anger she felt at school was the same anger she felt at home, but the reasons were different. She got frustrated at school because she sometimes could not do the work. She hated school. She was thankful that she had passed and that her teacher had been kind. Now that it was holidays, she felt better.

To end the session Chanley wanted to play with some of the dress-up clothes in the playroom cupboard. She had fun choosing an outfit and the researcher took some photographs, which she e-mailed to Chanley’s mother. She ended by saying that she had had fun and was looking forward to coming again.

3.3.18 Chanley: session five

After the holidays Chanley started at her new school. The researcher wanted her to settle in for a few weeks before she continued with play therapy. Chanley was now in Grade five.

She happily entered the playroom at the beginning of the session, and chatted about an event she had been to during the holidays.

A sensory exercise involving the sense of touch followed. Wooden shapes had been placed in a pillowcase and Chanley had to feel each shape, describe it and guess what it was. She talked a lot about each shape and after a while she had the researcher guess the shape she was describing. She really seemed to enjoy this and wanted to continue until every shape had been identified.

Chanley chose some puppets and decided to do a puppet show for the researcher, which she called, "The Gingerbread Man." She had fun doing this and made sure the camera captured it all. She took a long time to tell the story, and used various puppets.

After the puppet show the researcher asked her to identify the person in the story that she had liked the most. She categorised the puppets into two groups: "not so favourite" and "good." When asked if the puppets reminded her of anyone she knew she talked about the bad wolf who reminded her of three people who had "taken a wrong step" in their lives. Three of her cousins were drug addicts, one having died that year of a drug overdose.

Chanley said that her new school was, "fine," but she did not like her new teacher. She selected a puppet from the "not so favourite" pile to represent her teacher. She liked all of her other teachers, but not her classroom teacher. She said that because she did not like her teacher, she "didn't talk to her teacher very much." When asked how her teacher made her feel, she replied, "Sometimes she gets me on my bad spot and she drives me insane." She explained that her teacher had a short temper and was impatient, which was "... frustrating." According to Chanley, all the children in her class disliked the teacher. She complained that her teacher did not explain things to them when they needed help and remarked, "We get so frustrated and mad with her 'cause that's why she's there, to explain sometimes for us." When asked what she would say to the teacher if she were in the room right at that moment, Chanley replied, "Nothing. I won't talk to her." As she made this remark, Chanley looked away, breaking contact with the researcher.

The time had run out, so Chanley agreed that they could talk about her teacher the next time she came. The session ended with Chanley selecting a puppet which reminded her of someone she liked. A short five-minute discussion followed.

3.3.19 Chanley: session six

The researcher used a fantasy trip for the beginning of the session. It involved going to a show in America where Chanley was the star performer. Chanley enjoyed this and a lively discussion followed. This lasted for quite some time. The researcher used the time to empower Chanley. A list was created containing all her strengths and talents. Chanley decorated the list, which she took home afterwards to display in her room.

Chanley did not want to talk about her teacher, or anything related to her schoolwork. She said that she just wanted to play. She selected some board games and for the rest of the session various games were played.

After the session, Chanley's mother indicated that it was difficult getting Chanley to the researcher for therapy sessions now that she was attending a new school. Her day ended fairly late because she was transported home on the school bus. The new school was quite far from Chanley's home. Chanley's mother said that it was also a busy time for her at work (she was self-employed), suggesting another reason for finding it difficult to bring Chanley for therapy. The researcher suggested seeing Chanley every alternate week, which was agreed upon, but Chanley's mother cancelled the next few appointments. Further sessions are not included in the study.

3.3.20 Summary of Findings: Chanley's sessions

The key emotions relevant to the study that seemed to emerge during the six play therapy sessions with Chanley were the following:

- Anger, frustration and irritation.

- Poor self-esteem.
- Feelings of being overwhelmed.
- Anxiety and stressfulness.
- Embarrassment.
- Sadness.
- Hatred.

Chanley's responses at the end of the sessions led the researcher to believe that the play therapy had been beneficial. For example, Chanley had commented that the therapy was helping her; she said that she was looking forward to coming back and she hugged the researcher at the end of the third session.

3.4 UNSTRUCTURED INTERVIEWS

Unstructured interviews with parents who had children in remedial intervention programmes, teachers, and professionals in the field of remedial education and learning disabilities took place after the semi-structured interviews were completed. The interviewees were not directly involved with the respondents from the case studies; they did not know them. The researcher asked one question, affording the interviewees the opportunity to elaborate in the way they deemed necessary in order to describe their experiences with children in remedial programmes. The question was as follows: "How have you experienced children who need to receive remedial intervention – socially, emotionally or educationally?"

The names have been changed to protect the identities of the interviewees.

3.4.1 Mrs. Olivier: Teacher

Mrs. Olivier taught at a private school in Johannesburg, South Africa. She described children in her class who had learning disabilities and who were receiving remedial intervention. One girl, she explained, felt isolated because the other children resented her for getting extra help. The class complained that her slow pace was

affecting the pace of the entire class. This girl had a diary in which she wrote, "Please let me out. I don't enjoy school anymore. The children are laughing at me and teasing me." Anger and frustration were also mentioned in the diary. Mrs. Olivier expressed concern regarding her emotional well-being.

Three of the boys she described had become aggressive and often expressed their anger and frustration by using negative self-talk or physically hurting the other children. According to their teacher they got angry and frustrated when they could not do the work. They verbalised that they were "stupid" and this appeared to be affecting their self-esteem.

Lastly, Mrs. Olivier spoke of a girl who would hide her work from everyone because she was embarrassed and did not want anyone to see her work.

All of the above emotions, according to Mrs Oliver, were directly linked to their learning disabilities, which affected their ability to cope scholastically.

3.4.2 Mrs. le Roux: Teacher

Mrs. le Roux taught at a private school in Durbanville, South Africa. She mentioned that over the years she had taught a number of children who attended extra remedial classes. The most common emotions she noticed were anger, frustration and poor self-esteem. Aggressive behaviour, such as hurting other children, would sometimes accompany the anger and frustration, especially with the boys. Many of the children would verbalise their frustration by using negative self-talk, saying things like, "I'm so stupid, I'm an idiot."

3.4.3 Mrs. Shelley: Teacher

Mrs. Shelley taught at a public school in Durbanville, South Africa. She started the interview by saying that over the years she had taught children with all sorts of learning difficulties, as well as those with low IQ's. In her opinion poor self-esteem was one of the biggest obstacles faced by them. They would stop trying because

they did not believe in their own capabilities. They feared failure and constantly compared themselves to their peers.

3.4.4 Mrs. Walker: Parent

Mrs. Walker's son had learning disabilities. Her son was described as being, "very aware of his learning difficulties." Mrs Walker said that it bothered her son that he was "different" and that he "learnt differently." She said that he often got frustrated and would comment, "I messed up again. I am stupid." She was concerned about his self-esteem, which appeared to be poor.

3.4.5 Mrs. van Niekerk: Parent

Mrs. van Niekerk and her family were missionaries who lived in Angola. Her son was schooled at home. Before they left for Angola he had been diagnosed with a learning disability. He found the Grade four curriculum that they were followed difficult.

Mrs. van Niekerk reported that although her son had no one with whom he could compare himself, he got frustrated with his performance and felt he was "not good enough." This surprised her. In their community, her son was the only child who attended school. He was the only child who could read and write. She said that it was as if he had figured out his own way of measuring and comparing his ability, and found it wanting. He had developed a fear of failure and would give up easily. His self-esteem was described as being poor and she said that he had developed a sense of learned helplessness. Mrs. van Niekerk commented, "I've noticed that even if it's just one child, they also go through the same things. They feel frustrated and emotionally depressed."

3.4.6 Mrs. Smith: Occupational and Remedial Therapist

Mrs. Smith offered both occupational therapy and remedial intervention. She worked at two schools in Durbanville, South Africa.

Mrs Smith said that the children with whom she worked got very frustrated because their ability fluctuated. They had "... good days and bad days." She felt that they got particularly frustrated and angry during remedial lessons because the remedial lessons were aimed at strengthening their weaknesses and so their weaknesses were highlighted. Once they started to experience progress, their frustration and anger levels lowered, but it often took a long time before progress was made. Mrs. Smith felt that the children were embarrassed by their disabilities, which resulted in their reluctance to participate freely in the classroom activities that they found difficult. In her experience she believed that the children with whom she had worked struggled mainly with poor self-esteem, anger, frustration and anxiety.

3.4.7 Mrs. Theron: Psychologist

Mrs. Theron worked as a psychologist in a private practice in Tableview, South Africa. She found that the majority of the children she assessed because of scholastic difficulties had additional problems. These included social and emotional problems. She often recommended emotional support as well as remedial support.

One fourth of the children seen by Mrs. Theron were referred to her for play therapy because of emotional difficulties. Many of these children had emotional problems as well as learning difficulties. The key emotional problems concurrent with learning difficulties listed by Mrs. Theron included anxiety, frustration, anger and being withdrawn. Many of the children had developed psychosomatic symptoms such as headaches or stomachaches, and they feared going to school.

Mrs. Theron believed that there were very few children with learning disabilities that had not been affected socially or emotionally. It was just the degree to which it affected them that differed.

3.4.8 Summary of Findings: unstructured interviews

The unstructured interviews revealed the following emotions as being most common amongst children in remedial intervention programmes:

- Anger and frustration.
- Poor self-esteem.
- Feelings of isolation and loneliness.
- Anxiety.

3.5 SUMMARY OF COMBINED FINDINGS

Based on careful study of the data collected from the semi-structured interviews and unstructured interviews, the following emotional difficulties faced by children receiving remedial intervention were identified by the researcher as being the most common:

- Anger and frustration.
- Poor self-esteem.
- Loneliness and feelings of isolation.
- Anxiety
- Sadness.

Aggressive behaviours sometimes appeared to accompany anger and frustration. The respondents that seemed to express anger appeared to enjoy playing games that involved “bossing” the researcher, drawing “war scenes,” using expletive language and hitting toys. The following emotions were according to the researcher, indicative of poor self-esteem: feelings of degradation, worthlessness, helplessness, failure and inadequacy. Fear of failure appeared to result in worry and anxiety. Emotions such as irritation, depression, stressfulness, hatred and embarrassment also appeared to emerge.

Two of the respondents, both boys, appeared to have social skills difficulties; they said that they did not have friends. Their parents, when interviewed for background information, confirmed this. These respondents were often teased or bullied by their peers. Feelings of loneliness and isolation were directly linked to social skills difficulties.

In Chapter four (Phase three) the researcher describes the information gathered from the existing literature. Information that either supports or refutes the findings of the study will be examined.

CHAPTER FOUR

(PHASE THREE)

LITERATURE CONTROL, CONCLUSION AND RECOMMENDATIONS

This chapter focuses on the observations made during the study in the light of existing literature on the research topic.

4.1 COMPARISON OF FINDINGS AND EXISTING LITERATURE

The researcher identified five key overarching sets of emotions that affected children in remedial intervention programmes, who by implication may have learning disabilities. They were anger and frustration, poor self-esteem, loneliness and feelings of isolation, anxiety and sadness. Behaviours such as aggression and poor social skills also emerged. These will serve as the context for the discussion on the existing literature. The researcher is aware that although she listed the most common emotions that appeared to emerge in the study separately, or as sets of overarching emotions, they are in reality all linked to each other and affect each other. Seldom do emotions exist in isolation. For example, sadness may result in anger, or vice-versa, but for the purpose of the discussion they have been listed as separate emotions.

Key emotions that emerged and are discussed in the light of relevant existing literature, have been grouped as follows:

- Self-esteem.
- Anger and frustration.
- Anxiety and sadness.
- Loneliness and feelings of isolation.

4.1.1 Self-esteem

“There is considerable evidence to show the correlation between self-esteem and academic achievement” (Anderson, Gerrish, Layton, Morgan, Tilstone & Williams, 2004:131.) Several authors (compare Riddick, 1996:107; Donavan, MacIntyre & MacMaster, 2002:101; Shaywitz, 2003:120) agree. According to Lerner (2000:537), successful achievers develop a sense of self-worth and prideful identity, whilst repeated failure at mastering tasks “induces feelings of frustration rather than feelings of accomplishment”. Repeated failure results in lowered self-esteem. (Compare Naparstek, 2002:32; Butler & Silliman, 2002:13; Donahue & Wong, 2002:37.) Riddick (1996:35) purports that the study of self-concept and self-esteem in relation to academic achievement is problematic in that it is difficult to ascertain whether “poor self-esteem leads to poor performance, or if poor performance leads to poor self-esteem”. Psychological problems are “secondary to the frustration experienced and not the cause” of academic problems faced by most children and adolescents with learning disabilities (Silver, 1998:48).

Difficulties with self-esteem appeared to negatively affect the respondents in the study. Two respondents verbalised that they were “the worst in the class, “whilst all three respondents feared they were going to fail their grades. Many children with learning difficulties perceive their academic skills to be worse than that of their non-learning disabled peers. (Compare Bear, Minke & Manning, 2002:405; Tabassam & Grainger, 2002:141; Bryan, Burnstein & Ergul, 2004:45.) A study done by Bear, *et al.* (2002:417), revealed that the self-concept of children with and without learning disabilities was similar in all areas except intellectual/academics. Regarding intellectual or academic abilities, children with learning disabilities perceived themselves as being inferior to their non-learning disabled peers. This was not the case when it came to other things, such as sport, for example (Bear, *et al.*, 2002:417). The researcher discovered that the feelings of inadequacy regarding school performance did appear to be linked to the respondents’ intellectual and academic performance. Two of the respondents referred to themselves as being “stupid.” “Feelings of stupidity are obviously related to the issue of learning difficulties itself” (Rees, 1998:52).

Self-esteem is the degree to which an individual's perceived self matches their ideal self (Compare Riddick, 1996:34; Deponio & Macintyre, 2003:32.) The value placed on themselves by the respondents in the study seemed to be low. This was apparent in their negative self-talk, which was recorded by the researcher. "Their self-denigration further reduces their self-esteem. At times this negative self-dialogue leads to self-sabotaging behaviour" (Golden, 2003:82).

Feelings of inadequacy and embarrassment about lack of skills often affect those with specific learning disabilities (Ott, 1997:203). All of the respondents said that they felt inadequate. One respondent felt embarrassed because he was the only one in his class that had to attend remedial classes and sometimes he had to attend remedial classes with younger children. He commented, "Ja, I'm useless." Another respondent felt embarrassed and nervous when she had to read. Golden (2003:83) explains that he has worked with many children with reading disabilities who were "additionally influenced by a negative mind-set fostered by their disability."

According to Charlton and Jones (1996:90), "Children develop their self-esteem and self-confidence through being accepted, valued, respected and challenged. This is how the listening counsellor inspires and encourages children to overcome their difficulties". Because self-esteem beliefs play an important role in mediating academic achievement (compare Tabassam & Grainger, 2002:142; Anderson, *et al.*, 2004:131), Gestalt play therapy as an additional support could play an important role in developing the self-esteem of children in remedial intervention programmes, thereby impacting their academic achievement. In this regard, Riddick (1996:35) cites Lawrence who emphasises the importance of working on a child's self-esteem and academic skills simultaneously. Donahue and Wong (2002:33), suggest that essential rudiments of developing positive self-regard are awareness, understanding and acceptance of one's disability. This could transpire during Gestalt play therapy.

4.1.2 Anger and Frustration

All of the respondents expressed anger and frustration; anger and frustration emerged from the unstructured interviews as key emotions experienced by children in remedial intervention programmes. Children with specific learning disabilities struggle with inconsistent performance, which results in frustration (Deponio & Macintyre, 2003:63). Erratic progress results in frustration because earlier teaching seems to have been unsuccessful (Compare Silver, 1998:49; Deponio & Macintyre, 2003:8.) Children with learning disabilities struggle to process, receive, understand and express language, which causes failure and frustration (Lavoie, 2005:357).

Some of the anger and frustration appeared to result in aggressive behaviours. These aggressive behaviours included, for example, hurting others, swearing and name-calling. In this regard Renfrew (1997:5) proposes that aggression can be directed and intentional or uncontrolled and undirected. Jensen (1998:75) states, “How we feel is usually how we act”. When experiencing anger, “some people withdraw, while others attack or retaliate, and some people talk while others become quiet” (Dupont, 1994:38). The respondents expressed anger at themselves and at other people. In this regard Golden (2003:83), suggests that sometimes anger is directed inward which results in self-denigration and self-sabotage, or anger might be directed outward – anger is projected onto others, blaming them for setting up obstacles to success. (Compare Silver, 1998:54.)

“When intensely angry a child or teen may report feeling ‘ready to explode’ or that she could ‘go wild.’ In contrast she might use words such as irritated or annoyed when her anger is less severe” (Golden, 2003:103). The researcher found this to be true for two of the respondents. These statements were made by one of them, “I’m going to blow up”, “I hate my life”, “I will just shoot myself”, and “I am not going to get out of bed even if I get five million hidings”.

The respondents, according to the researcher, needed to be empowered. Some felt “helpless” in their situations. One respondent enjoyed being in control by “bossing” the researcher’s finger-puppets and taking charge of the therapy session. Lavoie

(2005:236) asserts that academic difficulties can cause children with learning disabilities to feel powerless, with minimal control over their lives, which may result in seeking to achieve power in inappropriate ways.

The researcher is of the opinion that creating a safe environment in which anger can be expressed and dealt with would benefit children in remedial intervention programmes who experienced such emotions. According to Golden (2003:102), teaching children skills of self-reflection is needed for increased emotional awareness. The researcher is aware of, and supports the fact that children who display severe and uncontrollable anger and aggression need psychological counselling or intensive play therapy. However, those who do not have severe emotional or psychological problems could be helped through awareness and self-regulation to communicate and make sense of their feelings.

4.1.3 Anxiety and Sadness

All of the respondents appeared to express anxiety in various forms. The children used the words, “worried”, “nervous”, “scared”, “stressed” and “anxious”. The researcher used the term “anxious” as a synonym to include all these emotions. The unstructured interviews reflected anxiety and depression as being prominent emotions experienced by children in remedial intervention programmes.

Children with learning disabilities react with anxiety and depression when they experience the stress of schooling and poor achievement (Silver, 1998:51). Anxiety is performance-related, whilst depression is the “sadness of not being able to please the teacher and parents by doing what is expected” (Silver, 1998:51). One of the respondents indicated that he was sad when he could not please his teacher. According to Dupont (1994:47), sadness incorporates sorrow, melancholy, grief, dejection, discouragement and depression. All of the respondents appeared to feel discouraged and those who were being teased by their peers expressed dejection. They said that they felt sad, unhappy or “bad.”

The most common anxiety-producing factor amongst the respondents was a fear of failure. When children cannot deliver what is required, despite an ability to understand what is required, failure results (Peer & Reid, 2001:239). Anxiety is the “most serious of the common emotional reactions to school and social failure” (Lavoie, 2005:22). Anxiety affects performance. Learning, emotions and thinking are all linked. (Compare Sylwester, 1995:72; Jensen, 1998:71.)

All of the respondents were aware of their problems with learning. One respondent complained of getting headaches, a psychosomatic symptom, when she had to read aloud to her teacher.

Lavoie (2005:25) asserts that anxiety can control a child’s entire day because it creates a cyclical pattern. As reported by Hallahan and Keogh (2001:115), children with learning disabilities often find themselves in a cycle of failure. The fact that anxiety disorders need to be diagnosed and addressed by relevant professionals, is a given. If Gestalt play therapy were available as an additional support to children in remedial intervention programmes, the effects of anxiety and sadness could be minimised – the cyclical pattern created could possibly be interrupted. “By creating manageable situations in a pretend, safe setting, negative emotions can be expressed” (Russ, 2004:73).

4.1.4 Loneliness and Feelings of Isolation

Two of the respondents expressed unhappiness regarding the absence of friendships. They said they felt lonely and isolated. These feelings, in the researcher’s opinion, accompany social skills deficits. According to Weiner (2004:23), the majority of studies on loneliness of children with learning disabilities showed that “seven-to-fifteen-year-old children were more likely to experience loneliness than their average-achieving classmates”.

Two of the respondents reported that they had been teased by their classmates, and one used the phrase, “My friends bully me.” They felt lonely and isolated, as well as angry, worthless and sad. Several studies cited by Donahue and Wong (2002:54),

revealed that the personal characteristics of children with learning disabilities may predispose them to being lonely, as well as make it more difficult for them to cope with the accompanying aversive feelings. (Compare Elksnin & Elksnin, 2004:7.) It is suggested by Lavoie (2005:243) that poor self-concept causes the victim of bullying to accept the bullying behaviours.

Not all children with learning disabilities demonstrate social skill deficits. (Compare Hallahan, *et al.*, 2001:66; Donahue, *et al.*, 2002:12.) Furthermore, problematic social behaviour is not always a result of lower social functioning in children with learning disabilities (Hallahan & Keogh, 2001:66). However the literature is unswerving in its findings that children and adolescents with learning disabilities are more likely to be socially rejected and neglected than those without learning disabilities. (Compare Donahue & Wong, 2002:13; Weiner, 2004:21; Cartledge, 2005:179.) Kavale and Forness (1996:226) suggest that seventy-five percent of students with learning disabilities exhibit social skills deficits.

The parents and teachers of two of the respondents reported that they struggled with social skills difficulties. In this regard, Hallahan and Keogh (2001:66), quoted various studies that indicated that the social difficulties demonstrated by children with learning disabilities are recognised by parents, teachers and peers.

From the ages of seven-to-nine years, the goal of friendship is peer acceptance and in late adolescence friends are seen as a source of social and emotional support (Anderson, *et al.*, 2004:126). Two of the respondents felt rejected by their peers, hence social and emotional support was limited. One of the respondents said that he felt “dejected.” A study cited by Weiner (2004:22) revealed that “peer acceptance is lower in children with learning difficulties who receive special education assistance in a resource room than those who receive instruction from a special education teacher in the general education classroom”. All of the respondents received private remedial intervention in a resource room. Two of the respondents attended schools for learners with special educational needs (LSEN) so their classmates all had similar learning disabilities. Of the two, only one was teased and appeared to struggle with peer acceptance.

Elksnin and Elksnin (2004:9), claim that the social and emotional difficulties of children and adolescents with learning disabilities need to be addressed. They suggest that academic interventions abound and positively impact those with learning disabilities, but few validated social-emotional interventions exist. Social skills intervention should be taught according to the learner's deficits and should reflect a genuine need (Cartledge, 2005:181). According to Weiner (2004:25), children with learning disabilities used less efficient strategies than those without learning disabilities in initiating and sustaining social interactions. The researcher is of the opinion that Gestalt play therapy can help these children by implementing for example role-plays, the empty chair technique and bibliotherapy. Individual needs can be met via the therapeutic relationship in Gestalt play therapy.

4.2 CONCLUSION

Gestalt therapists view their clients as whole beings, and they recognise the fact that all facets of development are interlinked, notwithstanding the affect and the cognitive. Emotions and learning are linked; therefore emotions affect learning and learning affects emotions. Existing literature suggests that emotional and social difficulties usually accompany learning disabilities; however, emotional support via therapeutic interventions such as play therapy is not usually indicated unless the emotions and behaviours are externalised in such a way that they are problematic enough to warrant such support.

The researcher embarked on the study because she believed that children receiving remedial intervention could possibly harbour emotions that went unnoticed; emotions that parents, teachers and other professionals might not be aware of. The researcher was of the opinion that an apparent lack of consensus regarding the types of underlying emotions experienced by such children existed. She was also of the opinion that Gestalt play therapy as an extra support could benefit children in remedial interventions programmes by affording them opportunities to deal with their underlying emotions, once identified. The aim of the study, therefore, was to discover which emotions might emerge during Gestalt play therapy sessions with

children receiving remedial intervention. The views of significant adults regarding emotions they believed children in remedial intervention programmes experienced, were explored by means of unstructured interviews. The information gained from the Gestalt play therapy sessions as well as the unstructured interviews was compared with information gained from the literature study.

The kinds of emotions experienced by respondents varied, as did the severity; the key emotions that emerged being anger and frustration, poor self-esteem, loneliness and feelings of isolation, anxiety and sadness.

Prior to the study, the respondents, who had been diagnosed as having learning disabilities, had not received any emotional support by means of a therapeutic intervention such as play therapy. The researcher is of the opinion that the Gestalt play therapy sessions appeared to benefit the respondents by assisting them to express and manage the emotions that emerged during the sessions. All of the respondents commented that they had enjoyed the sessions; they described the sessions as being “fun.” They said that they had “enjoyed coming and wanted to come back.” One of the respondents hugged the researcher after the session had ended and said she “felt so much better”. Sometimes the respondents seemed subdued or upset at the beginning of the sessions, but towards the end were laughing and smiling, which suggests that they had found some relief in the therapy sessions. Every respondent left the therapy room smiling. One of the respondents said he enjoyed coming to the sessions and that he looked forward to the subsequent session, but felt he did not need play therapy once his remedial intervention had ceased. This is in keeping with the researcher’s recommendation that Gestalt play therapy be offered as an additional support for children receiving remedial intervention.

Many children with learning disabilities struggle to express or understand their feelings, perceptions, behaviours and thoughts. The Gestalt play therapy sessions had afforded the respondents an opportunity to talk about and make sense of their concerns in a safe environment. Daily challenges linked to their learning disabilities meant that schooling might not necessarily have been the happiest of places; some experienced more success and happiness than others. It appeared that the Gestalt

play therapy sessions had also allowed the children to play and have fun, a respite that, in the researcher's opinion, was needed and should be made available to all children with learning disabilities.

4.3 RECOMMENDATIONS

Based on the findings of the study and the literature review, the researcher recommends the following:

- The implementation of Gestalt play therapy as an additional support for children receiving remedial intervention.

Further study could also include the following:

- An in-depth study of the effectiveness of offering Gestalt play therapy as part of a remedial programme, not as a separate intervention.
- A comparison of the effectiveness of Gestalt Play therapy with groups of children receiving remedial intervention in contrast to those receiving Gestalt play therapy individually.

The researcher is of the opinion that children with learning disabilities need remedial intervention programmes to address their academic needs and that Gestalt play therapy should not replace remedial intervention. She agrees with Rosner (1993:22), who argues that, "Great concern should be devoted to the emotional conditions relevant to school learning, but not at the expense of ignoring the need for effective instruction". Lucian and Zera (2001:108) state, "Remediation efforts that focus on the supposed specific disability rather than its interactions with other parts of the system may not adequately address the affiliated manifestations of dysfunction".

The literature has shown that self-esteem and academic achievement are linked (compare Naparstek, 2002:32; Butler & Silliman, 2002:13; Donahue & Wong, 2002:37.) If academic skills are addressed, self-esteem is by implication addressed.

Remedial assistance is important, according to Bear, *et al.* (2002:406), who assert that studies have shown that children with learning disabilities have “more favourable general self-concepts and self-perceptions of academics” if they receive remedial assistance as opposed to those who receive no remedial assistance.

It is the researcher’s belief that therapeutic support by means of Gestalt play therapy could accelerate the improvement of self-esteem and other emotions thereby impacting academic achievement. Depending on the need, Gestalt play therapy could be implemented on a weekly, bi-monthly or monthly basis. The researcher agrees with Cartledge (2005:181), who states, “Few things are more important than the successful education of all our children, particularly those with special needs”.

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APPENDIX A

Table 2.1 Emotional Difficulties listed from telephonic interviews

	Frustration	Anger	Poor self-esteem	Learned helplessness	Depression	Anxiety	Feelings of helplessness	Feelings of inadequacy
Classroom Teacher #1	√	√	√	√	–	√	√	√
Classroom Teacher #2	√	√	√	–	–	√	√	√
Occupational Therapist	√	√	√	√	–	–	√	√
Parent (mother)	√	√	√	–	–	√	√	√
Parent (mother)	√	√	√	–	–	√	√	√
Parent (mother)	√	√	√	–	√	√	√	√
Parent (mother)	√	–	√	–	–	–	√	√
Psychologist	√	√	√	√	√	√	√	√
Remedial Teacher #1	√	√	√	√	√	√	√	√
Remedial Teacher #2	√	√	√	–	–	√	√	√
Remedial Teacher #3	√	√	√	√	–	√	√	√

APPENDIX B: Allen

STICKY QUESTIONS #1 8/105

YES NO

<p>I am a girl. <input type="checkbox"/></p> <p>I like T.V. <input type="checkbox"/></p> <p>I like school. <input type="checkbox"/></p> <p>I am good at maths. <input type="checkbox"/></p> <p>I am good at spelling. <input type="checkbox"/></p> <p>I have lots of friends at school. <input type="checkbox"/></p> <p>I wish I had more friends. <input type="checkbox"/></p> <p>The children at school like me. <input type="checkbox"/></p> <p>I get into trouble a lot at school. <input type="checkbox"/></p> <p>I am special. <input type="checkbox"/></p> <p>I get angry a lot at school. <input type="checkbox"/></p> <p>I like to play with the boys. <input type="checkbox"/></p> <p>I am not lonely at school. <input type="checkbox"/></p> <p>I wish I could go to another school. <input type="checkbox"/></p>	<p>I am a boy. <input type="checkbox"/></p> <p>I like video games. <input type="checkbox"/></p> <p>I like my teacher. <input type="checkbox"/></p> <p>I am good at reading. <input type="checkbox"/></p> <p>I am good at sports. <input type="checkbox"/></p> <p>I hate homework. <input type="checkbox"/></p> <p>Teachers like me. <input type="checkbox"/></p> <p>Children bully me. <input type="checkbox"/></p> <p>I am a good person. <input type="checkbox"/></p> <p>I am a strong person. <input type="checkbox"/></p> <p>I like to play with the girls. <input type="checkbox"/></p> <p>I get bored at school. <input type="checkbox"/></p> <p>I get scared at school. <input type="checkbox"/></p> <p>I'm worried I might fail. <input type="checkbox"/></p>
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APPENDIX C: Andy

STICKY QUESTIONS #1

YES NO

I am a girl. <input checked="" type="checkbox"/>	I am a boy. <input type="checkbox"/>
I like T.V. <input type="checkbox"/>	I like video games. <input type="checkbox"/>
I like school. <input type="checkbox"/>	I like my teacher. <input type="checkbox"/>
I am good at maths. <input type="checkbox"/>	I am good at reading. <input type="checkbox"/>
I am good at spelling. <input type="checkbox"/>	I am good at sports. <input type="checkbox"/>
I have lots of friends at school. <input type="checkbox"/>	I hate homework. <input checked="" type="checkbox"/>
I wish I had more friends. <input type="checkbox"/>	Teachers like me. <input type="checkbox"/>
The children at school like me. <input type="checkbox"/>	Children bully me. <input checked="" type="checkbox"/>
I get into trouble a lot at school. <input checked="" type="checkbox"/>	I am a good person. <input type="checkbox"/>
I am special. <input type="checkbox"/>	I am a strong person. <input type="checkbox"/>
I get angry a lot at school. <input checked="" type="checkbox"/>	I like to play with the girls. <input checked="" type="checkbox"/>
I like to play with the boys. <input type="checkbox"/>	I get bored at school. <input type="checkbox"/>
I am not lonely at school. <input type="checkbox"/>	I get scared at school. <input type="checkbox"/>
I wish I could go to another school. <input checked="" type="checkbox"/>	I'm worried I might fail. <input checked="" type="checkbox"/>

APPENDIX D: Chanley

STICKY QUESTIONS #1

YES NO

I am a girl. <input checked="" type="checkbox"/>	I am a boy. <input type="checkbox"/>
I like T.V. <input checked="" type="checkbox"/>	I like video games. <input type="checkbox"/>
I like school. <input checked="" type="checkbox"/>	I like my teacher. <input checked="" type="checkbox"/>
I am good at maths. <input type="checkbox"/>	I am good at reading. <input checked="" type="checkbox"/>
I am good at spelling. <input type="checkbox"/>	I am good at sports. <input checked="" type="checkbox"/>
I have lots of friends at school. <input checked="" type="checkbox"/>	I hate homework. <input checked="" type="checkbox"/>
I wish I had more friends. <input type="checkbox"/>	Teachers like me. <input checked="" type="checkbox"/>
The children at school like me. <input checked="" type="checkbox"/>	Children bully me. <input type="checkbox"/>
I get into trouble a lot at school. <input type="checkbox"/>	I am a good person. <input checked="" type="checkbox"/>
I am special. <input checked="" type="checkbox"/>	I am a strong person. <input checked="" type="checkbox"/>
I get angry a lot at school. <input checked="" type="checkbox"/>	I like to play with the girls. <input checked="" type="checkbox"/>
I like to play with the boys. <input checked="" type="checkbox"/>	I get bored at school. <input checked="" type="checkbox"/>
I am not lonely at school. <input type="checkbox"/>	I get scared at school. <input type="checkbox"/>
I wish I could go to another school. <input type="checkbox"/>	I'm worried I might fail. <input type="checkbox"/>