

# **CHAPTER ONE**

## **INTRODUCTION AND ORIENTATION**

### **1.1 Introduction**

Many children faced with varying degrees of emotional trauma enter the therapeutic environment with different attitudes, behaviours and needs. When dealing with a child the therapist has to be equipped with a variety of creative tools to enable her to treat the child effectively and appropriately. Music is one of those tools, which has not been adequately researched from a Gestalt Therapist's perspective and which the researcher hopes to study in depth.

The therapeutic use of music in the treatment of emotional trauma needs to be seen as part of the total plan of treatment for each child. The therapist working with a child may incorporate different forms of play or techniques in treatment such as dramatised play, creative play, biblioplay, and various therapeutic techniques such as the empty-chair technique and the rose-bush technique. However, by using music, which is a non-verbal means of communication, the child can be given the opportunity to participate creatively and express painful, stressful and even positive areas in his life that may otherwise be difficult to communicate verbally. This study will show the gestalt approach of using music with the emotionally traumatized child.

Today South African children lack a violence free-life. According to police reports, every third reported act of violence involves a child under the age of fifteen (SAPS Annual Report 2003 Part 6). These reports indicate that 5% of all murder victims

were children and 26% of children involved were under the age of thirteen years. Of all the common assault cases reported, 12% were under the age of 13 years. Physical violence occurred in 71,6% of the incidents.

According to childline (Myths about Child Abuse.sa), research indicates that one in three girls and one in six boys are sexually abused before they turn eighteen. There are also many consequences of a society destroyed by violence. One of the consequences, which many children face, is poverty. According to the National Programme of Action (2000), every year in South Africa, thousands of children die from malnutrition and disease, almost 25% of schools do not have water within walking distance and 51% do not have power, fewer than half of South African households have running water and hundreds of thousands of children between the ages of ten to fourteen are engaged in various forms of child labour.

Grenadier in Sutton (2002:114) states, “ I have learnt that even a fragmented, deeply stuck child can resuscitate a sense of self that somewhere or other remains creative and growthful. It is immensely important, clinically, to bear in mind the concept that ‘ each one of us has a part inside us that is alive, healthy and creative’ rather than being preoccupied only with the part of the child that is traumatized.” In Sutton (2002:114) Pavlicevic states that this part of the child that is healthy and creative has the potential to activate its own healing process.

Despite the adverse environmental influences that South African children are forced to deal with, the act of music-sharing, which includes a sensory experience, offers children the opportunity to rebuild relationships with themselves and others, and hopefully, in the end with their dysfunctional communities.

In using music, with emotionally traumatized children, the gestalt therapist needs to have a thorough background of the *self* and the field of sensory experience.

The need for a way to reach out to the traumatized child must be addressed. Many therapeutic ways, theories and processes do exist in helping the traumatized child, however, these helping strategies often do not address a holistic, sensory-focused and directive approach where the focus would be on the child's own creative inner healing processes.

According to Nevis (1987:102) in reference to the skills of a competent intervener or therapist, he states “ an individual may have some inborn musical aptitude but years of study and practice are required to become an accomplished consultant of any persuasion. As a gestalt therapist, the major area of study and practice involves the use of *self* as an instrument.”

Whether using music through movement, instruments or just listening to music, this study will attempt to explore how music can be used therapeutically within the Gestalt framework, with the emotionally traumatized child.

## **1.2 Motivation for Research**

### **1.2.1 Personal Belief and Experience**

The researcher's choice of the title for this research study was influenced by a thought pattern that has developed over years of being involved on a non-professional level with music and musical instruments, and on a professional level as an Occupational Therapist, treating children for the past 13 years. The researcher's passion for music and the experiential knowledge gained through interacting with musical instruments, combined with her experience as an

Occupational Therapist working with children, has motivated an ongoing search of creative ways in stimulating a child physically, emotionally and psychologically.

From personal experience, music moves a person's emotions, evokes thoughts and captivates the attention of the listener or the one interacting with it. It is this, attending to and listening, that appears to energize the body and stimulate emotions and thoughts. Music encompasses a range of sounds and vibrations that envelopes every waking moment of a person's life. Through the researcher's experience the positive impact of music has been found to create a sense of contact with those deep parts of the self, the thoughts forgotten, the emotions buried, and brings them to the fore. Music can remind a person of an incident and makes associations with some aspect of an individual's field. Through the knowledge gained from literature and experience, the researcher plans to explore whether music would have an impact in a therapeutic setting when dealing with a child who is in a state of distress especially when thoughts and emotions have been numbed by trauma.

The trauma experience described above is often difficult for a child to verbalize. However the child alone is the one who is experiencing it and needs to give expression to the trauma. The therapist also realizes that she cannot depend on a child's explanations alone when using music therapeutically. Therefore, observing the child's non-verbal responses will also enable the therapist to assess the child's healing process.

### **1.2.2 Lack of knowledge when using music in therapy**

According to Schoeman (2000:100), as part of the therapeutic process, establishing contact within the therapeutic relationship can be facilitated through non-verbal musical interaction. Another aspect of the therapeutic process is encouraging the child to become more aware of their present actions and feelings by participating in

various activities that will bring about contact functioning such as listening activities. The researcher's interest was in learning more about applying the gestalt philosophy to music, throughout the therapeutic process of the child.

Music forms part of creative therapy, that is, drama, dance, movement and art, each having been developed as distinctive disciplines of practice. For the purposes of this research, the researcher would not be leaning primarily on the discipline of Music Therapy but rather on Gestalt Therapy to develop an intervention strategy using music as a therapeutic medium.

### **1.2.3 Concerns in therapy when helping a non-interactive, non-verbal traumatized child**

Another aspect that motivated the researcher was her experience in treating children as an Occupational Therapist. Her observations and interaction with children of varied ages and problem backgrounds, led her to discovering the need for new ways of interacting with children especially if they are not verbally interactive. Such children often present as tense, physically under-active and lacking in expressive ability. From a developmental perspective many children are also unable to explain their stressors whether resulting from academic problems, a dysfunctional family or a dysfunctional social system.

Unless children are carefully guided through a process of transformation, their lives can become increasingly chaotic, confused and void of any form of balance or wholeness. As with other creative mediums, for example; art, drama and movement, music is also seen as a way of assisting individuals who have difficulties in making sense of, or communicating with their environment. Music assists in finding a pathway to a greater sense of self and expression. Like other

creative mediums, music is an experiential approach where the child can be guided towards reaching his maximum potential.

According to Sutton (2000:78) “ the non-verbal nature of music can allow the therapist and patient to transcend the many traps that language can set in the path of expressiveness and thus recovery. The expressive nature of music can facilitate expression of difficult emotions...” which is part of the child’s process of bringing order and interacting with the environment to bring about positive change.

From the above motivation it is clear that a formal problem must be stated. A formal problem statement will direct the personal and the professional’s motivation towards a scientific researchable topic.

### **1.3 Problem Formulation**

From literature (Bunt and Hoskins,2002; Korb, Gorrell and Riet 1989; Mackewn,1997; Thompson and Rudolph,1996; Yontef,1993; Peters,2000) the researcher found music, as with other creative mediums of therapy, to be an under utilized medium in therapy and literature in terms of a gestalt perspective to music is extremely limited, the researcher was motivated to study how music can be used in therapy, within the framework of the Gestalt therapy, to treat the child and therefore reduce the negative emotional responses to traumatic situations. Thus, the problem for this research project can be stated as follows:

The gestalt play therapy approach in using music with the emotionally traumatized child lacks formal research. A second problem arising from this is the fact that,

music, as a creative directive medium in play therapy needs to be formally addressed when utilized with child trauma victims.

To determine if this problem could be addressed, the researcher needed to set a goal with practical objectives for the study.

## **1.4 Goal and Objectives for the study**

### **1.4.1 Goal**

According to De Vos (2002:107) “a goal implies the broader, more abstract conception of the end toward which effort or ambition is directed.”

The goal of this research is to explore the medium of music from a Gestalt perspective and illustrate how this strategy contributes to the healing process of an emotionally traumatized child. Questions will focus on ‘how’ music can be used from a gestalt perspective with the goal being to obtain a better understanding and provide illumination on the process of therapy. To reach this goal the following objectives can be stated.

### **1.4.2 Objectives**

According to De Vos (2002:107) “objective denotes the more concrete, measurable and more speedily attainable conception of such an end toward which effort or ambition is directed.” The following objectives for this study will direct the process of reaching the overall goal:

- (i) To increase the understanding of music as a therapeutic medium, when working with children by means of presenting applicable literature on this topic.

- (ii) To investigate Gestalt therapy practically and provide a workable strategy using the medium of music. The central focus being therefore on application in a therapeutic setting.
- (iii) To fine-tune the researcher's skills with regards to the therapeutic process which would be done through one to one interviewing with the traumatized child.
- (iv) To present the results of the interviews in the form of empirical data and make conclusions in such a manner that the therapist working with emotionally traumatized children could gain insight and knowledge of the therapeutic process and therapeutic medium.
- (v) To increase the therapist's understanding of child trauma.

Once the goal and objectives for this study are determined, a research approach would need to be applied to the study. To be able to determine the research approach, practical and applicable research questions should be asked. These questions will guide the researcher in her selection of the most applicable research approach.

## **1.5 Research Question**

In being aware of the severe difficulties children face today, the mounting abandonment in infancy, the lack of nurturance and the inadequacies of education and then considering previous research and literature available (Bunt and Hoskins,2002; Korb, Gorrell and Riet 1989; Mackewn,1997; Thompson and Rudolph,1996; Yontef,1993; Peters,2000) as well as the researcher's experiential knowledge, music has known healing properties that impact on every area of a child's development, including a child's emotions.



Through the process of healing, it is also expected that changes occur, physically, psychologically and emotionally. It is this change in the child that the researcher will observe intently and record in detail.

The research question can therefore be stated as follows;

To what extent will the use of music in a gestalt therapeutic manner help the healing process of the emotionally traumatized child?

## **1.6 Research Approach**

To determine a suitable research approach the quality and depth of the research question directs this study to a qualitative approach. According to Rubbin and Babbie (1993:358) qualitative research, which would be used in this study, is also referred to as field research, in which the researcher goes “ directly to the social phenomenon under study and observes it as completely as possible, developing a deeper and fuller understanding of it.” This is essentially the objective of this research study, that is, to develop a deeper understanding of the Gestalt process using music. In using the qualitative research approach the researcher will be able to form a holistic view of how a child responds to music in a gestalt therapeutic manner. During this therapeutic process the depth and richness of the data will be captured.

## **1.7 Type of Research**

### **1.7.1 Applied Research**

According to Hart, in Zaiman (2003:15), applied research is used to “produce recommendations or solutions to some problem faced by a specific group of people in a situation. The aim is to take theoretical insights and apply these in real-world situations.” For the purposes of this research qualitative data will be used. The research asks the question ‘how’. How the gestalt approach can be applied to music when treating the emotionally traumatized child? All these aspects form part of an explorative and descriptive process. The explorative process to gain insight into the process of using music in a gestalt therapeutic setting and the descriptive process to present a picture with deeper meaning.

## **1.8 Research Strategy**

The researcher needed a method to determine how this study should be conducted. Cresswell in Fouche` (2002:271) defines strategy in the qualitative context as “the entire process of research from conceptualising the problem, to writing the narrative.”

The qualitative research strategy according to Fouche` (2002:272) does not usually provide the researcher with a step-by-step plan or a fixed recipe to follow. In quantitative research the design determines the researcher’s choices while in qualitative research the researcher’s choices and actions will determine the strategy. The research strategy most applicable for this research was the case study method.

### **1.8.1 The Case Study Method**

A case study is an investigation of a specific case where the researcher solely focuses on the aim of gaining a better understanding of the individual cases.

De Vos (2002:276) states that:“ The purpose is not to understand a broad social issue but merely to describe the case being studied”.

Detailed exploration and description of the cases would take place using in-depth data collection methods. The researcher would use two children experiencing emotional trauma as units of analysis for the case studies. The children who would be selected would have suffered some degree of emotional trauma which has resulted in negative behavioural changes, affecting the child’s environment and those around them. The cases being studied would describe the context, the process and the elements of the research.

## **1.9 Research Procedure**

### **1.9.1 Data Collection Strategy**

According to Babbie (2001:72), the collection of empirical data is based on the operationalization of theoretical concepts in which the researcher collects data related to the empirical indicators. To obtain information for this research a specific population would need to be chosen, in this case a child who has suffered emotional trauma, and then the most applicable methods applied to obtain relevant information from the selected population.

Blaikie (2000:233) summarises the data collection methods as follows:

- Quantitative Research uses structured observation, self-administered questionnaires, structured interviews and content analysis of documents while qualitative research uses participant observation, semi-structured and unstructured observation, focused interviews, in-depth interviews, life histories, group interviews and content analysis of documents.

For the purposes of this research, unstructured one to one interviews were used with the caregivers and the child concerned. Using this method, detailed responses were recorded in the form of written information and videotaping of each session.

#### **1.9.1.1 Unstructured one to one interviews**

In using a qualitative approach, unstructured one to one interviews with the child will be used. Unstructured interviews are also referred to as indepth interviews (De Vos 2002:298). In this research and as De Vos (2002:298) explains, the purpose of these interviews is not to get specific answers to questions or evaluate the person's responses but to obtain an understanding of the experience of the child and the meaning they make of that experience. Unstructured one to one interviews will be used when interviewing the caregivers concerned and during the therapeutic process with the child.

Music is a non-verbal 'language' the effect of it being communicated most objectively by the individual himself. As the research study involves working with children, the researcher will not be relying solely on the child's verbal responses, as children by nature of their development are often limited in expressing their innermost experiences and together with excessive trauma cannot be relied upon or stressed further, to verbally communicate their experiences. Instead the researcher

would at all times attempt to be engaged in the therapeutic process in order to understand the child's responses to questions in the wider context of the interview as a whole.

## **1.9.2 Description of Universe, Sample and Sampling Methods**

### **1.9.2.1 Universal Population**

According to Zaaïman (2003:32) this refers to a broad group of the population from which the researcher would choose specific individuals to be studied, in order to make certain conclusions. For the purpose of this research the universal population will be as follows:

- Traumatized Children
- Age: six to twelve years
- Culture: South African Context
- Gender: Male or Female
- Physical: General Health – good
- Environment: Working class, urban population

### **1.9.2.2 Sampling Method**

The non-probability purposive sampling method was used. According to Babbie and Mouton (2001: 166) non-probability refers to that type of sample in which the probability that a member of the population will be included in the population cannot be calculated statistically.

Purposive refers to the type of sample which is based entirely on the judgement of the researcher in that the sample is composed of elements that contain the most

characteristic, representative or typical attributes of the universe population (De Vos 2002: 207). In this research two subjects between the ages of five years and twelve years will be selected who are most representative of the universe population, either from the researchers private practice or from the local community.

These two respondents: -

- experienced some form of emotional trauma at the time of the study. The trauma being either from past incidents or present circumstances that is at present negatively affecting the child.
- were in need of therapy during the duration of the study
- had not received other therapies for the duration of the study
- were in a situation where they are had difficulty coping with some aspect or aspects of their activities of daily life.
- were English speaking
- were comfortable with being video taped
- had caregivers who were in agreement with therapy and in a position to comply with regular attendance.

### **1.9.2.3 Sampling Unit**

According to Zaiman (2003:32) this refers to the actual individuals chosen for the study. For this research two children were chosen to attend therapy consistently for a minimum of five sessions to meet the needs of the study.

A brief description of the two children follows:

Child *A* is a 9 year old male who had experienced trauma from his early childhood years. He was a victim of physical and sexual abuse, exclusion from affection and emotional neglect. The researcher chose to include this child in the study because he had directly experienced trauma, was in the age range of five to twelve years, is South African, was in generally good health and came from a working class community. *A* was referred for therapy at the time of this study by the social worker in charge. He was not receiving any other therapy at the time of the study. His difficult behaviour within the children's home was problematic especially with regards to his constant need to runaway. *A* was able to comprehend and speak in English although Afrikaans was his first language. *A* was initially distracted with the videotaping but eventually adapted and settled down in therapy. He lived at the children's home. The therapy room was situated in the same complex as the children's home, therefore regular attendance at therapy was expected.

Child *B*, is a 12 year old female who was experiencing trauma as a result of her parents divorce. Since the divorce, *B*'s father does not take time to be with her. The researcher chose to include her in this study as she was directly experiencing trauma as a result of exclusion from affection, verbal abuse and previous exposure to acts of violence. She was within the age range of five to twelve years, is South African, in good health, and comes from a working class family within the urban population. *B* was referred for therapy by the social worker in charge and was not receiving any other form of therapy at the time of this study. She was English speaking and comfortable with being videotaped. *B* lived within walking distance of the child welfare centre therefore she was in a position to comply with regular attendance at therapy.

## **1.10 Ethical Considerations**

The parent of child *B* was given full knowledge of the research process and signed a contract to allow the child to participate in the process (see appendix 5.4). The social worker in charge of child *A* was also given full knowledge of the research process. No contract was signed.

Every effort was made by the researcher to guard the child against feeling ‘used’, therefore the research study was made of optimal therapeutic benefit to each child as both children were in need of therapy.

Confidentiality was maintained in terms of the videotaping of the sessions with each child. The only persons who would have access to the tape recordings would be the parents, researcher, social worker in charge of the child and the study leader. The researcher is bound by an ethical code whereby confidentiality in any research and therapeutic setting is a prerequisite.

The child and parent were given the right to withdraw if they experienced the research process as being of detrimental affect to the child in any way.

## **1.11 Major Concepts of the Research**

### **1.11.1 Music in Therapy**

Although this research is not based on music therapy as a professional discipline, definitions of music therapy brings clarity to the influence of music as a therapeutic medium.



- According to Bunt (2002:10), “music therapy provides a framework in which a mutual relationship is set up between client and therapist. The growing relationship enables changes to occur, both in the condition of the client and in the form that therapy takes. By using music creatively in a clinical setting, the therapist seeks to establish an interaction, a shared musical experience leading to the pursuit of therapeutic goals. These goals are determined by the therapist’s understanding of the client’s pathology and personal needs.”

Another definition by Bunt (2002:11) is that “music therapy is the use of sounds and music within an evolving relationship between the client and therapist, to support and develop physical, mental, social, emotional and spiritual well-being”. During the therapeutic process in this study, the therapist would constantly provide opportunities for the child to make contact with therapist and the environment, using music as the medium. From a gestalt perspective, through the child’s experience of sounds and movements, emotions and thoughts in the here and now can be evoked and brought to the foreground even if the child has not verbalized these emotions and thoughts. Throughout the therapeutic process the therapist assesses and plans, creative and interesting ways that music can be used with the child, to direct the child to a place of awareness and satisfaction.

In utilising music therapeutically, it is important to dissect the components and structures that constitute musical sounds. This refers to the rhythms, patterns, timing, pitch and intensity of the sound and tone that together makes up a specific sound. The most impressive and well known effect of music is an emotional one which probably engages the limbic system of the brain (seat of our emotions) to respond by expressing excitement, calmness, tension, and anxiety and according to

Alvin (1975:9) when used therapeutically “generates desirable behaviour or reinforces desirable behaviours.”

In working as a gestalt therapist, music as a non-verbal means of communication may be favoured as a means of making contact with the child especially where emotional trauma is concerned that restricts fluent verbal interaction. It could also be a valuable and non-threatening way of entering the therapeutic process with a child.

According to an article (Afrimix Performing Arts Department.sa), the benefits of music when used therapeutically in the case of the traumatized child can lead to increased communication, increased academic and motor ability, positive emotional responses, improved social skills, improved self-esteem, increased expression of feelings and consequently a decrease in stress and anxiety.

The use of music for the purposes of this research is not seen as a sole agent to relieve emotional suffering but needs to be seen as one of the creative therapeutic mediums available. In applying the gestalt approach during the therapeutic process, the desired goal of the therapist is to observe how music would influence the child’s ability to make the relevant adjustments in order to cope with their activities of daily living and all the influences that make up their field.

### **1.11.2 Gestalt Approach**

The difference between the gestalt approach and the gestalt therapeutic way of healing is often confused. According to Yonteff (1993:128-129)

- “Gestalt therapy is a phenomenological-existential therapy. It teaches therapists and patients the phenomenological method of awareness, in which perceiving, feeling and acting are distinguished from interpreting and reshuffling pre-existing attitudes. Explanations and interpretations are considered less reliable

than what is directly perceived and felt. Patients and therapists in Gestalt therapy dialogue, that is, they communicate their phenomenological perspectives. Differences in perspectives become the focus of experimentation and continued dialogue.”

According to English and English in Schoeman (2002:92), “Gestalt is a form, a configuration or a totality that has, as a unified whole, properties which cannot be derived by summation from the parts and their relationships. It may refer to physical structures, to physiological and psychological functions or to symbolic units.”

The Gestalt approach on the other hand, focuses on the person as a total organism with a field of influences. The aim is to integrate each need that arises in an individual’s life so that the gestalt is closed and completed. For an individual to satisfy his needs he must be able to decide what the need is, what he can do to himself and the influences in the environment, to ensure that his need is met. Only one need can realistically and effectively be handled at any one time, therefore with each new gestalt that arises the therapist aims to deepen awareness and encourage the individual to assume responsibility and achieve self-support, in order to bring about personal integration, before moving on to another need.

The Gestalt approach is concerned with the here and now and the phenomenon of awareness. The child in Gestalt therapy has a dominant need that becomes figure. The child meets this need by contacting the environment with certain behaviours. This contact is organized by the figure of interest against the ground of the environmental field. When the child’s need is met the gestalt becomes organized and complete. However when the need is not recognized and expressed, the

environmental field is disturbed because the incomplete gestalt interferes with the formation of a new gestalt. Awareness of the content and structure of a situation or experience leads to environmental contact and change. For the purpose of this research, the goal is for the child to become aware of what they are doing, how they are doing it, how they can change themselves, while at the same time learning to accept and value themselves. Gestalt therapy focuses more on process, that is, what is happening rather than on content, that is, what is being discussed. The emphasis is on what is being done, thought and felt at the moment rather than on, what was, might be, could be, or should be.

### **1.11.3 Emotional Trauma in Children**

According to the Oxford Dictionary (2002:973), trauma can be defined as “a deeply distressing experience”, “a physical injury”, or an “emotional shock following a stressful event.”

According to the Oxford Dictionary (2002:288), emotions can be defined as “a strong feeling such as joy or anger”, an “instinctive feeling as distinguished from reasoning” while emotional indicates “arousing emotions” and “readily showing emotion.”

In this study the researcher has chosen to focus on emotional trauma in the child and how music as a medium in therapy can be used to facilitate healing and change.

The emotionally traumatized child would therefore be a child experiencing trauma by means of exposure to emotional stressors inflicted on the child. Examples are

verbal abuse, verbal aggression, eye witnessing violence, exclusion from affection and emotional neglect.

From a gestalt perspective an emotionally traumatized child would have many unresolved issues or an incomplete gestalt influencing his life, resulting in a dysfunctional view of himself and his environment. To reduce the stress and the effects of the distressing experiences the child has encountered, the therapist must focus on the child achieving awareness, in the here and now, so that full attention and energy is given to meeting their needs, taking responsibility for their actions and building a strong sense of self support.

According to Sutton (2002:232), the term “trauma” refers to any experience that causes a child psychic pain or anxiety. The effects of trauma alternates between a state of feeling overwhelmed where there may be intense re-experiencing of the trauma and a state of emotional numbness which includes avoidance of people, places and events that could trigger associations of the anxiety provoking situation.

In Payne (1993:224), Winnicot indicates that just as there are stages of physical development of a child, so there is also a developmental process in a child’s emotional life. If this process of emotional development becomes interrupted it can lead to later disturbance. These interruptions or traumas may have been nonnegotiable at the time but can cause the child to become stuck at a particular stage of development.

According to Whitfield (1989:17), certain human needs must be fulfilled in order for a child to develop, grow and reach full potential. Whitfield summarizes these needs in hierarchical order and states that all these needs “are associated with our

relationship with ourselves and with people around us. We often grow up automatically without realizing that our needs have not been met and are not being met. This results in feelings of confusion and the individual being chronically unhappy.”

Trauma comes in different faces to different people. When it affects the child in particular, one probably becomes intensely sensitive and sympathetic to the child’s needs, due to the fact that a child’s defences and ability to coherently problem solve, are often not adequately matured. The child therefore requires help from the outside world to develop, grow and reach his full potential.

For the purposes of this study emotional trauma in children from the view of the researcher encompasses a wide range of occurrences, from the horrors of sexual or physical abuse, to the trauma of unmet dependency and nurturing needs, to chronic or terminal medical conditions limiting the child’s ability to function adequately in society, to alienation of a child due to behaviour problems of neurological cause for example, attention deficit disorder and hyperactivity or behaviour problems as a result of the socio-emotional and environmental field of the child, to a poor achiever at school whose self-esteem and motivation to succeed is chronically damaged.

As stated earlier, trauma comes to a child in different forms and faces, through different avenues of influence. No matter what the source of the trauma, the inner world, that is the ‘self’, of the traumatized child becomes ‘split’ or dissociated into parts which are externalised in various negative behaviours. It is the role of the therapist to assist the child in the process of transformation in which integration can take place so that the separate parts come together again to make a whole. This

process of healing and integration is the opposite of confusion and chaos which trauma brings into a child's life. According to the Gestalt approach staying with feelings and the child's experiences of the present moment, the here and now, will give the child the opportunity to discover ways of dealing with the pain and if not a way out of the situation, a way through the situation in learning how to cope.

#### **1.11.4 Playtherapy**

Oaklander in Schoeman (2000:78) explains that play is a form of self-therapy through which confusions, anxieties and conflict are often worked through. It is a symbolic language which children use to formulate and assimilate what they experience, much of which cannot be expressed in language. Schoeman (2000:79) further explains that play is voluntary at heart, it awakens creativity, teaches skills, provides a safe emotional outlet, encourages fantasy and managing of strategies, encourages a feeling of mastery and role-behaviour.

#### **1.11.5 Middle Childhood**

The two children in this research study were nine years and twelve years of age. In terms of the stages of development, detailed by Schoeman (2000:16), children in the age category of six years to twelve years are in their middle childhood years. During these years patterns of cognitive, social, emotional, and self-concept development are established. The major accomplishments that a child needs to master in his middle childhood years are:

- Increased and refined motor development
- The establishment of sex-role identity
- The development of concrete operational thought
- The increase of knowledge

- The increase in social participation
- The development of greater self knowledge
- The development of pre-conventional morality

## **1.12 Division of Research Report**

### **Chapter One**

#### **Introduction Orientation**

This chapter gives an introduction to the entire research study and lays the foundation for understanding why this research was conducted, how it was done and what the researcher established as the major concepts of the study.

### **Chapter Two**

#### **Conceptual Framework**

#### **Music in Therapy**

This chapter provides a conceptual framework for understanding music in therapy with music being primarily a sensory experience and how it impacts on the child's physical, emotional, psychological and overall functional ability.

### **Chapter Three**

#### **Conceptual Framework**

#### **Emotional Trauma in Children**

This chapter provides a conceptual framework for understanding emotional trauma in children, detailing the neurology behind trauma, types of trauma and the indications for treatment.



## **Chapter Four**

### **Contextual Framework**

#### **Gestalt Approach**

This chapter explains the gestalt therapy approach in detail and lays the foundation upon which music as a medium in therapy would be used, when treating the emotionally traumatized child.

## **Chapter Five**

### **Presentation of Empirical Data**

In this chapter the researcher organized the empirical data collected from the two case studies in a narrative form and analysed the information from a gestalt perspective.

## **Chapter Six**

### **Conclusion, Limitations, Recommendations**

From the empirical data analysed certain conclusions were drawn, limitations discovered and recommendations made.

## **1.13 Conclusion**

Having provided a detailed orientation to the research in this chapter, the two major conceptual frameworks, that is, music in therapy and emotional trauma will be discussed as well as the contextual framework for the study, that is, the gestalt approach. The following chapter focuses on music in therapy and how it relates to the emotionally traumatized child.

