

CHAPTER 5

RESEARCH METHODOLOGY

AND

PRESENTATION OF EMPIRICAL DATA

5.1 Introduction

The three main elements of the study as detailed in the previous three chapters are: music in therapy, emotional trauma as experienced by the child and the gestalt approach on which the foundation of the study is based.

It was important to determine if these concepts and context of explaining trauma, music and the understanding of the child, within the gestalt approach can be applied effectively in a therapeutic situation to a traumatized child.

In the present chapter the researcher would present the information obtained from the empirical research done for this study. This chapter will cover the research methodology, data collection strategies and method of analysis used in order to reach the objectives outlined in chapter one.

5.2 Research Methodology

The researcher used the **qualitative research approach**, as the purpose was to make detailed observations and develop a depth of understanding into applying the gestalt approach to music, when treating the emotionally traumatized child.

The type of research chosen was **applied research** as the researcher intended to gain insight into the theoretical application of the gestalt approach and music, using an explorative and descriptive process in order to provide illumination of the process.

The research strategy used was the **case study method** which allowed the researcher to observe the individual child's response and obtain the depth of understanding intended for this study. The data for analysis was collected by means of **unstructured interviews** with the child and caregiver concerned. Each child was observed individually within a structured therapy room. The researcher videotaped each session for the purpose of reviewing, analysing and making written observations following each session.

The two children chosen from the universe population, who fulfilled the criteria (chapter one, section 1.9.2.1, page 13) for this study were as follows:

- Two traumatized children.
- One child was nine years and the other eleven years
- Both children have lived within the South African context from birth.
- The nine year old child was male and the eleven year old child was female.
- Both children were in good health. There were no reported health concerns from the caregivers.
- Both children lived in a working class community within the urban population.

During the time that the researcher intended to commence her study, the type of children as indicated in the universe population criteria (chapter one, section 1.9.2.1, page 13) did not match those children in the researchers private practice.

Therefore the researcher needed to look at alternative resources in the community to obtain the most appropriate child that would suit the required criteria.

The researcher used the criteria for **non-probability sampling**, as the children chosen from the universe population could not be calculated statistically and the two children chosen were most characteristic and representative of the universe population according to the judgement of the researcher.

The two children chosen for this study were:

- Experiencing emotional trauma at the time of the study due to past and present family circumstances.
- They required therapy and were both referred by the social workers.
- Both children were not receiving other therapies at the time of the study.
- They were having difficulty coping academically, emotionally and socially.
- Both children could understand and communicate in English.
- Both children adapted and were comfortable with being video taped.
- The caregivers of each child were in agreement with the child attending therapy on a regular basis as requested.

The researcher administered five sessions of therapy to child *A* and four sessions of therapy to child *B*.

5.2.1 Access to Respondents

Upon recruiting the appropriate children for the study it was found that one child lived within a 'normal' family environment, that is, a family setting with parents in a home on their own, while the other child lived in a children's home, as a result of

emotional trauma. Therefore background information was obtained in the former case from the parent and in the latter case from the social worker concerned.

After obtaining suitable children for the study the researcher liaised with the social workers concerned to obtain access to files and information on these cases.

In choosing the most available and appropriate children for this study, the researcher realized that many family dynamics needed to be taken into account. In case study *A*, the child had been taken away from the care of his parents due to the severity of the abuse, therefore the parents were inaccessible in the process of therapy. In case *B*, there was a lack of participation on the part of the parents in the therapy process and many family dynamics in terms of relationships that had resulted in the child being emotionally traumatized.

5.2.2 Analysis of Data

Analysis will be conducted of the data collected from the unstructured interviews. Records of each unstructured interview was captured on videotaped recordings and written records, following each session.

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. Therefore the qualitative **content analysis method** will be used. According to Rubin and Babbie (1997:430) the advantages of content analysis is as follows:

- It is economical in terms of time and money. A single researcher can undertake a content analysis provided they have access to all the material that needs to be coded.

- Safety is another advantage. It is easier to repeat a portion of the study if errors have been made and recode only a part of the study rather than repeat the entire study.
- It permits the researcher to study a process occurring over a period of time
- Content analysis is unobtrusive as it seldom has an effect on the subject being studied. Information is written and recorded and analysis of this information is undertaken to draw certain conclusions, therefore the subjects themselves are not required.

According to Rubin and Babbie (1997:429) qualitative research as would be undertaken in this study, is structured such that it favours more flexibility and “permits deeper probing into subjective meanings – probes that usually seek to generate new insights more than they seek to test hypotheses.”

This is very much in keeping with the researcher’s study, as the findings obtained may be subjective in nature but when content analysis is applied the researcher hopes to then discover common themes, thought patterns, observations and outcomes that cut across her own notes, and the visual information available. These common themes can then be used to draw certain conclusions relating to a workable intervention strategy, that can be used by therapists utilizing the medium of music in therapy.

The data obtained on each child is presented in terms of:

- The child’s background information,
- the objectives for each session (which would be listed in order of priority),
- the therapy process,
- the techniques used,

- clinical observations made of verbal and non-verbal responses,
- an evaluation of each session incorporating the gestalt experience cycle
- a future plan of action for the child.

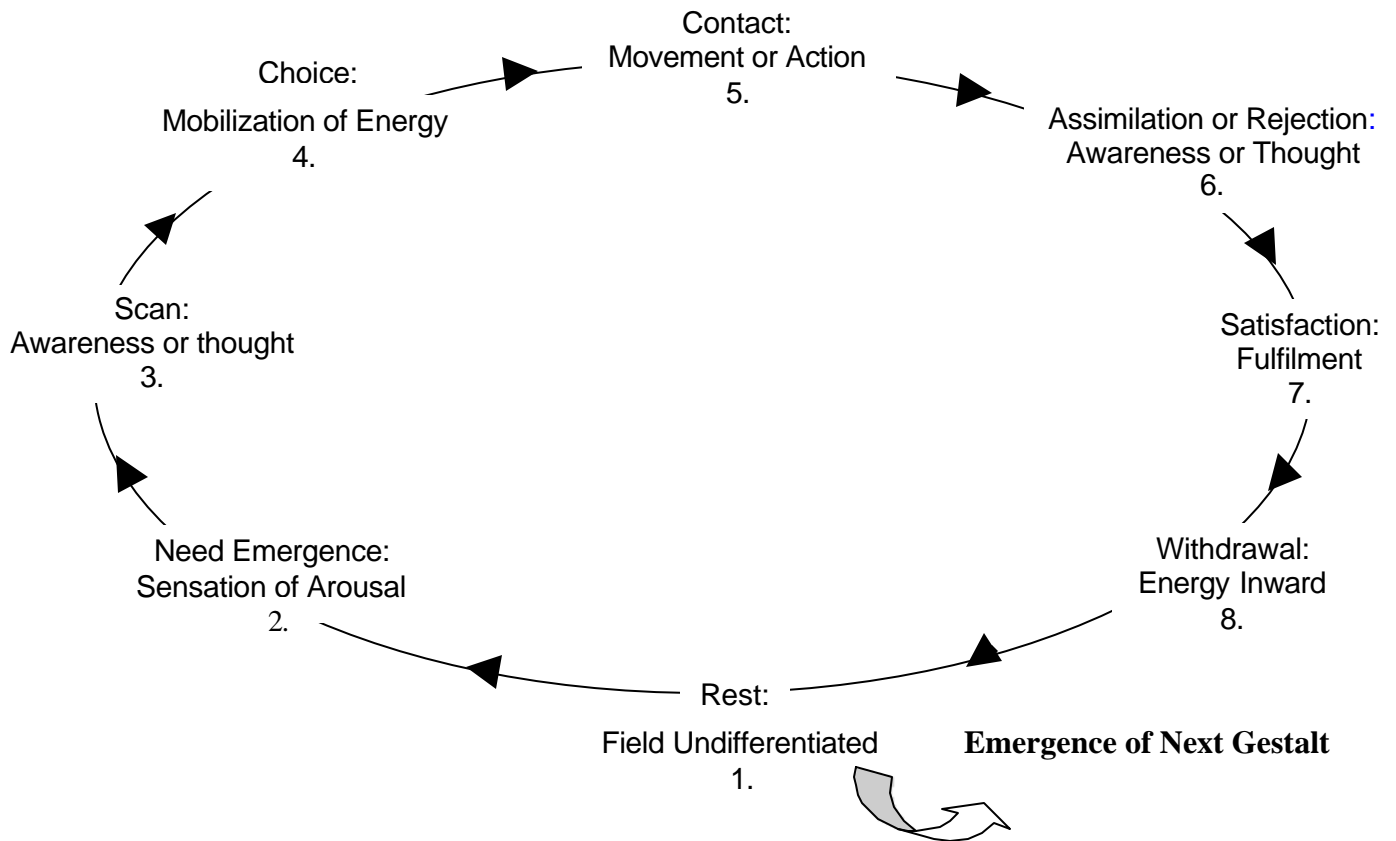
The Gestalt experience cycle, based on the process of awareness, would be used as a framework for analysing the data. This cycle will also be presented following each session to illustrate the stage in the psychological process that the child is at, in terms of achieving the priority objective. Through this process of analysing each case study, the therapist hopes to present an indepth understanding into the influence that music has in the healing process of an emotionally traumatized child, using the gestalt approach as the foundation.

5.3 Incorporating the Contextual field within the research process - The Gestalt Experience Cycle

The therapy sessions were analysed in terms of the Gestalt Experience Cycle as indicated in Figure 5.1. This cycle is presented in eight stages. Each stage is an important psychological process in meeting the needs of the child. Before commencing with the discussion of each session of therapy, the stages of the gestalt experience cycle will be outlined. Reference to these stages would be made throughout the discussion of each therapy session.

Figure 5.1 Gestalt Experience Cycle (Korb, Gorrell, Riet, 1989:24)

The stages in beginning and completing a Gestalt.



Korb, Gorrell and Riet (1989:24) explain the stages of the Gestalt experience cycle as follows:

Stage One represents the organism, that is, the child, at rest with all of the child's life experiences being undifferentiated and undefined. The child's needs, wants, thoughts, emotions and interests exist together with many aspects of life that remain unfinished business or incomplete gestalts. This is basically a stage of '**inactivity**' on the part of the child concerned.

Stage Two represents a state of the child being **aroused** due to a need emerging that could be physical or psychological in nature. As the child could only deal effectively with one aspect of unfinished business at a time, the child at this stage

would tend to clarify which want, desire, interest or some aspect of unfinished business would need to be focussed on at that point in time.

Stage Three represents the stage in which the child would scan the environment to see what are the options or choices available that would enable him to meet the emerging need. The child becomes very much **aware** of his thought processes and what is the focus of his attention.

Stage Four involves making a **choice** from one of the options available that would best meet the present need.

Stage Five is the stage of **contact** or action where the child makes some changes internally in order to interact with the environment.

Stage Six involves **assimilation or rejection** of all the new information and material that the child either absorbs from the environment for the purposes of making changes or for physical nourishment, or rejects as inappropriate and unnecessary.

Stage Seven involves experiencing satisfaction from the information that has been assimilated or appropriate rejection of the information that was unnecessary, thereby reducing the need.

Stage Eight represents the child letting go or **withdrawing** from all that has happened thus far through stages two to seven so that the gestalt process can begin again with the next arousal.

With every emerging need this cycle needs to be complete to enable a child to progress psychologically and emotionally and handle all of life's challenges effectively. If the child however blocks, interrupts, impedes this cycle, or the environment does not present the needed result, the child is left with unmet needs and unfinished business. As a result the unfinished business tends to recur over and over again.

In the discussion that follows on each case study the researcher would incorporate the stages of the gestalt experience cycle into the therapeutic process, using music as therapeutic tool. As stated in chapter one (section 1.4.2, page 7) the objectives of this research would be:

- (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 unstructured interviewing with the traumatized child.
- (iv) To present the results of the unstructured 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.
- (v) To increase the therapist's understanding of child trauma.

5.4 Incorporating the Conceptual fields in the Research Process

5.4.1 Case Study A

5.4.1.1 Background Information

A was born in 1994 and is 9 years old. He is one of 10 children. The biological mother's whereabouts is known but her spouse's residence is unknown. The siblings were exposed to neglect, physical and sexual abuse by the biological father and subsequently removed from the parent's care. The father was later arrested and sentenced for physical and sexual abuse of his children. During the time that the father was in jail, the biological mother was involved in another relationship where A and two other siblings were born. They were also the victims of sexual abuse.

All the children have to date been removed from their parent's care and are either residing with foster parents or in a children's home. Court cases against the parents have been opened and documented since 1984.

Both A and an older brother were medicated on Ritalin in 2002 due to their excessive restless behaviour. The brothers have been dependent on each other since being placed together at different homes and rarely make new friends but instead prefer to play together.

In 2001 A was involved in sexual activity with another boy at the children's home where he was living. A was sent for therapy. This type behaviour was also displayed by his older brother. While in children's homes, A and his brother often absconded. On many occasions they would make contact with their siblings who were placed in various children's homes. Their constant running away appeared to indicate their desire to be together as siblings.

A is presently in the bridging class at Kidshaven, which is a home for destitute and abandoned children. In 2003, A was in a mainstream school. As he was unable to cope with formal academic work, remedial teaching was recommended and he was transferred to the bridging class.

After admission to the children's home, A and his brother were allowed to visit their mother during weekdays and holidays but it was soon discovered by social workers that they were being sexually abused. The biological mother has since indicated that she does not want to see the boys until they are 18 years of age. A and his brother have not had contact with their mother since July 2002. At present the boys have no family to go to and remain at Kidshaven under strict care. Foster care has failed with A and his brother due to serious behaviour problems.

A attended sessions with a psychologist at a local hospital which terminated in December 2003. Constant support and guidance by the social workers and community care workers has been given to A since being at Kidshaven. In October 2003, A attended 5 therapy sessions for the purposes of this research. The plan is for the A and his siblings to remain at Kidshaven until suitable foster care is found.

5.4.1.2 Type and rating of A's trauma

A's trauma involved being exposed to and being the victim of physical abuse, sexual abuse and neglect over a prolonged period. The abusive behaviour of the parents had been under investigation since 1984. A had also been in a very complex and vulnerable situation in that the abusers were his biological parents. He had been under his parents control until social workers were alerted with regards to the abuse.

A's trauma can therefore be described as **continuous and complex** (chapter 3, section 3.5, page 57). In terms of the severity of the stress that A experienced, it can be rated as being **extreme** (refer to chapter 3, table 3.1, page 61). This is the sixth stage of seven stages in the Severity Rating of Psychosocial Stressors from DSM 111 (refer to chapter 3, table 3.1, page 61) The sixth stage involves experiencing the death of a parent or sibling or repeated physical and sexual abuse.

5.4.1.3 Therapy Sessions

- **Session One**

- *Objectives for Session One*

- a) To establish a therapeutic relationship with A.
- b) Establish and strengthen contact functions through the sensory modalities
- c) To establish a sense of self - determination in A so that he would look forward to attending future therapy sessions.

- *Therapy Process*

The priority objective for this session was to establish a therapeutic relationship.

A came into the playroom with the community worker. He was accompanied by his brother who then left the room with the community worker. Their eagerness to play together and the dissatisfaction on their faces when they were separated indicated a definite emotional bond between the brothers. At this point it was evident that A had the ability to respond appropriately in the here and now however minute the response.

A was observed to be restless and active. He was immediately attracted to the toys in the playroom and explored them spontaneously and at random, especially those

which made a definite sound. A was observed to become engrossed in a particular toy that made a sound. He did not make eye contact with the therapist and did not respond to the initial verbalizations of the therapist, in greeting him and enquiring about his brother. This indicated that the therapist was not the subject on his foreground. His immediate and spontaneous reaction in manipulating various toys as well as making a choice of one particular toy demonstrated that A had attended to an emerging need, scanned the environment for possible choices, made a choice in terms of which toy was most pleasurable, took action, absorbed and assimilated the new information of sounds produced by the toy chosen and was experiencing some kind of satisfaction that encouraged continuous and repetitive play. It became evident to the therapist that A enjoyed the sound of the toy but avoided, or perhaps did not find that making communicating with the therapist either verbally or non-verbally, was relevant or significant to him at this stage. His excitement with the toy was used as a means to encourage further interaction with the therapist. The therapist therefore worked for a while in confluence with A enjoying the sound of the toy with him.

After a while A was encouraged to sit down with the therapist on the floor. He was initially reluctant to move closer to the therapist. This resistance or reluctance to comply demonstrated A's awareness of himself in relation to others. It could possibly be a way of A protecting himself, considering his past trauma of being severely harmed by those closest to him. With encouragement, A responded after the therapist drew his attention to the percussion instruments on the floor.

The therapist then used the different sounds of the percussion instruments to focus his attention and encourage A to participate in a more meaningful and constructive manner. A eventually did try the percussion instruments and explored the different

sounds. He was now making choices and contact by experimenting with the different sounds. In the process of doing this he was observed to be accepting certain sounds and gaining more satisfaction from them while other sounds were only explored momentarily, then rejected as the instrument was placed aside.

The therapist then went a step further in building her relationship with A. The therapist introduced a game of taking turns and matching each others tunes (see appendix 5.1). This game appeared difficult for A to comprehend and he was observed to continue in his own rhythm showing no awareness in matching the therapist's rhythm to his rhythm. His behaviour could have been influenced by A's difficulty in comprehending what was required of him, his short attention span or a definite resistance to interacting with the therapist. The therapist then brought his attention to the loudness and softness of the sound and asked A to make a choice, on whether the sound was soft or loud. After a few attempts A was able to give an appropriate response demonstrating his awareness and ability to assimilate the information accurately. The therapist then used the sound of a car and encouraged A to imitate or match this sound with his voice. He avoided this suggestion but repeatedly pushed the car appearing to gain pleasure and satisfaction from the sound. On each occasion that A made a choice with regards to following or not following through with the therapist's suggestions, this gave an indication to the therapist that A was perhaps unsure of his trust and safety within the therapeutic relationship. It also demonstrated his ability to mobilize his own energy towards movement and action, that is, contact but did not achieve it consistently, as he would frequently avoid or resist being fully present in interaction.

At this part of the child's therapeutic process A could be aware of the therapist's probing towards interaction with him but his possible fear of getting too close to the therapist in interaction needed to be respected and gently handled in an attempt to build on the child's trust and confidence in his relationship with the therapist and hopefully create a platform in future sessions that would encourage A to go beyond the rigid emotional boundaries that exist.

A was then asked how he felt and his immediate response without hesitation was "happy". A was praised for his efforts thus far and then encouraged to draw a picture that best shows the therapist how he feels now, that is, happy. A was reluctant for a while and not able to initiate the task. When he was prompted to respond, A stated that he did not know how to draw the picture. A appeared to be having difficulty in making direct contact with and expressing, his feelings in the form of a projection. Considering that it was the latter part of the session, the therapist wanted A to leave the session with confidence and a sense of achievement. The therapist therefore suggested that A draw a happy face which he subsequently did with little hesitation (see figure 5.2). As this response needed to be prompted by the therapist, A's awareness and experience of "happy" could not be clearly defined.

At this stage A was asked to think about doing something very special that would make him very happy. A's response was "I'm going to play" which was also his response at the end of most of the future therapy sessions.

Before A left the therapy room he was asked, "Am I going to see you again?" He responded with a positive nod. Although the time frame to the next session may have not been fully understood by A, he left the session in a good mood and the

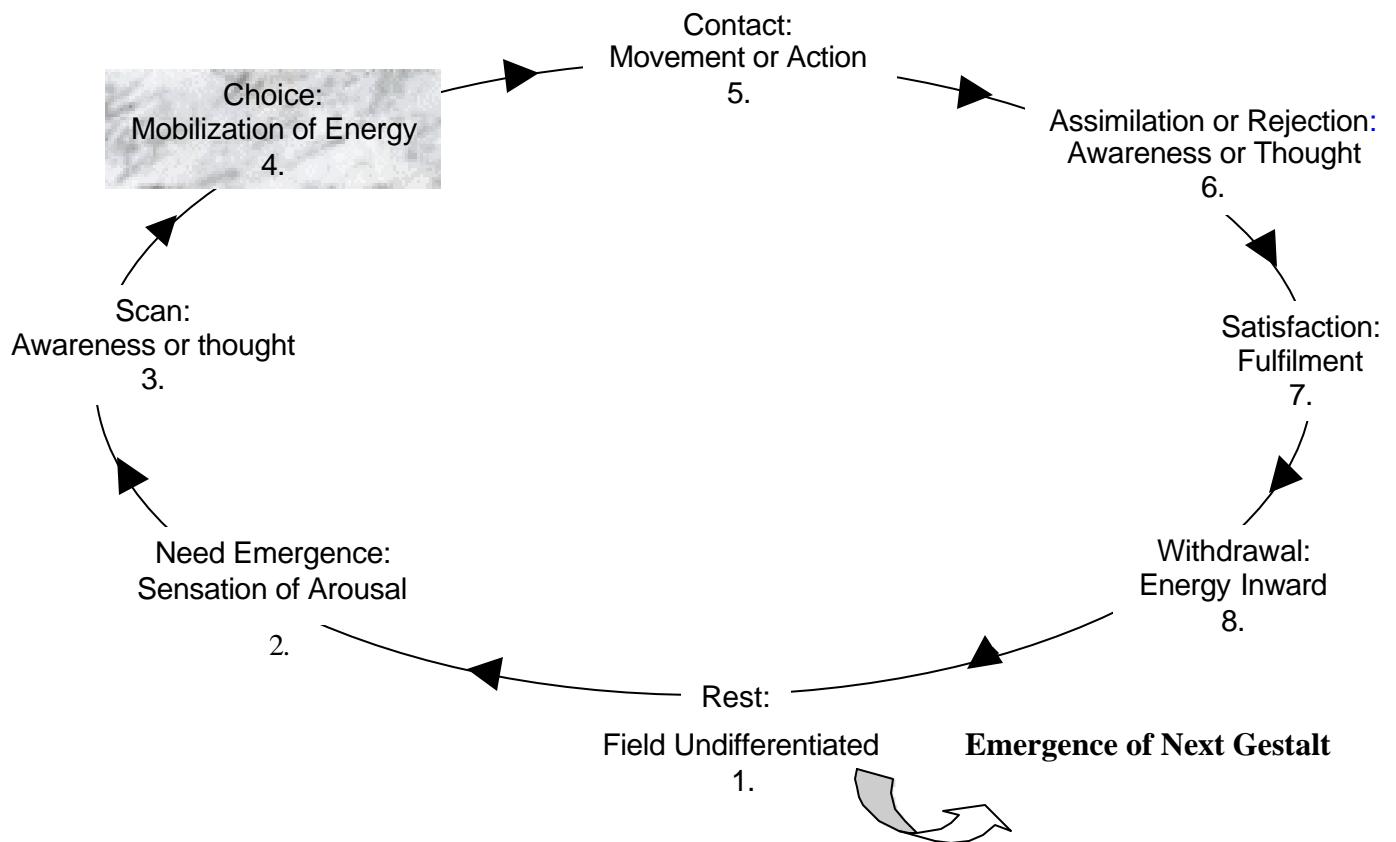
therapist felt that this positive response in returning was genuine, as A was observed to have gained some degree of satisfaction and enjoyment from being in the therapy session, which was a difference to his daily routine.

➤ *Evaluation*

A progressed through the Gestalt experience cycle, with satisfaction gained on a sensory level through A's experience of sound, which was often initiated by himself. However contact was not fluid and resistance was experienced at different stages throughout this session with A. Considering the depth of A's trauma and his reluctance and difficulty in clearly expressing his emotions, the therapist needed to persist with the medium of music, commencing with basic sounds as in this session in order to heighten A's sensory experience and provide him with an avenue to express those emotions that were being kept hidden. A's ability to remain aroused, aware of the environment and make choices was largely achieved on a sensory level through contact with sound. In terms of the boundaries in his relationship with the therapist and the therapeutic environment, A's behaviour during the earlier stages, indicated that he did not appear to have achieved full awareness in this regard, as he was restless, desiring to constantly move around and being frequently distracted by all the toys in the environment. Towards the latter part of the session A showed progress in settling down within closer proximity to the therapist where more direct interaction could take place.

To illustrate the priority objective for session one, Figure 5.3 highlights *stage four* as the place A appeared to be at in terms of establishing a therapeutic relationship with the therapist.

Figure 5.3 Gestalt Experience Cycle, Case Study A, Session One



The sounds explored by A during this session commenced with sounds produced by toys such as motor car wheels and a preschool stimulation board with different sounds, which required the child to take action in order to initiate the sound. The percussion instruments introduced to A included the egg shakers, the wooden block and tambourine. These were distinctly different sounds chosen by the therapist and required active participation on the part of the child to produce the sound. By using these distinctly different sounds on the first session the therapist hoped to stimulate A's awareness and interest, encouraging him to actively explore the instruments and make choices in terms of the sound that he most enjoyed. The therapist also used these instruments in a game of matching sounds to build a

rapport with the therapist and strengthen contact functions of the senses, namely, touch, hearing, vision and movement through active participation and interaction.

A was given repeated opportunities to actively participate and be included in every part of the therapy process. He made choices as to how and when to respond with the musical instruments and in using his voice, which in itself is self-growth, as A determined when he would make contact or resist contact. Through the choices that he made and the boundaries and limits that he set for himself, A was in some ways demonstrating self-determination and awareness of his own needs at this stage in therapy.

During this session, the therapist respected the choices of sounds that A made and his decision to either make contact or withdraw from making contact. The therapist was very much aware of resistance that surfaced with regards A establishing any form of relationship with the therapist, considering his emotionally traumatic history.

From observations made, A drifted between responding and resisting contact but was unconditionally accepted and praised for all his attempts.

In making choices throughout the session and responding positively in terms of the returning for future therapy A demonstrated some degree of responsibility and self-determination. Attempts were made by A to respond positively to the therapist and make contact but further progress needed to be made in terms of breaking through the barrier of emotional resistance.

- **Session Two**

- *Objectives for Session Two*

- a) Continue to establish a therapeutic relationship with A.
- b) Strengthening contact functions of touching, listening/hearing, vision, body awareness, movement and voice through the use of the music.

- *Therapy Process*

The priority objective for this session was again establishing a therapeutic relationship with A. The therapist's objective was also to strengthen A's contact functions using the sounds and rhythms of percussion instruments.

A entered the therapy room with a community worker. He was restless and as in the previous session immediately explored the room going back to the one toy he enjoyed in the first session. There was an observable difference in A's response to the therapist today. He listened, then responded almost immediately and spontaneously to a request for him to choose two toys he would like to play with, then accompany the therapist in the adjoining room. The therapist decided to see A in the adjoining room as the wide variety of toys in the playroom constantly distracted him.

A chose two cars and the therapist chose another two that made different sounds. A explored these sounds and was observed to be more spontaneous and accurate, as compared to session one, in differentiating loud and soft sounds. A also responded to a request from the therapist to imitate the sounds of the cars vocally. He did this more spontaneously as compared to the first session, imitating with his voice the sounds of a car and bike. The spontaneous manner of A's response indicated that

his level of awareness was heightened and he was therefore able to make contact by taking action and assimilating the information within a short space of time. A's spontaneous response at the beginning of this session was a clear indication that progress had been made in establishing a relationship with the therapist as A was definitely more confident and spontaneous in his interaction with the therapist. This fluidity of contact with the therapist at this initial stage of the session laid the foundation for strengthening A's contact functions through the use of music.

The therapist then attempted to use the percussion instruments introduced to A in the first session. More instruments were included, that is, a drum, jingles and maracas. His attention was brought to differentiating loud and soft sounds as well as happy and sad sounds, to encourage awareness and expression of feelings. A avoided eye contact with the therapist at this stage.

He was gently touched on his arm at this time, by the therapist and at different times during the course of the session to draw his attention to the therapist. The therapist hoped to make further contact and increase his level of awareness, in this way. A did not resist the touch and made some attempt to briefly look at the therapist.

Due to A's limited vocabulary in expressing himself the therapist then asked him to play happy, sad, mad and angry sounds using the percussion instruments. When asked whether the sound he was playing was happy, sad, mad or angry, A continually indicated happy. This indicated that A was either intentionally resisting emotional expression or was having difficulty comprehending what was expected of him. The therapist then decided to assist A, encouraging him to imitate sad sounds, by tapping gently on the tambourine to produce a soft sound; angry

sounds, by beating heavy on the drum; and mad sounds by tapping heavily on the wooden block. A briefly attempted these sounds but appeared constantly distracted by the egg shakers which he would spontaneously pick up throughout this process and shake repeatedly. When asked, “How does that sound make you feel?” he replied, “happy”. A repeatedly played with this instrument to elicit a repeatedly “happy” sound. A at this stage in the gestalt experience cycle had clearly decided on assimilating and accepting the happy sounds but appeared to be constantly rejecting sad, mad and angry sounds. The therapist was aware that this could be a point of resistance, a rigid boundary that would need to be gently and sensitively explored.

The therapist continued playing on the instruments, verbalizing what emotion she was playing while moving between happy and sad, mad and angry sounds and waiting for a response from A. After a while A suddenly and unexpectedly played heavily on the drum in response to imitating the therapist’s expression of angry. He was then praised for his accurate response. A spontaneously repeated this sound a few times. He was then asked to draw angry. Without prompting and recalling for himself that he drew a happy face last week, A spontaneously drew a face that clearly represented an angry person (see figure 5.4). This was used as a projection to heighten A’s awareness of his emotions and guide him towards further expression of his emotions.

The therapist commenced by asking A to suggest a name for person but he was could not. He was then asked to identify his drawing as a boy or a girl. A first indicated the picture as a girl but then changed his response to a boy. The therapist used the projection technique of Oaklander (see appendix 5.2) to focus A’s attention on his drawing. He responded appropriately to questions eventually

revealing that the boy feels angry because he was being hit. A expressed feelings of “sad” when talking about how the boy feels. The therapist later asked A whether he feels just like the boy is feeling, that is, sad and if perhaps there is someone that makes him sad. A avoided eye contact at this stage and juggled the egg shakers constantly indicating “no”, he was happy. After a few attempts of encouraging A to own his projection, it was evident that he could be at the impasse stage and not ready to confront his negative feelings which were brought to the foreground. There was a distinct avoidance observed in owning the negative emotions he had expressed. This possible conflict or resistance within A at this stage, was respected by the therapist and understood as a boundary or a difficult place for A to go to.

A was praised for his attempts today and the therapist expressed her excitement as to how well he handled the instruments and completed his drawing. A’s response to a self-nurturing was that he was good at playing hide and seek with his brother which he would do when he left the therapy room.

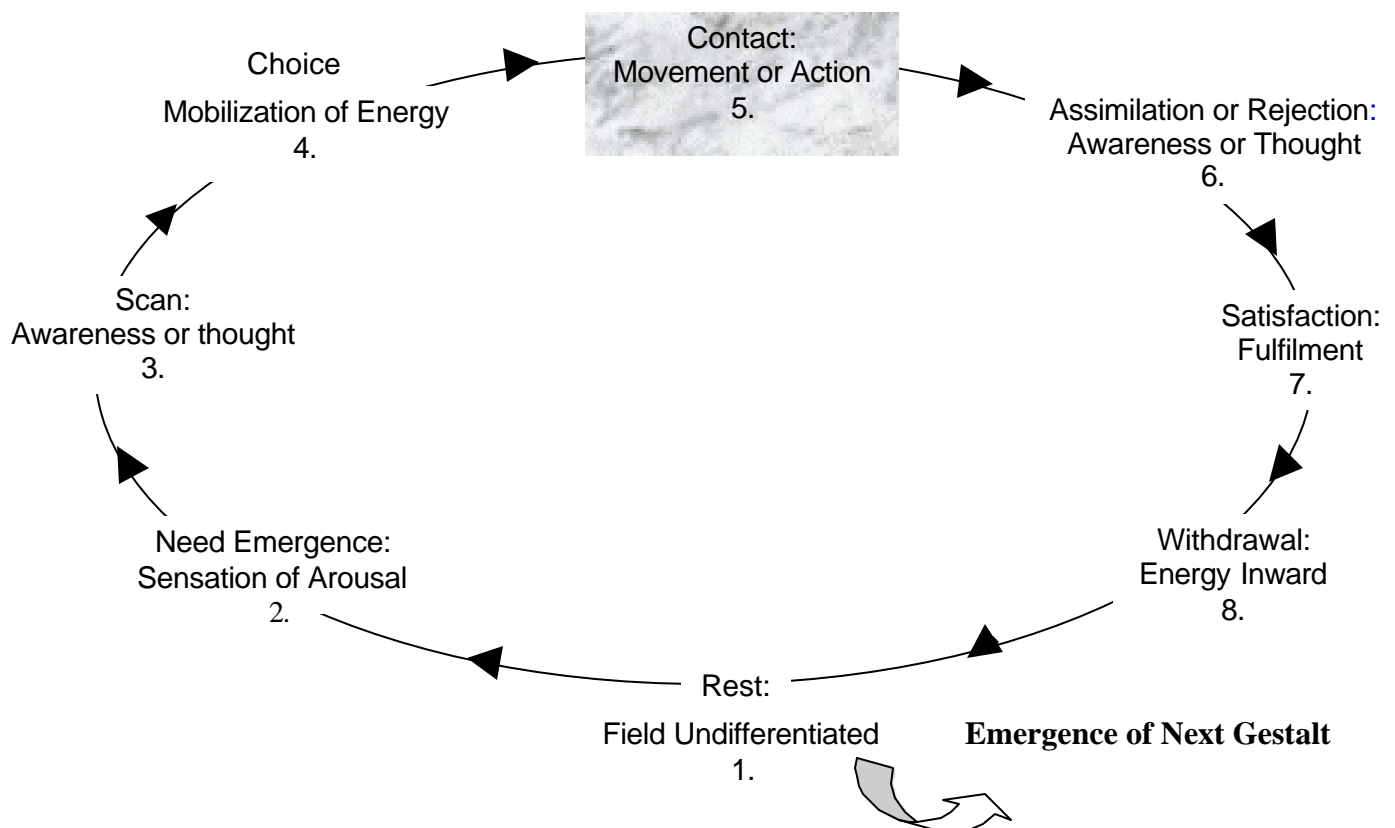
➤ *Evaluation*

In terms of the gestalt experience cycle A had progressed beyond a sensory experience and gaining satisfaction from sounds. He was progressing towards being more fully alert and in contact with the therapist and the therapy process. Through making eye contact with the therapist, allowing the therapist into his personal space through touch and spontaneously responding to the therapist’s direction on entering the session indicated that A was more trusting and confident of his relationship with the therapist. The therapist felt a definite ‘give and take’ in her relationship with A, that is, greater fluency in interaction both verbally and non-verbally.

His level of sensory awareness had improved and expanded as observed in his positive and spontaneous responses to touch and sound. Although resistance was encountered in owning his projection it would be expected at this stage considering the severity of A's trauma. Emotional expression through the use of the musical instruments and drawing of an angry face, was achieved in this session. Positive and happy emotions were assimilated more easily but contact with negative emotions was often rejected and avoided. A was clearly moving beyond just being aware and making a choice towards contact, that is, being fully present, focussed and willing to actively interact with the choices that he made.

In terms of the priority objectives for session two, Figure 5.5 highlights *stage five* as the place A appeared to be at in terms of establishing a therapeutic relationship with the therapist and strengthening of his sensory contact functions.

Figure 5.5 Gestalt Experience Cycle, Case Study A, Session Two



In this session the therapist used percussion instruments, that is, a drum, jingles, maracas, egg shakers, a tambourine and a wooden block to facilitate A's emotional expression before guiding him towards making a projection and owning his feelings. Specific instruments were chosen during the session for imitation of emotional expression, that is, the tambourine for a soft, sad sound was played gently; the drum for a loud, angry sound was played with much physical effort and the wooden block for a hard, mad sound was also played with physical effort and energy.

A's spontaneous interaction with the therapist while manipulating the toys that produced sounds and exploring different emotions with the percussion instruments by imitating the therapist, indicated that he was more willing and felt safe to follow through with the therapist's suggestions, also attempting to be vulnerable in expressing emotions that have been hidden, such as anger.

- **Session Three**

- *Objectives for Session Three*

- a) Building self-support by encouraging the owning of projections.
- b) Encouraging further emotional expression through the use of music.
- c) Continue to strengthen contact functions of touching, listening, hearing, body awareness, movement through the use of the music.
- d) Continue to encourage fluidity in contact with the therapist.

➤ *Therapy Process*

The priority objectives for this session are building self-support through the owning of his projections and assisting A in expressing his feelings through the use of music.

A entered the therapy room with the therapist. He did not spontaneously rush to the toys as in session one and session two but appeared to wait for some kind of direction from the therapist. This indicated that A was beginning to understand and define the boundaries and limitations within the therapy area and with the therapist.

With the therapist's direction, A was encouraged to choose toys that he wanted to play with that made different sounds. A was able to discriminate and make appropriate choices. He then spontaneously brought this into the therapy area remembering the routine of the past two sessions. Together with the therapist these sounds were explored using A's sense of touch in manipulating the toys, his sense of movement by activating the toy into motion and his sense of hearing by drawing his attention to the difference in the sounds of each toy. With encouragement A was also able to verbalize the sounds. A at this stage was actively engaging himself through movement and action, that is, making contact. A then chose to focus on the sounds of two cars. These sounds were clearly of greater interest to him as also observed from the previous session. A demonstrated his acceptance of these sounds that appeared to bring him more pleasure and rejection of two other toys whose sounds were possibly not as pleasurable to A.

Going in confluence with A's enjoyment of sounds made by motor cars, and in an attempt to build on the fluidity in her relationship with A, the therapist used an audio cassette with different sounds of vehicles (Transport sounds, 1989). A needed to decide whether the sound was a car, motorbike, train, boat, aeroplane or

bicycle. This game was therapeutic in terms of assessing A's hearing and listening sensation, encouraging him to make choices independently, building humour and imagination and encouraging self-statements, example, "I can hear a train sound.....I can hear an aeroplane sound". All these elements during play assists in building self-support and self-confidence from within the child.

A, for the first time in therapy smiled spontaneously, during this game of guessing sounds, whenever he identified a sound correctly. He was also observed to listen attentively and showed excitement in his facial expression. When asked about how he felt while playing this game, his response was "nice". A had demonstrated progress in his non-verbal communication, that is, facial expression and his verbal expression, that is, using the word nice as compared to happy.

A was then given different percussion instruments to communicate his excitement and "nice" feeling. To assist him in developing his awareness of his positive feelings, happy and vibrant music (Happy, Rhythmic, Kwela sounds, 1989) was played. A was asked to imitate the music with the percussion instruments available. A spontaneously created rhythms on the different instruments and also clarified with the therapist that he had to play "the same" as the music he was listening to. This verbal response was of great significance in A's progress of therapy. For the first time A gave a clear indication of contact with the environment. He had clearly assimilated the information, was very much aware of interacting with the 'world' outside of himself and his active participation gave an indication that he was gaining some form of fulfilment from this activity. Although A's matching of his rhythm, with the music given was heard sporadically and not continuously, there was nevertheless a definite change and progress towards self-expression.

The therapist then asked A to draw a picture relating to how he felt at present, in an attempt to encourage A to own his feelings. A drew a happy face (see figure 5.6). To the therapist's amazement, A spontaneously indicated thereafter that he wanted to draw another happy face (see figure 5.7). This time he included more detail than he had ever done in his previous drawings. The therapist attempted to probe into the drawing, using the Oaklander projection technique (see appendix 5.2) asking A to identify the different parts of the face and how he felt while he was drawing this picture. Eventually A was asked whether he could think of "something that happened to him" or "a person" that made him feel like the picture. A's repeated response was that playing made him happy. Observing A's difficulty in responding to these questions could again indicate a possible difficulty in comprehension or an intentional resistance to owning his feelings. The therapist nevertheless respected this and did not probe further. Instead she decided to go in confluence with the child.

The therapist encouraged A to think of a game that he plays that makes him feel happy, like the picture he drew. A spontaneously suggested hide and seek and he took control in sharing with the therapist how the game is played. A for the first time, smiled and laughed aloud when he found the therapist's hiding place or when he was found out.

A had made a choice to avoid owning his feelings or relating them to his experiences. He instead chose to engage in the play with the therapist. A had moved through the gestalt experience cycle gaining satisfaction and fulfilment from this game which in itself did much to strengthen his self-support system and his ability to demonstrate emotional expression, even if it was a means of

avoiding those painful areas in his life by perhaps denying and resisting contact. A's self-nurturing activity was to again play hide and seek with his brother.

➤ *Evaluation*

Although A did not achieve the owning of his projections other important elements of building self-support was achieved, that is, making choices, understanding his boundaries and limitations within the therapy area, taking control and attempting to define himself through 'I' statements.

Progress had been made through the medium of music in building fluidity in contact with the therapist as A responded to the therapist's direction with increased spontaneity as compared to the previous sessions. Through listening to the various sounds transport vehicles and matching his rhythm to music, there was a definite increase in A's level of awareness with regards to himself and the environment. Emotional responses in the here and now remained restricted to just happy feelings. There appeared to be resistance to owning these feelings and relating it to his experiences. This may have been difficult and possibly painful for A due to the severity of his past trauma in which happy experiences may have been very few or almost non-existent. A may even have difficulty relating a happy feeling to anything in his personal life except for playing with his brother.

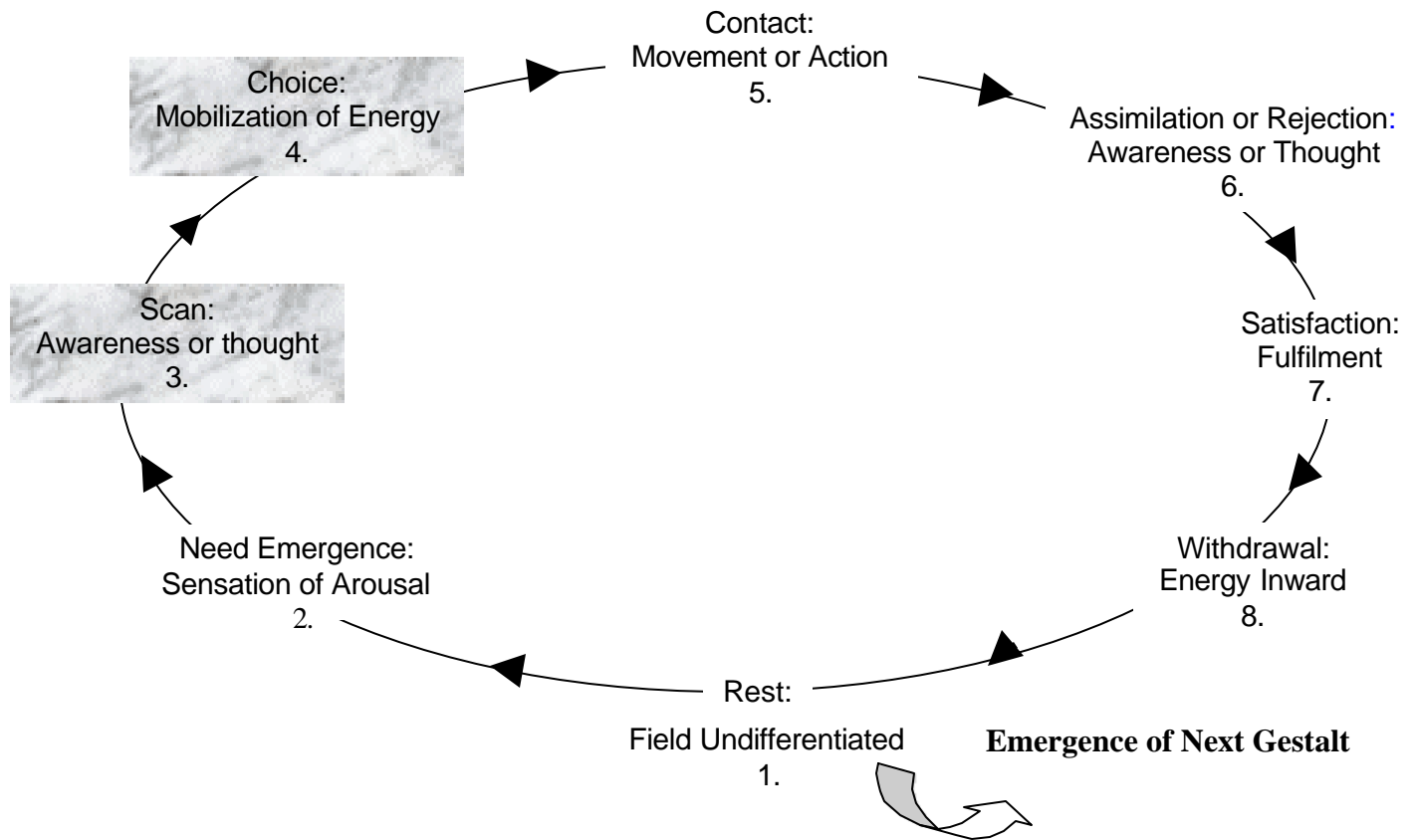
A's sensory modalities of hearing, listening, vision, touch and movement were clearly heightened and clearly strengthened during the course of this therapy session as observed in A's meaningful interaction with sounds and the tape-recorded music played.

In terms of the gestalt experience cycle, A was achieving satisfaction from sounds and music on a sensory level. Awareness of and owning his feelings was restricted as he was observed to avoid responding when asked to relate his feelings to an experience.

A's increased awareness and making a choice to express himself was achieved with the assistance of sounds and music. Imitation was often used as A frequently resisted or avoided emotional expression through music. It appeared to the therapist that A was aware of certain negative feelings but often avoided and deflected these feelings as he was unable to relate it to himself or his experiences which may be too painful to confront and difficult to express.

In terms of the priority objectives for session three, Figure 5.8 highlights *stage three* as the place A appeared to be at in terms of building self-support through owning his projections. In terms of emotional expression A is possibly at *stage four* in choosing to either avoid or respond, to opportunities for him to express himself emotionally. He did not appear to have made direct contact with his total emotional self as he often created a totally happy impression (phobic layer of neuroses) to the therapist which may be his way of coping with the deep hurt and trauma of his past.

Figure 5.8 Gestalt Experience Cycle, Case Study A, Session Three



The therapist chose to use tape-recorded music to create variety and heighten A's interest and motivation to explore a different form of music. A received this form of music with excitement and active participation. A was able to identify some of the transport sounds but he nevertheless was actively focussed and participated throughout this activity. When using the tape-recorded music A appeared to experience difficulty in following through with the rhythm. The fact that he attempted this activity without resistance and was eager to use the percussion instruments in matching his rhythm to the tape-recorded music, indicated that A was demonstrating heightened levels of awareness, ability to make choices from the options available and contact the environment appropriately.

- **Session Four**

- *Objectives for Session Four*

- a) Continue to build self-support through the owning of projections.
- b) Continue to assist A in emotional expression with emphasis on contacting his angry emotions.

- *Therapy Process*

The priority objectives for this session was to build self-support through the owning of projections and to further assist A in emotional expression.

A entered the therapy room with an observable difference in his behaviour. He was relaxed and not as restless as in the previous sessions. It appeared that he was adapting to the routine of being in a specific place in the therapy room and settled down on the floor without much prompting from the therapist. He paused apparently in expectation, waiting for directions from the therapist and did not restlessly explore the room as in the previous session. A had clearly identified his boundaries and limitations within the therapy area and was now comfortable to adapt.

This was a positive point of growth for A in terms of being able to take control of his behaviour and become aware of what his environment expected of him. Having observed this behaviour within the first few moments of the session, indicated to the therapist that A's sense of self-support had strengthened as A was able to immediately make the choice to interact with the therapist, he was also able to settle into the therapy area without hesitation indicating his awareness of

boundaries in the environment and demonstrated a sense of being focussed and controlled in his behaviour, that is, no restlessness and being actively attentive.

The therapist had laid out a few toys before the session commenced which A then played with spontaneously without a need to explore the room restlessly.

The session commenced with playing soft music (Peaceful, Calming sounds, 1989) and A was asked what this piece of music reminded him of. He was silent. The therapist probed with questions such as, “Is the music soft or loud, pretty or ugly, slow or fast”, A was accurate most of the time but needed encouragement to respond. He was then encouraged to use the percussion instruments and play them to the rhythm of the music he was listening to. A was initially out of step to the rhythm of the music, then slowly aligned himself to the rhythm using the percussion instruments. He appeared more aware of what the therapist was trying to communicate and made an observable and determined effort to match the rhythm. When loud and harsh music was played (Agitated sounds, 1989), A used his physical energy and attempted to match the rhythm progressing each time towards greater accuracy. After approximately 10 minutes, A’s concentration was observed to be drifting.

Up to this point A appeared to be enjoying the stimulation created by the different types of music and his active participation in the process. Although direction had been given by the therapist and considering that A did not have a choice in terms of the activity, he made a decision to actively participate, using energy and effort to create the best response and clearly gaining some sense of fulfilment from it. Through this process A was further building his self-support and strengthening his contact functions. In this way he was also preparing himself for further and more intense expression and owning of his feelings.

As A's attention was drifting it was apparent that the need to continue on this activity was reduced as he had experienced enough satisfaction from the activity and was ready to move on to something new. The therapist proceeded to play a game of imitating emotions (see appendix 5.3). A was reluctant initially but with time smiled and began to enjoy the game. This activity was directed specifically at heightening A's awareness of his emotions especially that of anger and sadness. His initial reluctance was an indication of resistance to confront these feelings. If the therapist did not persist gently, there is a possibility that A could easily deflect his feelings that were surfacing by drifting his attention away from the activity. There is also a possibility that A could continue in the impasse stage not willing to confront feelings of anger and sadness. Therefore the therapist needed to work sensitively in confluence with the child, motivating, understanding and building the child's self-esteem while encouraging a response.

The therapist played the harsh and loud music (Agitated sounds, 1989) once more and this time brought in two dinosaur toys into the process moving them forcefully in rhythm to the music almost as though they were wanting to fight with each other. The therapist did this in an attempt to evoke and heighten A's awareness of angry feelings. A's attention became actively focussed on this. The therapist motioned for him to continue. A appeared to find this game exciting and actively involved himself taking the dinosaurs and continuing in a vigorous game of fighting between the animals. The therapist attempted to explore A's thoughts and feelings while he played, planning to use this activity as a projection for A's own feelings. The therapist attempted to use the projection technique of Oaklander (see appendix 5.2), but A was very restricted in his verbal expression and appeared engrossed in play. With every prompting from the therapist to express his feelings, A appeared to avoid making a verbal response. After a while A became distracted

by a need to eat and constantly reminded the therapist that he was hungry and needed to leave. A appeared to have made the choice to avoid giving expression to angry emotions. A appeared to have achieved some sense of satisfaction from the game and was ready to begin with another aspect that aroused him, that is, feeling hungry. As this need was obviously on his foreground, and pressing for his attention, further prompting to continue in the therapeutic process would have only frustrated A.

It was evident from A's response at this stage in the therapy process that he was making clear decisions to assimilate certain information and reject certain information depending on what he was able to handle both emotionally and intellectually. Those tasks that brought immediate satisfaction and pleasure were the focus on his attention. Although A may have been experiencing different emotions during this time of play his ability to talk about his feelings, own his feelings and express his feelings was still restricted. A was praised for his hard work and participation before he left the therapy room.

➤ *Evaluation*

In this session further strengthening of A's contact functions was achieved. Owning of his feelings and projections was not achieved as A continued to avoid any probing by the therapist to explore his feelings and how they relate to his life experience. A was clearly still at the impasse stage and not ready to work on those parts of himself that were possibly painful and which could evoke different feelings other than 'happy'.

A did however appear to experience, with the assistance of music (Agitated sounds, 1989), harsh and possibly angry feelings while in vigorous play with the dinosaurs.

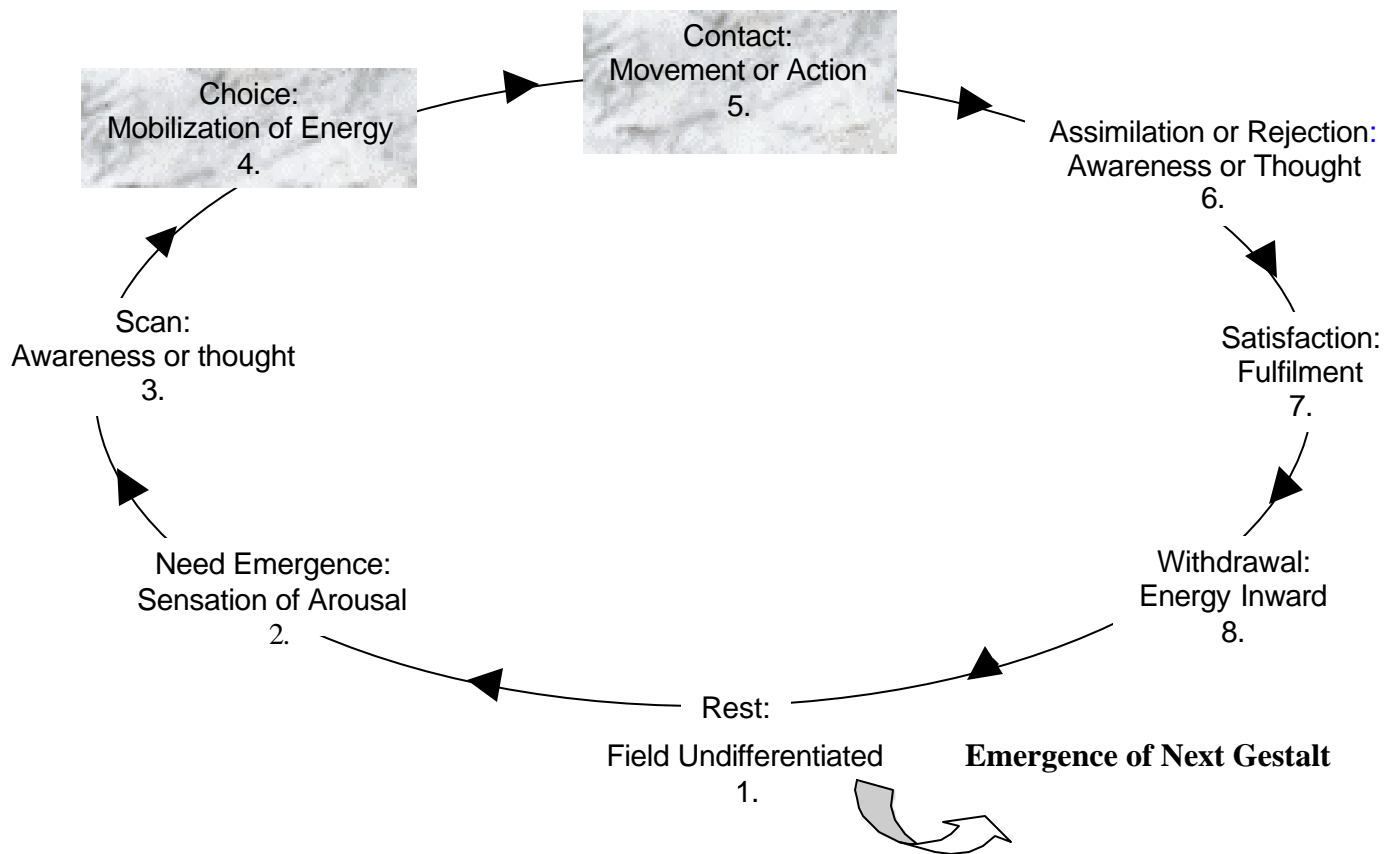
His intense concentration in the activity indicated heightened awareness while he explored a different emotion other than 'happy'. The activity together with the music that accompanied it allowed A the opportunity to express his feelings on a non-verbal level.

A also had the ability to sense when he had achieved satisfaction and fulfilment from a task and either drifted his attention or expressed another need, that is, hunger.

A was observed to adapt to structure with greater ease and was not as distractible as in the previous sessions. He had definitely made progress with regards to exercising control productively and thereby building his sense of self-support. Emotional expression and owning of his projections would need to be focussed on more intensively but sensitively, always with respect of the child's own process in therapy.

In terms of the priority objectives for session four, Figure 5.9 highlights *stage four* as the possible stage that A is at in terms of owning his projections. *Stage five* highlights A's ability to express his emotions and make contact with his aggressive energy and possibly feelings of anger.

Figure 5.9 Gestalt Experience Cycle, Case Study A, Session Four



During this session the therapist used tape-recorded music to heighten A's awareness as he attempted to match the rhythm of the percussion instrument he chose to the rhythm of the music he was hearing. By aligning himself to the rhythm of the music and using physical effort and energy in his rhythm A was in some way demonstrating his ability to make contact the more aggressive part of himself. Although he may not have been able to verbalize these feelings he was able to express these feelings using the non-verbal medium of music.

When A was confronted with loud and harsh music (Agitated sounds, 1989), it appeared to stimulate him into sustaining his attention and focus on the game he

had created between the two dinosaurs. Although this was initiated by the therapist, A again demonstrated the use of his physical energy which was observed to be almost in rhythm to the music. In the above ways music was used as a medium for A to contact his aggressive energy and give expression to his emotions.

- **Session Five**

- *Objectives of Session Five*

- a) Continue building self-support and the owning of his projections
- b) Continue to encourage expression of feelings

- *Therapy Process*

The priority objective for this session was to direct A towards owning his projections.

A came into the therapy area making direct eye contact almost immediately with the therapist. There was even greater awareness of his boundaries within the therapy area as he listened attentively to the therapist's directions and responded appropriately.

The therapy session commenced with using percussion instruments again to encourage further strengthening of sensory contact functions through matching and imitating different rhythms. A responded more accurately than he had ever done before, imitating the therapist rhythms or complementing the therapist's rhythm. A combination of A's progress in his sensory contact functions, his ability to make choices and remain in control of his thoughts and behaviour, was again a foundation on which the therapist could encourage emotional expression and owning of his projections.

In this game of matching tunes (see appendix 5.1), it was clear that A was assimilating information accurately and for a while enjoyed the task until the need to continue was reduced. As a new need emerged A requested to play with toys from the playroom. The therapist instructed him to choose only two toys. A chose a house and a fire engine and later asked if he could take one more toy. A added a police car. The selection of these toys was significantly different to the previous sessions. It seemed that A put some thought into his choice of toys and had somewhat matured from toys with basic sounds.

A played a continuous ‘game’ of saving children from a fire. He conversed with the therapist more fluently than he had ever done in the previous sessions, repeating this ‘story’ as he played continuously. Using this as a projection the therapist encouraged A to communicate how the children were feeling while the house was on fire and while they were being rescued. He was sometimes so absorbed in this repetitive form of play that he seemed to be ‘part of the scene’ he had created. At these times A did not respond but at other times responded with “happy”. With the therapist providing some direction to the therapeutic process, A’s attention was brought to the children who were being taken to the hospital. The therapist focussed on the feelings of these children. A’s response was “happy”.

At a certain point during this process, the therapist began to focus on where the children were being kept after being saved. A called it a “nice place” and later went on to indicate that this “nice place” was a family. He was then asked to draw this “nice place” (see figure 5.10) and for the first time A went beyond drawing faces to four definite people whom he later indicated were his brothers and sisters. A was evidently directing this “nice family” to his own family and was for the first time

owning his projection. He clearly wrote his siblings names on this picture. When asked about his feelings towards each one of them, A responded with “happy.”

➤ *Evaluation*

During the process of play, it appeared that this ‘story’ brought A’s siblings to his foreground. Their significance to him was noted in him drawing them and naming them. He clearly did not include parents in his family picture. Without attempting to interpret the absence of parents in his drawing, the therapist translated this into the traumatic past caused by his parents as being extremely severe, to the extent that in A’s perception they no longer formed part of the happy emotional bonds of a family.

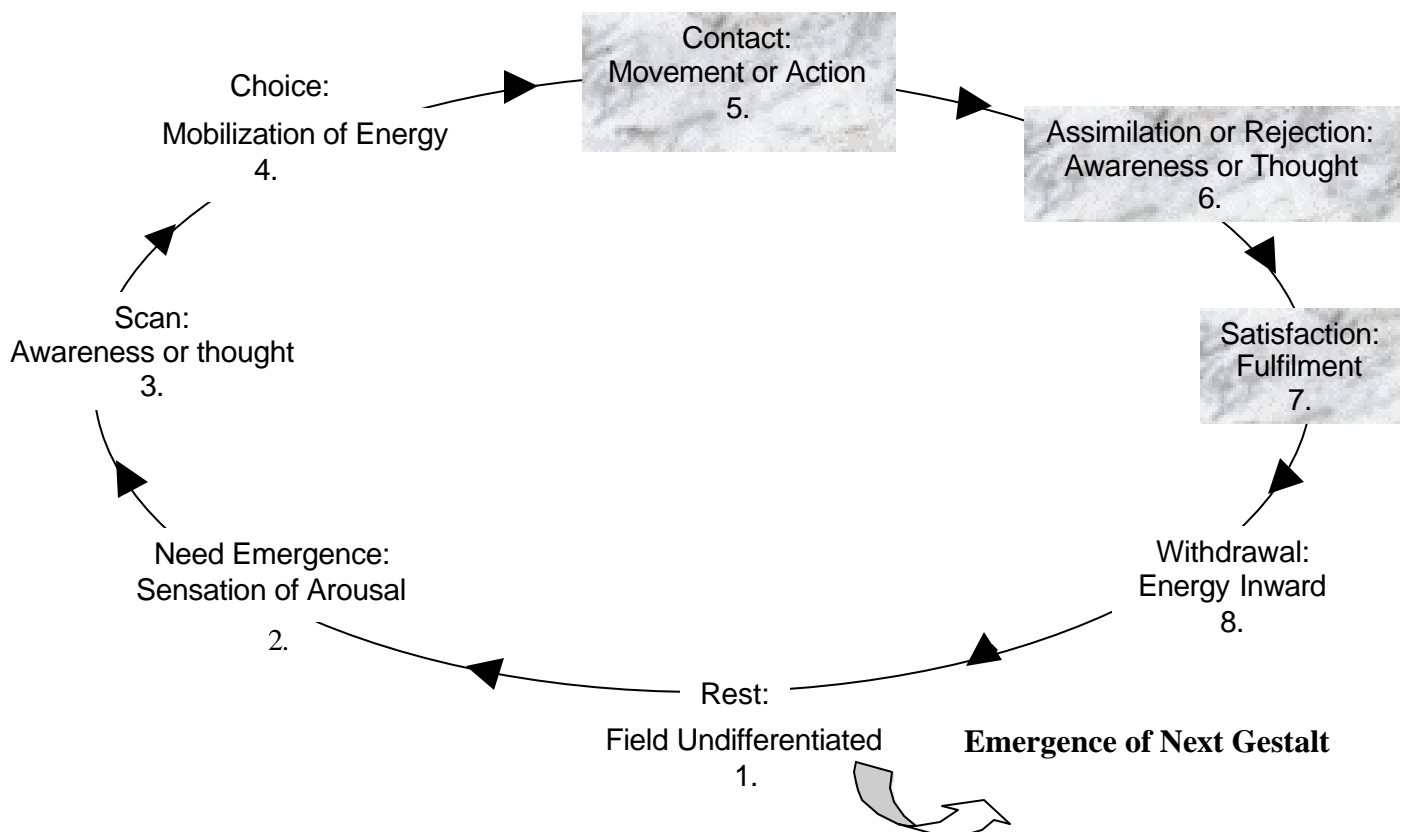
At this stage A appeared to be bringing to the foreground part of his unfinished business surrounding his possible need to be in contact with his siblings. In play A appeared to be totally focussed and engrossed in the process of saving the children. It appeared to the therapist that he was possibly experiencing the trauma of children being rescued and taken to a safe place. In some way A could be identifying this ‘story’ with his own life, that is, the severe emotional pain as a result of being abused and later being brought to the safety of a children’s home. Although A did not directly give expression to the pain and hurt of the past, he appeared to focus more on the pleasant part of his life, that is, his siblings. In making contact with this part of his life it was possibly his way of seeking comfort and resolve.

A had moved several times through the Gestalt experience cycle during the first part of the session of imitating and matching rhythms until another need came to the foreground. During his projection of creating a ‘story’ where children were

being saved from the fire, A was observed to move from an undifferentiated field, to an emerging need to choose very specific toys, to becoming aware of what he could do with these toys, then making a choice in terms of the ‘game’ he wanted to play, repeatedly putting into action a definite pattern in play, assimilating or rejecting prompting from the therapist to focus on his feelings, making a choice to respond or sometimes choosing not to respond and repeating his pattern of play several times apparently to bring him some form of satisfaction and fulfilment.

In terms of the priority objective for session five, Figure 5.11 highlights *stage five, six and seven* through which A rapidly moved during the process of his ‘story’. He was able to relate part of his projection to his real life experience, that is, his siblings, indicating his ability to own his projection, even if it was only part of his projection.

Figure 5.11 Gestalt Experience Cycle, Case Study A, Session Five



A's rejection and inability to make certain emotional responses to the therapist may also be seen as possible avoidance and difficulty in being able to own his feelings, express his feelings and deal with past trauma. A's response during this session was a definite stepping stone to future healing and self-growth.

During the initial stage of this therapy session, percussion instruments were used in matching rhythms in order to heighten A's level of awareness with regards to his senses and emotions. During this activity, the fluidity in his contact with the therapist was observed as well as his ability to interact within boundaries without drifting in his attention, focus and physical presence. All of the above contributed to A's ability to express his emotions and project his thoughts and feelings towards his own life experience, that is, his siblings. In this way music was used as a catalyst to evoke those hidden parts of A that had previously not come to the foreground. A may not have been able to use words to relate all aspects of his 'story' or projection, to his personal life but his progress towards being able to do this in future therapy sessions is very hopeful and promising.

5.4.1.4 Termination and Future Plan of action for child A

A was clearly a child who had experienced extreme emotional and physical trauma for a major part of his early childhood. His problematic behaviour is understood, considering his past trauma. Symptoms of ADD and hyperactivity could have been evident from birth but may have also become worse as a result of the trauma experienced during early childhood.

During the therapeutic process over the five sessions, A's progress was observed weekly. There was gradual evidence of establishing a relationship with the

therapist, making contact with the environment and finally relating his play to his own life, that is, his family.

A would benefit from ongoing play therapy to focus on his emotional needs. He is also in need of occupational therapy to focus on his learning development and a speech and language assessment to focus on his language development.

5.4.1.5 Evaluation of the therapy process

In using the Gestalt approach as a foundation for the medium of music, it was always important to the therapist to be in touch with the unique process of A. Working in the here and now was significant for A's progress towards healing due to his restless and distractible behaviour. Music aroused, heightened his awareness, mobilized A's energy, encouraged him to act and make contact with his emotions and also derive satisfaction and enjoyment from interaction with the instruments, the therapist, his own voice, the tape-recorded music and the rhythms he produced.

A was not a verbally fluent child. The medium of music is a non-verbal means of expressing one's emotions. This facilitated A's progress in therapy towards healing without pressure on him to be verbally interactive although verbal responses were encouraged often throughout the therapy process.

Considering the extreme nature of A's trauma, long-term therapy is recommended using music and other non-verbal means of expression to provide A with repeated opportunities to express all aspects of his self. A needs to be able to confront and accept the negative and positive parts of himself and his experiences in order to progress further towards self-nurturing and working on alternative behaviours.

5.4.2 Case Study *B*

5.4.2.1 Background Information

B was born in 1992 and is eleven years of age. *B* lives with her mother and her ‘stepfather’ in an average socio-economic area. *B* was referred for therapy by the social worker of the local Child Welfare agency. The child was brought in by her mother who was concerned about her daughter’s emotional state due to the unstable relationship she has with her biological father and the verbal abuse she experiences from her step-mother.

Her mother reported that from the age of seven years, *B* was exposed to constant arguments and verbal abuse from her father. This abuse was always directed towards her mother. As a child *B* was exposed to the affair of her father and also witnessed him holding a gun to his head, threatening to kill himself.

B’s parents have been legally divorced for the past three years, but separated for two years prior to the divorce. Her father has now remarried. *B* has two stepsiblings, a brother and sister. *B*’s mother has recently decided to stop *B*’s visits to her father due to the verbal abuse she experiences from the stepmother.

B nevertheless misses her father desperately when she is away from him, despite the fact that he does not make any effort to spend time with her.

She is presently in grade five. Her performance at school has recently deteriorated. Her mother believes that it is due to the estranged relationship her father has with her which has started affecting her more now than ever before.

Her mother’s partner lives in with them but her mother is not married to him.

B has always maintained a good relationship with her mother. She has apparently developed a good relationship with her mother’s partner, whom she refers to as her ‘stepfather’, and enjoys his company.

B enjoys dancing, swimming, music, reading and watching movies in her free time. When asked about her hobby of music, *B* excitedly related her love for music and singing.

5.4.2.2 Type and Rating of *B*'s trauma

The type of trauma *B* has experienced is multiple incidents of being exposed to her father's abusive behaviour. Continuous trauma is also evident as *B* has been the victim of verbal abuse from her father's present spouse. She also continues to experience a sense of being abandoned by her biological father. The rating of *B*'s trauma can therefore be described as **multiple** and **continuous** (chapter 3, section 3.5, page 56).

5.4.2.3 Therapy Sessions

- **Session One**

- *Objective for session one*

To interview *B* and her mother in order to gather background information and prepare *B* for her future therapy sessions.

- *Therapy Process*

B's mother was interviewed alone initially. A parent questionnaire was completed by *B*'s mother granting permission for the therapy sessions to be videotaped (see appendix 5.4). The background information as detailed above was obtained during this unstructured interview with *B*'s mother.

B was later called into the session. The therapist engaged in a general conversation with *B* as a means of establishing a relationship with her before the first therapy session. Although it was her first session, *B* was able to express her concerns and hurt over her recent experiences with her father and stepmother.

B's ability to communicate her situation fluently on the first session indicated to the therapist that she had developed a sense of trust in the therapist within a short space of time.

B was briefly informed about the therapy sessions and the ways it could benefit her. She was assured of confidentiality. *B* appeared eager and motivated to return and an appointment time was arranged. Considering *B*'s enthusiasm to continue with therapy, her spontaneity and her ability to verbally express herself, the therapist deduced that the use of projections within the first session could be achieved. This would give *B* the opportunity to bring into awareness those feelings that have been difficult to confront and focus on issues that she has not resolved.

➤ *Evaluation*

B had clearly passed through the phonic layer, phobic layer and impasse layer in terms of her psychological and emotional responses to the situation. She was at the stage where she recognised the problem, was ready to own it and work through it. This is known in theory as the implosive layer. The therapist would need to work sensitively during the future sessions bringing *B* to the explosive layer in order to orientate her to new ways of thinking and approaching her situation. It would also be important to explore alternatives that would assist her in the process of healing from the emotional pain she experiences at present.

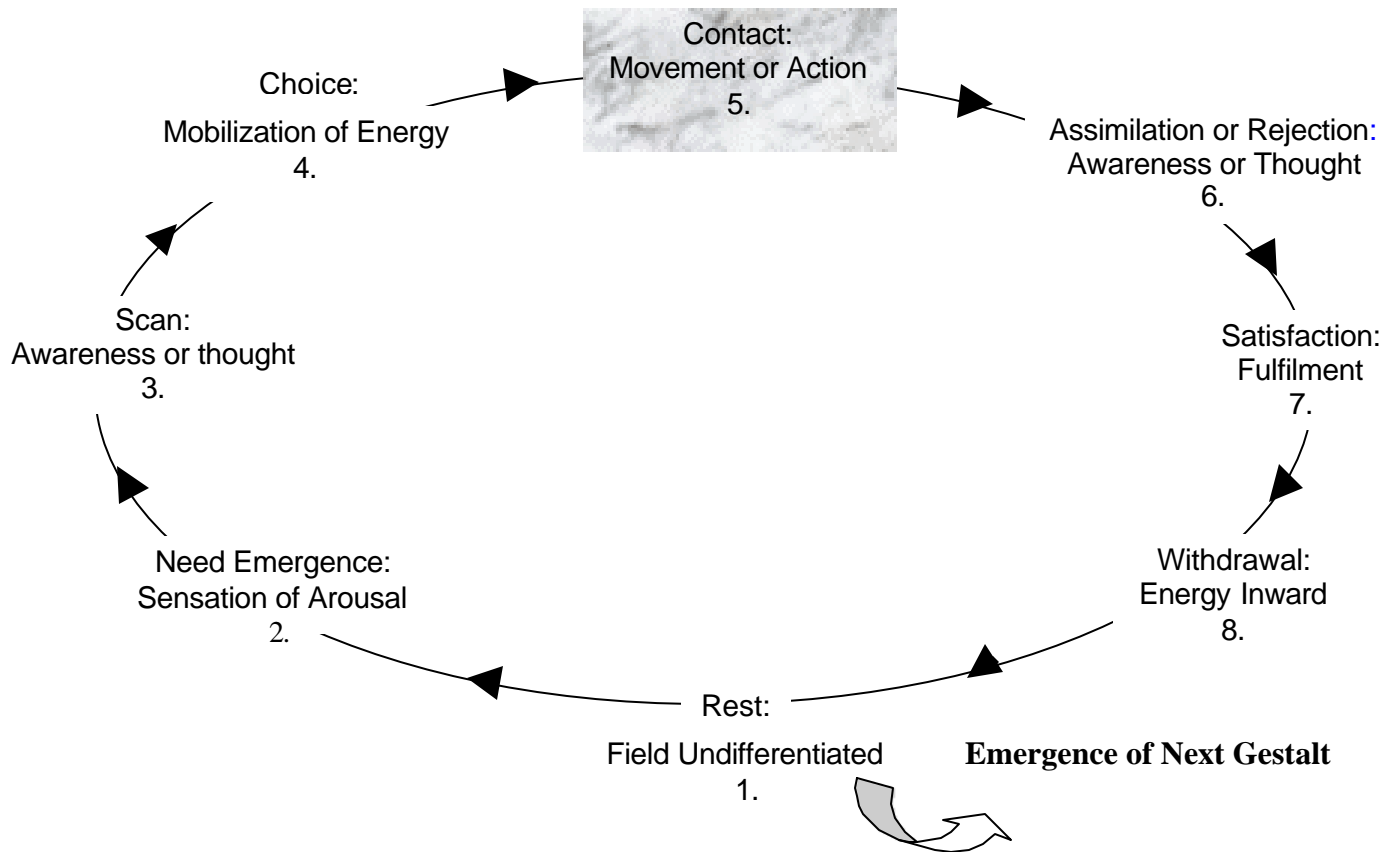
B was assessed to be a child who would cooperate and be willing to participate actively in using the medium of music as a projective form of expression. The therapist would also consider other forms of projection such as the empty chair technique and drawings, to allow *B* to express and strengthen those hidden parts of herself in order to cope with her present situation.

The unstructured interview session concluded after an hour and *B* left with her mother in an observably relaxed mood. She demonstrated a sense of self-determination within the first session, in her eagerness to return the following week. In being as open and honest as possible with *B* in the first session and demonstrating unconditional acceptance and understanding of her trauma at this point in her life, *B* seemed to have found it fairly easy to develop a good rapport with the therapist.

Resistance or reluctance in expressing herself would be expected during the course of her therapy sessions as issues come to the foreground that *B* may have avoided confronting due to painful memories and experiences she has had. However, gaining *B*'s complete trust and moving beyond these rigid boundaries would be possible considering the rapport that she had already developed with the therapist within the first session.

Figure 5.12 illustrates the gestalt experience cycle and the stage that *B* and her mother are at in terms of their psychological process. *Stage five* is indicated for both *B* and her mother in terms of their present trauma. They clearly appear to be in contact with themselves and the environment around them but have not been able to assimilate those aspects of the situation with regards to *B*'s father that are necessary and beneficial to them and reject those aspects of their situation that are unnecessary and destructive to their lives. They appear to be taking in all the negatives and not finding alternative ways to handle and resolve issues, on order to progress towards healing.

Figure 5.12 Gestalt Experience Cycle, Case Study B, Session One



- **Session Two**

- *Objectives for Session Two*

- a) To build self-support by strengthening *B*'s ability to make choices, take control of emotions and thoughts, and owning her projections.
- b) To create opportunities for expression of feelings.

➤ *Therapy Process*

The priority objective for this session was to be build self-support within *B* so that she would feel safe and bold enough to give expression to her painful feelings. *B* came into the session saying that she was excited to attend another session of therapy. She appeared eager and excited about being in therapy. The therapist clarified *B*'s understanding of the need for her to be in therapy. *B* responded almost immediately and spontaneously, relating the past traumatic experiences with her father. She appeared to have much on her foreground. Her awareness of the experiences and her part in it were described in vivid detail but what the therapist observed lacking was *B*'s emotional expression which appeared to be detached from her knowledge of the experience.

During this time the therapist listened attentively without interrupting taking note of non-verbal responses and *B*'s general ability to interact with the therapist. *B* sat crossed-legged, in a fairly relaxed position on the floor. As time progressed her tone of voice dropped, she appeared sad and almost tearful in her facial expression. This indicated that she was making contact with her emotions surrounding these experiences. It was clearly unsettling and unpleasant for her. When the therapist felt that *B* was satisfied in relating all that was on her foreground, the therapist turned her focus to what she was feelings in the here and now with regards to the experiences related to her father.

It was initially difficult for *B* to express her feelings in words. During this time the therapist was very much aware of demonstrating unconditional support in order for trust to develop in her relationship with *B*, so that *B* would feel the freedom to share whatever she was feeling, thinking and experiencing in the here and now.

In order to assist *B* with expressing her feelings towards her father, the therapist played a piece of pre-recorded music that sounded loud, rough and harsh to the ear (Agitated sounds, 1989). *B* was asked to listen to the music and create a picture in her mind that the music reminded her of. When she felt ready she could draw the picture that she had created in her mind (see figure 5.13). By using this kind of imagery, the therapist planned to bring specific focus to *B*'s unpleasant feelings and integrate this as an experience in the here and now.

In ensuring contact with the therapist and bringing *B* into the present moment the therapist also hoped to strengthen the child's contact functions of hearing, seeing, feeling so that she would be able to more easily communicate her thoughts, feelings, needs, likes/dislikes and opinions.

The therapist planned that the music together with the imagery would be a catalyst to go deeper into *B*'s feelings and situations that cause her intense pain.

B's spontaneous nature was indeed a positive aspect in therapy that allowed for continuous conversation and fluency in the therapeutic process. Using the projective technique of Oaklander (see appendix 5.2) as a framework, the therapist allowed *B* to first describe the scene that she had drawn. The music had reminded her of being alone on a swing while her dad and stepmother were playing with their children. *B* was able to own this projection immediately making reference to "daddy" and "me" as well as talking about her stepmother, stepbrother and stepsister by name. *B* was then encouraged to talk about her feelings towards each of the people in her picture.

Her feelings centred on her dad giving more attention to her stepsiblings while she does not receive the same kind of love. She then described how she has observed her dad holding them, playing with them and buying them toys while she is present. She feels that he does not give her the same attention and love.

B then went on to describing her feelings towards her stepmother. She disliked her a lot due to the abusive language she used on *B* and also negatively talking about *B*'s biological mother. *B* feels isolated, "left out" when she does spend time at her dad's home.

B stated that she does like her stepsiblings but feels more angry towards her dad for giving them more attention and not doing the same for her. The therapist then proceeded to use the empty chair technique (appendix 5.5) to allow *B* the opportunity to express her feelings towards her dad, encouraging her to use "I" language. With some assistance from the therapist *B* reluctantly used "daddy" when expressing feelings of anger. It was evidently difficult for her but she was eventually able to put into words how she felt towards him. The therapist praised *B* for being so brave in expressing exactly how she felt towards her dad.

➤ *Evaluation*

Up to this point *B* had stretched beyond the boundary of emotions which were previously restricted. She was able to express her exact feelings towards her dad whom she loved. This was a step forward in *B*'s growth and ability to handle her pain surrounding her dad. The manner in which the medium of music was used and the choice of the projection techniques were selected taking *B*'s level of intellect and ability to communicate into consideration.

The medium of music combined with the projection techniques were important avenues for assisting *B* in expressing feelings and experiences that were somewhat restricted, and strengthening those parts of herself that were painful to explore. During this session *B* came to a point where she was very much aware of and able to express how she felt. Her feelings of rejection from her dad would need to be

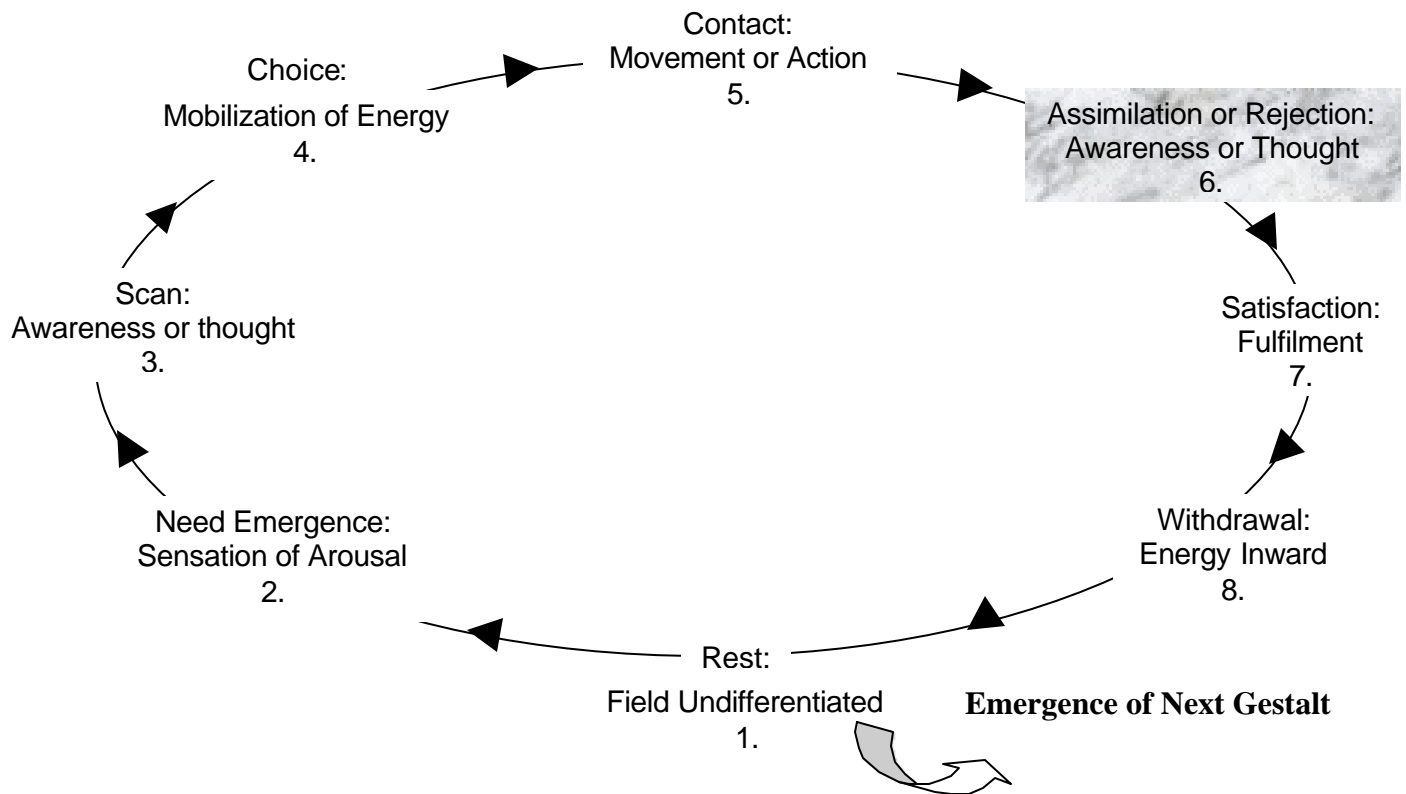
handled further in therapy but *B* had made definite strides in this first session towards gaining new strength and a better sense of herself in terms of her present situation. *B*'s motivation to return for the next session indicated that she was positive about what happened today and possibly felt safe and accepted enough to allow the therapist to explore her needs further.

Before the session ended *B* and the therapist discussed ways that she could spoil herself today. As her mom was taking her out, *B* was looking very much forward to shopping and spending time with her mum. . The therapist again praised *B* for the strength and boldness she demonstrated in this session and encouraged her to focus on these special qualities that she has.

In terms of the gestalt experience cycle, *B*'s process in therapy had moved beyond awareness, making choices and contacting environment to assimilating or rejecting the new experiences of expressing her hidden emotions, and focussing directly on her feelings in the here and now with regards to her dad. Her eagerness to return for the following session gave the therapist some indication with regards to the fulfilment or sense of relief and satisfaction, the experience in this session gave her.

In terms of the priority objective for session two, Figure 5.14 highlights *stage 6* as the stage in the process of therapy that *B* had reached with regards to the objectives of building self-support through the owning of projections and emotional expression of painful aspects of her life.

Figure 5.14 Gestalt Experience Cycle, Case Study *B*, Session Two



The medium of music was used as a catalyst to evoke and allow *B* to make contact with her aggressive energy and painful feelings which appeared to be a major point of conflict as these feelings were directed towards her dad. The polarity existed in that she loves her dad intensely despite his attitude towards her.

The choice of the music was loud, harsh and forced the listener into becoming aroused and aware of the sound. As a therapeutic relationship of trust had largely been established within the first session, no resistance was experienced from *B* within the first session, in terms of communicating her problem to the therapist.

She also responded spontaneously in terms contacting her sensory modalities, that is vision, touching, listening, hearing, body awareness, movement and using her voice boldly.

The therapist established that strengthening of the self through owning her projections and gaining some sense of control over the situation were important aspects to achieve in *B*'s therapy process. Therefore the therapist decided that it was important to deal with the issue at hand, that is, her angry feelings towards a dad whom she loved. The therapist planned for the music to bring *B* in touch with these angry feelings.

It was also evident from the first session that expression of hidden or restricted emotions was important in order for therapy to progress towards *B* learning how to cope with these feelings.

- **Session Three**

- *Objectives for Session Three*

- a) To provide further opportunities for emotional expression
- b) Work towards integration and reconciliation of those parts of the self that are in conflict.
- c) Assisting the child to become self-accepting and focus on ways to actively nurture the self.

- *Therapy Process*

The priority objectives for this session were to provide *B* with further opportunities for emotional expression and working towards integration of the self.

B entered the therapy session in an excited mood because it was her birthday the following day. The therapist then enquired about the past week events and *B* eagerly related the positive experiences at home and at school. She indicated that she was looking forward to the session today. From *B*'s eagerness to be part of the session weekly and understanding at this point what therapy was about, it was evident to the therapist that among other aspects of therapy, the personal time spent with the therapist, where her needs were the focus of attention, was in itself a therapeutic experience for *B*.

The therapist decided on using soft, pleasant and calming music (Peaceful, Calming sounds, 1989) today to further explore and encourage emotional expression. *B* was again asked to create a picture in her mind while listening to the music.

While her eyes were closed and *B* was creating the image she was asked about the sounds, smells and people in her picture. It was interesting that the music reminded her of a happy scene with her dad and biological mother sitting together, having a meal and lots of fun. *B*'s feelings towards her mother and father at this time were also explored. After a while *B* was asked to open her eyes. Considering the polarity of the experience that *B* related, the therapist enquired if this is possibly how she would like to see herself and her parents in the again, although it was not reality. *B* agreed that this thought made her happy but she realizes, that her dad and mother uniting again may not be possible. There was evidence of a conflict within herself that appeared to be the source of much tension and anxiety. Although she may intellectually comprehend the situation of her parents being divorced, *B* had not completely resolved this issue emotionally. In many ways she may be avoiding thinking about the reality of the situation because it is too painful to deal with. This

would lead to increased fragmentation with parts of herself as a result of what she hopes for, but is not reality. The result within *B* is a state of confusion and constant conflict in her emotions.

At this stage her feelings towards her dad came to the foreground again. *B* again spoke about how she wished her dad would spend more time with her and expressed her feelings towards her dad using words like “angry” and “sad”. *B*’s ability to be expressive in her feelings towards her dad had broken new ground. The therapist enquired as to whether *B* felt strong enough to speak to her dad about how she felt. She had never done this before. *B* indicated that she was not ready to speak directly to her father. She was then asked to write down how she felt and exactly what she would say to her father as if he were here right now. In doing this *B* would be focussing her thoughts and feelings in the here and now and in this way confronting the painful issues in her self. *B* was clearly in the implosive layer working towards the explosive stage of her psychological and emotional process as she was aware of her problems and was prepared to experiment with new ways of dealing with them. *B* was able to write a letter to her dad (see appendix 5.6). During this process *B* was encouraged to use ‘I’ language in order to own the feelings she was experiencing, towards her dad. She was supported throughout this process in expressing to her dad exactly how she felt at present.

In relating her hobbies to the therapist in session one, *B* became particularly excited when she spoke of singing and music which she enjoyed. Due to this interest, the therapist asked *B* to create a song with the words she had just written, expressing to her dad how she felt about him. She appeared initially reluctant but excited.

As *B* attempted to take her feelings a step further by confronting them in the here and now, the therapist assisted by providing the necessary ideas and support. Eventually *B* was able to match a tune that was familiar to her, with the words she had written in her letter. The therapist's objective in using this method of emotional expression was to ease *B*'s anxiety in this difficult process of confronting her father with regards to her feelings. Doing this in reality would be a major step forward in *B*'s path to emotional healing. Her emotional response following this activity was of pleasure and a sense of accomplishment.

B's non-verbal language was observed during the course of this session. She was observed to have teary eyes and become anxious, repeatedly fidgeting with her hands. This was observed when she spoke about her family being together again. Her facial expression changed from being happy to being sad when she spoke about her dad. As much as *B* was growing in her ability to handle reality and in strengthening her sense of self-support, there were still polarities that existed in her feelings towards her dad.

➤ *Evaluation*

B had shared her feelings today making effort to work through one boundary of emotional pain after another. The therapist needed to be sensitive at each stage of the therapeutic process. It was important to constantly strengthen *B*'s sense of self, ensuring that negative introjects were being constantly replaced with motivation and building of her self-esteem. The therapist reinforced *B*'s courage in sharing all that she had done today acknowledging how painful her present situation is but assuring her that she has the strength to continue despite her present situation.

Expressing and dealing with unfinished business would contribute to *B*'s growth towards healing. This has enabled *B* to develop the nurturing part of herself through experiencing self-acceptance, understanding of her situation, comfort and love in a non-judgemental therapeutic environment.

Throughout this session *B* had clearly made attempts to assimilate what was on her foreground and with the assistance of the therapist moved towards integration and understanding although she may not have reached the point of being completely satisfied and fulfilled. *B* was progressing emotionally and gaining strength in her self but the relationship with her father outside of the therapy environment was still an area of tension.

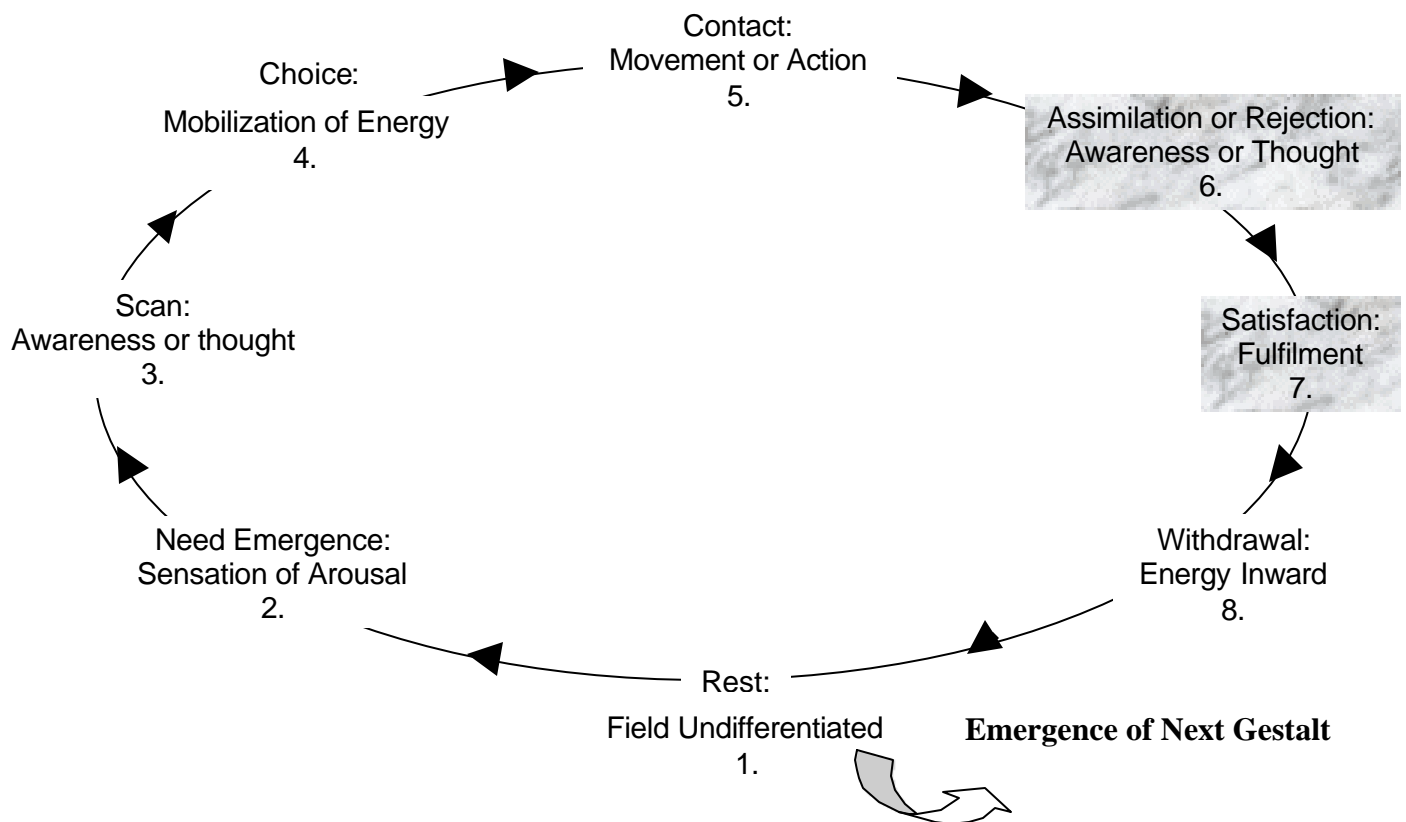
The therapist planned to work more on alternatives and new orientations to *B*'s way of thinking in the following session, giving her opportunities to express her emotions but also discussing alternatives in terms coping with the reality of her situation.

In terms of the priority objectives for this session the gestalt experience cycle illustrates stage six-stage seven which can be identified as the stage that *B* had reached in this session in terms of her emotional expression. Stage 5 can be identified as the place *B* is at in terms of integrating the polarities in her life. She has made contact with the many negative feelings she has towards her dad and the present family situation. *B* is also aware of the positive aspects of herself such as her ability with music and singing, the enjoyment she has in spending time with her mother, her boldness and her motivation, despite her painful situation. However, *B*'s intense desire to be with her dad and be part of his life appears to overshadow the many positive parts of her life. Assimilation of the necessary and

nourishing influences on her life, and rejection of the unnourishing and unnecessary influences on her life that courses the fragmentation and confusion, was not been accomplished this stage.

Figure 5.15 highlights *stage six* and *stage seven* in *B*'s psychological process of development.

Figure 5.15 Gestalt Experience Cycle, Case Study *B*, Session Three



With regards to the type of music chosen for this session, the therapist decided to explore *B*'s emotions further using soft and calming music. This was also used as a catalyst to evoke emotional expression in *B* and allow her to make contact with her feelings, thoughts as well as confronting the reality of the situation.

Considering her love for music, the therapist decided to use song writing as a means of emotional expression. In this way integration of the positive parts of herself, that is, her ability to sing and her boldness, were integrated with, the painful feelings towards her dad. By using the medium of music *B* was able to enjoy the experience while she working towards confronting and integrating the polarities in her life. The emphasis in using singing as a means of emotional expression was not on the harmony of the song that *B* produced but on the contents of what she was expressing.

With enjoyment, comes relaxation and reduced anxiety which was also the intention in using song writing during the therapeutic process. This gave *B* the opportunity to experiment with alternative ways of thinking about her situation.

- **Session Four**

- *Objectives for Session Four*

- a) To work further towards self-acceptance and actively nurturing the self.
- b) To work on alternative ways of thinking and dealing with her trauma.

- *Therapy Process*

The priority objective for this session was working towards self-acceptance and alternative ways of handling her situation.

B came into the therapy session relaxed and eager to continue with the session. The therapist again praised *B* for her efforts thus far and the progress she has made in handling her present situation, as she shared spontaneously, trusting the therapist unconditionally to assist her through this process.

The therapist commenced the session with the knowledge that *B* was at the explosive layer in her emotional development, ready to work on her problem and would be open to looking into alternative ways of handling her pain. From the previous session and observing *B*'s positive attitude, the therapist firstly confronted *B*, being careful and sensitive through the process while observing her every response. *B* was asked to consider her present circumstance of her Dad now being remarried and how she felt about having a new family, that is, with her mother's new partner. She was asked to do a closed projection drawing (see figure 5.16) describing her feelings.

Using this projection, *B* spoke about a happy family scene with everyone having fun. *B* described this picture with her biological dad and biological mother being part of the picture. It was clear to the therapist that facing the reality of the situation was still a traumatic and painful experience for *B* as she was again fantasizing about what could be rather than what is.

The therapist attempted to work in polarity and asked *B* to consider whether she could also have as much fun in her present situation with her mother and 'stepdad'. She agreed and began to change the focus of her conversation to the many fun family activities they share together at present. She later indicated that although her 'stepdad' was not her real father, she feels very happy and loved by him. *B* further expressed the fact that he takes care of her as though she were his own child.

This was a significant step and new orientation to *B*'s way of thinking. In her conversation with the therapist, *B* had started integrating, reconciling and assimilating those parts of herself that were in conflict and choosing to

orientate herself to the positive aspects of her life and in some way attempting to face the reality of the situation.

The therapist encouraged and supported *B* closely throughout this time reinforcing the fact that when she is ready, she needs to confront her dad about how she feels. For now it was important that she focuses a positive aspect of her life, that is, her 'new family', no matter how painful it may be at times.

➤ *Evaluation*

At this point in therapy it was important to arrange a contact time with *B*'s mother and her partner to clarify the importance of creating and maintaining a stable family environment for *B*. The future of their relationship (mother and partner) needed to be settled and conveyed to *B* to build on her sense of security with regards to family and relationships. A disintegration of this new family structure would be a further disappointment for *B*, another obstacle in her way towards healing of the self. These aspects needed to be communicated to both her mother and 'stepfather'.

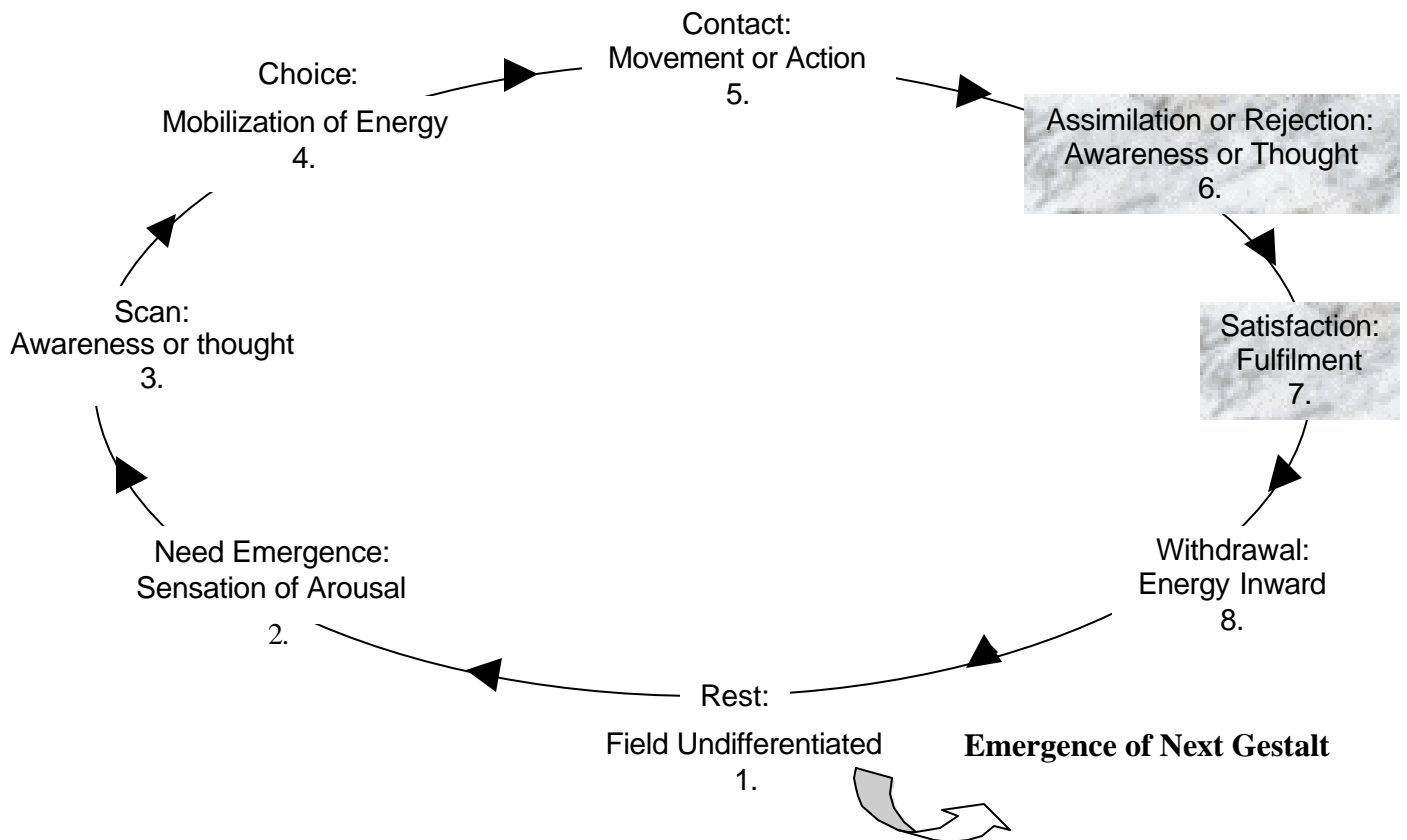
Following this discussion, it was also vital at this time for the therapist to have some form of contact with *B*'s biological father, to attempt reconciliation with his daughter.

The above mentioned plans were briefly conveyed to *B* and her mother at the end of this session. *B*'s mother took the responsibility of contacting the therapist within the next week to set a time where both herself and her partner were able to attend the session together.

In terms of *B*'s progress on the gestalt experience cycle, *B* had taken significant steps towards being able to assimilate and accept those parts of her life that were pleasant and reject those parts of her life that she realized were not going to contribute to her being happy. This is stage 6 in the gestalt experience cycle of assimilation and rejection. *B* was also able to consider new ways of orientation and thinking with regards her present situation and focus on the positive aspects in her life that would bring her satisfaction and fulfilment.

In terms of the priority objectives for session four, Figure 5.17 highlights *stage six* and *stage seven*, illustrating *B*'s progress on the gestalt experience cycle.

Figure 5.17 Gestalt Experience Cycle, Case Study *B*, Session Four



The therapist planned not to use music for this session, as it was important to verbally communicate and interact with *B* to clarify the polarities that existed in her life and discuss alternate ways of thinking and handling her present situation. In the previous two sessions music was used to heighten *B*'s awareness of her thoughts and emotions, and establish contact with them. This was vital for her progress towards being able to work on alternative and new orientations with regards to the relationship with her dad. Without expressing and owning her feelings, *B*'s progress towards self-acceptance would also be hindered and she would have difficulty confronting those parts of herself that were in conflict. Therefore, with regards to *B*'s progress towards healing, music was used for the purpose of emotional expression and owning of feelings.

5.4.2.4 Termination and Future plan of action for child *B*

B established a relationship with the therapist without difficulty. She was able to express her pain spontaneously. With direction she was able to own her projections. There was no resistance during the course of therapy as *B* shared her feelings. She was very much in contact with her sensory modalities and the environment around her, taking action and making every effort to face her present situation.

However, the therapist needed to provide direction in terms of *B* exploring realistic alternatives in her life without ignoring the fact that she still missed her dad and longed to be with him. In some ways she often fantasized an ideal situation, of her biological parents being together again but this was not reality. The therapist's approach in being sensitive throughout this process was vital to *B* maintaining a healthy sense of herself despite the circumstances around her.

Towards the last session the therapist needed to bring further clarity to *B* in terms of the polarities that existed in her life and the positive aspects of her life that she needs to focus on.

The session with *B*'s mother and 'stepdad' was to be confirmed. During this session the therapist planned to gain clarity on the future of the present family situation in terms of *B*'s mother being in a permanent relationship with her partner. The importance of creating a stable and secure family environment would need to be stressed as well as consolidating of their relationships with each other by spending more family time.

B's need to have consistent and quality time with her biological father would be discussed, as well as the options available and obstacles present. The therapist would also need to make known the fact that *B*'s biological father would be contacted for an appointment.

Both care-givers would need to be advised on constantly being in touch with *B*'s concern's through different phases in her life, and always being open to addressing her feelings towards her biological father.

5.4.2.5 Evaluation of the therapy process

The therapist's plan for the future sessions did not materialize. *B*'s mother could not establish a time for the session with her partner. The therapist's attempts to contact *B*'s mother was not successful. She had apparently started a new job and was not able to take time off. The case was discussed and handed over to the social worker in charge.

Over the process of the four sessions *B* had worked through each stage of the gestalt experience cycle gaining satisfaction and fulfilment from the therapeutic process. Developing a relationship of trust with *B* was established during the first session. This contributed to the rapid progress in therapy and *B*'s ability to express painful and confusing emotions of the present situation with her father.

Music was used as a catalyst for emotional expression for as long as *B* needed it. Once *B* was able to own her projections, define how she was feeling through 'I' statements and gain some sense of control over her emotions and her present experiences, her sense of self-support was strengthened and she was able to communicate with the therapist with greater clarity and confidence.

The lack of cooperation on the part of her caregivers was a hindrance to the progress of therapy. The existence of family relationship issues was also a hindrance to *B* being able to resolve the conflicts in her emotions. Establishing her biological father's perspective on the situation would have also been important to bring resolution and give further direction to the therapeutic process.

Although *B*'s therapy ended somewhat abruptly, progress had been made in *B*'s development towards healing of the self.

5.5 Conclusion

The unstructured interviews described above detailed the specifics of how music can be used from a Gestalt perspective with the emotionally traumatized child. Music provided a powerful form of multisensory stimulation throughout the therapeutic process. In case study *A*, the influence of music was observed on an

emotional, physical and intellectual level. In case study *B*, the influence of music was observed mainly on an emotional level.

The stressors facing both children in this study had clearly stifled their growth of the true authentic self. The gestalt approach was applied to the medium of music, with the researcher going into an in-depth study, in implementing it to the therapeutic process of each child. The purpose being, to assist the child to progress towards healing. In the process new insights and knowledge into using the medium of music was established.

In chapter six a final conclusion will be drawn with limitations and recommendations for future research.