

**THE UTILISATION OF GESTALT PLAY THERAPY WITH CHILDREN IN
MIDDLE CHILDHOOD WHO STUTTER**

by

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DECLARATION

I hereby declare that **THE UTILISATION OF GESTALT PLAY THERAPY WITH CHILDREN IN MIDDLE CHILDHOOD WHO STUTTER** is my own work and that all the references that were used or quoted, were indicated and recognised.

SIGNATURE

(Ms D van Riet)

DATE

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SUMMARY

The Utilisation of Gestalt Play Therapy with Children in Middle Childhood who Stutter

by

Dricky-Mari van Riet

The aim of the study was to determine how Gestalt play therapy may be used in the therapeutic treatment of children in middle childhood who stutter.

Stuttering is a problem that touches the lives of many people and is associated with great interpersonal distress. Stuttering is especially difficult for children in middle childhood, a time dominated by the school experience. Gestalt play therapy creates a child-friendly environment, in which the child can share information in a safe manner through the use of play therapeutic techniques.

Literature was reviewed according to relevant topics, semi-structured interviews were conducted with three respondents, the data obtained was qualitatively analysed and research findings were discussed.

The researcher concludes that Gestalt play therapy can be used to good effect with children who stutter, as it allows them to work through their emotions, and therefore, encourages them to communicate more freely within the therapeutic environment.

KEY TERMS

Stuttering

Gestalt therapy

Play therapy

Gestalt play therapy

Middle childhood

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CHAPTER 1

GENERAL INTRODUCTION

1.1 INTRODUCTION

Some children experience a developmental delay in effective social communication. According to Neuman and Neuman (2006:290), about 3-5% of children have a type of developmental communication disorder. One of these difficulties is stuttering. Stuttering is a much misunderstood speech disorder affecting 1% of the world's population, in other words 60 million children, teenagers and adults (Yairi & Ambrose, 2001:585).

Stuttering is especially difficult for children in middle childhood, a time dominated by the school experience. Neuman and Neuman (2006:290) state that stuttering interferes with academic performance, especially because school learning involves the ongoing communication of information and ideas. Children who have communication disorders are also likely to be the target of peer teasing and social ridicule, leading to a pattern of social withdrawal or inappropriate social participation.

Psychologists have found that those children who emerge from middle childhood with positive self-esteem, a healthy relationship with friends, and a good feeling about their own academic and social capabilities, are ready to tackle the challenges that await them during adolescence (Kaplan, 2000:456). It is therefore important to address the problem for the child who stutters in middle childhood.

In this study the researcher made use of Gestalt play therapy in order to explore how this approach may be used in the treatment of the distress and communication problem caused by stuttering. According to Carroll and Oaklander (in Thompson & Henderson, 2007:196), the child's capacity to represent experiences in symbolic fashion allows a self-reflective manner that helps the child develop a greater sense of self. Oaklander (in Schoeman, 2004:78) agrees and states that play is a form of self-therapy through which confusions, anxieties and conflicts are often worked through. It is a symbolic language

which children use to formulate and assimilate what they experience, much of which cannot be expressed in language.

O’Conner and Schaefer (1994:151) state that many creative, expressive and projective techniques exist in Gestalt play therapy. These techniques lend themselves to powerful projections that can evoke strong feelings and may be used to help children express emotions that they have difficulty verbalising, as well as to experience lost and stagnant parts of themselves.

1.2 PROBLEM AND RATIONALE FOR STUDY

1.2.1 Motivation and problem formulation

By way of initial comment it is pointed out that the field under discussion is one in which the researcher has personal interest and understanding of as she, herself, suffers from slight stuttering.

Middle childhood is a time when children are beginning to assume a larger share of responsibility for their own behaviour in relationship to their parents, peers and others. Kaplan (2000:423) states that the middle childhood years are extremely important for encouraging and fostering high self-esteem in children since the development of self-esteem during this period leads to a better-adjusted, more confident adolescence. Unfortunately, according to Van Riper and Erickson (1996:257), children who stutter often experience low self-esteem and a deflated self-perception due to their communication disorder. The authors further state that these children often perceive themselves primarily as stutterers or as incompetent communicators. Such negative speech-related emotions can diminish self-perception and lead to social isolation and withdrawal. These behaviours, if ignored, thus persist into adolescence or adulthood and cause prolonged struggles with self-perception and social anxiety.

Kotze (2007) is of the opinion that speech therapists manage only partially in addressing a patient's attitude towards stuttering. Accordingly, she feels there is a need to employ a collaborative and team approach to address stutterers' emotions. She also feels it is especially necessary to refer them for psychotherapy due to self-esteem and relational problems.

Most children are reluctant or unable to talk about their emotions. In addition, according to Louw (1996:175), children who stutter have difficulty coping with and discussing their emotions. The Gestalt play therapy process applied by the researcher was accordingly aimed at overcoming these problems.

Rubin and Babbie (2005:109) state that research begins with the formulation of a problem, which includes recognising a difficulty, defining it and specifying it. Whilst there is a great deal of literature suggesting that children who stutter have a marked social and emotional disadvantage (see Van Riper, 1982:225; Louw, 1996:175; Van Riper & Erickson, 1996:275; Guitar, 1998:58; Lees, 1999:22; Klompas & Ross, 2004:276; and Labuschagne, 2004:36), the researcher has not found literature describing how Gestalt play therapy may be used as a therapeutic tool with children who stutter. It is evident from the above-mentioned authoritative books that there are many theories on why stuttering occurs, and as many divergent therapies to address the physical problem. However, few consider the unique psychology of children.

Schaefer (2003:151) is of the opinion that the varied theoretical concepts and principles of Gestalt therapy fit well in working with children. Within this approach the therapist respects the uniqueness and individual process of each child, while at the same time providing activities and experiences to help the child renew and strengthen those aspects of the self that have been suppressed, restricted and perhaps, lost. The therapist never intrudes or pushes, but gently creates a safe environment in which the child can engage in a fuller experience of himself or herself.

Oaklander (in Blom, 2004:247) describes Gestalt therapy as a humanistic process orientated therapy that is concerned with the healthy functioning of the total organism which includes senses, body, emotions and intellect. The author also considers that these principles can directly relate to children. The researcher was and remains of the opinion that children who stutter are likely to benefit from this holistic approach because stuttering impacts on their total functioning. This occurs, first of all, in terms of the body. According to Stalnaker (2007:5), the stutterer experiences physical tension during disfluent speech thus causing a conflicting body image – normal one moment and deviant the next. The senses are also influenced. Many persons who stutter have reported that they experience a disturbance of their sensory perception or of awareness of self or surroundings during the moment of stuttering (Heite, 2001:1). According to Louw (1996:175), emotions are also affected due to the fact that stutters experience many underlying feelings, emotions, thoughts and beliefs about their stuttering. Stuttering also impacts on intellect. In this regard Rentschler (2007:7) is of the opinion that stutters can engage their intellect in managing their emotions and fluency.

According to Van Jaarsveld (2007), all speech therapists are supposed to address the emotional component of the stuttering experience, but most of them do not have the proper training, experience or knowledge to do so. She would also refer a patient who stutters to a psychologist or psychiatrist for additional treatment. According to the expert, the psychologists and/or psychiatrists in many such cases feel that they are not able to assist because of the specialised nature of the field in question. Zsilavec (2006) agrees by stating that speech therapists focus mainly on increasing fluency and controlling stuttering moments. Dealing with the emotional side, however, is also very important but is often neglected.

Landreth (1991:10) states that children's play can be fully appreciated when recognised as their natural medium of communication. Children express themselves fully and more directly through self-initiated spontaneous play than they do verbally, as they are more comfortable with play. To play out their experiences and feelings is the most natural dynamic and self-healing process in which children engage. In this regard, Blom (2004:5)

states that children are given the opportunity to confirm their sense of self, verbally and non-verbally, to express their thoughts, and to nurture themselves through Gestalt play therapy.

According to Blom (2004:247), the broad aim of Gestalt play therapy is to help children become aware of what they are experiencing in the moment in order to become more integrated and self-supportive. By becoming more self-supportive children are given the opportunity to express blocked emotions and learn new handling strategies for them. In this regard, Oaklander (in Thompson & Henderson, 2007:197) further points out that Gestalt techniques when working with children are focused on the development of inner strength and confidence in the child through opportunities to express emotions, make choices, achieve mastery, own their projections and participate in imaginative play.

Based on the above, the researcher felt that Gestalt play therapy may encourage children who stutter to communicate more freely and therefore, allow them to encounter and work through their emotions. This lay at the heart of the problem statement that was formulated for this study.

1.2.2 Research question

Mouton and Marais (1996:37) make the point that the research problem is usually formulated as a series of questions as a way of focusing the problem. Creswell (in Fouché & De Vos, 2005a:102) states that in qualitative studies the nature of the research question relates to “how” or “what” questions.

As the proposed study is a qualitative one (refer to 3.1), the research was focused on the question as to how Gestalt play therapy may be used with children in their middle childhood who stutter?

1.2.3 Aims and objectives

According to Webster's third international dictionary (in Fouché & De Vos, 2005a:104), an aim implies "the broader, more abstract conception of the end toward which effort or ambition is directed". Mouton and Marais (1996:42) agree by stating that "...the research goal provides a broad indication of what researchers wish to attain in their research".

The aim of the study was to explore how Gestalt play therapy may be used in the therapeutic treatment of children in middle childhood who stutter.

According to Fouché and De Vos (2005a:104), an objective, on the other hand "...denotes the more concrete, measurable and more speedily attainable conception of such an end toward which effort or ambition is directed". Mouton (2002:101) agrees by stating that the "...research objective or purpose gives a broad indication of what researchers wish to achieve in their research".

For the purpose of this study, four objectives were identified to achieve the goal of this study:

- to conduct an in-depth literature study in order
 - to describe stuttering among children in middle childhood and
 - to describe Gestalt play therapy within the context of this study
- to undertake an empirical study through the use of semi-structured interviews to explore the utilisation of Gestalt play therapy with children in their middle childhood who stutter
- to analyse data in order to describe the utilisation of Gestalt play therapy for such purpose
- to draw the appropriate conclusions and to make recommendations for therapists working with children in their middle childhood who stutter.

1.3 RESEARCH METHODOLOGY

1.3.1 Research approach

Research may be classified as either qualitative or quantitative. According to McRoy (in Fouché & Delport, 2005:74), qualitative research aims mainly to understand social life and the meaning that people attach to everyday life (thus their experiences). It produces descriptive data in the participant's own written or spoken words and thus involves identifying the participant's beliefs and values that underlie the phenomena (in this case stuttering). The author further states that the qualitative approach stems from the interpretive approach, being more holistic in nature.

According to Mouton (2002:102-103), the qualitative exploratory approach will enable the researcher to share in the understanding and perceptions of others (in this case, the children) and to explore how they structure and relate to their daily lives, with regard to their communication problem.

Qualitative research thus has at its roots the basic assumption that subjective experiences are of great importance. As stated, subjective social experiences lie at the heart of the problems experienced by children who stutter. This explains why this study is based upon personal experiences. The participant's own words were therefore used in order to describe the emotional impact of the disorder on them. The Gestalt approach further adopts a holist perspective and the study may therefore appropriately be classified as a qualitative exploratory study.

1.3.2 Type of Research

Fouché and De Vos (2005a:105) state that research may be labelled as either basic (or pure) or applied. The authors further state that basic research seeks empirical observations that can be used to formulate or refine theory. Applied research, on the other

hand, is most often the scientific planning of induced change in a troublesome situation. Basic research is therefore concerned with the advancement of knowledge, whereas applied research is concerned with the solution of problems.

In this study the researcher did not intend to develop a theory, but to gain knowledge on and insight in how Gestalt play therapy may be utilised with children in their middle childhood who stutter. The research goal in this study was therefore applied research with an explorative and descriptive nature.

As stated by Bless and Higson-Smith (in Fouché & De Vos, 2005a:106), the function of exploratory research is to explore and gain insight into a situation, phenomenon, community or individual. In this study, the situation of middle childhood with stuttering as the phenomenon and the use of Gestalt play therapy with the individual was investigated. Exploratory and descriptive research have some similarities, but also differs in many aspects. According to Neuman (in Fouché & De Vos, 2005a:106), descriptive research presents a picture of the specific details of a situation, social setting or relationship and focuses on “how” and “why” questions. This study focused on the question how Gestalt play therapy may be used with children in their middle childhood who stutter.

1.3.3 Research design

Huysamen (in Fouché & De Vos, 2005b:132) maintains that research design is a blueprint or detailed plan and that the plan, or blueprint, offers the framework “according to which data are to be collected to investigate the research hypothesis or question in the most economical manner”. Mouton and Marais (1996:107) add to this by defining research design as being a set of guidelines and instructions to be followed in addressing the research problem. The authors (1996:193) state that “...the objective of a research design is to plan and structure a given research project in such a manner that the eventual validity of the research findings is maximized”.

Creswell (in Fouché, 2005:272) states that one of the methods of qualitative research used to design the research is the case study method. The author defines a case study as an exploration of a “bounded system” or a case (or multiple cases) over time through detailed, in-depth data collection involving multiple sources of information, rich in context. The bounded system is bounded by time and place and the case being studied may refer to a program, an event, an activity or individuals.

For the purpose of this research, the case study was children in middle childhood who stutter. The exploration of the case was done through personal, detailed, in-depth data collection methods (refer to 1.4.1) which involved multiple sources of information. This implies, as Babbie (in Fouché, 2005:272) points out, that the researcher sought to enter the field with knowledge of the relevant literature before conducting the field research.

Mark (in Fouché, 2005:272) refers to three types of case studies, all with different purposes: the intrinsic, instrumental and collective case study. The **intrinsic case study method** was applied in this study as its focus is on the aim of gaining a better understanding of the individual case.

1.4 RESEARCH PROCEDURE AND WORK METHOD

1.4.1 Data collection

De Vos (2005:334) indicates that data analysis starts with data collection which is essentially an accumulation of information with a view to gaining answers to the research question.

The researcher applied the Gestalt play therapy process to conducted semi-structured interviews so as to provide a “...detailed picture of a participant’s beliefs about, or perceptions or accounts of, a particular topic” (Greeff, 2005:296). This method also allows considerable flexibility as questions are almost always open-ended. All sessions were videotaped to ensure that responses were coded accurately. Greeff (2005:298) states

that a tape recorder allows a much fuller record than notes taken during the interview. By videotaping the sessions the researcher was also able to observe the different behaviours of the participants more accurately.

During the therapy sessions, the researcher also took field notes. According to Greeff (2005:298), field notes are "...a written account of the things the researcher hears, sees, experiences and thinks about in the course of interviewing". The researcher therefore described how participants expressed themselves, changed positions as well as other observations that were captured by the tape recorder. Strydom (2005b:281) states that by making comprehensive field notes, the researcher can keep maximum control over the situation.

Therefore, semi-structured interviews, field notes and observation were used as the method of data collection in the study, as these were considered to be the most suitable in terms of obtaining information regarding the personal accounts of the experiences of children who stutter.

1.4.2 Data analysis

According to Mouton (2002:161), the term analysis means the resolution of a complex whole into its parts. Marshall and Rossman as quoted by De Vos (2005:333) state that "...qualitative data analysis is a search for general statements about relationships among categories of data".

Although there is no consensus for the analysis of qualitative data, most authors use common features. A general overview of all information is recommended. Therefore, the researcher integrated and combined the information from all the interviews and therapy sessions to form a meaningful whole. The data concerned appear in the form of words rather than numbers. Themes provide interpretation of experience in light of the participant's own views. Therefore, the words used by the participants in their detailed description were analysed. (See Creswell, 1998:142.)

Creswell (1998:142) has characterised the analysis that qualitative researchers do as a data analysis spiral. The author explains that "...the researcher engages in a process of moving in analytical circles rather than using a fixed linear approach. One enters (this spiral) with the data of text or images ... and exits with an account or a narrative". The researcher therefore moved back and forth between data (reading and re-reading) in order to view the data as a meaningful whole.

Accordingly, qualitative research does not provide sequential steps to analyse data, rather it requires constant feedback from one stage to another. Although steps can be identified they all go on at the same time, thus moving in circles. These steps should therefore not be followed rigidly and are rather meant as guidelines (Marshall & Rossman in De Vos, 2005:333). Due to this non-linear process it is not clear as to which stage in the research the researcher is in.

The following steps, which according to Marshall and Rossman (in De Vos, 2005:334) provide an outline of the circular movement of data interpretation, were followed in this study:

- plan for recording of data: data was recorded in a systematic manner
- manage or organise data: data was preserved through video recordings of interviews and making of field notes and was organised and converted into text units
- read and write memos: data was continuously reread and reconsidered
- represent, visualise (i.e. writing the report): data was represented in the form of transcripts.

1.4.3 Universe and population

Arkava and Lane (in Strydom, 2005c:193) refer to a universe as all potential subjects who possess the attributes in which the researcher is interested in, whereas the population sets

certain restrictions on the units that are studied. The authors define the population as “...individuals in the universe who possess specific characteristics”. The individual units of analysis that are chosen therefore represent the total population that generated the research problem and towards which the final results will be generalised. According to Rubin and Babbie (2005:225), the population is the aggregation of elements from which the sample is actually selected. Mouton and Marais (1996:134) also agree by referring to the population as a collection of objects, events or individuals having some common characteristics that the researcher is interested in studying.

The universe in this context was all children in South Africa who stutter, whereas the population was all children who stutter in middle childhood who reside in the southern suburbs of Cape Town.

1.4.4 Sample selection

Sample selection refers to a more general process of selecting what to study and focusing on a portion of a population. According to Strydom (2005c:194), a sample is the element of the population considered for actual inclusion in the study.

Initially the researcher was uncertain as to how many respondents would be required for the study to be completed. Therapy sessions were therefore conducted with three respondents and continued until saturation point was reached, which resulted in a total of nine therapeutic sessions with each of the respondents. However, due to the limited extent of the research study, the detailed results of only two respondents are discussed. The results of the third respondent are, however, similar to those of the listed two. The respondents were children in their middle childhood between the ages of eight and twelve and who has been diagnosed with a stuttering problem by a certified speech therapist. They were recruited from the caseloads of an audiologist, speech and language therapist in private practice in Cape Town. Both males and females (the latter being the gender of the third respondent), Afrikaans and English speaking, were recruited for the study.

1.4.5 Sampling method

The researcher has chosen to use **non-probability purposive sampling** in order to select the respondents. According to Babbie (2005:151), non-probability refers to that type of sample in which the probability that a member of the population will be included in the population cannot be calculated statistically. The author (2005:247) further states that purposive sampling permits the researcher to select the sample on the basis of his or her own judgement and knowledge of the population.

1.4.6 Feasibility of the study

1.4.6.1 Soundness (validity) of study

According to Lincoln and Guba (in De Vos, 2005:346), every systematic inquiry into human conduct must address the truth-value of the study and its applicability, consistency and neutrality. They propose four constructs that accurately reflect the assumptions of the qualitative paradigm:

- Credibility

Lincoln and Guba (in De Vos, 2005:346) state that credibility is the alternative to internal validity, in which the goal is to demonstrate that inquiry was conducted in such a manner as to ensure that the subject was accurately identified and described. In this study credibility was assured by prolonged engagement with the subjects, thereby establishing rapport and developing trust through honesty, openness and maintaining anonymity resulting in the accurate capture of data.

- Transferability

Lincoln and Guba (in De Vos, 2005:346) propose that transferability is the alternative to external validity or generalisability and is concerned with demonstrating the applicability

of one set of findings to another context. As mentioned in chapter three (refer to 3.4), the Gestalt approach provides opportunities for the exploration of experiences. Nine therapeutic sessions were conducted with each of the respondents who are considered to probably be representative of stuttering children in their middle childhood. The researcher is therefore of the opinion that a similar study conducted by another researcher would probably produce the same results.

- Dependability

According to Lincoln and Guba (in De Vos, 2005:346), dependability is the alternative to reliability, in which the researcher attempts to account for changing conditions in the phenomenon chosen for study. In this study dependability was enhanced by a comprehensive description of data collection and analysis methods used as well as use of a research supervisor.

- Conformability

Lincoln and Guba (in De Vos, 2005:347) refer to this as objectivity or neutrality and whether the findings of the study can be confirmed by another. Conformability was ensured by bracketing during data collection and analysis. The researcher therefore continuously reflected her own characteristics and examined how they influence data gathering. The researcher further made use of field notes and observation to ensure the trustworthiness of the study.

1.4.6.2 Literature study

According to Strydom (2005d:206), the literature study is important for the clear formulation of a problem and for executing the planning and actual implementation of the investigation. The author further states that the prospective researcher can only hope to undertake meaningful research if he or she is fully up to date with existing knowledge on his or her prospective subject.

The researcher conducted the literature study by collecting information from, inter alia, medical, social work and psychological books, journals, dissertations, theses, the internet and other documents.

Save for certain classic authoritative books, all attempts were made to limit the research to information of recent (less than 10 years) origin. Classic authoritative books include Van Riper's *The Nature of Stuttering*, published in 1982; Oaklander's *Windows to our Children*, published in 1988 and Landreth's *Play therapy: the art of the relationship*, published in 1991.

1.5 ETHICAL ASPECTS

Strydom (2005a:57) provides the following comprehensive definition of ethics:

Ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students.

Williams (in Strydom, 2005a:56) states that ethical issues for social researchers are pervasive and complex since data should never be obtained at the expense of human beings. It is therefore very important that the researcher is familiar with ethical principles. A short discussion on issues that were considered in this research is given:

- Protection from harm

Babbie (2005:63) states that respondents should not be injured regardless of whether they volunteer for the study. The researcher ensured that the respondents were not emotionally harmed by informing participants beforehand of the goals and objectives of the study. This disclosure offered participants the opportunity to continue or withdraw from the study.

- Informed consent

Strydom (2005a:59) states that obtaining informed consent implies that all possible information on the goal of the investigation, the procedures that will be followed during the investigation, the possible advantages, disadvantages and dangers to which participants could be exposed, be rendered to potential participants. In the case of this research, the respondents were too young to sign a consent form. Their consent was thus obtained through verbal communication. Parents or legal guardians of the children signed the consent form and gave permission for the sessions to be videotaped. A copy of the form used for parents can be found in Appendix A. Furthermore, an informative letter, which covered the above information, was sent to the parents, which helped them to make informed decisions about the possible participation of their children. They were also informed that they were at liberty to withdraw their children from the study at any time they should they wish to do so.

- Deception

Babbie (2005:67) states that the researcher should under no circumstances deceive the respondents in order to gather any other information during the interview process as this would be unethical. The researcher committed to this by being honest with the participants and their care-givers regarding the purpose of the study.

- Confidentiality

This implies an undertaking by the researcher to protect the anonymity of the research participants (Strydom, 2005a:61). In this study, participants were given the assurance that personal names and identities will not be mentioned in the research report at any stage. Their names were therefore replaced by pseudonyms. Participants were also assured that the data will only be used for the stated purpose of the research and that no other person will have access to the collected data.

Weber in Silverman (2001:270) points out that all research is contaminated to a lesser or greater degree by the values of the researcher. This was born in mind by the researcher throughout the research process.

1.6 DEFINITIONS OF MAIN CONCEPTS

1.6.1 Stuttering

Van Riper and Erickson (1996:254) offer the following definition of stuttering: "Stuttering occurs when the forward flow of speech is interrupted abnormally by repetitions or prolongations of a sound, syllable, or articulatory posture, or by avoidance and struggle behaviours".

Yairi and Ambrose (2001:585) add that while all individuals are disfluent to some extent, what differentiates stutterers from non-stutterers on the surface is the frequency of their disfluency and/or the severity of their disfluency. However, the other factor that differentiates stutterers from non-stutterers is that almost invariably the disfluencies that the stutterer regards as "stutters" are accompanied by a feeling of loss of control. It is this loss of control, which can't be observed or experienced by the listener that is most problematic for the stutterer.

According to Louw (1996:175), abnormal speech behaviour constitutes part of the definition of stuttering; the other part of the definition refers to the individual's reactions to his or her disruptions in fluency. The emotional state of the individual who stutters in response to the stuttering often constitutes the most difficult aspect of living with the disorder. People who stutter often experience fear, anxiety, tension, shame, embarrassment or a combination of these emotions, in response to their stuttering.

The researcher's own understanding of stuttering is that it is, simply put, a communication disorder involving either the repetitions of words and/or inability to pronounce words, which as a result, impairs proper and fluent communication. This has an effect on the person who stutters and on those with whom the person tries to communicate and is associated with great interpersonal distress.

1.6.2 Gestalt therapy

According to Blom (2004:4), Gestalt therapy can be considered an existential, phenomenological and holistic approach which aims to heighten an individual's self-awareness and perception of the moment, especially in terms of their relationships with their environment. The here-and-now reflects the whole person at any given moment. Schoeman (2004:90) states that normal, healthy behaviour occurs when people act and react as total organisms. This improves orgasmic self-regulation in that people become aware of choices they can make in respect of their behaviour and they can thus define the significance of their life (Blom, 2004:4).

The researcher views Gestalt therapy as dealing with unfinished business of the past that surfaces in the present in order to achieve wholeness within the person.

1.6.3 Play therapy

Gouws (in Blom, 2004:5), describes play therapy as a psychotherapeutic technique where the therapist tries to give the child the opportunity to express his or her feelings verbally

and non-verbally. The therapist assumes that the child will play out his or her emotions in a symbolic way, learn to know his or her emotions and to channel them more effectively and to enter into a trusting relationship with another person. In such a way negative behaviour can be normalised.

Schoeman and Van der Merwe (1996:3-5) considers play therapy as the use of play to assist children in therapy in dealing with their particular problem/s. This involves the use of various play materials and the therapist being in tune with the needs of each unique child.

According to the researcher, play serves as an aid to facilitate communication with the child during the therapeutic process. The researcher views play therapy as a means of entering a child's world in a non-threatening manner, by using a number of mediums, techniques and forms of play, in order to help the child deal with his or her unfinished business.

1.6.4 Gestalt play therapy

Oaklander (in Blom, 2004:5) describes Gestalt play therapy by using a number of theoretical principles of Gestalt therapy that apply to therapeutic work with children, such as relationships, orgasmic self-regulation, contact boundary disturbances, awareness, experience and resistance. The therapeutic process in play therapy is also associated with the Gestalt philosophy, theory and practice. This process begins with the building of a therapeutic relationship, followed by making contact, confirming the child's sense of self and emotional expression. This stage is followed by self-nurturing and is concluded with termination. Oaklander (in Blom, 2004:5) further mentions the following forms of play to be included in the play therapy process: clay, fantasy, stories, puppets, sand tray work, music, movement and sensory awareness exercises.

The researcher views Gestalt play therapy as therapy that creates a child-friendly and trusting environment, in which the child can share information in a safe manner through the use of different forms of play and play techniques.

1.6.5 Middle childhood

Papalia, Olds and Feldman (2006:325) state that middle childhood is the period between the ages of six and twelve years and is dominated by the school experience – a focal point for physical, cognitive and psychosocial development. Children also develop socially and emotionally through contacts with other children.

Kaplan (2000:420) considers this period as one of horizontal growth where changes take place gradually over a number of years. Children in elementary school are expected to master the basics of reading, writing and arithmetic. According to the author (2000:380), this mastery is crucial, because it forms the basis for later success in school and influences how children see themselves. Children's social networks are also expanding as friends and teachers become increasingly more important. Kaplan (2000:456) further states that feedback from these sources helps them to develop a sense of their own abilities, strengths and weaknesses. Children are also given more freedom and responsibility at home and because parents will not be with them all the time they must develop their own sense of right and wrong and decide how they will handle their interpersonal relationships.

In the researcher's opinion, middle childhood therefore affords the best category from which to sample the participants.

1.7 SUMMARY

In this chapter, the research methodology for the study was discussed. In addition, a discussion of the choice of topic, problem formulation and the aims and objectives were included. The research question, research approach, type of research, research procedure

and work method were outlined. The viability of the research and ethical aspects were also discussed. Finally, key concepts were defined and are discussed in some detail in the next chapter.

CHAPTER 2

STUTTERING IN MIDDLE CHILDHOOD

2.1 INTRODUCTION

Rentschler (2005:1) states that people who stutter are more concerned by the feelings and emotions that accompany their stuttering than the actual speech disfluencies themselves. This is because stuttering is complicated by psychological and emotional overlays which are common to nearly all children who stutter.

According to the above-mentioned author, significantly more has been written about managing the speech components of stuttering itself than about the ways of managing the emotional aspects, as mentioned in 1.2.1. The belief that the reduction of speech disfluencies somehow also eliminates all the negative feelings about speaking and stuttering has not, however, been demonstrated. In fact, it is suggested that this line of reasoning paves a way to relapse as the emotional stress of not being able to communicate fluently may promote the development of a stutter (Rentschler, 2005:1).

The researcher is therefore of the opinion that in order to find a successful solution to this problem, the emotional and psychological aspects should be addressed in addition to the speech disfluencies. In this study, the researcher therefore attempted to do this through the use of Gestalt play therapy with children who stutter of this age.

In this chapter a historical background of stuttering is given with reference to the following aspects: definition of stuttering; symptoms of stuttering; prevalence, incidence and onset of stuttering; stuttering in middle childhood; effect of stuttering in classroom; and the developmental impact of stuttering. In the process, the importance of this developmental phase and the emotional impact of stuttering on children therein is demonstrated. Lastly, some views on the support of children with this problem, during this phase, are expressed.

2.2 DEFINITIONS OF STUTTERING

Countless writers (see Van Riper, 1982; Bloodstein, 1995; Van Riper and Erickson, 1996; Starkweather & Givens-Ackerman, 1997; Guitar, 1998; Lees, 1999; Yairi & Ambrose, 2001; Wingate, 2002; Irwin, 2006) have tried to capture the core of stuttering in a few sentences, but the differences between these definitions makes it clear that this is a complex and variable disorder. The following definition is yet another attempt: that of one of the pioneers of stuttering research, the late Charles van Riper. According to Van Riper (in Guitar, 1998:10), stuttering is a disruption in the fluency of verbal expression characterised by involuntary, audible or silent, repetitions or prolongations of sounds or syllables. These syllables are involuntary as they are not readily controllable and may be accompanied by other movements and by emotions of negative nature, such as fear, embarrassment or irritations. Pelczarski and Coleman (2005:1) make the point that stuttering is highly variable – sometimes a person will stutter a lot and sometimes the person will be fluent. Ultimately, stuttering can have a significant adverse impact on an individual's quality of life and ability to participate in daily activities (Yaruss & Quesal, 2006:92).

2.3 SYMPTOMS OF STUTTERING IN CHILDREN

Stuttering is a complex disorder with both overt and covert symptoms. Sheehan (in Lees, 1999:22) compared the disorder to an iceberg in which the overt symptoms are above the water with the covert symptoms being underneath.

2.3.1 Overt symptoms

According to Irwin (2006:31), the overt symptoms include repetitions of sounds, syllables or words (for example b-b-b-all), prolongation of sounds (for example, 'mooommy') or getting stuck on words – blocking (for example b-----oy). When the child is stuck on the first word of the utterance, it appears as if the child is unable to start speaking. Consequently, others may interrupt the child and thereby intensify the problem. Foot

stamping, fist clenching or any other such concomitant body movements may be used as an effort to get the word out. Stuttering children may also try to hide their mouths when speaking, speak in a different accent or attempt to remain silent as much as possible. They may also change words around if they expect to stutter on a specific word – for example, “he’s my u-u-u...my father’s brother”. All of this behaviour is visible or audible and therefore overt (Lees, 1999:22).

2.3.2 Covert symptoms

However, according to Irwin (2006:32), the stuttering child may experience anxieties about speaking and may try to avoid speaking in an attempt to hide this problem. Many stuttering children develop fears of specific sounds or specific words and these fears are built up over time, often becoming self-fulfilling predictions. These anxieties and fears are not always obvious and have therefore been termed ‘covert features’. Sometimes a child may have mild overt symptoms of stuttering but high anxiety about speaking and vice versa. Therefore, the severity of the overt symptoms does not necessarily indicate the extent to which the child is emotionally affected by stuttering (Lees, 1999:22-23).

Hicks (2005:6) states that as in the case of an iceberg, the biggest part of the disorder is hidden from view. The part that is obvious, the part that sticks out above the waterline, is the audible stuttering itself. That accounts for only about 10 percent of the iceberg and represents the visible consequences of the problem. The much bigger area below the waterline is where the emotional baggage lies and is not readily visible.

Based on the above, the researcher is of the opinion that speech therapists often treat only part of the problem, namely the actual stuttering that you can hear, which is understandable, but unfortunately, fails to address the heart of the problem.

2.4 PREVALENCE, INCIDENCE AND ONSET OF STUTTERING

According to Guitar (1998:15), the term “prevalence” specifies the extent to which a disorder is widespread. Information about the prevalence of stuttering provides details of how many people presently stutter, while the incidence of stuttering provides an index of how many people have stuttered at some time in their lives. The incidence of stuttering is about 5% and its recovery rate is about 80%, resulting in a prevalence of stuttering in about 1% of the population. An estimated 3 million people in the United States and 60 million people world-wide stutter, which means that stuttering is in fact a commonplace condition or disability (Yairi & Ambrose, 2001:585).

Andrews (in Guitar, 1998:15) states that researchers commonly agree that the onset of stuttering may occur at any time during childhood. It may occur between the beginning of multiword utterances at around 18 months and puberty being around 11 or 12 years. It is, however, most likely to occur between ages 2 and 5 years. The author further states that because of this characteristic onset, stuttering seems not to be a disorder simply of making sounds but a problem related to using spoken language to communicate. Its onset often corresponds with a period of rapid expansion of speech and language skills.

2.5 THE EMOTIONAL COMPLEXITIES OF THE MIDDLE CHILDHOOD YEARS

An infant reaches, and has to cope with, many developmental milestones during the first few years of life. However, the middle years of childhood, from about ages 6 to 11, are also a time of dramatic change. There are a number of developmental and environmental factors that influence the growth, learning and social development of children in this age group (Hanvey, 2002:5).

The transition to middle childhood is marked by entry into formal education and according to Papalia, Olds and Feldman (2006:325), this phase is also known as the school years. School is the central experience during this time – a focal point for physical,

cognitive and psychosocial development. Children grow taller, heavier and stronger and develop the motor skills needed to take part in organised games and sports. In addition to school, these children begin to reach out to other community resources. Participation in recreation, arts, club activities and 'hanging out' with their peers, all begin to play an increasingly important role in their lives.

Hanvey (2002:6) states that, during these years, children's development is driven by basic psychological needs to achieve competence, autonomy and to relate to others. They seek opportunities to master and demonstrate new skills, to make independent decisions, control their own behaviour and form good social relationships with peers and adults outside the family.

According to Papalia *et al.* (2006:325), children further progress in thinking, in moral judgement, in memory and in literacy during middle childhood. Cognitively, children begin to reason around the age of six. As they move through the middle childhood years they develop key thinking or conceptual skills. They acquire fundamental skills such as reading and arithmetic. They also develop skills of self-awareness, the ability to reflect on themselves and the ability to take the perspective of others. Individual differences become more noticeable and special needs more important as competencies, including the ability to communicate, influence success in school. Stuttering is therefore especially difficult for children of this age, particularly because school learning involves the ongoing communication of information and ideas. It accordingly interferes with academic performance (Neuman & Neuman, 2006:290). In addition, Kaplan (2000:456) explains that competencies affect self-esteem and popularity. Problems with anxiety, low self-esteem and withdrawal in the face of challenges can be recognised during this period as children respond to the new demands placed on them by the complex social institutions to which they must adjust. According to Neuman and Neuman (2006:290), children who have communication disorders are likely to be the target of peer teasing and social ridicule, leading to a pattern of social withdrawal or inappropriate social participation. Hanvey (2002:7) is of the opinion that these problems can affect the children's lives for a very long time.

As mentioned before, although parents (who are more tolerant of stuttering) continue to be important, the peer group is more influential than before (Papalia *et al.*, 2006:325). The middle childhood years are that period in life when the child leaves the security of his or her family and independently enters the external world. As a result, their social relationships and roles change dramatically. They develop a sense of self-esteem and individuality, comparing themselves with their peers. They therefore experience increased individual freedom and heightened demands that they control their behaviour.

The researcher is therefore of the opinion that as children reach middle childhood the ability to communicate and, therefore the psychological effects of stuttering, become more profound as their role in peer and social settings become more important. Guitar (1998:8) states that children at this age are at a crossroad in the sense that they will either become an accepted (and valued) member of their peer group, or not. Proper treatment of the disorder may (and should) lessen such effects and teach the child to cope with it. Without such treatment, on the other hand, the psychological disfunctioning and the stuttering are likely to become more severe, possibly leaving these children to feel more and more self-conscious about speaking.

2.6 STUTTERING IN MIDDLE CHILDHOOD

Owens, Metz and Haas (2000:257) state that because stuttering develops as a child's speech and language develops, this disorder is called developmental stuttering. Guitar (1998:118) proposes that children develop in a series of five definite stages from normal disfluencies into stuttering namely borderline, beginning, intermediate and advanced stuttering. According to him, children in their middle childhood years are likely to be in stage four, being intermediate stuttering.

Children who stutter in their middle childhood still repeat their sounds as they did when they were younger. However, at this stage they will use a lot more muscular tension to squeeze sounds out. They now start to fear stuttering (where initially the stutterer is only

frustrated, surprised or annoyed by it). Consequently, they react to this fear of stuttering by avoiding it (something that the beginning stutterer does not do). Guitar (1998:119) is of the opinion that these new symptoms emerge gradually as a young stutterer in middle childhood becomes more self-conscious about his or her stuttering and experiences negative emotions more frequently during stuttering. As a result, they tend to hide their stuttering so it does not show. For example, the child might say, "I don't know" to questions or may substitute "sister" for his or her sister's name when talking about her. They may also do this by avoiding speaking in certain situations or to certain people. Van Riper and Erickson (1996:260) suggested that the development of these situational fears and avoidances depends on the reactions of listeners.

2.6.1 Overt symptoms or core behaviours in middle childhood

Although the intermediate stutterer in middle childhood still repeats and prolongs words and sounds, the child's most notable core behaviours, according to Guitar (1998:119), are blocks. The child usually stutters by stopping airflow, voicing, movement (or all three) and then struggling to get his or her speech going again. The child's stuttering at this stage seems to surprise him or her less and instead, the child anticipates the stuttering.

The escape behaviours, which stutterers use to free themselves from their stutters, are far more frequent in the intermediate stutterer. In addition to escape behaviours, the child uses both word and situational avoidances. Stutterers typically avoid speaking words that they think will be hard to say and substitute it with a similar word that they think is going to be easy for them to speak. They also tend to avoid situations in which a great deal of speaking is required for example, social occasions, interviews, group discussions and public speeches. Thus, the child in middle childhood who stutters can develop various ways of stepping back from and avoiding certain situations (Rentschler, 2005:1). Yaruss and Quesal (2006:96) feel that avoidance behaviour is the most devastating aspect of stuttering, because it often keeps persons who stutter from reaching their full potential.

2.6.2 Covert symptoms or secondary behaviours in middle childhood

As stated, a person's feelings can be as much a part of the disorder of stuttering as his or her speech behaviours. Guitar (1998:121) explains this as follows: "Feelings may precipitate stuttering; conversely, stuttering may create feelings". For example, a person who stutters on his or her name may feel deep shame for being unable to do something that seems so simple to others. It is clear that children who stutter confront a number of challenges that may affect the way they feel about themselves. The researcher is therefore of the opinion that children who stutter should, if possible, be prepared to meet these challenges and this could be done through the use of Gestalt play therapy.

According to Guitar (1998:121), children with intermediate stuttering have gone well beyond the mild frustration and embarrassment observed in those who have just begun to stutter. They become aware that they can't say what they want to say as smoothly and quickly as others. The stuttering child experiences the helplessness of being caught in many blocks and runaway repetitions. The anticipation of stuttering and the resulting listener penalty regularly manifests. These experiences pile up and create an entanglement of fear, embarrassment and shame. This can make speaking even harder as these feelings increase the effort and tension that holds back speech (Guitar, 1998:13). Stuttering has therefore changed from an irritation to a serious problem as the intermediate stutterer shows increasingly negative feelings about his or her problem and the child's stuttering pattern includes an increasing number of avoidance devices. These are all signs that the child's feelings and attitudes are becoming pervaded by fear.

As a result, feelings that result from stuttering could therefore include not only frustration, anxiety, embarrassment, sadness, anger or grief, but fear of future stuttering, shame about stuttering and hostility toward listeners as well. (See Guitar, 1998:13 and Louw, 1996:175.) This is further aggravated by the fact that during middle childhood, as identified by Berk (2003:402), the child's opinion of himself is affected by typical emotions such as pride and shame (the latter which children who stutter often experience).

The researcher is therefore of the opinion that this already difficult developmental phase is more difficult for children who stutter, as they need to work harder than others to understand and control their emotions. In addition, according to Pelczarski and Coleman (2005:1), it is more difficult to eliminate stuttering during this phase and the child is more likely to begin experiencing the shame and embarrassment that characterises advanced stuttering in adults. The authors further state that improving fluency is still a major focus of treatment, however, a necessary additional goal involves helping children to develop healthy, positive attitudes toward themselves and toward their speech.

2.7 THE CHILD WHO STUTTERS AND HIS OR HER FAMILY

Farnsworth and Spillers (2001:2) are of the opinion that the family's reactions and feelings about the stuttering can have a major impact on the child who stutters, as they are the people closest to the child. For this reason, they may feel they can take liberties with a child who stutters that they intend to be a joke. The child, however, may experience these jokes as particularly hurtful considering they come from people so close to him or her. Siblings, in particular, will often tease each other just out of the nature of their (competitive) relationships. Farnsworth and Spillers (2001:3) highlight the fact that parents play a major role in their child's overall development and their reaction to stuttering will therefore be very important. However, parents are often not aware that they are showing reactions to their child's stuttering and these, albeit subtle and unconscious, reactions can have the most negative impact on the child's developing self-concept.

The researcher is of the opinion that the people closest to stuttering children should be encouraged to help them develop healthy, positive views of themselves.

2.8 STUTTERING IN THE CLASSROOM

Papalia *et al.* (2006:344) make the obvious point that school is a major formative experience in middle childhood, influencing every aspect of development. Children

typically gain in self-confidence as they read, think, talk and play in ways that were well beyond them only a few years before.

The educational process can thus expose the child to challenges of increasing difficulty during middle childhood. Neuman and Neuman (2000:293) state that the child receives continuous feedback about his level of competence, because he is given many opportunities and challenges to practice his newly developing skills. Participation in school provides the child with opportunities not only for mastery but also for developing goals and standards for future skill development. However, according to Lees (1999:23), stuttering children often participate less in class due to their unwillingness to speak or fear of the emotional or social consequences of stuttering. These anxieties about speaking and particularly about answering questions in the classroom may result in the child giving the wrong answer, because the child knows he or she will stutter on the correct one, or pretending not to know the answer to avoid speaking. As a result of this, in either case, the stuttering child may appear to be educationally less able than what the child in fact is and there may be a decrease in their learning potential (Lees, 1999:23). The researcher is of the opinion that academic settings may therefore be more difficult for children who stutter because of the emphasis the education system places on verbal performance.

According to Guitar (1998:13), research has further shown that children who stutter are stereotyped by most people, including classroom teachers and peers, as tense, insecure and fearful. Such listener stereotypes can affect the way children who stutter see themselves. Consequently, these children often perceive themselves primarily as stutterers or as incompetent communicators (Van Riper & Erickson, 1996:257). This has adverse consequences as Kaplan (2000:424) argues that the child's attitude towards school influences successful adjustment to the school environment. In the same vein, Neuman and Neuman (2006:292) identify failure in school and the public ridicule (that stutterers often experience) as detrimental to establishing a positive self-concept.

It is clear from the above discussion why the child's experience of school plays such an important part in developing a healthy self-esteem. However, for the stuttering child, school is often a negative experience, thereby contributing to a low self-esteem.

2.9 DEVELOPMENTAL IMPACT OF STUTTERING IN MIDDLE CHILDHOOD (ADAPTATION OR MALADAPTATION)

Erikson expanded Freud's psychoanalytic theory and developed his own theory of eight psychosocial stages. According to Erikson (in Berk, 2003:17), human infants are born with some basic capabilities but go through significant changes as they grow older, moving through eight developmental stages on their way to adulthood. Erikson named these psychosocial stages, as described by Papalia *et al.* (2006:380). Each stage is characterised by a different conflict or as Erikson called it, a "psychosocial crisis", that must be resolved by the individual. Such a crisis arises when the social environment makes new demands on people and they try to adjust to those demands. The individual has two choices in coping with the crises – in an adaptive or maladaptive way. Kaplan (2000:55) adds that the successful resolution of each of the eight crises requires the balancing of a positive trait with a matching negative trait. Erikson further explains that only when a crisis in a certain stage is satisfactorily resolved, is the person able to move on to the next stage of development. If the person copes with a crisis in a maladaptive way, the result will be more struggles with that issue later in life (Neuman & Neuman, 2006:289).

The child in middle childhood needs to overcome the psychosocial crisis of industry versus inferiority. As mentioned before by Papalia *et al.* (2006:344), school is the central event at this stage and interaction with peers becomes increasingly important. If the child can achieve adequately in his or her schoolwork (for example reading, which most stutterers experience problems with) and develop the necessary skills to relate to others (social skills are also experienced as problematic for many stutterers), he or she will develop a sense of competence. If not, he or she will develop a sense of inferiority (Neuman & Neuman, 2006:289). Kaplan (2000:424) emphasises that at the end of middle

childhood the strength of the child's need and motivation to achieve success will be well established in his self-esteem.

According to Hwang (2002:8), children at this stage begin to automatise speech motor control and their language skills become more refined. The automatization of speech gives children a new freedom which allows them to concentrate only on what they want to say, not on how to say it. However, this advantage is lost by the loss of plasticity of development of speech motor control and can cause a great deal of difficulty if children still have fluency problems. Particularly the fact that children begin their schooling at this stage may cause problems for a school-aged child who stutters (Neuman & Neuman, 2006:290).

As mentioned previously, the child in middle childhood is now separated from his or her parents and the child's main source of influence becomes his or her peers. Acceptance or rejection by the peer group becomes more important than approval of parents (Kaplan, 2000:423). Unfortunately, for a stuttering child, his or her disorder is bound to stick out and he or she will face the possibility (if not probability) of teasing. According to Pelczarski and Coleman (2005:2), teasing typically occurs when a child shows a characteristic that is different from other children and/or the other children do not know a lot about that difference. In the case of stuttering, children usually do not know much about it and it creates an obvious difference in the way a child communicates. Teasing therefore creates a major social crisis for the child who deviates from the norm – fluent speech. Hwang (2002:8) states that teasing at this stage sets the ground for the child to develop an attitude that anything is better than stuttering. Being an inadequate speaker often evolves into feelings of being an inadequate person. It also reinforces the already present sense of shame that causes the child to develop a sense of inferiority.

From the above it is clear why psychologists find that the child who emerges from middle childhood with a positive self-esteem, healthy relationships with his parents and peers, as well as a good feeling about his own academic and social capabilities, is ready to tackle the challenges that await him during adolescence. The challenges and the psychological

changes that need to occur during middle childhood seem to lead the child on the road to becoming a healthy human being.

The researcher is therefore of the opinion that middle childhood is a particularly important phase in which to address the problem of stuttering, as essential roles and attitudes of adult life begin to take shape in this phase, namely a person's orientation towards friendships, interpersonal relationships and future skill development. This may determine whether the child adapts or maladapts to the crisis posed by stuttering.

2.10 SUPPORT FOR STUTTERING CHILDREN

Moran (2001:1) states that most stuttering therapies focus on fluency and communication skills, thus making changes in the manner of speaking. These therapies are conducted by speech and language pathologists. The aim is helping people control their speech so they don't stutter or modify their stuttering so that it is more socially acceptable. According to Gabel (2007:5), treatment approaches for school-aged children usually take one of two forms. These approaches target either helping the child to modify his or her stuttering or modify his or her fluency. These procedures require the child to focus on developing new speech patterns. The successful outcome of these approaches is then non-stuttered, fluent sounding speech.

Louw (1996:175), however, is of the opinion that even when speech therapy is successful, many stutterers still experience significant fear and shame because they are afraid they might stutter. Stuttering is thus accompanied by strong negative emotional reactions on the part of the speaker to their speech and speaking in general.

The researcher is therefore of the opinion that, in addition to speech modification therapy, children who stutter are likely to benefit from therapy that focuses on the emotions and attitude.

2.11 SUMMARY

It is apparent that stuttering is a world-wide phenomenon that can have a significant adverse impact on an individual's quality of life and ability to participate in daily activities. It is a complex disorder which may be compared to an iceberg wherein the overt symptoms are above water with the covert symptoms being underneath. The latter, which account for the (much larger) area below the waterline, is where the emotional baggage lies and which are not readily visible.

The middle childhood years are, emotionally speaking, particularly complex. It is a time of dramatic change and there are a number of developmental and environmental factors that influence the growth, learning and social development of the child. During this age group children develop skills of self-awareness and ability to reflect on themselves. Individual differences become more noticeable and special needs more important as competencies influence success in school. It is therefore not surprising that problems with anxiety, low self-esteem and withdrawal in the face of challenges can often be recognised during this period as children have to respond to the new demands placed on them. As children reach middle childhood, the psychological effects of stuttering become more profound as their role in peer and social settings becomes more important.

Children in their middle childhood who stutter are likely to be, based on the five stages of developmental stuttering, in stage four, known as intermediate stuttering. Whereas initially the stutterer is frustrated, surprised or annoyed by it, they now start to fear stuttering, to which they react by avoiding it. In this regard the child may use both words and situational avoidance that may keep such children from reaching their full potential. This behaviour is also known as the overt symptoms.

Covert symptoms arise when the stuttering child experiences the helplessness of being caught in many blocks and runaway repetitions that create an entanglement of fear, embarrassment and shame.

The negative effects of stuttering on children in middle childhood are likely to be most profound within the classroom, where the anxieties about speaking and particularly about answering questions may result in the child giving the wrong answer because they know they will stutter on the correct one. This may lead to under-performance. The child's experience at school plays a particularly important part in developing a healthy self-esteem. However, for the stuttering child school is often a negative experience with the opposite effect.

Middle childhood is accordingly a particularly important phase in which to address the problems associated with stuttering, as essential roles and attitudes of adult life begin to take shape in this phase and the child's experiences may determine whether he or she adapts or maladapts to the crisis posed by stuttering.

Most recent available stuttering therapies focus on fluency and communication skills, thus making changes to the manner of speaking. Whilst these are extremely important, the researcher believes that, in addition to such therapy, children in their middle childhood who stutter also require therapy that focuses on the emotions and attitudes. This is where the use of Gestalt play therapy may play an important role.

CHAPTER 3

GESTALT PLAY THERAPY

3.1 INTRODUCTION

Gouws (in Blom, 2004:5) describes play therapy as a psychotherapeutic technique whereby the therapist attempts to give the child the opportunity to express his or her feelings verbally and non-verbally. This is done by using the child's natural form of communication, which is play.

Play therefore serves as a symbolic language. According to Oaklander (1988:160), children experience much that they cannot express in language, so they use play to formulate and assimilate what they experience. Landreth (1991:10) agrees and says that children express themselves fully and more directly through self-initiated spontaneous play than they do verbally, as they are more comfortable with play. For children to play out their experiences and feelings is the most natural dynamic and self-healing process in which children engage.

In this chapter, the researcher starts off by defining the concepts of play and play therapy. Important theoretical concepts of Gestalt play therapy are then reviewed, namely holism, orgasmic self-regulation, contact and contact boundary disturbances, polarities and the structure of the personality. Attention is also given to the process in Gestalt play therapy. Finally, an overview of the Gestalt techniques that will be applied in this study to children in middle childhood who stutter is given.

3.2 DEFINITION OF PLAY THERAPY

No single, comprehensive definition of the term 'play' has been developed. The most often used definition was developed by Erikson, as quoted by O'Conner (2000:3): "Play is a function of the ego, an attempt to synchronise the bodily and social processes with the self...it is free to compulsions of a conscience and from impulsions of irrationality".

However, O'Conner (2000:3) warns that while this is true for the play behaviour of normal children the play behaviour of disturbed and troubled children is far from fun but rather the opposite of everything that Erikson said it should be - compulsive, impulsive and irrational.

O'Conner (2000:3) further states that it is also not easy to define play therapy. Many individuals are able to create an environment that maximises the natural therapeutic aspects of play, but this is best described as therapeutic play. Play therapy, on the other hand, makes use of aspects of therapeutic play but is distinct in that the play therapist is trained to work within a certain theoretical model in order to help the child move toward mental health. Geldard and Geldard (2002:25) agree by stating that counsellors need to have a good understanding of psychological theories which underline their work. From this stance, the following definition is provided by O'Conner (2000:7):

Play therapy consists of a cluster of treatment modalities that involve the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development and the re-establishment of the child's ability to engage in play behaviour as it is classically defined.

Therefore, play therapy should represent an integration of the therapist's specific theoretical orientation, personality and background of the child's needs in order to work towards maximising the child's ability to engage in behaviour that is fun and intrinsically complete (O'Conner, 2000:7).

Geldard and Geldard (2002:48) also see play therapy as the engagement of the client in a therapeutic process by using counselling skills together with media and other strategies that need to be brought into play if therapeutic change is to occur. It therefore seems clear that, whilst play therapy is difficult to define, it is a well established and useful tool in the therapeutic process.

It is against this background that the theoretical principles of Gestalt play therapy will be examined. In the following section the researcher provides a summary overview thereof.

3.3 THEORETICAL PERSPECTIVES OF GESTALT PLAY THERAPY

According to Oaklander (in Blom, 2004:9), Gestalt play therapy is best described by some of the theoretical principles of Gestalt therapy, which has an influence on the therapeutic process with children. This includes the following Gestalt principles: holism, orgasmic self-regulation, contact and contact boundary disturbances, polarities and the structure of the personality. These are summarised below:

3.3.1 Holism

Holism in Gestalt theory means that the individual is more than the sum of his or her various components. These components, which include the body, emotional and spiritual aspects, language, thought and behaviour, are interrelated and cannot be separated from each other (Blom, 2004:9). Gestalt play therapy will therefore focus on the child as a whole with all his different processes as interacting.

The researcher is of the opinion that children who stutter may benefit from this approach in that this communication disorder can impact on their total functioning in terms of body (physical tension during disfluent speech thus causing a conflicting body image – normal one moment and deviant the next); senses (many persons who stutter have reported that they experience a disturbance of their sensory perception or of awareness of self or surroundings during the moment of stuttering); emotions (stutterers experience many underlying feelings, emotions, thoughts and beliefs about their stuttering); and

intellect (stutterers can engage their intellect in managing their emotions and fluency) and the feeling that they experience at this point in time.

3.3.2 Orgasmic self-regulation

During the process of orgasmic self-regulation, the organism maintains its balance under different circumstances by taking action in order to satisfy needs. The healthy organism uses resources within himself or in the environment to identify and satisfy needs. When these needs are not fulfilled the child experiences discomfort and there is a disturbance in his homeostasis or balance. This process, which the child use to fulfils his needs, is called orgasmic self-regulation (Blom, 2004:11).

Children who stutter typically have normal needs for affection and acceptance, but they, however, have difficulty interacting with other children and this interferes with their development of peer relationships. Consequently, children who stutter often avoid social situations (refer to 2.6.1).

The researcher is therefore of the opinion that children who stutter may benefit from therapeutic support in strengthening their self-regulatory abilities.

3.3.3 Contact and contact boundary disturbances

According to Blom (2004:18), contact takes place as soon as the child uses the environment to satisfy his or her needs. The environmental field is differentiated by boundaries. The contact boundary has two purposes: it connects the individual with the environment, which includes other people, but also maintains a separation between the individual and the environment. Joyce and Sills (2001:112) are of the opinion that part of psychological health is having good contact with self and others. Blom (2004:20-21) further states that contact boundary disturbances originate when a child cannot maintain a good balance

between himself and the world outside. The boundary between the child and his environment thus becomes disturbed. The child's integrated, holistic functioning of the senses, body, emotions and intellect is therefore fragmented by the contact boundary disturbances, resulting in reduced awareness of needs.

A child who stutters and who experiences fear and lack of control may, for instance, turn his energy inwards resulting in psychosomatic symptoms or may deflect his energy by becoming withdrawn and unresponsive (refer to 2.5).

3.3.4 Polarities

The personality is seen as consisting of polarities, which may be considered as opposites that complement or oppose each other. Polarities exist in respect of emotions, traits of the self or traits of others (Blom, 2004:33). Oaklander (1988:157) points out that children might experience two opposite emotions for the same person and often become confused when they find themselves for example, feeling angry and hateful towards someone they actually love. The author (1988:158) stresses the importance of working with these polarities by stating: "An integration, reconciliation, or synthesis of one's opposing sides, positive and negative, is a prerequisite to a dynamic and healthy life process". Joyce and Sills (2001:137) agree by stating that "healthy functioning is the ability to flexibly move along the continuum of any polarity, as the situation requires". Perls (in Geldard & Geldard, 2002:35) explore polarities of the self by bringing them into awareness so that neither polarity is excluded.

Children who stutter may feel anger at having a communication disorder but also at speech therapists for having no cure. It may be a matter of wanting to show anger at these people but also having respect for them. The researcher therefore believes that children who stutter should be guided to an increased awareness of polarities in their life that may promote balance and integration. In order to achieve this, Oaklander (1988:281) suggests using creative play techniques such as art, clay, collages and stories to enable the child to deal with polarities in his life.

3.3.5 Structure of the personality

According to Perls (in Blom, 2004:35), the structure of the personality consist of five layers of neuroses, signifying how people fragment their lives. Thompson and Rudolph (2000:166-167) emphasise the importance of observing these five layers through which a person should grow in order to have good contact and reach psychological maturity. In order to achieve this, however, it is necessary to strip off these layers, like “peelings an onion”, as Perls put it. The five layers, with specific reference to the stuttering child, may be conveyed as follows:

- The phony layer: the child tries to be what he or she is not through playing games and getting lost in roles. In this layer, the stuttering child may deny that he or she has a speech problem.
- The phobic layer: the child becomes aware of his or her phony games and the fear that maintains the games, but still resists acceptance of the self as he or she actually is. The stuttering child may feel his or her stuttering getting worse but cannot and does not know how to tell someone about it.
- The impasse layer: in this layer, the child sheds the environmental support of his or her games but does not really know a better way to cope with their fears and dislikes and often becomes stuck, leading to a sense of deadness and worthlessness. In this layer the stuttering child may be stuck and become withdrawn or depressed and refuse help.
- The implosive layer: in this layer, the child becomes aware of how he or she has limited himself or herself and begins to experiment with new behaviours and strategies to solve their problems. They, however, still experience a lack of energy in addressing their needs in a healthy way but begin to make contact with their real self. The stuttering child may start to feel good about therapy and begin to accept their communication disorder by expressing their feelings regarding it.
- The explosive layer: when experiments with new behaviours have been successful, the child releases a tremendous amount of energy by letting go of pretending to be

what he or she is not. The child now becomes more alive and authentic. If the stuttering child is successful in his or her attempt to seek help, they reach this layer, which releases a lot of energy that can be used to meet their needs. (See Schoeman, 2004:58 and Blom, 2004:35-39, 251-252.)

3.4 AIM OF GESTALT PLAY THERAPY

The essential goal of Gestalt-based therapy is the encouragement of awareness. Yontef (in Joyce & Sills, 2001:27) defines this concept as follows:

Awareness is a form of experience which can be loosely defined as being in touch with one's own existence, with what is ... the person who is aware knows what he does, how he does it, that he has alternatives and that he chooses to be as he is.

The aim of Gestalt play therapy with children therefore would also be to make them aware of their own process. Oaklander, as quoted by Blom (2004:50), defines the child's process as "...who they are, what they feel, what they like and do not like, what they need, what they want, what they do and how they do it". Oaklander (in O'Connor & Schaefer, 1994:146) further explains it as follows:

As the child finds himself through the therapy experience, he becomes more aware of who he is, what he feels, what he needs, what he wants, what he does and how he does it. He then finds he has choices to make and often will experiment with them. He will drop unproductive behaviours that bring him into therapy.

According to Blom (2004:53), promoting children's awareness entails that children are placed in full contact with themselves on cognitive, sensory and affective levels. As children become more aware of themselves in the therapeutic process, they also become more aware of the fact that they can make choices regarding the exploration of new

behaviour. In this regard, Geldard and Geldard (2002:67) point out that the Gestalt therapy approach is based on the belief that change takes place as a result of raised awareness. Through this raised awareness, children are likely to get in touch with and release strong emotions, which make it possible for the child to get in touch with their present experiences regarding somatic or bodily sensations, emotional feelings and thoughts. The authors further state that as the child's awareness rises, the release of strong emotions enables the child to experience catharsis.

The researcher is of the opinion that the aim of Gestalt play therapy, which is creating awareness, is applicable to children in middle childhood who stutter, as it provides them with the opportunity to explore their own experiences of their communication disorder at a physical, sensory, emotional and cognitive level. This can potentially replace the stuttering child's intensive self-consciousness with healthy awareness, which, in turn, will facilitate its own development.

3.5 THE GESTALT PLAY THERAPY PROCESS

Oaklander (in Blom, 2004:5) describes the therapeutic process of Gestalt play therapy as relating to the philosophy, theory and practice of Gestalt therapy. This process starts with the building of a therapeutic relationship as a prerequisite, followed by making contact and establishing the child's sense of self. This leads on to emotional expression, self-nurturing, addressing the inappropriate process and finally, termination. These various phases are summarised below:

3.5.1 The therapeutic relationship

The establishment of a therapeutic relationship is considered to be the most basic and fundamental aspect of the therapeutic process and a prerequisite for further therapeutic work with the child. Oaklander (1997:293) stresses this aspect and is of the opinion that nothing happens without the thread of a relationship. Schoeman (2004:120) agrees by stating that "...the healing process does not occur as a result of the therapist's

interpretation of the client's symptoms, thereby giving the client insight into his symptoms, but rather as a result of the relationship built between the therapist and client".

According to Blom (2004:54), the I-thou relationship is essential to the Gestalt approach and implies that the therapist and the child, irrespective of aspects such as age and status, are considered on an equal level. Blom (2004:56) further states that "...the child should be treated openly, with respect and congruence, and that the child should at no stage be judged or manipulated." In this regard, Schoeman (1996a:30) mentions that the way in which the therapist can establish and stabilise a relationship with the children is by being their friend and playmate.

3.5.2 Contact

According to Oaklander (in Blom, 2004:248), contact involves the child's ability to be fully present at a given moment with regards to all aspects of the child's being, including body, senses, emotions and intellect. Oaklander (1997:294) further states that contact is a vital, existential issue and nothing much happens without some contact present. O'Conner and Schaefer (1994:148) add that contact involves a connection with the environment as well as the self. Contact, for instance, facilitates the I-thou relationship and is a prerequisite for self-support. Contact-making may also manifest through body posture and movement, language and sensory experience.

Oaklander (1997:294) states that traumatised, anxious, frightened, grieving, angry, troubled or worried children may lose some of their sensory and bodily awareness. Consequently they may armour and restrict themselves, pull themselves in, cut parts of themselves off or inhibit healthful expression. These defences are known as resistance, which the child uses to prevent real and authentic contact with others. When the body and senses are restricted, these children may therefore experience problems with emotional contact-making and expression because of the important connection between the body and emotion (with the emotion manifesting at a physical focus point). A strong sense of self may also be negligible.

Therefore, by focusing on sensory and bodily aspects in the therapeutic context, traumatised children can be made more aware of the emotions that they experience at a given moment (Blom, 2004:98). Children with a communication disorder may have difficulties with contact-making through verbal modalities and the therapist should be aware of it.

3.5.3 Self-support

O'Conner and Schaefer (1994:148) state that children need support within the self in order to express blocked emotions. According to Blom (2004:114), self-support is achieved by strengthening the child's sense of self, thereby giving the child a sense of well-being and a feeling of capability as well as inner strength to express those buried emotions. Within the therapeutic context, giving the child experiences that will stimulate and intensify the use of the senses is an important step toward empowering the self. Children can also be given opportunities to make self-statements, to own their projections, to make choices and to experience mastery and control. Boundaries and limitations, an atmosphere of playfulness and humour, as well as opportunities to fantasise are further important aspects when strengthening children's sense of self (Oaklander in Blom, 2004:121).

Children who stutter may experience loss of autonomy and control over their life and could therefore have a weak sense of self, as has been pointed out in the previous chapter. Building self-support is thus regarded as an important component in the therapeutic process with these children.

3.5.4 Emotional expression

Once children are able to use their contact functions effectively and have a strong sense of self, they find more support within themselves to move towards emotional expression. There is, however, a precondition in this phase for healthy and emotional expression,

namely expression of aggressive energy. Oaklander (in Blom, 2004:133) distinguishes between expression of aggressive energy and expression of emotion and defines this energy as "...marked by driving forceful energy or initiative". It gives children the self-support to enable them to take action and express buried emotions.

Blom (2004:256) agrees by stating that aggressive energy is the energy children need to express a strong emotion and should not be confused with aggressive hostile behaviour. Oaklander (1997:304) says that children are often confused about this energy and must be provided with many experiences to feel comfortable with it. They need to understand it and express it in a safe manner. Aggressive energy activities can involve smashing clay, shooting dart guns, pounding drums, smashing figures or cars together, making puppets eat each other, having a bataca fight and so forth (Blom, 2004:256-257).

According to Blom (2004:134), after children have come into contact with their aggressive energy they are much more comfortable when coming into contact with their unexpressed emotions. Children must be given support so that they can talk about emotions in general, about the body's reaction to different emotions and must be given the opportunity to experience, project, own, express and manage emotions by means of play therapy techniques and activities (Blom, 2004:139). Many expressive and projective techniques (see Appendix B) exist in Gestalt play therapy to help children express emotions they have kept hidden.

3.5.5 Self-nurturing

According to Oaklander (1997:311), children often take in negative introjects (messages children take in from their environment without criticism, awareness or assimilation) about themselves from their parents or in response to traumatic experience, causing them to inhibit aspects of the self and interfering with healthy growth. When this happens children tend to believe it is selfish to treat themselves well. Oaklander (1997:312) states that self-acceptance of all of one's parts, even the most hateful, is a vital component of unimpaired, sound development.

During the self-nurturing phase, children are taught to accept those parts of themselves which they dislike (such as the stuttering part), to integrate polarities in their lives and to treat themselves well (Blom, 2004:174). They thus have to learn to accept the parts of themselves that they hate or dislike and work towards feelings of integration and self-worth (O'Conner & Schaefer, 1994:152).

Children who stutter may take in faulty messages or introjects regarding their communication disorder. As stated in the previous chapter (refer to 2.6 and 2.7), past experiences, as well as responses of parents, other adults and children to their stuttering result in introjections and fragmentation of the self. These aspects should be addressed in Gestalt play therapy with the children.

3.5.6 Addressing the inappropriate process

Blom (2004:180) states that as children progress through the therapeutic process, the symptomatic behaviours that the child initially displayed normally disappear as the child begins to develop a stronger sense of self, finds healthier ways of interacting and develops appropriate behaviours. However, if the inappropriate process persists, emphasis is placed on enhancing children's awareness of their own process and behaviour (focusing on specific symptoms), so that they can take responsibility for this and begin experimenting with new behaviour. The child is now given the opportunity to fully experience the self within his or her process, and this, in turn, allows the child to experience himself in a new light. As mentioned before, it is through this awareness and experience of behaviour that change begins to take place (O'Conner & Schaefer, 1994:154).

3.5.7 Termination

Special attention needs to be given to termination in Gestalt play therapy so that the child does not see this as a form of loss or rejection (Blom, 2004:260). The child must

therefore be advised that the ending of therapy is close at hand. A special session must be scheduled for this and particular attention must be paid to this time of conclusion. The researcher is of the opinion that this is particularly relevant for children who stutter who may have associated rejection with their communication disorder.

3.6 TECHNIQUES OF GESTALT PLAY THERAPY

Oaklander (1988:71) regards the use of techniques in Gestalt play therapy as imperative by mentioning that she finds techniques: "...to be an important aspect in working with children". According to Yontef (1993:153), the techniques of Gestalt therapy are experimental tasks. They are the means of expanding experience. Yontef (1993:96) further states that there are many unique techniques within Gestalt therapy and that these could be applied within different frameworks.

Geldard and Geldard (2002:133) state that media and activity serve the function of engaging the child and enabling the child to tell their story. In selecting media and activities, it must, however, be remembered that each child is different with unique issues and behaviours that need to be addressed (Oaklander, 1988:194).

Children do not always move automatically from the verbalisation of emotions to taking possession of their own emotions. Oaklander (in Geldard & Geldard, 2002:36) works therapeutically with children by encouraging them to use fantasy and believes that the fantasy process will usually be the same as the life process of the child. She therefore works indirectly in bringing out what is hidden or avoided and relies on what is essentially a projective process. In light of this, various projective techniques are used from a Gestalt play theoretical perspective as a forum for expressing emotions. Oaklander (in Blom, 2004:144) states the following in this regard: "These modalities lend themselves to powerful projections that can evoke strong emotions. Everything the child creates is a projection of something inside of her or, at the very least, something that interests her."

These projective techniques serve as an invitation for children to participate. In addition, these forms of expression give the child, who struggles to identify feelings and does not understand how these feelings influence their bodies, a pathway to self-discovery and self-expression by allowing the child to safely project and talk about how they feel about certain problems. This makes open and contactful sharing possible, in which the child strengthens his own sense of self and gains in self-support (Blom, 2004:114).

Thompson and Rudolph (2000:386) state that play media should be chosen according to the following criteria:

- facilitate the relationship between the counsellor and the child
- encourage the child's expression of thoughts and feelings
- help the counsellor gain insight into the child's world
- provide the child with opportunity to test reality.
- provide the child with an acceptable means for expressing unacceptable thoughts and feelings.

Van der Merwe (1996a:14) adds that in choosing play material, the therapist has to take account of "...the child's personality, his problems and needs, the plans for intervention and the form of play". Geldard and Geldard (2002:134) agree by mentioning that the following important factors need to be kept in mind when selecting media or activities: the child's developmental age, whether the child is being counselled individually or within a group and current counselling goals for the child.

Gestalt techniques applied in this study included: Oaklander's model, Schoeman's model, the rosebush technique, monster work, incomplete sentences and fantasy. Mediums such as drawing, painting, clay, sand, stories, dolls and puppets were also used. These techniques are summarised in Appendix B.

3.7 SUMMARY

The researcher is of the opinion that the above analysis demonstrates firstly, the potential for the use of Gestalt play therapy in the treatment of children who stutter and secondly, the extent to which the determination of the most appropriate therapy technique will depend on the specific circumstances of each case. It should always be born in mind that each child (and his or her circumstances) is unique and so is his or her relationship with the therapist.

CHAPTER 4

EMPIRICAL RESULTS

4.1 INTRODUCTION

In this chapter the empirical results of the use of Gestalt play therapy with two respondents in middle childhood who stutter are reported. As mentioned in chapter one (refer to 1.4.4), three respondents participated in the study, but due to the voluminous nature thereof, the results of only two of them are detailed. The results of the third respondent and the conclusions to be drawn from them are, however, very much in keeping with that of the listed two. In addition, the process of therapy (refer to 2.3) will be evaluated in practice and the techniques (see Appendix B) used within the sessions will be discussed in detail.

The researcher purposely selected a sample of three respondents from the caseloads of an audiologist, speech and language therapist in private practice in Cape Town. The respondents met the following criteria:

- they are children in their middle childhood between the ages of 8 and 12
- they have a stuttering problem as diagnosed by a certified speech therapist
- both males and females, Afrikaans and English speaking, were included in the study.

Semi-structured interviews were used to collect data. This was done by applying nine Gestalt play therapy sessions with each of the respondents. In order to protect the privacy of the respondents, their names were not included in the research report at any stage but were replaced with pseudonyms.

At the beginning of the sessions, the researcher explained the aim of the research and the reason for the use of the video camera to the parents and respondents in basic terminology that they could understand. They were also informed of the total of

therapeutic sessions they would be attending and were again reminded of these two sessions prior to termination. In this way, according to the researcher, feelings of loss and rejection were minimised (refer to 3.5.7).

In the following section, the course of the sessions is described and each session evaluated, followed by an overall evaluation of the Gestalt play therapy process with each of the respondents. The evaluation is clarified and elaborated with reference to relevant literature. The chapter is rounded off with a summary.

4.2 DISCUSSION OF EMPIRICAL DATA

4.2.1 Respondent 1

Name:	Ben
Age:	8 years old (Grade 1)
Language:	English
Referral reason:	Stuttering

4.2.1.1 Background information

Ben lives with his single mother, grandmother and uncle. His father lives nearby with his new wife and daughter. According to Ben's mother, their relationship is good, but his father sometimes neglects to visit him regularly. Ben is just starting to become aware of his stuttering as he entered school this year (2007) and is now developing negative feelings towards his communication disorder. The main reason for this is that he is being teased at school and as a result of such an incident, refused to attend school for three days.

4.2.1.2 Session 1

- Goal of session:

Making contact and establishing a therapeutic relationship with Ben, as well as enhancing his contact functions.

- Course of session:

The researcher orientated Ben towards the session by explaining the objective of the research in basic terminology and clarifying the usage of the video camera. After the session, he also had the opportunity to see himself on tape, which he thoroughly enjoyed. The researcher then explained to Ben what play therapy entails in general as well as the techniques and mediums available for him to use, so he will know more or less what to expect from the future sessions. He was also informed of the number of therapeutic sessions he will be attending. In this way, a safe and friendly environment was established, contributing to the therapeutic relationship. Van der Merwe (1996a:14) states the therapeutic milieu should help to make the child feel comfortable.

Ben's senses of sight, taste, touch, smell and hearing were explored through different techniques for sensory experience (see Appendix B point 6), which he was able to use adequately. On the instruction of the researcher, Ben made a self-portrait in the form of a collage, including his likes and dislikes and talked about them with ease. The researcher concluded the session by dissolving magic beans in water, serving as a metaphor for growth and change.

- Evaluation of session:

Ben was able to identify and describe different sounds, smells, textures, tastes and sights. Oaklander (1988:109) states sensory experiences will renew and strengthen the child's awareness of those basic senses. The researcher therefore concludes that Ben is aware of

his senses. The collage-making and self-statements contributed to strengthening his sense of self, as well as enhancing awareness of his perception of himself (Geldard & Geldard, 2002:171). Stuttering, however, did not come to the fore and it seems as if it was not on his foreground or he was possibly not ready to express his emotions on this issue as yet. The magic beans served as self-nurturing as Ben really enjoyed watching them change and grow in the water.

4.2.1.3 Session 2

- Goal of session:

Strengthening the therapeutic relationship and enhancing Ben's emotional awareness by providing him with an opportunity to express his feelings as he becomes aware of them.

- Course of session:

The researcher related to Ben by enquiring about his activities of the week, thereby demonstrating interest in him and contributing to the relationship. Ben brought the researcher a book with some of his personal drawings, indicating that a level of trust and comfort in the relationship has already been formed. According to Blom (2004:54), it is important that the child should feel comfortable in the presence of the therapist within the therapeutic relationship.

The researcher continued the session by enhancing Ben's emotional awareness. This was done by showing him puppets with different expressions of feelings which he had to identify and link to a physical locus point in his body, which he was able to do. Through this activity, Ben was made more aware of the emotions that he experiences at a given moment. (See Blom, 2004:98.) The researcher also asked him to identify his feelings about stuttering, to which he responded: "Sometimes I am shy to speak. Sometimes I feel scared to speak. Then I'm on the stage in front of a lot of people. And sometimes I feel happy". As mentioned in 2.3.2, the stuttering child may experience anxieties about

speaking as is evident from Ben's statement. It also appeared to the researcher as if Ben's stuttering increased slightly when talking about it, hence demonstrating this anxiety. The researcher asked Ben what he can do to feel better when he has to speak in front of people. He replied, "I can tell the teacher if I can have a little break". The researcher praised him for this idea, contributing to self-support. Doing breathing exercises was also suggested by the researcher and this was practiced with Ben. According to Schoeman (1996b:54), breathing exercises provides the child with more oxygen and enables him to control his body better (see Appendix B point 12).

Ben made the feelings he identified on cookies that also included a 'stutter cookie', a mix between being scared and happy. He then created a dialogue between the cookies saying to the 'stutter cookie', "It is OK, you're very good at singing". At the end of the session, Ben had the opportunity to eat the cookies he made, which he thoroughly enjoyed.

- Evaluation of session:

According to Blom (2004:98), linking emotions to a bodily contact point contributes to the child functioning as a holistic entity of thought, emotions and body. Oaklander (1988:123) states in this regard: "It is only when we acknowledge our feelings and experiences that we can release them and use our total organism for other things". As Ben was able to express his own emotions with relative ease, the researcher is of the opinion that he has sufficient self-support seeing that this is a prerequisite for emotional expression, as stated by Blom (2004:128). Through the expression of his own emotions it became evident that he had some negative feelings about stuttering but he was able to identify alternatives to these feelings, further signifying strong self-support. The researcher praised him for these suggestions, which strengthened his sense of self, as this provided him with feelings of inner mastery and satisfaction. (See Blom, 2004:125.) Ben really enjoyed making and eating the cookies and it served as a self-nurturing experience.

4.2.1.4 Session 3

- Goal of session:

To offer Ben the opportunity to express his fears in a non-threatening way through the use of the monster technique.

- Course of session:

The researcher re-established contact with Ben by asking him what he had done during the week, thereby again demonstrating a caring attitude, which in turn strengthens the therapeutic relationship. The core of the session included asking him to identify and draw a monster in his life with the medium of his choice, giving him a sense of control. (See Blom, 2004:120.) He painted a big monster that scares him in his dreams. Questions around the monster technique set forth in Appendix B (point 10) were asked in order to explore the projection.

The following information was gained about the monster, “His name is ‘Giant-scare’. I call him this because he is very big and he scares all the people away then I am all alone”. “He comes at night to your bed or he comes from the sky, he comes from bogeyman world”. “I know him for 3 days now”. “I saw him in my dream. He makes me feel scared. Sometimes he sprays ink on people so they run away. Then I am by myself and scared”.

Ben confirmed that he does not like to be alone, especially in the dark as he sometimes get bad dreams. He further conveyed that his mommy often sits with him until he falls asleep but that the ‘Giant-scare’ already chased his daddy away. This issue resurfaced again in session 7 (refer to 4.2.1.8). This makes him feel scared because only his daddy is as big as the monster. The researcher suggested that Ben change the monster on the paper into a nice or funny monster. The reason for this request was because Ben is currently in the concrete operational stage (7-11 years), where, according to Piaget (in Berk, 2003:266) children of Ben’s age can only grasp concrete information. According to O’Conner and

Schaefer (1994:152), projective techniques provide concrete objects that the child finds easier to address and the very act of creating them helps the child open to deeper places within the self. Ben enjoyed this and excitedly said: "I'll make him two small friends. Now he won't come to earth to look for people. He can stay with his friends in bogeyman world. If he comes down he can use his ink powers to fill pens". Ben confirmed that this was now a friendly monster and changed the monster's name to 'Monster-superhero'.

The researcher asked Ben what he can do to feel better at night when he feels scared. He suggested that he can run to his mommy, crawl underneath the blanket or watch a funny movie. The researcher praised him for these suggestions and further proposed that he can ask his mommy to read him a nice story, switch the light on or put a picture of his daddy next to his bed. Ben then confirmed that he was not scared to go to bed that night and that he felt happy about the 'monster-superhero'. The researcher gave him his (now) funny and happy picture to take home to put on the wall next to his bed.

- Evaluation of session:

Within the safety of the therapeutic relationship, Ben was able to make disclosures regarding fears in his life. Geldard and Geldard (2002:11) explain this by stating that in a permissive environment the child feels free to act out and to gain mastery over their feelings in safety. Ben's disclosure of the monster in his life (the fact that it scared his daddy away, as well as a fear of the dark and possibly real monsters) demonstrates that he has enough self-support to recognise his feelings. In this regard, Yontef (1993:26) states that self-support includes self-knowledge. The fact that he changed the scary monster to a funny superhero permitted him to experience a sense of mastery and control over his fears and created an atmosphere of playfulness, imagination and humour, further strengthening the I-thou relationship, as well as his sense of self. (See Blom, 2004:121.) He also became aware of the polarities in respect of emotions, such as fear and happiness towards the same thing (monster) or person (his daddy), that, according to Blom (2004:22), leads to integration of these polarities and thus better functioning. The fact that

Ben could take his picture home to put on his wall, served as self-nurturing, as he enjoyed looking at it and, he said, it made him laugh.

4.2.1.5 Session 4

- Goal of session:

To promote relaxation and sensorial awareness by taking the child on a fantasy flight, allowing him to project his experience through the use of drawing.

- Course of session:

The researcher made contact by engaging in conversation with Ben, followed by breathing exercises, after which he was taken on an imaginary trip (see Appendix B point 7) to a cabin in the woods where stuttering lived. According to Naparstek (in Schoeman, 2004:147), guided imagery has tremendous influences in healing and health. During the fantasy flight, the researcher constantly probed Ben to become aware of his senses. On the instruction of the researcher, Ben then drew what he had seen in his mind (see Appendix C).

The researcher used Oaklander's working model (see Appendix B point 4) to explore the picture and the following was revealed: "It was fun going on the trip. It was fun to fly. But I felt scared over the sea that I'm going to fall". "In the woods I saw all the squirrels and rabbits". "It was a little scary in the house". "Stuttering is a cloud and lives in the cupboard. I am invisible so stutter can't see me. If he can, he will go in me and then I will stutter more. But he knows I'm there". "The stutter man is sad, because he does not have friends. His friends are a little scared for him because they can walk right through him and also stutter". "It is a sad picture". "Stutter man is the sad part. The happy part is where his friends are in the woods playing".

The researcher asked Ben to conduct a dialogue between the happy part and the sad part. As the happy part, he asked the sad part what is wrong, to which the sad part replied that he is sad because his friends are scared of him because they can walk through him. Then as the happy part, he asked the sad part to be his friend. Ben then confirmed that he is in the happy part but sometimes feels scared of stuttering. However, by asking the sad part (which represents stuttering) to be the happy part's friend (wherein he finds himself), indicated to the researcher that he is starting to accept stuttering. He confirmed this by saying, "...stuttering is only a cloud in the sky that can fly, I can't walk through him anymore". When the researcher asked him if there was anything missing from the picture, he drew himself and added that he was not invisible any longer. This may be an indication that he does not wish to hide from stuttering anymore. Ben said that stuttering is not scary any longer and that his drawing is a happy picture now. Ben then drew a golden light shining through the cloud (stutter) so everyone could see him. He confessed that he is still a little scared of stuttering but feels a lot better now and that he really has friends.

The researcher empowered Ben by pointing out that his friends play with him regardless of his stuttering and emphasised that stuttering makes him more unique as he speaks differently to other children. According to Schoeman (2004:119), part of the therapeutic process includes empowering the child, by saying or doing some activity to enhance their self-esteem. This was demonstrated by tracing off Ben's hand onto paper and comparing it with the researcher's hand so that Ben could see that they are not the same and that he is indeed very special. On instruction of the researcher, Ben wrote in all his fingers a name of a friend who likes him and plays with him despite his stuttering, so he could perceive this logically and concretely. (See Berk, 2003:266.)

- Evaluation of the session:

As mentioned in 2.5, children during middle childhood develop a sense of self-esteem and individuality and compare themselves with their peers, who are now more influential than before. It is evident from Ben's projection that he is afraid of stuttering and fears that

his friends will not want to play with him because they may then also start to stutter. After exploring this fear, Ben realised that this is not possible as "...stuttering is only a cloud in the sky" and that his friends play with him despite his communication disorder. In this regard Ben mentioned, "...we all played together in the woods". It also appeared to the researcher as if the tension in his voice decreased at this point, in the sense that his words did not seem as forced as before. Through dialogue between parts of the picture, Ben was able to discover solutions to his own problem. (See Geldard & Geldard, 2002:189.) This was proved when he asked all the friends to play together. Throughout the session, Ben's feelings changed from negative (scared) to positive (happy). Oaklander (1988:281) states that change comes from within the child himself. This indicated that growth and change indeed took place throughout the session, suggesting sufficient self-support. This also allowed him to become aware of polarities in his life, promoting balance and integration. (See Oaklander, 1988:158.)

By tracing off Ben's hand onto paper, the researcher demonstrated his uniqueness and how he differs from others, thereby enhancing his awareness of who he is. This increase in self-knowledge further strengthened his sense of self. Oaklander (1988:284) states in this regard: "Through an awareness of differences, children can begin to view themselves with new appreciation".

4.2.1.6 Session 5

- Goal of session:

Generating feelings of mastery and control within the child through the use of clay as medium.

- Course of session:

The researcher made contact with Ben by engaging in conversation. Ben told the researcher that he had been talking about his feelings all week since their last session.

This indicated to the researcher that there is a level of trust in their relationship, as he takes what she conveys to him seriously. Oaklander (1988:51) emphasises that what the child experiences within therapy will often carry over into other areas of his life.

The use of clay to express emotions was used in this session. The researcher gave Ben the opportunity to choose between different colours of clay and allowed him to become aware of his senses by smelling and touching it. On instruction of the researcher, Ben made the stutter man from the previous session out of clay (see Appendix C). The reason for this request was that the researcher wanted to ensure that the respondent was not left with any unfinished business (refer to 3.3.2) regarding stuttering. Ben's experience was explored and the following was revealed: "It was nice making friends with the clay. It felt soft and nice". "This is stutter man. Sometimes he stutters. He gets stuck with his words. Then he feels a little sad".

Ben admitted that he also feels like the stutter man, thereby owning his projection. The researcher asked Ben to create a dialogue between himself and the stutter man and he told the stutter man that he doesn't like him. The researcher then inquired whether Ben and the stutter man were no longer friends (since the last session) and Ben replied "not today". When the researcher questioned the reason for this Ben said that stuttering made him feel sad. It also seemed to the researcher that the anxiety and tension caused by stuttering were once again visible in Ben when speaking. He did not, however, elaborate on the reason for this, which could be an indication of resistance (refer to 3.5.2). The researcher respected his unwillingness to elaborate. On instruction of the researcher, Ben had the opportunity to destroy the stutter man with the tools of his choice. Ben experienced great enjoyment in hitting the clay figure while shouting: "You not going to make me sad anymore. OK!" The researcher then gave him a balloon for a similar effect, which he blew up, drew stuttering on it and popped it afterwards, saying while doing this, "Don't make me sad anymore or I will punch you to the ground!"

Ben then admitted to feeling happy and that stuttering can now be his friend again. He wanted to make stuttering out of clay once more and this time made a little heart, "...

because stutter man is happy”. When asked to dialogue yet again, he said, “It’s OK when you get stuck”. The researcher then reassured Ben that it was OK if he got stuck with his words too, which also empowered him. Ben blew up another balloon with a picture of stuttering sticking his tongue out, “...because stutter man feels like laughing”. At this stage, Ben’s anxiety about speaking once again disappeared and it seemed as if his stuttering also decreased as he became more relaxed. The researcher gave Ben some clay to take home.

- Evaluation of session:

Ben really enjoyed working with the clay medium, contributing to an atmosphere of playfulness, while enhancing the I-thou relationship. According to Schoeman (1996a:34), an important aspect of any relationship is joy and encourages the child to come for follow-up sessions. As mentioned in Appendix B, the clay medium also provides the child with tactile kinaesthetic experience, thereby developing sensory and bodily contact-making (Geldard & Geldard, 2002:156). Ben was able to express and own his emotions, illustrating sufficient self-support. Ben’s ability to create a dialogue between himself and the clay figure enabled him to recognise, own and deal with his feelings as well as to develop insight into his situation and discover a solution to his problem. This was demonstrated when he said to stuttering: “It’s OK if you get stuck”.

The destruction of the stutter man lead to a heightened sense of mastery and control and also served to empower him, so that growth and change could take place. Osel (in Geldard & Geldard, 2002:61) suggests that change in the therapeutic process often involves a client’s change in perspective and is often followed by a change in the client’s internal world. This is evident in the fact that Ben made a heart out of clay representing stuttering and admitted that he now feels happy and not sad any longer. This action gave him a sense of control and the feeling that he can master problems in his life. Blom (2004:119) is further of the opinion that these experiences strengthen children’s belief in themselves. Self-nurturing entailed allowing Ben to take some clay home.

4.2.1.7 Session 6

- Goal of session:

To further enhance Ben's self-awareness through the use of the rosebush fantasy technique.

- Course of session:

The researcher re-established contact with Ben by asking him about his week. Since he felt tired, the researcher did a few deep breathing exercises with him, giving Ben the feeling of power and support. (See Oaklander, 1988:129.) The researcher also made Ben some hot chocolate, which he really enjoyed. As Ben appeared more energetic, the researcher led him on a fantasy flight where he had to imagine that he was a tree. Questions around the rosebush technique set forth in Appendix B (point 9) were then asked to aid and explore the projection.

The following information about the tree was gained: "The tree is feeling happy". "It is a strong tree" and "it has roots". "It's an apple tree, there are a lot of apples on the tree, they're red". "The tree has no thorns" and "it's standing in a garden". "There is a squirrel in the tree with some nuts" and "it's also a nut tree". "The tree is standing with a house" and "there is also a housecat and house puppy". "There are no people", "it is an old house". "There is a wall with a little door around the tree. It's a magic door, so the people can't see it, but the animals can". "It's sunny with some clouds". "The tree looks after himself, the rain helps". "I like the tree. He is fun".

Ben agreed that he was like the tree in that "...the tree's trunk looks like a human being's body", "I eat apples and red is my favourite colour", "I also like animals". The researcher further pointed out the following similarities that Ben confirmed: He is also strong just like the tree. Ben stated in this regard: "I can pick up a heavy stone. My insides are just as strong". The roots of the tree are like his family, supporting him. Ben elaborated by

saying, “My mommy keeps me up like the roots of the tree”. Ben further agreed that the apples were his friends, but he sometimes felt alone like the tree standing on its own. “I like animals to be around me, that is why they can go through the magic wall”. He was also of the opinion that the wall around the tree signifies a means of protecting himself, which was proved in the following statement, “I don’t like people so much. I don’t like rude people. I like it when they sometimes do things for me and I sometimes do things for them”. This may be an explanation for the apples and nuts the tree provides to the animals as he also likes to do things for others. Although he likes it when people help him, he can also look after himself, explaining the fact that the tree can survive on its own. However, he also confessed that, like the tree sometimes needs the rain, he also sometimes needs his mommy.

Ben owned his projection by agreeing with the researcher about some similarities between himself and the tree. According to Schoeman (2004:177), the therapist can use something real about the child with which to empower him. The researcher therefore praised him for his strength and will to do things for others and emphasised his mommy’s love for him.

- Evaluation of session:

Ben had no trouble identifying with the tree though he focused more on physical comparisons. According to Piaget (in Berk, 2003:242), this is due to the fact that children in the concrete operational stage think in an organised, logical fashion only when working with concrete information that they can recognise directly. Their mental operations work poorly with abstract ideas that are not apparent to the real world. Blom (2004:151) states that children must first own their drawing or painting on a symbolic level, whereupon the therapist proceeds to the reality level to try to find similarities with their life. However, once the researcher pointed out less obvious similarities, Ben easily recognised them, further raising his self-awareness. The fact that he could own his projection quite quickly indicates strong self-support as well as a strong sense of self,

which was further enhanced by this exercise. The drinking of hot chocolate together served as self-nurturing, as Ben admitted that he loves chocolate.

4.2.1.8 Session 7

- Goal of session:

To provide Ben with the opportunity to create his own miniature world in the sand in order to explore his world in a safe and concrete manner.

- Course of session:

The researcher made contact with Ben by enquiring about his weekend. Ben confessed to feeling sad as he could not see his daddy since their car broke down. He further conveyed that he does not see his daddy often because he has a new wife, which saddened Ben. This sharing of personal information with the researcher was an indication of trust in the therapeutic relationship. Ben said that his daddy, however, bought him a present as an indication of his regret for not seeing him and promised a visit for next weekend, which made him happy.

The sand tray was utilised in this session. The researcher acquainted Ben with the sand tray and gave him the opportunity to make sensory contact with the sand and toys. On instruction of the researcher, Ben created a story in the sand tray (see Appendix C). The researcher used Oaklander's model (see Appendix B point 4) to explore the sand tray with Ben and he told the following story:

“It felt nice making the picture in the sand. The sand is rough”. “This is a jungle. The animals are looking for food. It is winter so the food is dead. The spider, snake and bat want to eat the mouse. The tiger is roaring, because he does not want them to eat the mouse. The lion is roaring, because he does not know where to go and there is too much noise. The dinosaurs are just looking. The crocodile and octopus are going home, but the

shark is staying in the water. The bug is flying to look for food”. “The mouse is feeling scared, because he will be eaten. The tiger can’t help the mouse and is feeling mad. The spider, snake and bat are feeling happy, because they will get food. The lion is getting used to the noise. The dinosaurs don’t like what they see”. “The animals are all friends, except for the spider, snake and bat”. “The whole sand tray is the sad part, because it is winter. The wind is blowing on the sand and the food is dead”.

At first Ben did not want to conduct a dialogue between the animals but owned the sand scene by identifying with the animals and bringing it to his life. He made the following remarks in this regard: “I’m the dinosaur that can fly, because I wish I can fly”. “My mommy is the other dinosaur. She is looking for food to give to me. The bug is my grandma. She is helping us”. “My daddy is the lion, because he does not know where to go. He has two houses. At the other house are his other wife and my sister. They are the crocodile and octopus. I wish they would go away. The lion is roaring, because he is sad, but is now getting used to it”. “Stuttering is the shark. He can stay now”. “The bat is my uncle, the spider and snake his friends and the mouse is his drink and cigarettes. The tiger is all of us together and we can’t stop him. He makes us mad”. “This is the sad part”. He then agreed that these things also make him feel sad.

The researcher asked Ben if he wanted to change his picture. While doing this, he explained the following: “The dinosaur now found a special stone that helps him find food”. “He has a big house with a pool. He invites some of the other animals to come and stay in his house. There is a special room made out of iron to keep out the noise for the lion”. “The shark can also come, because there is a pool. But the octopus and crocodile is swimming home and the bat with his friends must stay in the jungle”. “The winter is over and summer is coming tomorrow”. He then had a dialogue between the dinosaurs (himself and his mommy) and the lion (his daddy), saying: “You must come and stay with us, we have a special room”, as well as with the bat (his uncle), saying: “You must keep out and stop drinking and smoking. You cannot watch my videos anymore”. To the shark (stuttering) he said: “You can come too. There is a pool for you so you’ll always be happy”. He did not, however, want to say anything to the octopus and crocodile (his

daddy's new wife and daughter). "The house is happy now. It is summer again. The food is growing". "This is the happy part".

Ben once again agreed that in his life, he likes to help others and that is why the dinosaurs, who represent him, found the stone that finds food. He wishes his daddy could live with them and his other wife and his sister can go away. He also wishes for his uncle to leave, because he drinks and smokes too much. He agreed that stuttering is still his friend by stating that: "...he is a little part of me now" and therefore, the shark (stuttering) was allowed to stay with him at his house.

The researcher then gave him the opportunity to change the sand scene the way he wanted to. Ben took out the animals he did not wish to have with him in the sand tray and moved his daddy closer to himself. He also added his two puppies, his teacher and some of his friends. Ben then admitted to feeling happy. The researcher gave Ben the option of choosing any miniature toy to take home with him to be a sign of his control to really change his life story.

- Evaluation of session:

At this stage, an I-thou relationship has already been formed as Ben felt safe enough to share private thoughts and feelings towards his daddy with the researcher. (See Geldard & Geldard, 2002:13.) It seems as if Ben enjoyed the projection technique used in this session and did not need any prompting. This indicates to the researcher that natural, spontaneous interaction occurred, which, according to Geldard and Geldard (2002:12), may be the result of authenticity in the relationship. Ben could identify with the sand tray and project his own life in it, indicating sufficient self-support. By doing this, he was able to express his emotions towards his uncle, his father's new wife and child within the safe space of the sand tray. He could also communicate his fantasies of not having them in his life and having his daddy all for himself.

According to Geldard and Geldard (2002:150), the opportunity to alter his story by changing the scene in the sand tray to his liking allows the child to experience a sense of power and gain mastery over these issues. Ben changed the sad picture to a happy one without any prompting. This indicates to the researcher that he has an adequate amount of self-support to take responsibility and control to make changes in his life (Schoeman, 2004:177). It also appears as if Ben has now accepted stuttering in his life by referring to it in his sand scene and by saying: "He is a little part of me now". Throughout the session, Ben appeared to be more relaxed about speaking than during some of the previous sessions and his speech did not appear as forced as noted before (refer to 4.2.1.2). The fact that Ben could choose a miniature toy for himself to take home served as self-nurturing.

4.2.1.9 Session 8

- Goal of session:

To provide Ben with the opportunity to make a collage about stuttering, thereby increasing his knowledge about the communication disorder.

- Course of session:

The researcher established contact with Ben by inquiring about his visit with his daddy and, in this way, demonstrating genuine interest in the child, leading to an honest relationship where the interaction is one between two real people. (See Geldard & Geldard, 2002:12.) The core of the session entailed collage-making. The researcher inquired whether Ben is familiar with what stuttering constitutes, but he responded that the only thing he knows about it is that it is "...when you get stuck with words". The researcher then asked if he would like to learn more about stuttering by making a collage, to which he excitedly responded "Is it like a magazine? I like collages!"

Materials used in the collage included: a poster; feeling faces to demonstrate his feelings about stuttering; pictures of famous people who stutter for inspiration; information about stuttering with pictures to assist with the explanation, crayons and paint for him to add anything about stuttering. The researcher discussed and explained the above-mentioned information with Ben and gave him the freedom to choose which information he would like to add on his collage and like others to know about stuttering. According to Oaklander (1988:282), giving the child freedom to choose builds the child's self-image.

Ben was very excited about his collage (see Appendix C) and stated "It is fun for me to learn more about stutter". He was especially thrilled about the fact that 'Darth Vader', the character who played in the movie 'Star Wars', as well as the voice of 'Mufasa' in 'The Lion King,' also stutter. When he heard that the actor who plays 'Mr. Bean' is another stutterer, he reacted with enthusiasm, "That funny man stutters! I can't wait to tell everyone!" When his mother came to fetch him, he immediately yelled with excitement: "Did you know that three million people stutter? I can't even count that much!" Ben's stuttering slightly increased due to excitement but did not appear to bother him as in the beginning of the therapeutic process (refer to 4.2.1.2 to 4.2.1.5) when his speech seemed forced and he looked tense. In contrast, he now appeared more relaxed and confident and seemed to notice his stuttering less. The researcher once again prepared Ben for termination that will take place in the next session.

- Evaluation of session:

The researcher is of the opinion that this increase in knowledge about stuttering, especially the famous stutterers, empowered him. It also seemed as if the fact that he could choose what information about the communication disorder he wanted others to know, gave him a sense of mastery and control. Schoeman (2004:177) states in this regard, "The knowledge that he has taken responsibility for his own choices helps to give the child power and control". This was proved by Ben's statement regarding the collage he made, "I'll put it up in my room. There everyone can see it and also learn like I did.

I'll first of all show them the famous people". The fact that Ben could take his collage home to show to others, also served as self-nurturing.

4.2.1.10 Session 9

- Goal of session:

To a) use storytelling in order to help Ben normalise events in his life by letting him know that others have had similar experiences (see Geldard & Geldard, 2002:180), b) use incomplete sentences to provide Ben with the opportunity to express these experiences and c) to discuss the termination of therapy.

- Course of session:

The researcher made contact with Ben by discussing his feelings surrounding termination, thereby further demonstrating genuine interest in the child and bearing a caring attitude. Ben said: "I will miss the therapy", indicating that an I-thou relationship was indeed formed during the therapeutic process. When the researcher asked him which part of the therapeutic process he liked best, he remarked, "I liked everything, I liked all the things of therapy". He, however, admitted that although he liked the sand tray the most, he also enjoyed the drawings, especially the tree (rosebush). The researcher then presented Ben with all his projections, enhancing his sense of mastery, to which he responded, "I feel proud about it". The researcher then gave him the choice of what to do with the drawings, which also provided him with a sense of power and control. The researcher empowered him by emphasising his strength and courage to change his real life story, as he did with the drawings (refer to 4.2.1.4 and 4.2.1.5), clay (refer to 4.2.1.6) and picture in the sand (refer to 4.2.1.8), further enhancing his feeling of control. This explanation also allowed him to understand the concept of change concretely.

The researcher and Ben then read a story together about stuttering, called 'Ben has something to say'. Ben identified with the main character by stating, "I like this book. I

like the pictures. I like the boy also. I'm also not going to be scared anymore, just like the boy". The researcher assured Ben that what he has to say matters, so it is not important how he says it, but rather what he says. He agreed by stating, "I am clever with what I say and I got a good school report".

The researcher made use of the following incomplete sentences at this stage to determine whether Ben's attitude has changed during the therapeutic process:

In school ...

The children ...

I do not like myself ...

Stuttering ...

Ben was quite negative towards the above aspects in the beginning of the therapeutic sessions (refer to 4.2.1.2 to 4.2.1.6). However, from these incomplete sentences, it became clear that Ben's attitude has indeed changed from being quite negative to being more optimistic, as his statements regarding the above were all formulated in a positive manner. He stated, for example, that there is nothing about himself that he does not like and that he feels good about stuttering.

The session was also concluded with Ben saying: "I feel happy of stuttering. We do not fight. Stutter is my friend". The researcher then gave him a little comfort bear to remind him of all the people who love and care for him as well as his friends who play with him, despite his stuttering. An armband was also presented to him to remind him that no-one has the same hand as him and that he is very special and unique (refer to 4.2.1.5).

- Evaluation of session:

During the last session, Ben was able to talk about his feelings with comfort, without the assistance of a projection or medium, indicating strong support within himself (refer to 4.2.1.3). By identifying with the main character in the story, he was able to learn handling

strategies for similar emotions or situations, which he admitted to sometimes experiencing or being confronted with. This, therefore, normalised his feelings and in turn, provided him with a sense of control as he could view the successful outcome of those situations, similar to his own, while empowering him at the same time. (See Geldard & Geldard, 2002:179.)

According to Blom (2004:231), the use of incomplete sentences provides the child with the opportunity to express his experiences. From this, it is evident to the researcher that Ben is now more accepting towards stuttering, which was apparent from the statement that he likes himself and that he feels happy about stuttering. This further demonstrates that growth and change took place during the therapeutic process.

The researcher empowered Ben by once again emphasising his uniqueness and strength and raising his awareness of the progress he made during the therapeutic process. The comfort bear served as a means for self-nurturing, as it symbolises something nice for him. (See Blom, 2004:259.)

4.2.1.11 Evaluation of the therapeutic process with Ben

Ben is at the bottom end of the stuttering spectrum in the sense that, because he has just started his schooling, he has only now become aware of it being a disorder and has only recently developed truly negative feelings about his stuttering. However, this already had an impact. As a result of being teased at school (an inevitable consequence of stuttering), he refused to go to school for three days. The researcher initially did not raise the issue of his communication disorder with him but did so gradually from the second session onwards. The researcher believes that Ben has reacted positively to the use of Gestalt play therapy, in general and, more specifically, in relation to his stuttering problem. Whilst Ben was aware of himself, the use of various therapeutic mediums contributed to his sense of self and enhanced awareness of his perception. Initially, collage-making was used to good effect. During the second session, his stuttering problem was investigated through the use of puppets with different expressions of feelings, including a 'stutter

cookie', with which he was able to conduct a dialogue. His feelings about stuttering included being shy, scared and happy. Subsequently and through his drawing of a monster in his life, Ben was able to make disclosures regarding his fears, including those in regard to stuttering, and at the same time, gained some mastery and control over them. As the therapeutic relationship deepened, fantasy flights, the making (and destruction) of clay figures, the use of the rosebush fantasy and of a sand tray as well as the making of a collage were used. Throughout these sessions Ben acquired (and achieved) a greater knowledge and understanding of stuttering and ways and means of how to overcome the problems associated with it. During the last session, he stated that he had enjoyed the therapy and had learnt from it. It was clear that he was now more accepting towards stuttering. This is in accordance with the researcher's perception.

4.2.2 Respondent 2

Name:	Mike
Age:	12 years old (Grade 5)
Language:	Afrikaans
Referral reason:	Stuttering

4.2.2.1 Background information

Mike lives with both his parents and younger brother, but is the only one in the family who stutters. He has quite a severe stutter with an adverse effect on his self-esteem. As a result, he seldom speaks and mostly keeps to himself. He experiences extreme negative feelings towards stuttering and believes it is the source of everything bad in his life. As mentioned in 2.9, stuttering often causes the child to develop an attitude that anything is better than stuttering.

4.2.2.2 *Session 1*

- Goal of session:

Establishing a therapeutic relationship with Mike and enhancing his contact functions.

- Course of session:

In the first session, attention was primarily paid to the establishment of a therapeutic relationship between the researcher and the respondent by engaging in idle conversation. According to Van der Merwe (1996a:10), friendliness is necessary for building a relationship of trust. The therapeutic milieu, as mentioned in 4.2.1.2, should also help to make the child feel comfortable. In order to achieve this, the researcher explained the objective of the research study and clarified the necessity of the video camera to ensure that Mike felt comfortable with its presence. The researcher further explained the nature of the future sessions in order to put Mike at ease and establishing a safe environment. This contributed to establishing the start of a therapeutic relationship. According to Blom (2004:56), the relationship in itself can be very valuable for the child, within a safe therapeutic environment, as it is often an experience that is unique and new to the child.

The researcher also shared some things about herself with Mike, thereby demonstrating that she is not the expert, but that the two of them are, in fact, on an equal level, further contributing to the I-thou relationship (refer to 3.5). Schoeman (1996a:32) states in this regard: “The play therapist must share experiences with the child, regularly and judiciously. The therapist always shares feelings, preferences and personal experiences”.

Attention was given to Mike’s contact-making skills by focusing on sight, touch, taste, smell as well as hearing (see Appendix B point 6). The researcher then queried Mike’s likes and dislikes by asking him to make a collage about himself. He enjoyed the experience and talked about it with excitement, especially the things he liked. The session

was concluded by throwing magic beans into water, serving as a metaphor for growth and change (refer to 4.2.1.2).

- Evaluation of session:

Schoeman (2004:135) states: “Our senses influence the way we experience the world and serve as a survival mechanism”. Mike was able to use his senses adequately as he could identify and describe different sights, textures, sounds, tastes and smells. The researcher thus concludes that he is aware of it. According to Blom (2004:256), self-statements establish inner strength. The researcher is therefore of the opinion that talking about his likes and dislikes served to build self-support within Mike. Stuttering also came to the fore with him saying: “*Ek het baie gevoelens oor hakke*”. He did, however, not elaborate on these feelings regarding stuttering.

4.2.2.3 Session 2

- Goal of session:

Enhancing Mike’s knowledge of emotions and assisting him in communicating them.

- Course of session:

The researcher inquired about what Mike had done during the week. In this way, she showed interest in the respondent, contributing to the relationship. As emotional awareness and expression thereof formed the core of the session, the researcher commenced to enhance Mike’s emotional awareness by showing him different feeling faces, naming them, talking about them and the body’s reaction to various emotions. In this way, he became familiarised with different feelings on a cognitive level. According to Blom (2004:137), the above-mentioned aspects regarding emotions are less threatening for children and prepare them for projecting and expressing their emotions.

Mike then expressed strong feelings towards stuttering by mentioning that: “*Hakkel maak my partykeer kwaad, partykeer hartseer en partykeer half blyerig. Ek kan net soos ander mense praat, ek sukkel net bietjie. Ek kannie help nie. As kinders my spot omdat ek hakkel dan dink hulle hulle is snaaks. Ek raak baie geïrriteerd!*” It appeared to the researcher that Mike’s stuttering increased as he talked about it, possibly due to a rise in tension and anxiety. The researcher asked if there is anything that he can do to make these feelings better, to which he replied “*Ek wil hulle net slaan! Maar dit is beter om weg te hardloop of om te maak of dit my nie pla nie*”. According to Neuman and Neuman (2006:290), children who have communication disorders are likely to be the target of peer teasing and social ridicule. Lees (1999:23) also states that if the stuttering child is teased about his or her speech, the child may respond with physical aggression, because a verbal response carries the risk of stuttering again. The researcher praised Mike for his latter suggestion, and proposed other alternatives, including hitting his pillow or having a pillow fight, hitting a boxing bag or kicking a ball in order to release his aggressive energy. It was evident through his body language that Mike felt worked up and the researcher conducted some deep breathing exercises for relaxation. Oaklander (1988:129) states that deep breathing can dispel anxiety.

The researcher wanted to do something fun during the session and gave Mike the opportunity to make his feelings on cookies, which also included a ‘stutter cookie’, consisting of angry, sad and happy feelings. This correlates with what Lees (1999:23) states that children who stutter may experience feelings of anxiety, sadness, anger or grief, as can be seen from Mike’s statements regarding his feelings. He created a dialogue between the cookies and the ‘stutter cookie’ saying, “*Jy is beter as die kinders wat jou spot*”. He then ate the stutter cookie while saying, “*Wala, ek kou jou fyn tot daar niks van jou oorbly nie!*” and the enjoyment he experienced was obvious. The researcher praised Mike for his positive statement that he is better than the children who tease him. He then wanted to make these children’s faces on the cookies and eat them as well, which he thoroughly enjoyed.

- Evaluation of session:

During the session Mike was able to express his emotions, which also gave him the opportunity to vent his anger. This was mostly directed towards stuttering and particularly the children who tease him because of his communication disorder. According to Guitar (1998:121), children with intermediate stuttering (refer to 2.6) in middle childhood have gone well beyond the mild frustration observed in those who have just begun to stutter, as is evident from Mike's aggravated attitude. The fact that he was able to verbalise these feelings indicates support within himself, as children need support within the self to express emotions. (See O'Conner & Schaefer, 1994:148.) As Mike got really worked up when discussing this, which was apparent from his loud tone of voice and hostile body posture, signifying anger towards these children, it became evident to the researcher that he has a lot of negative energy created by these emotions. (See Blom, 2004:258.) His stuttering also increased to a great extent when talking about it.

Ways in which he could deal with anger without creating trouble for himself were then discussed. He was also capable of coming up with his own alternatives, again signifying self-support. The fact that he stated that he can speak just like other people, he only struggles more, as well as the statement that he is better than the children teasing him for it, demonstrates self-worth and thus a strong sense of self. The researcher further gave Mike the opportunity to express this aggressive energy in a playful manner, by making these feelings onto a 'stutter cookie' and eating it afterwards. According to Blom (2004:133), Mike's ability to take this action further signifies self-support. This act also gave him a sense of control, while empowering him, as is evident in the following statement: "*Wala, ek kou jou fyn tot daar niks van jou oorbly nie!*" It also allowed him the opportunity to self-nurture, as he enjoyed this thoroughly.

4.2.2.4 Session 3

- Goal of session:

To provide Mike with the opportunity to project his fears and worries onto paper by applying the monster technique.

- Course of session:

The researcher re-established contact with Mike by inquiring about how his week was and from his response it seemed as if he had good week. The researcher then asked Mike what he thinks about monsters and he indicated that he sees them as bad. On instruction of the researcher, he identified and drew the monster in his life with the medium of his choice, giving him a sense of control. He drew the monster in the form of a big soldier with a sword, fighting. The researcher explored the projection by asking questions pertaining to the monster technique, as described in Appendix B (point 10).

Mike revealed the following information about his monster, *“Sy naam is ‘Boelie-monster’”. “Ek was graad een toe hy in my lewe gekom het”. “Hy is groot en hou daarvan om my te stamp. Ek is kleiner as al die ander kinders in graad ses. Die monster is ’n voorbeeld van wat die boelies in die skool eintlik is. Hulle is almal groter as ek. Ek kan myself nie altyd verdedig nie, omdat ek klein is. Ek kom dan ook soms in die moeilikheid, maar soms wag ek tot na skool voor ek hulle terugkry. As ek die meneer vertel sê hulle ek klik”. “Die monster maak my bang, maar veral kwaad. Hulle boelie my, want dit laat hulle sterk voel en hulle wil respek hê. Maar dit laat my klein en swak voel”.*

Neuman and Neuman (2006:292) identify public ridicule in school as detrimental to establishing a positive self-concept. In addition, acceptance or rejection of the peer group in middle childhood becomes increasingly important (Kaplan, 2000:423). The researcher consequently discussed with Mike what bullies are, who they bully and what they want. As mentioned in 2.9, teasing typically occurs when a child shows a characteristic that is

different from other children and which is foreign to them. In the case of stuttering, children usually do not know much about it and it creates an obvious difference in the way a child communicates. Mike agreed that bullies generally feel bad about themselves and by making others feel bad, they often feel better. They mostly want others to feel scared of them as this makes them feel powerful. The researcher and Mike then talked about ways to vent his angry feelings as well as alternative behaviour to deal with bullies, without getting into trouble. Other alternatives Mike came up with included not giving the bullies what they want or asking the teachers to keep their conversations confidential. Mike was praised for these suggestions.

The researcher also reflected his feelings on being relatively small and asked if there are any positive aspects to being tiny. He thought for a moment and then replied quite excitedly: “*Ek is baie ratser as die groter kinders. Veral in rugby. Soos Brian Habana!*” The researcher also mentioned the rugby player Breyten Paulse as an example of a small player, thereby enhancing his sense of self, by using something real to empower him. (See Schoeman, 2004:177.) Afterwards, Mike had the opportunity to tear the picture of the monster into pieces and throw them into the bin. He clearly experienced great joy in this task, while shouting: “*Wie’s nou groter?! Ek!*”

- Evaluation of session:

Mike’s ability to project his feelings onto a monster and identifying it as a fear in his own life demonstrates sufficient support within himself. By learning more about the monster in his life, he was able to develop insight into his situation and also understand other people’s point of view and therefore better handling strategies to cope with it. (See Geldard & Geldard, 2002:186.) This further enhanced his self-awareness and he was able to become aware of polarities in his life, for example, big versus small or strong versus weak, leading to integration and healthier functioning as well as an improved sense of self (refer to 4.2.1.4). The fact that he tore his drawing of the monster into pieces and threw it away, gave him a sense of control, while empowering him at the same time. This experience also served as self-nurturing, as he thoroughly enjoyed it.

4.2.2.5 Session 4

- Goal of session:

To promote awareness of the child's contact-functions by taking him on an imaginary trip, to provide an opportunity for emotional expression through projection, and to establish effective emotional management through relaxation.

- Course of session:

The researcher made contact with Mike by inquiring about school and thereby demonstrating interest in his activities outside the therapeutic room. Mike told the researcher that he is trying to ignore the bullies and that it has been working so far. He mentions: *“Ek volg jou raad, sover gaan dit goed”*. This indicates to the researcher that a level of trust exists in the relationship.

The researcher then led Mike on a fantasy flight, but he seemed tense to the researcher. Breathing exercises were therefore employed and he was encouraged to relax his body progressively from the feet right up to the facial muscles and eyes. According to Van der Merwe (1996b:80), progressive muscle relaxation heightens the child's awareness of tension and relaxation, through the alternate construction and relaxation of muscles. Mike was further probed to continuously become aware of his senses during the imaginary trip. The researcher then asked Mike to draw that which he had pictured in his mind (see Appendix C), using Oaklander's working model (see Appendix B point 4) to explore the picture and the following was discovered:

“Die fantasie ‘trip’ was lekker, veral om te vlieg”. “Dit is ‘n prentjie van hakkell. Dit is ‘n tipe dier met horings”. “Dis nie ‘n goeie of slegte ding, maar albei. Die horings is die slegte deel”. “Dit het ‘n baie klein mondjie, want dit hou nie van praat nie”. “Die goeie is die mooi kleure van die dier”. “Ek hou soms van dit en soms nie”.

Mike confessed that he also sometimes feels as if he has a very small mouth, since he often avoids speaking because of his stuttering. As mentioned in 2.6.1, stutterers typically avoid speaking words that they think will be hard to say and they tend to avoid situations in which a great deal of speaking is required. Avoidance behaviour is seen as the most devastating aspect of stuttering, because it often keeps persons who stutter from reaching their full potential. When the researcher asked Mike to create a dialogue between the sad and good part of his picture, he was reluctant at first, but decided to follow the researcher's example by saying on behalf of the good part to the bad part: "*Jy maak my partykeer kwaad en partykeer hartseer. Jy maak dat ek nie wil praat nie. Kyk hoe klein is my mondjie al?*" He then responded as the bad part: "*Jy het wel 'n klein mond, maar kyk jou mooi kleure!*" The researcher praised Mike for his positive response and asked if the colours are representative of his talents. He said "*Ja, ek is nogal goed in rugby, kuns en musiek*" and agreed that this makes the good part stronger than the bad part and that it would help to remind himself of this fact when the bad part makes him feel gloomy or puts negative thoughts in his head.

The researcher then highlighted the fact that stuttering also makes him more unique, as he speaks in his own way. His individuality was confirmed by tracing his hand off on paper and contrasting it with the researcher's hand. In this way, Mike could see that they are indeed unlike and that he is therefore special. The researcher then asked Mike to write in each of his fingers a name of a person who loves and cares for him, regardless of his stuttering.

Mike was given the opportunity to change his picture the way he wanted. He made the mouth bigger and horns smaller, signifying that the good part is now larger than the bad part. This was proved by his statement: "*My mond is tog groter as jou 'evil' horings!*" The researcher gave Mike his picture to remind him of this and he seemed proud.

- Evaluation of the session:

Mike was able to own his projection by admitting that he sees stuttering as in his drawing and often feels as if his mouth is very small too, due to the fact that he evades speaking because of it. By owning his projection, he indicates sufficient self-support. He struggled to conduct a dialogue between the parts of his projection at first, but after an example from the researcher, communicated this quite easily. O’Conner and Schaefer (1994:152-153) state that dialogue between parts of the projection and the child enables him to express his aggression outwardly, rather than inwardly towards the self, thereby providing self-support. However, the fact that Mike could identify positive aspects of stuttering and himself signifies a good sense of self, which was further enhanced by the researcher’s demonstration of the differences between their hands and thereby emphasising his uniqueness. Blom (2004:115) states in this regard: “Children need to hear that their body is unique, right and need not be like anyone else’s body”. After seeing and hearing this (through the demonstration of differences between the researcher and his hand, as described in the previous section), he was able to view the good part as stronger than the bad part, indicating that growth and change took place throughout the session, further suggesting sufficient self-support. As mentioned previously (refer to 4.2.2.4), by owning parts of the self, the child is allowed to come into contact with his inner strength. This also permitted Mike to become aware of polarities in his life (good part versus bad part), which encourages balance and integration and hence to a more dynamic and healthy life process. (See Oaklander, 1988:158.) The opportunity to change his picture the way he desired it to be provided him with a sense of control, as well as mastery and it contributed to a positive self-concept. (See Blom, 2004:119.) Mike was permitted to keep his picture, which, in turn, allowed him to self-nurture.

4.2.2.6 Session 5

- Goal of session:

Promoting sensory experience and providing the child with an opportunity to vent his angry feelings expressed in the previous sessions (refer to 4.2.2.1 and 4.2.2.4).

- Course of session:

The researcher re-established contact with Mike by engaging in conversation and inquiring about the exam. In this session clay was used to express emotion. The researcher provided Mike with some clay and instructed him to make stuttering out of the clay (see Appendix C). Mike described it as follows: “*Ek hou van hoe die klei voel. Dit was lekker om iets te maak*”. “*Hierdie hakkelmantjie het 'n groot mond. Hy dra ook 'n groot hoed wat sy hele gesig toemaak*”. “*Ek't nie regtig vandag gevoelens oor hakkelnie*”.

Mike admitted to feeling slightly confused about his feelings towards stuttering, although he still identified them as both good and bad. The researcher asked if he felt that his mouth is now a bit bigger like the clay figure, to which he agreed. He, however, mentioned he would like it to be even larger. He further owned up to the fact that he would also sometimes like to cover his face with a hat, especially when he feels shy because of his stuttering. In this regard he mentioned: “*Hakkeln maak my partykeer skaam voor ander kinders. Dan wil ek net my gesig wegsteek*”. According to Guitar (1998:13), stuttering is often accompanied by feelings of fear, embarrassment and shame, which, as mentioned in 2.6.2, is further aggravated by the fact that during middle childhood, the child's opinion of himself is affected by typical emotions such as pride and shame, the latter which Mike evidently experiences, as can be seen from his statement above.

After the previous discussion was completed the researcher gave Mike the opportunity to destroy the stuttering figure. Though he did it silently, he experienced great joy which was evident in his body language, as he did this quite thoroughly over a period of time. The researcher then presented Mike with some balloons and he chose one onto which stuttering was drawn in a similar way as described above. He also had the opportunity to destroy the balloon by popping it with a needle. He first kicked and punched the balloon

for several minutes, saying, “*Ek gaan kyk hoe baie ek hikkel kan slaan sonder dat die ballon op die grond val*”. This time he was eager to conduct a dialogue with the ‘stutter balloon’, saying “*Jy’s irriterend. Jy maak my skaam voor baie kinders. Partykeer is die slegte gevoelens sommer baie sterk en dan haat ek jou!*” Mike’s stuttering once again appears to increase when he talks about it or becomes angry (usually at stuttering or as a result of it). He then stepped on the balloon, claiming: “*Nou’s ek eers kwaad*”. He asked for more balloons, which he all popped. After this activity he laughed for quite a while. The researcher also laughed with him. Schoeman (1996a:34) states in this regard: “... to laugh with a child is a therapeutic tool. Humor can be used as a valuable instrument, serving as a mechanism for reducing tension and stress”. The researcher praised Mike for having expressed his feelings in this moment and gave him some clay and balloons to take home with him.

- Evaluation of session:

Mike was quiet at first, portraying a low energy level. His eagerness, however, increased as he made more contact with the clay. Mike also initially struggled in expressing his emotions, “*Ek het nie regtig vandag gevoelens oor hikkel nie*”, which is an indication of insufficient self-support. Nevertheless, the sensuousness of the clay penetrated this barrier and served to create a bridge between his senses and feelings (Oaklander, 1988:67) and after some time he was able to confront his feelings towards stuttering by stating: “*Hikkel maak my partykeer skaam voor ander kinders*”. “*Partykeer is die slegte gevoelens sommer baie sterk en dan haat ek jou*”. It thus also allowed him to vent his angry feelings and indicates an increase in his self-support.

The fact that Mike admitted to sometimes feeling shy because of stuttering and consequently wanting to hide his face, indicates a weak sense of self. Clay work, however, strengthens self-esteem, developing the sense of self (Oaklander, 1988:67). When Mike destroyed the stuttering clay figure he had the opportunity to tear the big hat off, which according to Oaklander (1988:67) provides the child with a sense of mastery and control. It also offered Mike the opportunity to get rid of his inner frustrations regarding stuttering,

with no specific rules to adhere to during this task. This further allowed Mike to experience some kind of catharsis, as stated by Blom (2004:263). These feelings were further enhanced by the chance to pop the balloons onto which stuttering was drawn. His energy level had evidently risen throughout the session, which was apparent in him asking for more balloons to punch, kick and pop. The fact that he laughed after these actions further indicated enjoyment and an atmosphere of playfulness and humour. This promoted his sense of self which, in turn, contributes to the therapeutic relationship. (See Blom, 2004:121.) The fact that Mike could take some clay and balloons home with him served as self-nurturing.

4.2.2.7 Session 6

- Goal of session:

To provide Mike, through the use of the rosebush technique, the opportunity to project his feelings in a non-threatening way, in order to enhance his self-knowledge and to empower him.

- Course of session:

The researcher engaged in conversation with Mike regarding his exams, thereby re-establishing contact. Mike conveyed that he had a slight headache. The researcher therefore did some breathing exercises with him to dispel the tension of his headache, as well as the anxiety he felt about the exams and to allow pleasurable feelings to surge through his body. (See Oaklander, 1988:129.) After the relaxation exercise, the researcher employed a fantasy technique, by asking Mike to close his eyes and imagine himself as a tree. On instruction of the researcher, Mike drew this picture of the tree, after which the steps of the rosebush technique (see Appendix B point 9) was employed to explore the picture. The following information was acquired:

“Dit was lekker om die boom te teken”. “Die boom glimlag”. “Dis ’n sterk boom met wortels diep onder die grond”. “Die boom staan in ’n rivier, maar op ’n rots”. “Dit is ’n appelboom met baie rooi appels, maar sommige van die appels het afgeval en dryf in die rivier af”. “Die boom het nie dorings nie, maar sommige takke het”. “Die son skyn, maar daar is ’n paar wolke”. “Voëls vlieg rondom die boom. Daar’s ook ’n paar skepe, maar die mense klim nie af nie. Die ander diere is op die wal en dit is die enigste boom in die rivier”. “Ek hou daarvan om die boom te wees, want die voëls maak nes in my takke. Ek hou van die voëls se geluide”. “Iemand kyk na die boom en gooi krummels vir die voëls”. “Die boom het ’n goeie toekoms”.

Mike agreed that he was like the tree in the sense that he loves nature and the birds love the tree, thereby owning his projection. The researcher then pointed out some more similarities and he concurred with the following: He is also strong like the tree, but wishes he could be physically stronger. In this regard he mentions: *“Ek weet ek is sterk van binne, maar wens net ek was sterker en groter van buite, soos van die ander kinders in graad ses. Ek is die kleinste van almal”*. He, however, agreed with the researcher that strength from within is more important than outer strength. This coincided with the fact that the deep root system of the tree symbolises his support system, which includes his family. Correspondingly, the apples represent his friends and he also considered the fallen apples as the children teasing him at school: *“Ja, hulle spot my, so die boom gooi hulle af. Hulle is nie meer my vriende nie”*. He then sometimes feels alone and that is why the tree is the only one standing in the river. Neuman and Neuman (2006:290) state that stuttering often leads to social withdrawal or inappropriate social participation. The absence of thorns on the tree itself signifies that he does not wish to hurt people, but the fact that some of the branches do have thorns suggests that he sometimes find it necessary to protect himself against the ‘bad apples’, which represent the bullies. He points out: *“Die dorings op die takke is net daar as mense die takke wil afbreek. As die kinders my spot en stamp omdat ek klein is, moet ek myself verdedig”*. Likewise, the lack of a wall around the tree can be that he does not want to keep people out of his life, which he also agreed. The tree is smiling, because he also feels that way and believes that he has a good future, just like the tree. He also mentions that *“Die voëls hou die meeste van my boom.*

Ek is nie 'n boelie nie". The researcher praised Mike for his inner strength and admired his courage. The session was concluded by playing a memory game, which Mike won, further boosting his self-esteem. The researcher made Mike some hot chocolate during the session, which he really enjoyed.

- Evaluation of session:

Mike immediately owned his projection by identifying his love for nature. This signifies sufficient self-support. He also agreed with the similarities the researcher indicated, which served to raise his self-awareness and strengthen his sense of self, especially the emphasis the researcher placed on his inner strength. Mike demonstrated insight into his situation when he stated the following regarding the fallen apples and thorns on the branches: *"Ja, hulle spot my, so die boom gooi hulle af. Hulle is nie meer my vriende nie"*. *"Die dorings op die takke is net daar as mense die takke wil afbreek. As die kinders my spot en stamp omdat ek klein is, moet ek myself verdedig"*. This further illustrates his strong self-support. He also demonstrated a good sense of self in the statement: *"Die voëls hou die meeste van my boom. Ek is nie 'n boelie nie"*, indicating that he is starting to accept himself the way he is, which also served to empower him. Schoeman (1996c:67-68) quotes Oaklander when mentioning that a child who is taught to acknowledge who he is and who is given support and acceptance, will have self-acceptance and it will determine the child's healthy growth. Drinking hot chocolate during the session allowed Mike to nurture himself.

4.2.2.8 Session 7

- Goal of session:

To provide Mike with the opportunity to create his world by using miniature toys within a sand tray in order to express his fantasies within the safe space of the sand tray.

- Course of session:

The researcher asked about Mike's exam and whether he was feeling better. In this way genuine interest was shown in the child and contact was made with him. Schoeman (2004:121) states in this regard:

It is only once the clients can feel that they are within a safe environment and with someone who has a genuine concern for them that they will feel secure enough to open up and allow true selves and true feelings to be revealed. When this occurs, positive growth can be experienced.

In this session the sand tray was used. The researcher gave Mike the opportunity to touch and smell the sand, which enhanced his sensory awareness. Thereafter, he had to choose some miniature toys to create a picture (see Appendix C). Oaklander's working model (see Appendix B point 4) was used to explore the sand tray depiction. Mike told the following story:

“Dit was lekker om die prentjie te maak. Ek hou van die gevoel van sand”. “Dit is 'n kamp waar mense na diere kan gaan kyk en diere jag. Die een kant is die plaaskamp en die anderkant die wildkamp. Daar is wagte voor die kampe. Daar het 'n kar in die wildkamp ingery en die mense is deur die leeu aangeval. Die twee geraamtes is klaar deur die diere geëet en die duiweltjies kom hulle haal. Die diere en die mense jag mekaar. Die plaasdiere word nie gejag nie. Die wagte beskerm hulle”.

Mike agreed that his sand tray consists of two sides: a fighting side and a calm side. The fighting side is the bad part and the calm side the good part. The bad part feels angry and the good part feels calm. He then had a dialogue between the two parts, where the good part asked the bad part to stop fighting, to which the bad side responded that it will try. Mike then admitted to also being in the sand tray – sometimes in the good part and occasionally in the bad one. Through this he owned his projection. He, however, declared that at the moment he finds himself in the good part as the horse, since he loves riding

horses and currently feels calm. His mom and dad are the soldiers due to the fact that they protect him and keep him from entering the bad side. When he created a dialogue between them, they also asked him to stay with them in the good side, to which he responded that he is feeling calm and will stay there. He then pointed out that the bad part contains some of the children at school who fight with him, but did not want to dialogue with them. He further confessed that stuttering is sometimes in the good part and at times in the bad part. It is one of the skeletons that can fly between the two sides. He further conveyed that he cannot always control to which side stuttering flies and that this often makes him angry and that he then enters the bad side where he wants to fight. He then conducted a dialogue between himself and stuttering, saying to stuttering that he must listen to him and stay in the calm side, so that he can stop fighting, to which stuttering responded that he will listen to him in the future. Mike was given a choice to change the sand scene, which he did by removing the gate separating the two sides, saying: “*Die hele prent is nou rustig, die bakleierige kant ook*”. Mike also appeared calmer to the researcher in that his body seemed more relaxed and not as tense and anxious as during some of the previous sessions. Consequently, his stuttering also seemed less. The researcher gave Mike the option to choose any miniature toy to take home with him as a reminder of his growth during the session.

- Evaluation of session:

The sand tray provided Mike with tactile and kinaesthetic experience. (See Geldard & Geldard, 2002:151.) The fact that he had the power to decide where the sand tray models, hence people in his life would stand, allowed him to take control of his life. This further permitted him to project and own his emotions within the safe space of the sand tray, further enhancing a sense of control, which, in turn, promotes a sense of self. (See Blom, 2004:153.) Mike easily owned his projection by connecting the picture in the sand to his life. This illustrates strong self-support. For the first time, he was able to conduct a dialogue between the parts without any prompting, indicating a stronger sense of self. The fact that he recognised two parts in his picture, a good part and a bad part which signified a calm side and a fighting side, enhanced his awareness of polarities in his life.

When he removed the gate dividing these two opposing sides, integration of polarities took place, leading to healthier overall functioning. The opportunity to change his sand scene to his liking enhanced his sense of control. This feeling was enhanced when he created a dialogue between himself and stuttering, saying: “*Jy moet na my luister en in die kalm kant bly*”, to which stuttering responded: “*Ek sal van nou af vir jou luister*”. An indication that growth and change occurred during the session is evident in his statement: “*Die hele prent is nou rustig, die bakleierige kant ook*”. According to O’Conner and Schaefer (1994:152), creations, such as the sand tray, lead to expression of deep emotions and, subsequently, to feelings of relief and calm. The opportunity to choose any miniature toy for himself served as self-nurturing.

4.2.2.9 Session 8

- Goal of session:

To increase Mike’s knowledge about stuttering through collage-making, thereby empowering him.

- Course of session:

The researcher re-established contact with Mike by engaging him in conversation and inquiring about his holiday plans. Collage-making formed the core of the session (see Appendix C). A discussion was initiated by the researcher about stuttering and Mike confessed to not knowing much about his communication disorder and was quite interested in learning more through making a collage about it.

Materials used in the collage included: a poster; feeling faces to illustrate his feelings towards stuttering; pictures of famous people who stutter for inspiration and motivation; information about stuttering with pictures to assist with the explanation; crayons and paint for him to add anything about stuttering. The researcher gave Mike the choice which information he wanted to put on the collage and what he wanted to add on it.

Mike enjoyed learning new information about stuttering and especially looked forward to letting the bullies at school know about the famous people who stutter and states that: *“Hulle sal jaloers wees as hulle weet Bruce Willis hakkel – hy is ook baie groot en sterk. As hulle al die bekende mense sien, sal ek hulle wys!”* He was also interested to learn that he doesn’t stutter when reading in unison, singing or talking to animals and couldn’t wait to try it out in order to see if this fact really is true. *“Nou kan ek by die skool vra of ek saam met kinders kan lees!”* The researcher praised Mike for this suggestion and once again prepared him for termination the following session.

- Evaluation of session:

This increase in knowledge served to empower him as well as strengthen his sense of self, which is evident in his statement: *“As die akteurs dit kan doen, kan ek ook!”* According to Geldard and Geldard (2002:171), collage-making is a good technique in helping children to explore their perceptions of themselves, perceptions of issues and events in their lives, as evident in the session. Regarding the making of a collage Mike stated: *“Dis lekker om meer van iets te leer”*. The fact that Mike was able to identify alternatives (that he can read in unison with other children at school, as mentioned in the previous section), signifies strong support within himself to take control of his life. Geldard and Geldard (2002:50) state that empowerment involves gaining mastery over issues so that the child will no longer be extremely troubled by them and will consequently start to have a different view of self, resulting in enhanced self-esteem. The researcher is of the opinion that Mike was empowered in this session as he seemed to gain mastery over his communication disorder. Towards the end of the session Mike was provided with the opportunity to self-nurture, by taking the collage home to show to others.

4.2.2.10 Session 9

- Goal of session:

To a) provide Mike with the opportunity to develop insight into his situation through the use of storytelling, b) to express his experiences through the use of incomplete sentences and c) to discuss the termination of therapy.

- Course of session:

The researcher made contact with Mike by conversing about his feelings regarding termination. Mike stated: “*Ek het baie geleer, veral oor my gevoelens en oor hikkel. Ek weet ook nou meer van boelies*”. Mike conveyed that he liked making his feelings on cookies the most, especially eating the ‘stutter cookie’ afterwards. Mike was shown all his projections and presented with the choice of what to do with them, enhancing his sense of mastery and control. The researcher also empowered him by praising his ability to express and own his emotions and for being able to see the good side as well as the bad side of things, but always believing in the triumph of the good and further stated her admiration for his inner strength and courage.

The researcher and Mike then read a story together about stuttering, called: ‘Ben has something to say.’ Mike identified with the main character by stating: “*Ek voel ook soos Ben dat ek soms nie wil praat nie. Ons is albei skaam, maar ons is ook albei baie sterk*”. This served to normalise his feelings surrounding stuttering. The researcher agreed with his statement and further emphasised his strength.

The following incomplete sentences were given to Mike at this stage to determine whether his attitude towards himself and stuttering has improved:

Ek raak skaam ...

Ek voel gelukkig ...

By die skool ...

Hakkel is ...

The outcome of these sentences indicated to the researcher that an improvement in his attitude indeed took place. He stated, for example, that the good part of stuttering is now stronger than the bad part and that he feels happy when he tries to speak. In conclusion of the sessions, Mike conveyed the following about stuttering: “*Hakkel maak my sterker, al is dit van binne. Eendag kan ek my spiere oefen en groter van buite ook wees*”. The researcher then gave him a comfort bear to be reminiscent of all the people who love and care for him despite his stuttering, as well as an armband to symbolise his uniqueness as no-one in the world has the same hand as his (refer to 4.2.3.5).

- Evaluation of session:

Mike was able to express his emotions with ease without the aid of a projection, illustrating strong support within himself. Through the use of storytelling, Mike was able to identify with the main character’s emotions about stuttering, thereby normalising his own, while insight into his situation was developed simultaneously. (See Blom, 2004:182.) The story further suggested handling strategies, serving as alternatives as well as empowerment.

According to Oaklander (1988:96), the aim of incomplete sentences is to encourage respondents to make declarative statement about themselves, to get in touch with their wishes, wants and needs, disappointments, thoughts, ideas and emotions. From this, it appears as if he is now more accepting of stuttering, as evident from his statement: “*Hakkel is partykeer irriterend, maar ook partykeer goed. Die goeie deel is nou sterker*”.

The researcher empowered Mike by once again emphasising his inner strength and praising him for his optimism. The comfort bear served as a means for self-nurturing, thus acting as comfort after the therapeutic sessions, thereby facilitating growth. (See Schoeman, 2004:179.)

4.2.2.11 Evaluation of the therapeutic process with Mike

Mike, being 12 years of age, was the eldest of the respondents. He has quite a severe stutter, with an adverse effect on his self-esteem. He seldom speaks and mostly keeps to himself. During the very first session, he confessed to having “... *baie gevoelens oor hakkel*”. He did not, however, at that stage, elaborate. Through various play therapy techniques, Mike was given (at an ever increasing level) the opportunity to vent his anger (aggressive energy) towards stuttering in a playful manner and then exercising control over it. He reacted positively, drawing pleasure from, amongst others, eating his 'stutter cookie' and the drawing of a monster. At the same time he was able to develop increasing insight into his situation. By taking Mike on an imaginary trip, he was able to identify positive aspects of his stuttering and of his self, which was further enhanced by the researcher's demonstration of Mike's uniqueness. He really enjoyed the clay session and was able to talk about (and deal with) his stuttering problem at an ever increasing level. Mike clearly loves nature and the use of the rosebush fantasy demonstrated that he is starting to accept himself the way he is, which also served to empower him. As was the case with Ben, Mike particularly enjoyed learning about famous people (for example, Bruce Willis) who stutter, saying that if they can become successful, so could he. During the last session, he indicated that he had enjoyed the therapeutic process and that he had learnt a lot, particularly about his feelings towards stuttering. There can be no doubt that he benefited substantially from this.

4.3 EVALUATION OF THE GESTALT PLAY THERAPY PROCESS

The researcher is of the opinion that the process of therapy (refer to 3.5) was covered in all the sessions with each of the respondents. This process is detailed below.

4.3.1 Therapeutic relationship

The researcher first of all established a therapeutic relationship with the respondents, as this is a prerequisite for therapeutic work with the child. Oaklander (1997:293) states in this regard: “Nothing happens without the thread of a relationship” (refer to 3.5.1). Geldard and Geldard (2002:12) suggest that for the relationship to be authentic, it must be a genuine and honest relationship where the interaction is one between two real people. The researcher thus started to build relationships with the respondents by being warm and friendly. This attitude was conveyed to Ben (refer to 4.2.1.2) by explaining some details of play therapy and what he can expect from the future therapy sessions. A caring attitude was also demonstrated by showing a genuine interest in Mike (refer to 4.2.2.5), for example by inquiring about his school work or the bullies at school, which was a big problem for him.

For the relationship to be effective, the child needs to feel accepted by the therapist (Geldard & Geldard, 2002:10). The researcher showed respect for the respondents by treating them without judgement or manipulation. This is demonstrated with Mike (refer to 4.2.2.4) when he mentioned to the researcher that he wants to hit the children teasing him at school. Instead of lecturing Mike about this kind of behaviour, the researcher reflected his feelings and, together with Mike, came up with alternative ways of dealing with these children without getting into trouble. When Ben demonstrated resistance (refer to 4.2.1.6), it was respected and accepted by the researcher.

Geldard and Geldard (2002:11) are further of the opinion that the therapeutic environment should be a permissive one in which the child feels free to act out and gain mastery over their feelings in a safe environment (refer to 4.2.1.4). The researcher therefore strived to create a safe and non-threatening environment for the respondents. This was achieved by explaining the nature of the therapeutic sessions to Mike thereby putting him more at ease (refer to 4.2.2.2). In this way, he felt more comfortable in the presence of the therapist, as can also be seen with Ben in 4.2.1.2. Schoeman (1996a:30) states that the therapist should become the child’s friend and playmate. The researcher

therefore created an atmosphere of playfulness, humour and imagination, allowing the respondents to have fun, which is evident with Ben in session three (refer to 4.2.1.4) and Mike in session two (refer to 4.2.2.3).

The researcher came to the conclusion that the therapeutic relationship in Gestalt play therapy is an important tool in dealing with children who stutter. It is clear from the above, that the therapist using the Gestalt approach, never intrudes or pushes the stuttering child, who is often tense and anxious to begin with (refer to 2.3.2 and 2.8). Rather, the therapist gently creates a safe environment in which the child can engage in a fuller experience of himself. Children who stutter often restrict themselves due to their communication disorder (refer to 3.5.2), in the sense that they cannot act, or rather, speak freely, and as a result often inhibit themselves. In the therapeutic relationship based on the Gestalt approach, the stuttering child is handled in a natural way and is allowed to think, feel and act freely within appropriate boundaries.

4.3.2 Contact-making

The next step in the therapeutic process is contact-making. As mentioned in 3.5.2, children with a communication disorder may have difficulties with contact-making through verbal modalities. The researcher therefore strengthened and enhanced awareness of respondents' contact functions, which allowed for sensory and bodily contact-making (refer to 4.2.1.1 and 4.2.2.1). Oaklander (1988: 109) stresses the importance of providing sensory stimulation. The researcher offered this through the use of finger paint, clay and sand as well as breathing exercises (refer to 4.2.1.4, 4.2.1.5, 4.2.1.6 and 4.2.1.8).

According to Blom (2004:101), contact is an important prerequisite for emotional contact-making. O'Conner and Schaefer (1994:149) state that giving the child experiences that will stimulate and intensify the use of the senses is an important step towards empowering the self. This was achieved by taking Mike on a fantasy flight and by emphasising the five sensorial modalities, which eased the tension he experienced at the beginning of the session (refer to 4.2.2.5). Throughout the sessions, the researcher

constantly probed and encouraged Ben to become aware of his senses, which stimulated his imagination (refer to 4.2.1.5).

Oaklander (1988:57) indicates that healthy contact involves a feeling of security with oneself, a fearlessness of standing alone. However, children who stutter are often insecure and fearful (refer to 2.8). In other words, simply establishing healthy contact with a child who stutters is therapeutic, seeing that this will imply that the child has a certain amount of security. The researcher achieved this by conversing with the respondents throughout the sessions, as well as enhancing their sensorial awareness and providing them with sensory stimulation.

4.3.3 Self-support

Building self-support and strengthening the sense of self are the next phase in the therapeutic process. Yontef (1993:26) states that self-support includes both self-knowledge and self-acceptance. The researcher consequently enhanced Ben's self-awareness and perception of self through self-statements and collage-making (refer to 4.2.1.2 and 4.2.1.9). Mike's uniqueness was also emphasised by the researcher by tracing off his hand onto paper, thereby demonstrating how he differs from others (refer to 4.2.2.5). Oaklander (1988:283) states in this regard, "By focusing on similarities and differences between the child and others, he starts viewing himself with new appreciation and enlarges his awareness of himself". Throughout the research study the researcher also made use of praise and performance feedback to directly enhance the respondents' self-esteem (see Geldard & Geldard, 2002:210), for example when the researcher praised Ben for his suggestion of alternative behaviour in session two (refer to 4.2.1.3) or when she complimented Mike with something real about himself (refer to 4.2.2.7).

As mentioned in 3.5.3, children who stutter may experience loss of autonomy and control over their lives. Perls (in Thompson & Rudolph, 2000:167) wrote that the aim of Gestalt therapy is to help people take charge of their lives and to become responsible for themselves. The researcher therefore gave the respondents the freedom to make choices,

giving them a sense of control. For example, in session three, Ben was given the option of choosing the medium he wished to use for his projection (refer to 4.2.1.4). As children who stutter have difficulty controlling their speech, they often feel powerless (refer to 2.10). Experiences of mastery were consequently also offered to the respondents, such as moulding something out of clay and destroying the figure afterwards. Mike was, for example, permitted to alter his story through the use of the sand tray (refer to 4.2.2.8). The researcher further employed breathing exercises, enabling the respondents to control their body better. (See Oaklander, 1988:129.) O'Conner and Schaefer (1994:149) state that giving children opportunities to make choices, feel mastery and to exert some power and control, can strengthen their sense of self.

4.3.4 Emotional expression

As mentioned in 2.1, children who stutter have many underlying feelings, emotions, thoughts and beliefs about their stuttering. For emotional expression, the researcher started by enhancing the respondents' awareness of feelings that they experience in the here and now. This was achieved by showing Ben puppets with different expressions of feelings which he had to identify and link to a physical locus point in his body (refer to 4.2.1.2). The researcher also familiarised Mike with different feelings on a cognitive level, by talking about different feelings and the body's reaction to various emotions (refer to 4.2.2.4). According to Blom (2004:138-139), children tend to suppress negative emotions. The researcher therefore provided the respondents with opportunities to experience, project, own, express and manage these feelings by means of play therapy techniques and activities, as discussed in Appendix B. These were employed to aid the respondents in order to treat negative feelings that may perpetuate or aggravate the communication disorder. Different mediums, such as clay and sand, further promoted the release of feelings on a symbolic level (Geldard & Geldard, 2002:148,158), which is especially useful for the stuttering child who struggles with verbal skills. O'Conner and Schaefer (1994:151) state that many of these mediums can lend themselves to powerful projections that can evoke strong feelings (refer to 1.1).

As mentioned in 2.8, children who stutter are often tense and may experience difficulty relaxing, especially due to the tightening of their muscles when speaking. The researcher therefore practiced relaxation exercises with the respondents that promoted effective emotional management. (See Blom, 2004:112.) Progressive muscle relaxation were employed in session four and breathing exercises were conducted with Mike (refer to 4.2.2.7) to dispel tension and anxiety, also with Ben (refer to 4.2.1.7), giving him the feelings of power and support.

Based on the above, the researcher believes that the Gestalt play therapy process and Gestalt techniques can encourage children who stutter to communicate more freely and, therefore, allow them to encounter and work through their emotions.

4.3.5 Self-nurturing

According to Schoeman (2004:178), self-nurturing happens towards the end of the session and is important because it helps to restore balance for the child and also serves to round off the session in a positive way. The researcher therefore provided opportunities for self-nurturing at the end of each session. An example of this is when Ben was showed how magic beans change and grow in water and was allowed to take some home (refer to 4.2.1.2). Mike had the opportunity to make feeling faces on cookies and eat them afterwards (refer to 4.2.2.4), while the researcher made some hot chocolate for Ben, as he loves chocolate. Other examples of self-nurturing included giving Ben some clay to take home (refer to 4.2.1.6) and allowing Mike to keep any miniature toy for himself (refer to 4.2.2.8). According to O'Conner and Schaefer (1994:152), self-nurturing leads to feelings of integration and self-worth, as well as teaching children skills for treating themselves well. The researcher feels this is especially important for children who stutter who have low self-esteem (refer to 2.8).

4.3.6 Termination

According to Van der Merwe (1996a:17), children often have difficulty with termination. As stated in 3.5.7, the researcher felt that this is particularly relevant for children who stutter who may have associated rejection with their communication disorder. O’Conner and Schaefer (1994:155) are of the opinion that particular attention must be paid to this time of conclusion. The researcher therefore prepared Ben for termination in advance by discussing and explaining termination with him in session one, as well as during the second last session (refer to 4.2.1.9). O’Conner and Schaefer (1994:156) further state that honouring mixed feelings related to completion of therapy relieves the child’s confusion regarding splits within him or her. For this reason, the researcher discussed Mike’s emotions surrounding this event. This included sad feelings as he is going to miss the therapeutic sessions, but also happy feelings, because he learned a lot about stuttering and bullying (refer to 4.2.2.10).

4.4 SUMMARY

This chapter reports the empirical results of the use of Gestalt play therapy with two respondents. The researcher, using the Gestalt play therapy process (refer to 3.5) and Gestalt techniques (listed in Appendix B), was able to

- gain the confidence of the children
- strengthen their awareness of their senses and self
- enable them to express their feelings and fears, including those about stuttering, and to overcome them
- increase their self-support and self-esteem
- demonstrate their uniqueness
- generate feelings of mastery, control and empowerment
- increase their knowledge about stuttering, including the fact that it is a disorder shared by many people including very successful ones
- normalise events in their lives.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

It was evident from the results of the empirical investigations detailed in chapter 4 that Gestalt play therapy is an effective tool with children who stutter, specifically to assist these children to cope with emotional issues arising from such a communication disorder. This chapter serves as a summary of the research process and results, followed by conclusions and recommendations.

5.2 AIM AND AMBIT OF THE STUDY

The aim of the study was to explore how Gestalt play therapy may be used in the therapeutic treatment of children in middle childhood who stutter.

In order to achieve this aim, the researcher undertook a literature study to describe children in middle childhood who stutter as well as the use of play therapy from a Gestalt perspective. Experts in the field were also consulted. The consultations and the literature study provided the theoretical framework for the study. The researcher further made use of qualitative research methodology to collect and analyse the empirical data. This was achieved by conducting semi-structured interviews with children in their middle childhood who stutter in order to explore how Gestalt play therapy may be used with these children.

5.3 OBJECTIVES OF THE STUDY

The researcher identified four objectives for the purpose of this study (refer to 1.2.3). Each of these objectives will be discussed.

5.3.1 Objective 1

To conduct an in-depth literature study in order to describe stuttering among children in middle childhood and to describe Gestalt play therapy within the context of this study.

This objective was reached by providing a theoretical perspective on the above by means of a literature study (refer to Chapters 2 & 3). Information was collected from medical, social work and psychological books, journals, dissertations, theses, the internet and other documents. Experts in the field were also consulted to further refine this information. In this way, the researcher was brought fully up to date with the latest knowledge on the subject, serving as preparation for the actual implementation of the research.

5.3.2 Objective 2

To undertake an empirical study through the use of semi-structured interviews to explore the utilisation of Gestalt play therapy with children in their middle childhood who stutter.

This objective was achieved by recruiting three respondents in their middle childhood between the ages of 8 and 12, who have been diagnosed with a stuttering problem by a certified speech therapist. Semi-structured interviews in the form of Gestalt play therapy, field notes and observation was used as the method of data collection. Therapy sessions were continued until a point of saturation was reached. A total of nine therapeutic sessions were conducted per respondent. In this way, the researcher was able to explore the utilisation of Gestalt play therapy with children in their middle childhood who stutter.

5.3.3 Objective 3

To analyse data in order to describe the utilisation of Gestalt play therapy for such purpose.

This objective was attained by providing a detailed description of the therapeutic sessions of two of the three respondents. The results of the third, being in line with the other two, were omitted due to lack of space. At the end of the therapeutic process with each respondent, a general overview of all the information was presented. This was done by integrating and combining the information from all the therapy sessions to form a meaningful whole. An in-depth description was given in chapter 4.

5.3.4 Objective 4

To draw the appropriate conclusions and to make recommendations for therapists working with children in their middle childhood who stutter.

These conclusions and recommendations arising are detailed below.

The researcher believes, based on the above discussion, that the aims and objectives of the study were all achieved.

5.4 RESEARCH QUESTION

As the study was a qualitative one, the research focused on the question as to how Gestalt play therapy may be used with children in their middle childhood who stutter.

As mentioned in chapter 3 (refer to 3.5), the Gestalt play therapy process starts with the building of a therapeutic relationship as a prerequisite, followed by making contact and establishing the child's sense of self. This is then followed by emotional expression, self-nurturing, addressing the inappropriate process and, finally, termination.

As explained in chapter 4, the researcher first established a therapeutic relationship with the respondents by being warm and friendly and by demonstrating a genuine interest in them. The researcher showed respect for them by treating them without judgement or manipulation. A safe and non-threatening environment was created, which the researcher

achieved by explaining the nature of the therapeutic sessions and thereby putting them at ease as well as by creating an atmosphere of playfulness, humour and imagination.

Secondly, the researcher strengthened and enhanced awareness of respondents' contact functions and offered sensory stimulation through the use of finger paint, clay and sand, as well as breathing exercises. The respondents were also constantly encouraged to become more aware of their senses, for example with the fantasy flight or imaginary trip.

Thirdly the researcher enhanced the respondent's self-awareness and perception of self through self-statements and collage-making. Throughout the study the researcher also made use of praise and performance feedback to directly enhance their self-esteem. Furthermore, the researcher gave the respondents opportunities to make choices, feel mastery and to exert some power and control to strengthen their sense of self.

For the fourth step in the process, emotional expression, the researcher enhanced the respondents' awareness of the feelings that they experienced at a given moment. This was achieved by familiarising them with different feelings on a cognitive level, by talking about different feelings and the body's reaction to various emotions. Opportunities to experience, project, own, express and manage these feelings by means of play therapy techniques and activities were also provided. The use of different mediums, such as clay and sand, further promoted the release of feelings on a symbolic level.

Fifthly, the researcher provided the respondents with opportunities for self-nurturing at the end of each session by doing something they enjoyed, for example drinking hot chocolate together or making feelings on cookies and eating them afterwards, as well as allowing them to take clay or a sand tray toy home.

Finally, the researcher paid particular attention to termination of the therapeutic sessions, the last step in the Gestalt play therapy process, by preparing the respondents for it in advance. Their emotions surrounding this event were also discussed.

The researcher introduced the respondent's stuttering problem in a subtle way from the second sessions and addressed it as part of the overall therapy.

5.5 SUMMARY OF RESEARCH RESULTS, CONCLUSIONS AND RECOMMENDATIONS

5.5.1 Summary of the research results

In the researcher's opinion, the use of the above Gestalt play therapy process was successful:

- A sound therapeutic relationship was established with the respondents by being warm and friendly, by treating them without judgement or manipulation and by creating a safe and non-threatening environment.
- Good contact-making took place by strengthening the respondents' contact functions and offering sensory stimulation.
- Self-support was addressed by enhancing the respondents' self-awareness and their self-esteem through praise. Opportunities to make choices and feel mastery and control to strengthen their sense of self were also provided.
- Awareness of feelings was also enhanced by familiarising the respondents with various emotions. Opportunities to express these were also provided.
- Opportunities for self-nurturing were offered when the respondents could choose to do something they really enjoyed.
- The termination of the therapeutic sessions was successfully concluded.

When termination of the process took place, each respondent

- was able to communicate his feelings about his stuttering better
- seemed much less anxious and accepting of stuttering
- seemed to have been in a substantially better position to cope with the negative impacts of stuttering.

5.5.2 Conclusions

The researcher concludes that the aims and objectives of the study have been achieved. The research question has been answered with the aid of the literature study and the empirical investigation. The researcher has established that

- Children in middle childhood who stutter experience negative emotions as a result thereof; have difficulty coping with these emotions; are likely to be the target of peer teasing and have low self-esteem - all of which can lead to social isolation and withdrawal and which often interferes with academic performance.
- This study clearly shows the potential for the use of Gestalt play therapy in the treatment of children who stutter. The Gestalt play therapist gently creates a safe environment and respects the uniqueness and individuality of each child. The therapist provides children with the opportunity to explore their own experience of their communication disorder at a physical, sensory, emotional and cognitive level, because stuttering impacts on their total functioning in terms of body, senses, emotions and intellect. The Gestalt play therapist never intrudes or pushes the stuttering child, who is often tense and anxious due to their communication problem. Consequently, they cannot speak freely, and as a result often inhibit themselves.
- In the Gestalt approach, the stuttering child is handled in a natural way, allowing him or her to think, feel and act freely, while at the same time providing the child with activities and experiences to help him or her renew and strengthen those aspects of the self that have been suppressed, restricted and perhaps, lost. Through these activities, stuttering children are given the opportunity to confirm their sense of self verbally and non-verbally, to express their thoughts and to nurture themselves.
- Accordingly, Gestalt play therapy is, in the researcher's view, an appropriate method to investigate the emotional side of this disorder and may be used to

help such children to express negative emotions they have difficulty verbalising; to explore their experiences, and to build self-esteem, inner strength and confidence.

5.5.3 Recommendations

Based on the research, the researcher recommends that the stuttering child should, where possible, be given the benefit of Gestalt play therapy in addition to speech therapy. Fluency and communication skills are extremely important and the physical aspect is addressed in conventional speech therapies. Therapy that focuses on the emotions and attitudes is, however, also required and this is where Gestalt play therapy plays an important role. The researcher therefore feels that a multidisciplinary approach will be the most successful and in this regard that both experts should have a proper knowledge of each other's profession. Middle childhood is an important phase in which to address stuttering, as essential roles and attitudes of adult life begin to take shape and the child's experiences may determine whether he or she will be able to tackle the challenges that await him or her during adolescence and adulthood.

Based on the studies and experiences outlined above, the researcher accordingly recommends that:

- Stuttering should be identified by parents and teachers and reported as early as possible.
- Parents and teachers should be made aware that the sooner the treatment starts the better, as emotional damage may be avoided or limited in this way.
- Therapists need to have an understanding of the substantial emotional impact stuttering has on children (especially in their middle childhood) so that therapy could be approached from the correct perspective.
- A clear understanding of the level of the development of a stuttering child needs to be achieved before engaging in therapy as children in different age groups have different needs and respond differently to therapy.

- In addition to the speech disfluencies, the emotional needs of children who stutter should be addressed in therapy.
- The speech therapist and the play therapist should work together as fluency skills and emotions are both extremely important. A multidisciplinary approach is therefore more effective in addressing the problem.
- The stuttering child's family, teachers and peers should be empowered with skills in dealing with the emotional needs caused by stuttering as they are the people closest to the child. Their reactions and feelings about stuttering could have a major impact on the developing self-concepts of the child in middle childhood who stutters.
- The impact of culture could be explored in a similar research project. The respondents in this study were from a coloured and white community.
- The establishment of a more detailed Gestalt play therapeutic program for stuttering children can be explored in further research.

5.6 CONCLUDING REMARKS

The potential for the use of Gestalt play therapy in the above manner has been clearly demonstrated. This, however, is something that should be explored further in research and practical implementation. Speech therapists should be made aware of this additional tool in the treatment of stuttering so that, where appropriate, the child could be referred to such therapy.

BIBLIOGRAPHY

- Babbie, E. 2005. *The basics of social research*. 3rd ed. Belmont, CA: Wadsworth.
- Berk, L. E. 2003. *Child development*. 6th ed. Boston: Allyn and Bacon.
- Bloodstein, O. 1995. *A handbook on stuttering*. 5th ed. San Diego, CA: Singular Publishing Group, Inc.
- Blom, R. 2004. *Handbook of Gestalt play therapy. Practical guidelines for child therapists*. Fichardtpark: Druforma.
- Creswell, J.W. 1998. *Qualitative enquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- De Vos, A.S. 2005. Qualitative data analysis and interpretation, in: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. (ed). *Research at grass roots for the social sciences and human science profession*. 3rd ed. Pretoria: Van Schaik Publishers.
- Farnsworth, J. & Spillers, C.S. 2001. Effects of stuttering on the individual. [Online]. Available: <http://www.d.umn.edu/~cspiller/stutteringpage/effects.htm> [2007, 30 April].
- Fouché, C.B. 2005. Qualitative research designs, in: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. (ed). *Research at grass roots for the social sciences and human science profession*. 3rd ed. Pretoria: Van Schaik Publishers.
- Fouché, C.B. & Delpont, C.S.L. 2005. Introduction to the research process, in: De Vos, A.S., Strydom, H., Fouche, C.B. & Delpont, C.S.L. (ed). *Research at grass roots for the social sciences and human science profession*. 3rd ed. Pretoria: Van Schaik Publishers.

Fouché, C.B. & De Vos, A.S. 2005a. Problem formulation, in: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. (ed). *Research at grass roots for the social sciences and human science profession*. 3rd ed. Pretoria: Van Schaik Publishers.

Fouché, C.B. & De Vos, A.S. 2005b. Quantitative research designs, in: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. (ed). *Research at grass roots for the social sciences and human science profession*. 3rd ed. Pretoria: Van Schaik Publishers.

Gabel, R. 2007. Stuttering. [Online]. Available: <http://www.minddisorders.com/Py-X/Stuttering.html> [2007, 30 April].

Geldard, D. & Geldard, K. 2002. *Counselling children: A practical introduction*. 2nd ed. London: Sage Publications Ltd.

Greeff, M. 2005. Information collection: Interviewing, in: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. (ed). *Research at grass roots for the social sciences and human science profession*. 3rd ed. Pretoria: Van Schaik Publishers.

Guitar, B. 1998. *Stuttering: An integrated approach to its nature and treatment*. 2nd ed. Baltimore: Williams & Wilkins.

Hanvey, L. 2002. Middle childhood: Building on the early years: A discussion paper. Ottawa. National Children's Alliance. [Online]. Available: <http://www.nationalchildrensalliance.com/nca/pubs/2002/hanvey.pdf> [2007, 10 June].

Heite, L.B. 2001. *La Petite Mort: Dissociation and the subjective experience of stuttering*. [Online]. Available: <http://www.mnsu.edu/comdis/isad4/papers/heite4.html> [2007, 10 April].

Hicks, R. 2005. The iceberg matrix of stuttering. [Online]. Available: <http://www.mnsu.edu/comdis/isad8/papers/hicks8/hicks8.html> [2007, 1 April].

Hwang, K. 2002. Speakeasy: A support group for people who stutter. [Online]. Available: <http://www.shopzone.co.nz/speakeasy/special-kyu-won-hwang.shtml> [2007, 4 April].

Irwin, M. 2006. A world that understands stuttering. [Online]. Available: www.stutterisa.org [2007, 1 April].

Joyce, P. & Sills, C. 2001. *Skills in Gestalt counselling and psychotherapy*. London: Sage.

Kaplan, P.S. 2000. *A child's odyssey. Child and adolescent development*. 2nd ed. London: Wadsworth/Thomson Learning.

Klompas, M. & Ross, E. 2004. Life experiences of people who stutter, and the perceived impact of stuttering on quality of life: personal accounts of South African individuals. *Journal of Fluency Disorders*, 29(4): 275-305.

Kotze, L. 2007. Personal interview with audiologist, speech and language therapist. (Transcript). January, Cape Town.

Labuschagne, J.L. 2004. *Interpersonal psychotherapy with a person who stutters*. Unpublished M.A.(C.P.) (Clinical Psychology) dissertation. University of Pretoria.

Landreth, G.L. 1991. *Play therapy: the art of the relationship*. United States of America: Accelerated Development.

Lees, R. 1999. Stammering in school children. Support for learning. *British Journal of Learning Support*, 14, 22-26.

Louw, P. 1996. *Coping with stuttering*. Johannesburg: Delta.

Moran, R.W. 2001. Stuttering therapy programs. [Online]. Available: <http://www.callier.utdallas.edu/speech/stutter.html> [2007, 30 April].

Mouton, J. & Marais, H.C. 1996. *Basic concepts in the methodology of social sciences*. Pretoria: HSRC Publishers.

Mouton, J. 2002. *Understanding social research*. 3rd ed. Pretoria: Van Schaik.

Neuman, B.M. & Neuman, P.R. 2006. *Development through life: A psychological approach*. 9th ed. Belmont, CA: Thomson/Wadsworth.

Oaklander, V. 1997. The therapeutic process with children and adolescents. *Gestalt Review*, 1(4):292-317.

Oaklander, V. 1988. *Windows to our children: A Gestalt therapy approach to children and adolescents*. Highland, New York: Center for Gestalt Development, Inc.

O'Conner, K.J. & Schaefer, C.E. 1994. *Handbook of play therapy. Volume two: Advances and innovations*. New York: John Wiley & Sons.

O'Connor, K. 2000. *The play therapy primer*. 2nd ed. New York: John Wiley & Sons.

Owens, R.G, Metz, D.E & Haas, A. 2000. *Introduction to communication disorders: A lifespan perspective*. Boston, MA: Allyn and Bacon

Papalia, D.E, Olds, S.W & Feldman, R.D. 2006. *A child's world: Infancy through adolescence*. 10th ed. Columbus, OH: McGraw Hill.

Pelczarski, K and Coleman, C. 2005 . Hidden treasure of stuttering resources. [Online]. Available: <http://www.mnsu.edu/comdis/isad8/papers/coleman8/coleman8.html> [2007, 1 April].

Rentschler, G. 2005. Therapeutic approached to address emotional issues in stuttering. [Online]. Available: <http://www.mnsu.edu/comdis/isad8/papers/rentschler8.html> [2007, 1 April].

Rentschler, G. 2007. Stuttering therapy: Shifting focus to the 'inner game'. [Online]. Availble: http://www.nysslha.org/uploads/Annual%20Convention_RentschlerGary.pdf. [2007, 10 April].

Rubin, S. & Babbie, E. 2005. *Research methods for social work*. 5th ed. Belmont, CA: Wadsworth.

Schaefer, C. 2003. *Foundations of play therapy*. NY: John Wiley & Sons.

Schoeman, J.P. & Van der Merwe, M. 1996. *Entering the child's world: a play therapy approach*. Pretoria: Kagiso Publishers.

Schoeman, J.P. 1996a. The art of the relationship with children – a Gestalt approach, in: Schoeman, J.P. & Van der Merwe, M. (ed). *Entering the child's world: a play therapy approach*. Pretoria: Kagiso Publishers.

Schoeman, J.P. 1996b. Sensory contact with the child, in: Schoeman, J.P. & Van der Merwe, M. (ed). *Entering the child's world: a play therapy approach*. Pretoria: Kagiso Publishers.

Schoeman, J.P. 1996c. Projection techniques, in: Schoeman, J.P. & Van der Merwe, M. (ed). *Entering the child's world: a play therapy approach*. Pretoria: Kagiso Publishers.

Schoeman, J.P. 1996d. Fantasy, metaphor and imagination, in: Schoeman, J.P. & Van der Merwe, M. (ed). *Entering the child's world: a play therapy approach*. Pretoria: Kagiso Publishers.

Schoeman, J.P. 2004. *Advanced course in play therapy*. Huguenot College, Wellington: Centre for Play Therapy and Training.

Silverman, D. 2001. *Interpreting qualitative data: Methods for analyzing talk, text and interaction*. 2nd ed. London: Sage.

Stalnaker, J. 2007. *The life of a stutterer*. [Online]. Available: <http://mupfc.marshall.edu/~stalnak14/The%20Life%20of%20a%20Stutterer.ppt>. [2007, 10 April].

Starkweather, C.W. & Givens-Ackerman, J. 1997. *Stuttering*. Austin, Texas: Pro-Ed.

Strydom, H. 2005a. Ethical aspects of research in the social sciences and human service professions, in: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. (ed). *Research at grass roots for the social sciences and human science profession*. 3rd ed. Pretoria: Van Schaik Publishers.

Strydom, H. 2005b. Information collection: Participant observation, in: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. (ed). *Research at grass roots for the social sciences and human science profession*. 3rd ed. Pretoria: Van Schaik Publishers.

Strydom, H. 2005c. Sampling and sampling methods, in: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. (ed). *Research at grass roots for the social sciences and human science profession*. 3rd ed. Pretoria: Van Schaik Publishers.

Strydom, H. 2005d. The pilot study, in: De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. (ed). *Research at grass roots for the social sciences and human science profession*. 3rd ed. Pretoria: Van Schaik Publishers.

Thompson, C.L. & Henderson, D.A. 2007. *Counseling children*. 7th ed. Belmont, CA: Thompson/Brooks/Cole.

Thompson, C.L. & Rudolph, L B. 2000. *Counseling children*. 5th ed. Belmont, CA: Thompson/Brooks/Cole.

Van Der Merwe, M. 1996a. Basic components of play therapy, in: Schoeman, J.P. & Van der Merwe, M. (ed). *Entering the child's world: a play therapy approach*. Pretoria: Kagiso Publishers.

Van Der Merwe, M. 1996b. Relaxation play. in: Schoeman, J.P. & Van der Merwe, M. (ed). *Entering the child's world: a play therapy approach*. Pretoria: Kagiso Publishers.

Van Der Merwe, M. 1996c. Creative play, in: Schoeman, J.P. & Van der Merwe, M. (ed). *Entering the child's world: a play therapy approach*. Pretoria: Kagiso Publishers.

Van Jaarsveld, T. 2007. Personal interview with speech-language pathologist. (Transcript). March, Cape Town.

Van Riper, C. 1982. *The nature of stuttering*. 2nd ed. Englewood Cliffs, NJ: Prentice-Hall.

Van Riper, C. & Erickson, R. L. 1996. *Speech correction: An introduction to speech pathology and audiology*. 9th ed. Boston: Allyn and Bacon.

Wingate, M.E. 2002. *Foundations of stuttering*. San Diego, CA: Academic Press.

Yairi, E. & Ambrose, N. 2001. What is stuttering? *Journal of Speech, Language, and Hearing Research*, 44(3):585-592.

Yaruss, J.S & Quesal, R. 2006. Overall assessment of the speaking experiences of stuttering (OASES): Documenting multiple outcomes in stuttering treatment. *Journal of Fluency Disorders*, 31, 90-115.

Yontef, G. 1993. *Awareness, dialogue, and process*, Highland, NY: Gestalt Journal Press.

Zsilavec, U. 2007. Research. E-mail to D. van Riet [Online], 6 December. Available E-mail: ursula.zsilavec@up.ac.za

APPENDIX A

Participant's name:

Date:

Researcher:

INFORMED CONSENT

1. Title of study: The utilisation of Gestalt play therapy with children in middle childhood who stutter.
2. Purpose of the study: The aim of the study is to determine the extent to which Gestalt play therapy may be used in the therapeutic treatment of children in middle childhood who stutter.
3. Risks and discomforts: There are no known risks or discomforts associated with this project.
4. Benefits: I understand there are not as yet known direct benefits to my child/child in my care for participating in this study. However, the results of the study may help researchers to gain a better understanding of whether Gestalt play therapy may assist in the treatment of stuttering children.
5. Participant's rights: My child/child in my care may withdraw from participating in the study at any time.
6. Confidentiality: I understand that the results of testing will be kept confidential unless I ask that they be released. The results of this study may be published in professional journals, but the child's records or identity will not be revealed unless required by law.

I understand my child's/child in my care's rights as a research subject, and I voluntarily consent to his/her participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

 Parent's/Legal guardian's signature

 Date

APPENDIX B: GESTALT PLAY THERAPY TECHNIQUES AND MEDIUMS

1 Drawing and painting

According to Oaklander (1988:53), “the very act of drawing is a powerful expression of self”. Techniques for helping children express feelings through the use of drawing and painting are endless. The goal, however, always remains the same: to help the child become aware of him or herself and his or her existence in his or her world. Blom (2004:149) adds that drawing and painting techniques promote children’s self-awareness in that they project their emotions, thus providing a safe way of expressing feelings. It can also be used to strengthen the child’s sense of self.

According to Geldard and Geldard (2002:167-168), drawing and painting could be used to:

- enable the child to tell his story
- enable the child to express repressed or intense emotional feelings
- help the child to gain a sense of mastery over events which he has experienced or is experiencing.

2 Clay

Children enjoy using clay because it is pleasant to touch and can easily be manipulated. It enables a child to be creative and express a wide range of emotions. Geldard and Geldard (2002:156) observed that many children readily engage with clay. They become absorbed in pulling, punching, pressing, feeling, stroking, shaping and squashing the clay. It provides tactile and kinaesthetic experiences that are both pleasant and satisfying. The authors (2002:157) further state that “it allows children that have shut down or blocked their sensory and emotional experiences to get in touch with them again”. Van der Merwe (1996c:147) adds that children may use it to change and form their situations as they choose. When realising that they can form clay any way they want, they may even be

motivated to change their situation. Geldard and Geldard (2002:58) mention the following goals when working with clay:

- to help the child tell and share his or her story by using clay to illustrate elements of his or her story
- to enable the child to project his or her inwardly contained feelings on to the clay so that they can be recognised and owned
- to help the child to recognise and deal with underlying issues
- to help the child to explore relationships and to develop insight into those relationships
- to enable the child to experience success and satisfaction in completing a creative task.

The researcher is of the opinion that clay work is especially suitable for stimulating the release of feelings in a stuttering child who struggles with verbal skills.

3 Sand tray work

Lowenfeld (in Oaklander, 1988:166) described the values of sand play by affirming that “sand and water lend themselves to the demonstration of a large variety of fantasies...When wet, sand may be moulded, and when dry, it is pleasant to feel, and many tactile experiments can be made with the gradual addition of moisture.” The child is able to create his own miniature world in the sand, saying a lot without using words. The goals when using this technique are outlined by Geldard and Geldard (2002:150):

- to explore specific events, past, present and future
- explore themes and issues relating to these events
- act out those things, which are not, or were not, acceptable to him or her
- gain a cognitive understanding of the elements of events in his or her life and thus gain insight into those events

- integrate polarities
- alter his or her story, as created in the sand tray, by projecting his or her fantasies onto it
- experience a sense of control through physical expression
- gain mastery over past and current issues and events
- think of what might happen next
- find resolution of issues through the development of insight.

4 Oaklander's model

Oaklander (1988:53-56) describes her fourteen steps for drawing and painting as follows:

1. Let the child share the experience of the drawing.
2. The child describes the picture in his or her own way.
3. Promote the child's self-discovery by asking the child to elaborate on shapes, forms, colours, representations and people.
4. Ask the child to describe the picture as if the picture is the child, for instance, "I have red lines all over me and a blue square in the middle".
5. Pick specific things and describe their function.
6. Ask the child questions about the drawing, such as, "Who uses you?" "What do you do?"
7. Sharpen the child's awareness and be aware of energy and excitement or lack of it in a specific part of the drawing. Ask questions such as, "What is happening to it?" "Where is he going?"
8. Let the child dialogue between two parts of the picture, such as the road and the car.
9. Encourage the child to take note of the colours.
10. Watch for cues in the child's voice tone, body posture, facial and body expression, breathing and silence.
11. Work on identification and help the child to "own" what has been said about the picture.

12. Leave the drawing and work on the child's life situations and unfinished business that comes out of the drawing.
13. Watch out for missing parts in the picture and attend to it.
14. Stay with the child's foreground flow. Sometimes go with what is there, such as a fun situation and sometimes use the opposite like stating to the child that his or her own life might not be so full of fun at the moment.

When applying these steps, children are guided to first own their drawing or painting on a symbolic level, then the therapist proceeds to the reality level to try to find similarities with the child's life. This promotes awareness and integration and contributes to the completion of unfinished business (Blom, 2004:151).

5 Schoeman model

This model is based on the Gestalt therapy process. According to Schoeman (2004:118), the main aim is to give the therapist a framework to work within the Gestalt philosophy. The structure is meant to give the therapist a comfortable way to work with the most obvious issues first while staying with the child's foreground.

This model starts off with building a therapeutic relationship, then getting the child in touch with his or her senses, while establishing the child's unique process. When these three aspects have been addressed, the child proceeds to make a projection by using any form of play. A technique is then selected by the therapist in working with the projection to gather more information. The child then takes ownership of his or her projection where the child relates it to his or her own life, or in this case, their experience of stuttering. Alternative ways of coping are then explored, as well as shifting the focus from external support to self-support where the child takes responsibility for his or her own circumstances. This is done by empowering the child. Then a classification, evaluation and summary are done. The therapist guides the child in coming to these conclusions. Finally, self-nurturing takes place which also validates the child and gives him or her a

sense of self-worth. The therapist must clarify, empower and work in polarities throughout the whole session (Schoeman, 2004:118-199).

6 Techniques for sensory experience

Oaklander (1988:109) states that it is through our sensory modalities that we experience and find meaning for ourselves and make contact with the world. Blom (2004:101) agrees by stating that sensory contact-making is a prerequisite for children to come into emotional contact with themselves. Regarding sensory contact-making, the focus is on the child's sight, hearing, taste, smell and touch. Very often children who experience emotional disturbances become numb and their sensory awareness is dulled.

A great variety of techniques and activities can be used during Gestalt play therapy in order to improve children's sensory contact-making. The researcher used the following activities to heighten the sensory experiences of the respondents:

- Sight

Oaklander (1988:111) states that "the ability to see the environment and the people around us is necessary for making good contact outside the self. To be able to see others clearly expands our horizon". According to Schoeman (1996b:43), vision is the main coordinating sense, helping the child to understand the world around him. Blom (2004:103) is of the opinion that this could also promote children's awareness of themselves.

The researcher advanced the child's visual sensory perception by playing and looking through a mirror, asking the child to describe what he or she sees, as well as playing a game, named "I spy with my little eye..."

- Sound

Schoeman (1996b:44) states that “a child who does not have contact with sound will have difficulty in making contact with connected feelings. Feelings and sound are often interrelated”. Oaklander (1988:114) adds that helping children appreciate sound increases their sense of being in the world.

The researcher played sounds of various musical instruments to give the child the experience of different tones in order to enhance their sensitivity to sound. A melody on a tape was played and the child had to write down how the music made him feel, what he was thinking of when he hear it and whether he like it or not. Schoeman (1996b:45) states that music can bring out what the child is trying to verbalise.

- Taste

Schoeman (1996b:46) states that the tongue is an important organ as it also helps with the processing of food and is necessary for talking. “It is an instrument for the verbalization of emotions and feelings”.

The researcher gave the child objects with different tastes, such as sour, salty, sweet and bitter and the child then described the taste and texture and whether he likes it or not. Blom (2004:196) adds that these taste descriptions also contribute to strengthening the child’s sense of self because they are self-statements.

- Smell

According to Schoeman (1996b:45), the sense of smell is used to gather information about the surroundings, what is happening and to discriminate between pleasant and unpleasant smells. Blom (2004:107) adds that smell can also contribute to contact-making with pleasant and unpleasant events from the past.

To stimulate his sense of smell, the researcher asked the child to smell substances with various aromas. The child then had to guess it was and had to relate what the smell made him think of.

- Touch

Oaklander (1988:110) states that tactile sensation is an important cognitive functioning that facilitates the ability to discriminate. Touch is central to awakening the body, mind and emotions. Schoeman (1996b:47) agrees by adding that “when people touch something, either with hands or feet, they get the feelings of what it really is. The world is explored to a great extent by touching objects”.

The researcher placed a number of objects with different textures, such as smooth, coarse or soft in a bag and the child had to describe how the objects felt to him and had to guess what it was. The child also used substances that introduced him to natural media, such as water, sand, bubbles, dough, clay and paint to further stimulate the senses. According to Schoeman (2004:47), they create a bridge between sensory experience and creative thinking.

7 Guided fantasy

The imaginary journey or guided fantasy, as referred to by Oaklander (1988:3), is a powerful technique in play therapy. The author (1988:11) states: “I take a child’s fantasies very seriously, as an expression of his feelings”. Blom (2004:196) explains that fantasies are “metaphoric expressions of the content of self-experience and can be used during therapy to bring to the foreground unfinished business of which children are unaware”. According to Geldard and Geldard (2002:173), it involves telling a child a story and allowing him or her to freely explore it in his or her imagination, filling in details from his or her own experiences. As the child moves through this journey, his or her own memories, emotions and fantasies are triggered so the child becomes aware of them and can work through them with the help of the therapist. Schoeman (1996d:85)

states that “a fantasy can replace an unpleasant reality”. This technique could thus be used when a child feels too threatened to deal concretely with a problem. Geldard and Geldard (2002:174-175) provide the following summary of the goals when using the imaginary journey:

- to enable the child to tell his story
- to help the child get in touch with, and work through, painful experiences that have been repressed
- to help the child re-experience happy or successful events
- to help the child experience imaginary completion of unfinished scenarios or events, with resolution of related issues
- to help the child gain mastery over past issues or events
- to help the child discover alternative behaviours or options that might have more satisfactory outcomes for him or her
- to help the child gain insight into his or her own behaviour and the behaviour of others
- to help the child understand the reasons why past events occurred.

An example of guided fantasy is the fantasy of a safe place. The child is asked to shut his or her eyes and the therapist takes the child on the following fantasy:

Imagine you could go to a safe place. It can be a place from the past or a place where you live now that you want to make better for yourself, or a place that you create for yourself. It can be any place. Imagine you could go to that place. What does it look like? What do you see, hear, smell, taste and feel? What do you do in your safe place? When you are ready, I want you to draw your safe place. It can be in lines, shapes and colours – nobody has to understand it (Blom, 2004:79).

The drawing is then discussed with the child. The child could also be asked to draw the polarity, namely an unsafe place and is then asked to write down a statement about the safe place and unsafe place.

Oaklander (in Blom, 2004:79) states that the fantasy of a safe place gives children the opportunity to create a space for self-maintenance and self-nurturing by using fantasy.

8 Rosebush technique

A well-known fantasy technique is the rosebush. Oaklander (1988:32-33) asks the child to shut his or her eyes and pretend to be a rosebush. The following suggestions are then given:

- What type of rosebush are you – strong or weak?
- What does your root system look like – deep or shallow? Maybe you do not have one?
- Do you have any flowers on your bush? If so, are they roses?
- How many roses do you have – a lot or a few?
- What colour are your roses?
- How many thorns do you have – a lot or a few?
- What do your leaves look like?
- What does the environment look like? Where are you standing – in a garden, in town, in the desert, in the middle of the sea?
- What is around you? Are there other roses or flowers? Are there any people or animals around you? Or are you standing alone?
- Does the rosebush have enough room? Does it stand out?
- How does it get along with other plants?
- Is there something like a fence around you?
- How do you survive – who waters it and takes care of it?
- What is the weather like around you?
- Do you like the rosebush?
- Does it have a good future?

The child is then asked to make their rosebush out of clay or to draw it – any medium is suitable. The child could then share and describe his or her experiences. The therapist writes down all the responses and the child is asked how these fit into his or her life at present. By linking the fantasy to the child's life, a lot of information can be gained about the child's awareness of the self. The Schoeman or Oaklander model could then be used to take the process further regarding determining alternatives, clarification, empowerment, evaluation and self-nurturing.

9 Monster technique

Children often blame themselves for the trauma in their lives as they take in negative introjects. Monsters are common symbols for children and can help to identify any negative aspect of themselves. According to Schoeman (1996c:68), "Unfinished business may become 'monsters' in a child's life". This technique could then help the child address unfinished business and fears within their life through a safe medium, namely a monster. Feelings of fear get projected onto the monster and later on the child is helped to deal with these fears. The author (1996c:68-69) describes the technique as follows:

First the child is asked to identify a monster in his or her life. Blom (2004:175) states that pictures of monsters could be shown to the child. In this way the child is able to form an idea of how a monster could look. The child could then draw the monster or model it out of clay – any medium is suitable. Common questions asked are the following:

- How long has the monster existed in your life? How old were you when the monster came into your life?
- Do others know about the monster?
- Is there something that scares you about this monster?
- How do you feel about the monster?
- Do you want to have the monster in your life?
- Can you give the monster a name?

Any others questions could also be asked by the therapist to help the child gain insight in how they could work on their problem.

According to Blom (2004:176), the monster technique could also be used so that children learn to be more accepting, caring and nurturing to the hateful part of themselves. The child is then asked to draw or make a model of him or herself out of clay at the time when the monster came into his or her life. The child is encouraged to nurture their younger self by talking to it. The child could then be asked to destroy the monster, using whatever method the child wishes. The author (2004:176) further states that the child could also be given homework whereby he or she finds a nurturing item like a heart-shaped pillow, soft bear or any item at home that represents his or her smaller self. The child would then be able to practice the self-nurturing process by him or herself. The child is also encouraged to make a list of things that make him feel good and report this to the therapist.

10 Storytelling

According to Blom (2004:182-184), the use of stories has various advantages during Gestalt play therapy, as stories link effectively with the child's world. This technique can be used to improve children's awareness. By identifying with the story, children are made more aware of their emotions. Children have the opportunity to identify with the main character's emotions while insight in their own situation and that of others can be promoted simultaneously. By means of modelling the characters in the story, children learn handling strategies for future handling of their own emotions.

According to Oaklander (1988:85), stories could be made up by the therapist or the child or done mutually. The story must have a beginning, middle and an end and there is a lesson or moral in the story. There are numerous variations on storytelling and it could lead to other activities. There must be a link with the living world, the emotions of the child and the main character with whom the child can identify. Geldard and Geldard (2002:181) are of the opinion the child then reflect on their own life situation by projecting onto these characters beliefs, thoughts and emotional experiences of their own.

Additionally, a child would often recognise the relationship between events and themes within a story and events and themes in their own life. They then have the opportunity to work directly on their own issues. The children should also be able to recognise their own potential and abilities to handle situations. Healthy handling strategies must be used to achieve definite life objects (Blom, 2004:184). Thompson and Rudolph (2000:86) add that storytelling has also been useful in helping children realising possible consequences.

11 Relaxation

Schoeman (1996b:53) states that relaxation means that the body's muscles are in equilibrium or balance. Oaklander (1988:124) is of the opinion that "physical and emotional tension is sometimes expressed through behaviour that on the surface seems to be irrational". Teaching children how to relax can help ease the tension and express the reason for the tension.

Various relaxation techniques and activities can be used during Gestalt play therapy with children. Blom (2004:112) suggests the following:

- use metaphors
- let the child do bending and stretching exercises
- teach the child to relax his or her body progressively from the feet right up to the facial muscles and eyes and by breathing deeply
- use music to let the child relax
- use meditation
- take children on a relaxed, guided fantasy.

The researcher is of the opinion that children who stutter often are tense and may experience difficulty relaxing, especially due to their muscles tightening when speaking. According to Schoeman (1996b:54), an important part of relaxation is breath flow. The stuttering child can be helped to do breathing exercise, as deep breathing provides more oxygen and enables the child to control his or her body better. Regular, rhythmic

inhalation and exhalation will help a great deal in securing complete relaxation, not only of the body, but of the mind as well.

Blom (2004:112) is of the opinion that the ability to relax can promote effective emotional management in children in that they acquire skills to express their emotions in a relevant manner, rather than to suppress them.

12 Incomplete sentences

According to Blom (2004:262), this exercise can be used as a method of giving children the opportunity to express their experiences. It also helps children to become aware of how they help or hurt themselves (Thompson & Rudolph, 2000:168). Read (in Blom, 2004:231) adds that it could be used to determine the themes on the child's foreground and which unfinished business should be addressed during therapy.

The following incomplete sentences questionnaire was used in this study:

1. I feel happy when.....
2. The children tease me.....
3. I do not like myself because.....
4. If I could change one thing about myself.....
5. Stuttering.....

Some children who stutter may be withdrawn, shy or fear rejection and writing down their feelings will assist them in expressing blocked feelings.

APPENDIX C: RESPONDENTS' PROJECTIONS

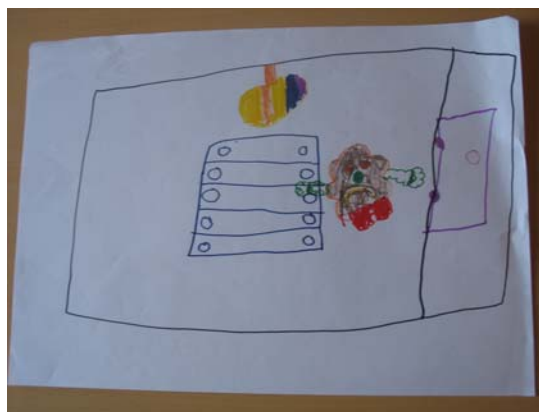


Photo image 1: Ben's drawing of stuttering



Photo image 2: Ben's clay figure of stuttering



Photo image 3: Ben's sand tray



Photo image 4: Ben's collage of stuttering



Photo image 5: Mike's drawing of stuttering



Photo image 6: Mike's clay figure of stuttering

