

# CHAPTER 1

## INTRODUCTION TO THE STUDY

### 1.1 Introduction

Many children in South Africa are in Child Welfare or private children's homes, as their biological parents are unable to care for them. In addition adjusting to the new environment requires guidance. Aiding children to adjust to their new home and find a sense of balance is an important concern for play therapists.

Over many years children who have been abandoned in one form or another often end up in foster care. Although it was intended for foster care to be temporary Child-welfare says it can be expected to be, in effect permanent care, where children will spend more than seven years in the system' (McKenzie 2003:1). In 1994 and the early 1995 the United States due to overcrowding debated the issue of privately owned orphanages, for example SOS Children's Villages (McKenzie 2003:2).

Hermann Gmeiner, an Austrian orphanage has carried this model for children forward. Having lost his own mother he engaged in youth work to help orphans and homeless children in need (Gmeiner 2003:1). SOS Children's Villages purpose is to provide permanent family care for children who have lost their parents or no longer can be cared for. Each child stays in a home with a housemother and eight to ten boys or girls of various ages.

In addition children who live in SOS Villages come from various races, nationality and creeds. Ages vary from infancy to age eight. According to Gmeiner (2003:1) children stay until they are able to begin independent life. However the researcher through working at SOS Village has come across the knowledge that housemothers who cannot tolerate destructive behavior such as drugs, rape send the children back into their families at age eighteen.

Today, the SOS Village from its starting point in 1949 have over 35,000 children worldwide growing up in the SOS Villages. There are more than 1350 projects in over 125 countries and they have become the largest private childcare organization in the world (Gmeiner 2003:1).

In this study the researcher will use a single participant who has entered the children's home for the first time. The child will be guided through a process of gestalt therapy techniques to help him adjust in the children's home. In addition this study focused on two models of childcare and how they function as well as their roles in helping children adjust socially, physically, cognitively and emotionally in a children's home.

Chapter three focused on adjustment problems children experience in adjusting to their new caregivers based on their previous attachment to biological parents.

Chapter four dealt with Gestalt concepts and techniques relevant for the study whereas chapter five dealt with empirical results of applying Gestalt approach and making future recommendations for future research purposes in chapter six.

## **1.2 Motivation for the choice of research**

The choice for this study was inspired by two determinants. Firstly, on a personal level and secondly on a professional level. The researcher's

definition of herself and her background was a story that motivated this study.

Whilst studying Psychology the researcher realized special needs existed within the children's home. Most of the children were abandoned or abused and as a result had to be placed in foster care. On entering the home it was realized that many children had problems adjusting to the new lifestyle and many grieved the loss of parents or caregivers. As a result many children entering the home needed guidance to help them through the process of adjustment.

Secondly, the choice of study was also inspired on a professional level. The researcher responded to a profound need in the field of gestalt play therapy and therefore decided to research how a child adjusts to a children's home. In addition due to children knowing their own nuclear family with biological parents for all or most of their lives, their parents do not always provide the best in terms of emotional, physical, spiritual and psychological care, and children need to be placed in foster care. In an attempt to help Child Welfare and other long term child-caring facilities make their services available to children who no longer are safe within their biological parent's home.

The adjustment from one home to another became a life-changing factor for the child. It resulted in various forms of behavior and actions, which were seen by the researcher. It was important to guide the child to adjust to his new life.

To summarize the motivation for the research study arose due to:

Children experiencing culture shock within a new environment. The new caregiver often overlooks culture shock and the adjustment process. It is vital to understand that children undergo a tremendous amount of change when adjusting to their new environment and family (Sullivan 2003:304).

Due to adjustment being overwhelming, and the need for assistance to adjust, the researcher needed to guide the grieving child and helped them make meaningful contact for themselves within their new environment (Oaklander 2000:29).

In addition this motivation gave rise to the question of how the research problem could be formulated.

### **1.3 Problem formulation**

The researchers contribution to the scientific community of study was to demonstrate that through Gestalt therapy guidance, support and nurturance children who had left their paternal home due to loss of a parent, could be guided to cope with alternative forms of living conditions, such as children's homes.

**The researcher whilst doing the literature review found a lack of information of Gestalt therapy for children in child care settings such as children's homes.** Due to the limited guidelines Social Workers had on the use of Gestalt play therapy in helping children adjust to such environments, the study was explored to provide an alternative method of guiding new children on adjusting in these settings.

This process of adjustment and guidance was achieved through various goals and objectives within the study.

### **1.4 Goals and Objectives of research**

A goal usually aims at what purpose can be followed in a particular activity and what means or objectives can be used to obtain this goal. Therefore the central goal of this research was to show **how the uniqueness of Gestalt play therapy could be used as an effective**

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**tool to help a child adjust in a children's home.** This goal was achieved through descriptive and explanatory means. Relevant observations made in adjustment were noted as well as explanatory methods Zaaiman(2002:16) indicates. This was explored through observing the participant's behavior, and how, through play therapy and intervention the negative behaviors were reduced.

**Subsequent objectives of the whole research procedure will include:**

**To explore and describe the** types of children's homes and how a child could be helped in his adjustment process.

**To explore and describe** adjustment problems and attachment as part of the psychological processes of the child.

**To explore and describe the** techniques and philosophy within Gestalt therapy that's applicable to the child in the children's home.

**To draw conclusions and make recommendations regarding** the use of Gestalt therapy intervention with a child in a children's home setting.

In addition to listing the goals and objectives of research a central research question was needed.

### **1.5 Research question**

The qualitative nature of this study lends itself to the use of a research question. The research question for this study was as follows: How could Gestalt play therapy be used as a tool to address issues of child adjustment, and how does this therapy process occur?

In order to be able to answer the research question, the research approach to be implemented will be subsequently explained.

## **1.6 Research approach**

The research approach consisted of qualitative research which was considered a more 'Naturalistic people-friendly way of studying people as opposed to quantitative research which studied phenomena numerically' (Strydom1998:54).

In addition to the context of the study qualitative research had been chosen due to working with children in the children's home. Qualitative research seemed to be the best option as children's responses are best captured in a naturalistic environment. However the question around the research approach may be what type of research method was more suitable.

## **1.7 Research type**

For the purpose of this study applied research was used. According to Zaaiman (2003:15) applied research aims at producing solutions to a problem faced by an individual in a particular situation. The aim was to take theoretical insights and apply them to real-life situations.

Applied research focused on questions of 'how' and 'when.' In addition the research provided solutions to the problem of adjusting the participant will face and how solutions could be applied to the participants life. These recommendations which arose from research results was conveyed to Social Workers at the SOS Children's Village to enhance their work with children who are new and have to adjust to the environment.

Finally, the type of research used corresponded to the research strategy.

## 1.8 Research strategy

According to Rubin & Babbie (1997:402) case studies are ideal for qualitative research. This is due to it being able to investigate contemporary phenomena in real-life contexts. Within the children's home children who enter the children's home for the first time encounter problems of adjustment to their new housemothers, siblings, school, language and cultural differences. The researcher to examine relationships between these factors thus used the case study and how they practically affect the child's life. In addition, observations in the child's natural environment were also noted in the empirical chapter.

Secondly, a case study has boundaries between phenomena and context being used that are not clearly evident. The researcher from work done in the children's home realized that each child is unique and copes with adjustment differently. Thus although the researcher can make use of Gestalt framework each child depending on the developmental level will display different methods of adjustment. For the purpose of this study due to time constraints a single participant was selected and guided to adjustment.

Multiple sources of evidence are used within case studies. For the purpose of this study clinical intervention with the single participant was conducted, semi-structured interviews with the housemothers in the children's home and Social Workers making use of Gestalt therapy for children were also conducted. In addition experts were informally consulted to gain information.

Because a single case study can be used to collect intensive information on a participant it was used as a research strategy. In addition, the research procedure also forms an important part of the study.

## 1.9 Research Procedure

The research procedure consists of data, which needs to be collected for the purpose of the study. This will include direct and indirect observations of participant and his relation to his housemother and siblings. In addition, the observations will be quantified in terms of frequency and magnitude of target behavior over a period of study.

In therapeutic process semi-structured interviews were conducted with house parents, Social Workers in charge of the Children's Village to prepare a basis for clinical treatment. In addition the child entered play therapy sessions for a period of seven sessions. The first two sessions constituted the therapist building a relationship with the child and checking to see if the child is age-appropriate in his performance level. The other five sessions focused on play therapy and the last session was used for termination.

In addition the house parent was asked for permission to use the treatment for research purposes and their views on the child's treatment. The therapeutic sessions constituted of the use of Gestalt Therapy, which was transcribed according to concepts, and techniques of Gestalt play therapy.

After each session any noticeable observation and feelings surrounding sessions were recorded. The researcher identifies any problems during each session which guided the child during the next sessions, as well as plan for the future sessions.

In addition to the collecting of data a pilot study constituting of a literature review, consultation with experts, viability of study as well as questions used in semi-structured interviews and universe, sample and sampling methods was conducted.

## **1.10 The Pilot Study**

The pilot study formed an integral part of the research process. Its function was to exact formulation of the research problem and to plan the process for the main research (De Vos, 2002). The pilot study consisted of three aspects, namely, an introductory literature study, consultation with experts in the field of research, a preliminary exploratory study where the researcher investigated the practicality of research in terms of resources such as money, transport costs, time.

### **1.10.1 Literature review**

Literature, which was consulted, included grief in children and holistic forms of therapy such as Gestalt therapy with children. The cornerstones of Gestalt philosophy were examined in conjunction to play therapy. In addition, the researcher drew similarities between Gestalt philosophy and play therapy in guiding children. Literature, which was not directly related to Gestalt philosophy but dealt with guidance of children, was also consulted to further clinical reasoning.

### **1.10.2 Discussion with experts in the field**

Experts in Gestalt Play Therapy were asked for their participation. These experts included:

- Violet Oaklander P.HD: Founder of the Violet Oaklander Institute for Gestalt Play Therapy in Santa Barbara, USA and author of 'Windows to our children'
- Dr. J.P Schoeman (P.HD): Founder of the Centre for Play Therapy and Training, South Africa and author of published works in Gestalt Play Therapy in South Africa.

Both the above named experts are highly esteemed in their knowledge of helping grieving children and Gestalt philosophy. They were each

emailed a questionnaire, which aimed at establishing the feasibility of Gestalt Play Therapy in aiding and guiding children in a children's home through their grief.

People who run the SOS Children's Village were also emailed for their views concerning the effectiveness of privately owned children's homes. In addition, an interview with long standing Social Worker at SOS Children's Village in Ennerdale was also conducted. Lastly, due to research bias framing of interview and questionnaire were needed.

### **1.10.3 Framing the researcher's bias**

The interviews that were drawn up according to Rubin & Babbie (1997) were checked for question clarity and ambiguity by a neutral participant outside of the research process.

### **1.10.4 Viability of study**

Within the pilot study the researcher used the same procedures as planned for the main investigation. This was done to establish the viability of the research problem on new children entering the children's home who possibly needed to be guided and helped to adjust to life within the children's home. In addition, part of determining the viability of the study included doing field-testing of the measuring instruments.

### **1.10.5 Testing of questions used in interviews**

The researcher through purposively sampling selected two housemothers as representative of the fifteen children's houses that exist within the SOS community. Questions were drawn up 'reworded, and checked for question ambiguity by a neutral participant outside the research process and the respondents were asked to comment on

'confusing, unclear ' questions during the interview to ascertain whether the wording and ordering of the questions were done correctly.

#### **1.10.6 Description of universe, sample and sampling methods**

According to Zaaiman (2003:32) a universe is the elements of the population that can be considered for sampling. The universe in this study will include the following boundaries:

- SOS Villages in South Africa.
- Children between the ages of 6-7 years.
- Non-white candidates.
- Male and female candidates.
- Non-governmental and non-profit children's homes.

The sample comprised of a single unit (child) who was:

- ❑ New to the children's home.
- ❑ Experienced a form of loss of a biological parent.
- ❑ Did not receive any form of clinical treatment from the Social Workers but who will be referred to the Play Therapist for treatment.
- ❑ Is seven years old.
- ❑ Needed guidance in adjusting to new environment and dealing with loss of parent.
- ❑ Is of average intellectual ability.
- ❑ Converses in English or Afrikaans, according to the language preference of the child.
- ❑ Who's written permission the caretakers at SOS Children's Villages have given.

Convenience sampling using available persons was used (Zaaiman 2003:33). This was due to time constraints of the study and the availability of 'new' children entering the children's home. In addition

the Social Workers and housemothers interviewed were also selected via convenience sampling.

Finally, in doing any form of research the researcher needed to follow certain ethical considerations.

### **1.11 Ethical considerations**

Upon entering the children's home to do the internship a contract between the researcher and study leader was signed to protect the children's well being. In addition, verbal as well as written permission was obtained by the Social Workers who are in charge of housemothers and children.

The child was also asked for his consent to use the drawings and session content from the play therapy sessions in the research report, this was explained in understandable language the child could understand. For confidentiality reasons the child and housemother's names were omitted from the paper. Pseudo-names were used.

It is important for any persons reading the research to understand the meaning of certain core concepts and terms the researcher used in the proposal.

### **1.12 Definition of terms and core concepts**

It is of importance for readers to understand the meaning of particular words within this proposal, this includes the title definition of the proposal title.

#### **1.12.1 Gestalt**

This is a German word for figure or creation. It stipulates that the sum is greater than its parts. According to Yontef (1993:7) the word Gestalt

'refers to the configuration or patterns of a set of elements' he continues to say that Gestalt Psychologists believe that organisms instinctively perceive whole patterns and not bits and pieces.

### **1.12.2 Gestalt therapy**

Thus Gestalt is an integrative framework that helps individuals make sense of the fragments in order to understand the whole self. Gestalt therapy is a therapy that focuses on awareness using observation of senses and body language (Yontef 1993:61). This occurs in the process of unfinished business in here and now (Yontef 1993:143). The act of remembering although in the past or distance is now. In addition this act of remembering in here and now includes contact making. This involves meeting between two persons within an environment (Crocker 2002:9-10). This environment consists of a field which consists of a whole in which the parts are in immediate relationship and responsive to each other.

In addition, the whole field of the participant within the children's home will be examined as well as their role within the participant's adjustment process.

### **1.12.3 Guiding**

Children towards success according to Strydom (2003:1) involve helping children develop basic life skills in areas including self-confidence, development, motivation to achieve, decision making, problem solving, communication skills, responsible behavior and cultural effectiveness. This is especially true for South Africa with its diversity of cultures.

#### **1.12.4 Adjustment**

This involves the ability to change or fit into a new environment such as a children's home. In addition it involves a psychological balance of needs in an individuals own life as well as relating to the needs of others. NOTE: This is the researchers own conceptualization of this word.

#### **1.12.5 Children's home**

Most children get a good start to life from their biological families. Alternatively, others get a good start from some form of short or long-term foster care such as children's homes or orphanages (McKenzie 2003:3). On the other hand children's homes such as SOS Villages, which are privately owned, are more long-term places of care where children may live until they become independent . The researcher will focus on both models of children's home and see which one meets the criteria for good residential care.

#### **1.12.6 Approach**

In addition approach consists of a method of assessment, Schoeman (2002:52) says play assessment involves an approach where a relationship is set and maintained, help is given to the child to function more effectively, develop insight, make choices and take responsibility for themselves.

In the researchers clinical work, using gestalt play techniques and framework has produced wonderful aid in helping children adjust in new environments. These wonderful insights led to the conceptualization of sharing these insights with colleagues and other interested readers.

### **1.12.7 Play therapy**

Play is how children make sense of their worlds. It is essential for healthy development. It acts as a form of self-therapy through which confusions, anxieties and conflict are worked. In addition, it is a safe form of venting feelings where children can try out their new ways of being (Schoeman, 2002:51). According to Oaklander(2000) play therapy uses a variety of play and creative arts techniques to address chronic, mild, moderate, psychological and emotional conditions in children.

Thus play therapy not only allows a child a safe way to project their feelings through play but helps them with psychological problems too.

### **1.13 Limitations and problems researcher encountered**

Due to nature of qualitative research, research bias may occur. Therefore to counteract triangulation was used to get feedback from housemother regarding the treatment, used to ensure internal validity.

Other limitations included not finding appropriate literature directly related to research topic and having to find alternative literature sources.

The researcher was not being able to observe the participant all the time. Therefore the researcher relied on honest reports from the housemother.

The case study generated a lot of data with observations, which the researcher had to analyze and only use relevant observations related to the study. This process was time consuming and expensive.

## **1.14 Conclusion**

In Chapter two the theoretical perspectives, which were explored during the preliminary literature review to provide an in-depth background on the study are introduced.

# CHAPTER 2

## THE CHILDREN'S HOME SETTING

### 2.1 Introduction

In this chapter the researcher focused on the contextualization of the research process. The research process applicable to this study includes the context of two models for children's homes. These two models will be evaluated on the criteria of what makes a good child residential care center as stipulated in the child care act. In addition, it will also be considered if children's emotional, physical, social and cognitive needs are met, in state owned (traditional) children's homes and privately owned children's homes, which are based on the family centered approach.

State owned children's homes according to Brill (1965:133) are receiving homes owned and maintained by local authorities. It provides immediate shelter for children on admission often in an emergency. In addition these children homes can also be adopted from a council house, which gets shared amongst staff, children and house parents which can be a married couple (Brill 1965:158).

On the other hand, privately owned children's homes are children's home which are run by an agency (Glickman 1957:79). In addition, privately owned children's homes have a family centered approach that encompasses family support services and offers services to preserve or help families facing 'out of home' placement. In this 'out of home' placement the child grows up in a group home where they have other children living with them that are not biologically related to each other (Brill 1965:36). In addition, these family centered children's homes are

often called 'children's villages' and a single woman runs the staff of each home.

This chapter will also focus on the historical background of each child's home with the main focus being on privately owned children's homes as the participant used for the research study comes from such a children's home. The discussion of this chapter will then be ended off with the discussion of the developmental phases of children in age's seven to ten living in a children's home. This will provide a framework for adjustment of children in this age group to a new environment.

Before evaluating the two modals of children's homes, it is important to see what the criteria for child residential care is.

## **2.2 Criteria for child residential care**

According to chapter three in the child care act thirty three (1960) child care can be defined as a residence that protects the rights of children and help in the improvement of their lives in the following manner:

- Providing a structure that promotes sound physical, mental, emotional and social development of children.
- Provide care, protect and prevent as far as possible children who have suffered ill treatment, abuse, neglect, deprivation or exploitation.
- Promote a child's physical, emotional, cultural and mental development and take into consideration whenever any decision is made concerning the child.
- An environment should be promoted that closely resembles a family environment. In addition, the environment should guide and direct the child's scholastic, religious, cultural, other education and upbringing as relevant to the stage of development the child is in.

- Involve the biological family in any decision-making affecting the child.
- In making decisions affecting the child the following should be noted:
  - Respect the child's inherent dignity
  - Treat the child equally and fairly.
  - Protect the child's fundamental rights as set out in the constitution.
  - Protect the child from unfair discrimination on any ground, including his or her health or HIV status.
  - Lastly, primary prevention and early intervention services should seek to enable, strengthen children and family to function optimally.
  - Prevent the reoccurrence of problems in the child's family and reduce negative consequences and risk factors.

In addition to the criteria the childcare act stipulates the researcher needs to list what the emotional, physical and social needs of children in the middle age group are as these are some of the needs good children's homes need to fulfill.

### **2.2.1 The child's emotional needs**

According to Kruger (1998:84) emotional needs can be defined as how a child on their own or with help succeed at tasks to develop good self worth. In addition, good self worth of achievement results in feelings of emotional competence. Some of the emotional needs children have in this age group according to Shaffer (1996) includes:

Regulating emotions according to social rules and being able to converse and relay how they feel about these emotions to others.

In addition forming gender stereotypes, that is what is acceptable boy versus girl behavior, regulating fears, anger and aggression in socially acceptable ways and balancing this with being able to express their joy and happiness.

In addition to children's emotional needs physical and social needs also exist.

### **2.2.2 The child's physical needs**

The beginning of middle childhood according to Kruger (1998:76) can be defined as a period of slow steady growth.

Children in this age group have bare gums as they have lost their front milk teeth. They possess fine motor skills such as being able to hold a pen and their gross motor skills such as strength, co-ordination and muscle control have improved a lot. Children also tend to be more physically active.

The researcher has seen that within this age group within the children's home children within this age group tend to compete with their peers to who is better at certain physical activities. This in turn impacts on their emotional self worth.

Finally, children in the middle school years have specific social needs.

### **2.2.3 The child's social needs**

Important social needs according to Kruger (1998:85) can be defined as children within the middle age group wanting their independence from their parents and moving more into the social world. They need more interaction with others outside the home and to learn the importance of rules, which need to be observed in games.

In addition, the researcher has seen how frustrated children get as they try to communicate their needs verbally whilst playing games with their friends. They struggle saying 'I feel mad or angry' and will rather

demonstrate their feelings with body language to display their displeasure to their friend's injustice to game rules.

Furthermore, to the criteria needed within children's home, and what the emotional, physical and social needs are of a child, children's homes need to in one way or another help children meet their needs.

However, before discussing the two types of children's homes and whether they meet up to the requirements of good residential care it is important to elaborate on the definitions of children's homes given in the introduction.

### **2.3 The children's home as residential care setting**

Any children's home whether traditional or family centered need to provide good residential care as stipulated in the criteria for the child care act mentioned above. In addition, a definition of what a children's home is will now be elaborated on.

#### **2.3.1 Defining children's homes**

According to Epprecht, Matlakala, Moremi, Muller, Nieuwoldt, Raganya, Rich & Timm (2001:1) children's homes can be defined as "Community based group homes can be defined as the most widely accepted resource for the care and treatment of homeless, psychologically traumatized and socially maladjusted children"

In addition, two types of children's homes for the purpose of this study will be defined.

### **2.3.2 Traditional owned children's homes**

Traditional children's homes can be defined as a children's home that rescue children who have been separated from its parents due to abandonment, neglect or poor parenting.

### **2.3.3 Family centered children's home**

On the other hand, family centered children's homes can be defined as an alternative form of care and treatment for abandoned, neglected children. They try to improve quality of life as opposed to the traditional children's homes by allowing the child into care for a 'limited duration of time and re-uniting families where possible' (Epprecht et al. 2001:1).

Now that the above has been defined, the background of each child's home, as well as the role of housemother and house parents in meeting the child's needs will be discussed.

## **2.4 The traditional children's home setting**

According to Ainsworth & Fulcher 1981, in Epprecht et al. (2001:13-14) the traditional owned children's homes has been historically the backbone for many other care facilities. It involves the 'rescuing' of a child who has been separated from its parents due to abandonment, neglect or poor parenting. It gives the child substitute parents in the hope that once a child is removed from their home they will quickly adjust psychologically to the new caregiver. These traditional children's homes often did not take into consideration that in the late eight's and ninety's no children were placed in interracial homes.

In addition, according to Epprecht et al. (2001:7) traditional child care homes are run in a certain manner and they have house parents which are a couple caring for children and social workers who have specific roles in the home which will now be discussed.

### **2.4.1 Role of house parents in traditional children's homes**

In traditional children's homes house parents are employed as 'agency staff' and are primarily responsible for taking care of the children's needs. McKenzie (2003:1) is of the opinion that

In the traditional children's home setting house parents are responsible for meeting the physical, social, cognitive and emotional needs of the child.

In most traditional owned children's homes as in the case of physical needs, state subsidies are given to feed and cloth the child. However these may not always be adequate to meet the needs of the children. For example research conducted at a Pretoria children's home in Gauteng showed that meeting one child's needs amounted to one thousand four hundred rands per month, however the government only subsidises eight hundred rands per month, per child. Thus, the house parents are responsible for budgeting for each child within the limitations of an inadequate budget (Epprecht et al. 2002:7-45). The consequences may be less quality of care for children, as house parents have to plan, budget and organize meeting the child's physical needs around their limited financial resources.

According to Doolittle (1995:5) if house parents in children's homes are unable to meet children's physical needs adequately it can result in older children hitting and forcing younger children when the house parents are out of sight to give them their food. This bullying occurs within the children's homes.

In addition social needs includes the child feeling accepted socially within his new family. The role of the house parent here can be one of facilitating adjustment to new 'brothers and sisters.' For example, asking older siblings to 'adopt' the new sibling so they feel included in the family (Epprecht et al. 2002:36).

House parents are also responsible for the cognitive and emotional needs of the child. Example, understanding the child's temperament, or behavior they display in order to adjust. Thus the role of the house parents according to Sullivan (2003:6) includes constant emotional support for anger, resentment, defensiveness, and tantrums, frustration displayed by the child.

In addition, to the role of house parents in a traditional children's home, the social worker's roles involve the following:

#### **2.4.2 The role of the Social worker**

The social worker's role is to help in the statutory process by helping the court to facilitate placement of children. According to a social worker from the Department of Welfare in Johannesburg (2003) the judge in the children's court issues a court order to place a child in an appropriate children's home. It then became the duty of the social worker to find a suitable children's home for the child, preferably a home close to the biological parents so that once the parents are ready the child can be placed back into their care.

Thus the social worker's role can also be one of teaching important life skills and parenting skills to help the biological parent look after their child to the best of their ability. They therefore also help in the maintenance of the relationship between parent and child. For example the child based on certain stipulations from the court order can visit biological parents in the holiday. However, when the child is at the children's home it also becomes the role of the social worker to help the child adjust to the new house parents. The house parents are taught to help the child adjust to new siblings and house rules (Department of Welfare 2003).

To conclude the social worker has multiple roles of 'supporting, supervising and training' the house parents to meet the emotional

needs of the children (Epprecht et al. 2002:13). Thus in teaching the house parents how to care and protect children they are facilitating healing and restoration in the children. However, it should be noted that social workers do not always have the time to fulfill all their roles.

The researcher came to the conclusion that the traditional framework for childcare sometimes can create problems between biological parent and child. These problems will be listed below.

## **2.5 Measuring the traditional owned children's homes**

According to Epprecht et al. (2002:8), the main problems with traditional owned children's homes are:

Barriers caused between birth parents and child due to the removal process. The child's experience of separation to parent may be traumatic. In the placement process, children are sometimes physically placed far away from their biological parents; however this is not standard practice. The reality then is that children used to daily contact with their biological parents although it was unsafe or characterized in abuse or neglect, have limited contact with the biological parent for safety reasons. Howe (1996:7) states that for the child, one of the most distressing experiences is to be separated from or lose one's attachment figure. There exists a perception that a child will experience relief, if separated from an abusive parent.

Other problems in traditional owned children's homes the researcher came to based on the figure (3.1) included in the annexure section in Potgieter (1998:34) is that a high task responsibility is asked of the social worker. They have various roles to fulfill such as caring, protecting, healing, restoring, prevention, professional education, practice development, resource management, social equity justice, policy and programmed development within the children's homes. Thus

in fulfilling their various roles and integrated job description, limited time exists to see to the children's every need or problem.

Furthermore, due to the limited state funding and long waiting lists for placements where children's homes need to keep a certain amount of beds for human immunodeficiency virus (HIV) and acquired immunodeficiency virus (AIDS) orphans Epprecht et al. (2003:7) says that this may result in the problem of overcrowding in the immediate children's homes.

The researcher telephoned the Department of welfare in Johannesburg to find out the reality of this. According to the Department of Welfare (2003) depending on the reason most children's homes act as temporary places of safety but very few can accommodate foster children permanently. The process of waiting depends on the children's home and whether a court order was given before or after placement. In addition, the state also requires the children's home to keep open a few beds for HIV or AIDS children. Thus, the waiting process can vary and the social worker the researcher spoke to said that due to the availability of space a child could wait for a while for permanent placement.

Thus to conclude many children's homes try to meet all the needs of children. But due to lack of resources may not be able to do so. Similarly, Burman & Preston-White (1992: 69) confirms this by saying 'limited resources and a rapidly changing-poorly understood social structure compound difficulties' for traditional owned children's homes. The researcher came to the conclusion based on the above problems, that the traditional children's homes although they try do not meet all the criteria of a good child care facility as stated in the child care act due to lack of resources.

On the other hand to the child care model of traditional owned children's homes; a second model for institutional childcare has been

proposed, the family centered childcare (privately owned) children's home. This needs to be investigated to see if an alternative form of child cares measures up to the criteria for good child residential care.

## **2.6 The family centered children's home**

In the late 1994 and early 1995's private children's homes were introduced to help state owned children's homes cope with the overload of children entering the children's homes (McKenzie 2003:2). These included religious and civic groups helping children in need.

One of these civic villages that provide permanent long-term care for children who have lost their parents or are unable to care for them is the Ennerdale save our society (SOS) Children's Village.

All SOS Villages usually have one village director who acts as a male father figure. In addition, a village usually caters for fifteen houses each with eight to ten boys and girls. These boys and girls are of different ages and live in one house with a housemother as a family.

Today, according to McKenzie (2003:2) SOS Villages from its starting point in the United States has over thirty five thousand children world wide from all ethnic groups growing up in these villages. There exist over one thousand three hundred and fifty projects in over a hundred and twenty five countries and they have become the largest private childcare organization in the world (Gmeiner 2003:1).

### **2.6.1 SOS in Ennerdale**

SOS is very active in South Africa and has six villages in operation. Namely, Southern Africa Region one (Angola, Lesotho, Namibia, South Africa and Swaziland); Region two (Botswana, Madagascar, Malawi, Mauritius, Mozambique and Zimbabwe). According to Gmeiner (2003:1) these villages have a strong connection with the surrounding

community and in the process open their SOS kindergartens, health clinics and meeting halls to be available to the community in which they operate (Gmeiner 2003:1).

One of the first SOS Villages in South Africa was opened in Ennerdale. It provided a safe environment for children from black communities in a much needed time where no state services were available to black communities in South Africa. In addition, SOS Villages were an attempt to introduce an alternative form of care for children with the goal of fully integrating children from different nationalities and cultures, with the main ethnic group being black and colored children.

To understand the child in this environment, these operating and guiding principles will be discussed.

### **2.6.2 Operating principles**

The SOS operating principles are universal guidelines for all SOS Children's Villages. They guide the daily activities of the children's home. According to Gmeiner (2003:1) the following are important:

- To respect and protect the rights of children.
- By keeping the helping process simple such as having universal understandable concepts for care models.
- To provide the best quality child-care.
- To create an environment where children can experience joy and happiness.

An operational plan exists to avoid crisis and stress in the villages to introduce a model for children's homes amongst all ethnic groups in the children's home.

In addition Gmeiner (2003:1) has four principles to guide the structure of all SOS Children's Villages. These are:

- The mother figure that gives a stable, long-term relationship to the child in need.
- Brothers and sisters as well as natural siblings staying together in one home.
- A family house, which includes a living and dining room, and bedrooms also exist.

There function is to provide 'normal' family living arrangements, which the child is accustomed to in their original families. In addition, according to Gmeiner (2003:1) the history of the SOS children's home, the SOS Children's home in Ennerdale like other SOS Villages are run in a particular manner. Namely, it has a village father, housemother who cares for ten children and two social workers who take care of the emotional problems of the children and include supervision of housemothers.

In the SOS Children's Village each key player has a specific role to play in the 'running' of the home. This includes the housemothers as well as the social worker.

### **2.6.3 The role of the housemother in SOS Village**

The role of childcare workers is the same as housemothers and is important and yet difficult to fulfill (Epprecht et al. 2002:3). Within SOS villages the fifteen houses each have a matriarchal system of functioning. These 'mothers' are known as housemothers and act as and adopted mother to the ten children placed within their care.

In addition, housemothers who are employed are employed to run each house- hold to the best of their ability. The researcher can assume from

the above that, employment criteria within the village for the selection of house mothers include, 'Some educational qualification, being single woman, non-smokers and non-alcoholic individuals with then ability to cook and work with children.' Thus the role of a housemother is an all-encompassing one surrounding the children's every need, with emphasis on her single status. Duties involve getting the children ready for school, organizing breakfast, keeping the house tidy as well as doing laundry. Epprecht et al. (2002:45) is of the opinion that due to the matriarchal parenting style of the children's home, mothers have to take on the father's role of disciplinarian as well.

In addition to the house mother's the role of the Social Worker's in the SOS village are important for the child placed in the home and will be discussed as follows.

#### **2.6.4 Role of the Social Worker in the SOS Village**

Within the SOS Ennerdale children's home two social workers exist. Each has a ratio of 86:1 cases; according to Epprecht et al. (2002:11) one is responsible for the care of the children and the other for the housemothers. In addition, the role of the social worker helping the children is to give necessary therapy if needed, help with school related problems and help the child cope within their home with siblings and house mothers. Furthermore, the social worker responsible for the house mothers provide training for the housemothers to deal with problems that may arise in the home, teach them how to budget and deal with any grievances the housemother may have. Thus the two social workers work 'hand in hand' and help both housemother and child.

In addition to the role of housemother and social worker it is important to also understand generally how the SOS villages are run.

### **2.6.5 General occurrences within the SOS Ennerdale Village**

Both privately and local sponsors fund SOS children's villages. This system provides a healthy financial budget with children receiving adequate food and clothing (Epprecht et al.2002). The SOS Village in Ennerdale also has youth homes for youth over eighteen years. These youth are allowed to run their own households to gain independence. In addition, a youth worker who deals with any problems supervises these youth homes.

The general running of the SOS village also includes making use of volunteers, including postgraduate students in the caring professions who help the Social worker with therapy (Epprecht et al. 2002). Any new children entering this particular children's home are therapeutically guided to adjust within their new environment. This includes guidance to the adjustment of the new culture.

### **2.7 Measuring the family centered children's home**

The SOS children's home encourages housemother's to involve children in decision making such as budgeting. They encourage independence and responsibility.

In addition, they have outside postgraduate students in the caring profession helping the social workers out with the children therapeutically.

Furthermore, the SOS children's home is well funded to meet children's physical needs and have two social workers working with both child and house mother. Thus the family centered modal fosters a good environment for meeting the requirements of good residential care as stated in the childcare act.

However it should be noted that in both family centered and traditionally owned children's homes entering placement occurs due to various reasons such as neglect or abandonment.

In addition, the developmental age the child is in when entering placement plays an important role in the adjusting process and places responsibilities on the children's home to meet the needs of a child.

## **2.8 Responsibilities regarding children entering placement**

Usually, any child welfare organization according to the children's act (1960) may remove a child from his biological parents without enforcing the law, they can refer children who have been abandoned, neglected or deprived due to one or more reasons to be taken into a children's home. Namely, biological parents not being able to meet the child's physical or other needs. This then results in the child being placed in a children's home. It then becomes the responsibility of the children's home to care for the child emotionally, socially, physically and cognitively.

The child entering the children's home is still in the process of development. Because of his immature state all the child's experiences, especially adjustment are immature, thus influencing his process of development. The responsibility of the children's home then lies in helping children to develop as normal as possible.

### **2.8.1 Responsibility of emotional development**

Emotional development refers to the process of how a child learns to display specific emotions such as happiness, sadness, fear or anger. It includes how they learned these emotions through the process of socialization with their environment, parents, school and friends, and how they then regulate these emotional needs in various situations, including new environments such as children's homes.

### **2.8.2 Emotional development in the middle school years**

In addition, the developmental age a child is in affects their specific adjustment to the children's home and will be discussed briefly.

As indicated in chapter one, the applicable age group for this study is children in the middle school years. According to Shaffer (1996:52) Erickson's psychosocial developmental theory children go through eight stages of development. Namely: trust versus mistrust, autonomy versus doubt, initiative versus guilt, industry versus inferiority, identity versus role confusion, intimacy versus isolation, generativity versus stagnation and integrity versus despair. For the purpose of this study only the stage of 'industry versus inferiority' of ages six to twelve will be elaborated on, as this was the age of the participant used for the research study. In addition, Erickson explains that children must master important social and academic skills. This period involves the child comparing themselves to their peers. If, the child is sufficiently industrious, they will acquire social and academic skills to feel self-assured. Both teachers and peers significantly influence the development of these social and academic skills. Furthermore, failure to acquire these important attributes leads to feelings of inferiority.

In addition, it should be noted that emotional development is not only related to school but is linked to each facet in a child's life, emotional, physical, social and cognitive facets are all interlinked and thus is not only applicable to school but all other settings too.

In the context of this study, children in the middle school years need to be understood emotionally in order to help them adjust to their new environments. In addition the responsibility of a sound emotional development rests on the children's home as part of caregiver.

Within the children's home the responsibility to ensure cognitive development includes placing the children in their care into good

schools (which is a school that helps facilitate children's needs and development as a whole.

In addition involving the children with problem solving skills is also essential. For example allowing the older children to help with the budget, this enables children to develop problem-solving skills needed for life outside of the children's home.

In addition, to emotional development physical development is also important and is the responsibility of the children's home.

### **2.8.3 Responsibility of physical development**

According to Kruger (1998:6) physical development can be defined as bodily and biological growth in maturation. The growth process involves changes in people's bodies, including motor skills, sexual development of body organs and development of muscles and bones. The beginning of middle childhood is a period of slow steady growth. However, maturity of body parts varies for each individual, fine motor movements such as holding a pen and gross motor movements such as balance and co-ordination of muscle control have improved greatly as opposed to earlier childhood but may vary for each individual.

Within the children's home the responsibility exists to allow for development of the child physically through physical sports or activities that stimulate muscle growth. The physical development in a child requires a process of preparation. The children's home have the responsibility of preparing children for the physical changes they may experience. For example the developing of breasts and pubic hair in girls.

In addition, Tharinger (1990) supports that poor socialization of physical development in the middle school years could precede sexual abuse. Sexual development forms part of physical and emotional

development. The child's sexual development is profoundly influenced since infancy by psychosocial factors involving parents, other family members, school peers and the media. All these interact with the child's biological heritage. The child in the children's home have to depend on the children's home structures, namely the social worker or house mother to help them through this process.

Thus the responsibility of physical development needs to be acknowledged and accommodated by the formal children's home structures.

In addition to physical needs, which the children home need to meet, they also need to deal with the social and cognitive needs of children.

#### **2.8.4 Responsibility of social development**

Social development can be defined by Kruger (1998:7) as a child who is socialized by parents, peer groups and the world around them. For example what is socially and morally taught as right or wrong within their society, is learnt through a process of social development. Furthermore Kruger (1998) says within the middle school year's children become more independent from their parents and move into the wider social world. Their friends become very important and it's common to have a best friend. Furthermore their play becomes more individualized and gender appropriate play is established. For example boys play with toy cars and girls with dolls

According to Epprecht et al. (2002) within a children's home the responsibility of social development in children rests upon the housemothers or house parents and social workers. They explain, teach and model to the child what is or is not acceptable according to the norms of the community. Within the SOS Village all children are expected to help the housemother with household chores. In addition, house rules which make up the socially acceptable norm exists in the

children's village, example being home at five pm. If the norms are not adhered to the social worker talks to the child to explain that certain behavior is unacceptable, for example coming home at seven pm. instead of five pm. This process of socialization helps to emulate a 'normal' family setting where parents have house rules that children should obey. In doing this the children's home is ultimately teaching and preparing children for adulthood.

In addition, to social and emotional development, the responsibility of physical development in a children's home is also important to conceptualize this study.

### **2.8.5 Responsibility of cognitive development**

According to Kruger (1998:6) cognitive development can be described as everything to do with knowledge and human ability. It involves developmental changes in ability to reason and think. It includes perception, thought, language, memory, intelligence, problem solving, academic progress and learning.

According to Schaffer (1996:62) cognitive theorist Piaget said Children in the middle years use symbolism, images and language to represent and understand various aspects of their environment. They respond to objects and events according to the way they appear. They also tend to think everyone sees the world the way they do. The child in the children's home responds to all events in the children's home this way. Perception, language, memory, problem solving and even academic progress are influenced by the children's home environment. Within the children's home the responsibility to ensure cognitive development includes placing the children in their care into good schools that can educate them.

However, the limitation for the middle-aged child that the researcher has seen in the children's home is that they may not understand the

concept of budgeting and may want immediate gratification for their needs. This does influence their stay in the children's home as it may result in bullying younger children for their things and cause squabbles within the children's home. But involving the children with problem solving skills is also essential and can help with this problem. For example allowing the older children to help with the budget. This enables children to develop problem-solving skills needed for life outside of the children's home. In addition, they can be taught responsibility by giving them a monthly spending allowance and helping them draw up a list as to how they will spend the money for the month.

## **2.9 Conclusion**

In both traditional and family centered children's homes such as SOS Children's Village in Ennerdale, understanding the context is important to helping a child adjust to the new environment.

In addition, in this chapter the researcher explored the aspects of what the criteria for good residential child care is, what the middle age child's needs are and whether each children's home meets the criteria for good residential care as stipulated in the child care act.

Finally, what the responsibilities of children's home are in helping develop emotional physical, social and cognitive needs of a child in a children's home were explored. The researcher came to the conclusion that it should be noted that children's homes have a grave responsibility in ensuring children develop as normally as possibly emotionally, psychologically, cognitively and socially.

In chapter three, the process of adjustment and problems related to adjustment needs to be investigated.

# CHAPTER 3

## ADJUSTMENT AND PROBLEMS RELATED TO ADJUSTMENT

### 3.1 Introduction

In chapter two the children's home setting was discussed in detail. The responsibility of the children's home was emphasized and the importance of the development phases were discussed. It is also very important to realize that when a new child enters the children's home it is not always easy. This child enters a new unknown area. With the new environment various factors have to be considered, namely how the child attaches to the new caregiver, adjustment problems with emotional insecurities, behavior problems and even physical sickness. In addition, the trauma he experiences in his biological setting may also affect this adjustment.

Even if a child enters the children's home purely on the basis of being an orphan, with no history of trauma, sexual abuse, or abandonment, the developmental phase, especially regarding his cognitive abilities requires a process of adjustment.

In this chapter the researcher wants to clarify these factors by discussing all relevant concepts regarding the child entering the children's home. In order to do this a clear description of the process of adjustment and relevant processes is needed.

### **3.2 Adjustment problems**

Adjustment problems can be defined as problems children have adjusting to new environments. In assessing any behavioral problems, certain factors are important to note, namely, frequency and the intensity of the child's behavior.

When a child enters a new environment such as children's homes, it is important that he must feel physically and psychologically safe. According to Fahlberg (1994:275) this child needs a basic sense of safety. The researcher came to the conclusion that if a child's underlying emotional and other needs are not met he will not feel psychologically safe and therefore display adjustment and behavioral problems in adjusting to the new environment.

However, it should be noted that part of helping a child to feel psychologically safe in a new environment is primarily affected by his attachment process with his caregiver. This attachment process including various factors namely how the child seeks proximity to a preferred figure, how secure the child feels with the preferred figure and the behavior that occurs when the child is separated from his preferred figure. This can be explained as follows.

#### **3.2.1 Problems with the attachment process**

The theory of attachment according to Bowlby (1980:179) explores the necessity of the child to form an attachment with a caregiver to facilitate his development. Important factors in this attachment are seeking security with a preferred caregiver, experiencing security and coping with separation.

### **3.2.2 Seeking proximity to a preferred figure**

A child's attachment according to Bowlby (1980) is often hierarchical, usually but not necessarily with the mother at the top of the hierarchy, followed by the father, grandparents and siblings. Inanimate objects are also important and form part of this hierarchy. The figure in the child's life that is responsible for providing most of the care and nurturance will be sought out as the primary attachment figure. For Bowlby (1980) this realization reinforces for the child that the attachment cannot always be entirely reliable; it must be shared and eventually, sometimes prematurely, will be lost. The capacity to separate from attachment figures and form new attachments is only evident in the developmental challenges faced by adolescents and young adults. In addition, attachment to a new caregiver is also determined by how secure the child feels.

The researcher came to the conclusion that a child according to Erickson (1959) younger than twelve will experience problems with this process due to his developmental processes not allowing him to internalize the process of separation with attachment figures.

### **3.2.3 The "secure base" effect**

The term "secure base" was first used by Ainsworth (1982) to describe the ambience created for the attached person by the attachment figure. This ambience is characterized by a sense of security in the attached person, which enabled him to move away from the attachment figure and confidently explore his environment. However if there was any threat of external danger or if the attachment figure became unreliable or the limits of exploration were reached, the attached person would become anxious and revert back to clinging to his attachment figure until the threat has passed.

In a trauma situation for example the loss of a parent or removal to a children's home, the child needs to have the security of a stable attachment figure. If the attachment figure is unreliable or is not constant behavioral problems may arise.

### **3.2.4 Coping with separation and separation protest**

In addition, to factors mentioned in the above paragraphs Bowlby (1980) describes the attachment bond which endures between child and caregiver and attachment behavior which is only activated when required. This attachment behavior also described as separation protest is activated under certain conditions, some of these being: fatigue, fear, strangeness and the unavailability of the attachment figure.

Termination of this protesting behavior will only occur in certain conditions, for example reinstating a familiar environment for the child or responsiveness to the attachment figure. Protest then is an example of attachment behavior seen in children who are separated from their parents. Children who "cry", "scream", "bite" and "kick" in response to their attachment bond been threatened are reacting normally and are actively trying to restore the bond by "punishing" the caregiver and thus preventing further separation. In addition, Bowlby (1980) mentioned that remarkable durability of the attachment bond as well as the fear of separation has been highlighted by the persistence of attachment in the face of maltreatment.

Attachment theory states that stress will lead to an increase of the attachment behavior, even when the source of the stress is the attachment figure itself. This may explain why a child who is maltreated by a caregiver will not separate easily or separate without protest from the caregiver.

The formation, maintenance, disruption and renewal of attachment relationships are all intense emotional experiences, Bowlby (1980:184) likened the formation of an attachment bond to falling in love, maintaining a bond to loving someone and losing a bond to grieving over a parent.

In a similar vein, the threat of loss arouses anxiety and sorrow. Each of these respective situations is also likely to contribute to a bond that is maintained and unchallenged is experienced as a source of security and renewing a bond may result in joy. Emotional states are therefore closely related to a person's affectional bonds and how these emotional states are developed in an attachment system.

Thus to conclude the attachment bond the child had to its biological caregiver determines the emotional behavior the child displays when the caregiver is not present. In a children's home an insecure child will struggle forming an attachment to the new caregiver and display greater protest behavior such as 'crying' 'kicking', 'screaming and biting' the new caregiver.

### **3.3 Attachment in foster care**

When moving to a new environment like a children's home children are faced with forming new attachments to their caregivers. The nature of these attachments according to Fahlberg (1994:17) varies depending on the attachment style, developmental age and temperament of the child. For the purpose of this study the attachment style of the child will be discussed briefly.

#### **3.3.1 Attachment style**

According to Fahlberg (1994:14) a securely attached bond enables the child to 'reach his full potential, sort out his

perceptions, think logically, develop social emotions, trust others, become self-reliant, cope better with stress, overcome fears and increase self-esteem.' As a result, even though an interruption in the relationship between a biological mom and child occurs the child is able to adapt quicker to the new caregiver and environment. The opposite of this is true for an insecure attached child and may result in cognitive, behavioral and psychological attachment problems. Symptoms that occur as a result of insecure attachment processes are according to Fahlberg (1994:34)

Cognitive: These children have trouble with cause and effect relationships. According to Schaffer (1996:256) the child may engage in 'egocentric thinking' where they see the world from only their viewpoint and believe that they had a role to play in changes in their environment. Furthermore, other cognitive problems, Insecure-ambivalent attached children have are confusing thought processes and difficulty in thinking abstractly.

Psychological and behavioral problems: These children demonstrate normal fears but aggression, projecting blame on others, exhibit poor control, lack foresight, low self-esteem and having problems in trusting others thus may demonstrate hostility, due to an unstable attachment process.

However, depending on the developmental age and temperament of the child, each child's attachment and behavioral problems within the new environment, are different and must be acknowledged as unique within the framework of the child's unique process. It is thus important to investigate behavioral problems in order to understand each child's unique way of dealing with insecurities regarding separation and attachment.

### **3.4 Behavior problems**

According to Fahlberg (1994:275) children in children's homes may demonstrate a variety of problems as a result of unsolved emotional problems or trauma experienced. This escalates when they experience an inability to attach securely to their biological parents. As a result this develops into behavioral problems and developmental delays.

For the purpose of this study the development of anger and hostile interactions will be discussed as the participant in this study displayed aggressive behavior towards his new house sister.

#### **3.4.1 Anger and hostile interactions**

According to Emerise & Dodge (2000:594) anger organizes and regulates physiological and psychological processes related to self-defense and mastery, as well as regulating social and interpersonal behaviors. Oatley & Jenkins in Emerise & Dodge (2000:594) offer the interesting perspective that given the limitations of a child's cognitive and information processing capacities, emotions such as anger provide "ready repertoires of action. Although not perfect, emotions are better than doing nothing, or than acting randomly, or becoming lost in thought." Thus, anger signals something important about the child's relationship to the environment, and it influences the child's response to the situation- a response that may be more or less adaptive in the short or long term.

Anger regulates interpersonal behaviors and comes to be regulated in an interpersonal context through socialization by caregivers, peers and the larger social context. Emerise & Dodge (2000:594) state that cultures "display rules" wherein a child learns to whom, and how to express anger as well as other emotions in cultural acceptable ways. Socialization of these displayed rules for anger and other emotions can be observed quite early in infancy, albeit indirectly.

Problems in the regulation and appropriate expression of anger have implications for the child's social interactions and relationships (Malatesta & Haviland 1982).

### **3.4.2 Anger and its regulation in preschool-age children**

In the pre-school period, the child continues to learn to co-ordinate his goals with those of others and is expected to show increasing control of his anger. Peers emerge as important new socializers of anger in this period. According to Emerise & Dodge (2000:598) language affords children a new way to express emotions, and gives parents a powerful tool in socializing emotion. However, preschool-age children still have relatively poor control over their display of emotion.

An important developmental task for pre-school children includes learning to manage their arousal in the service of goals for play an affiliation with peers. Various authors (Denham, Mitchell, Copeland, Strandberg, Auerbach & Blar, 1997 and Dunn & Brown, 1994) states that emotion socialization processes in the family contributes to children's social and emotional competence with peers. In addition within the middle school years, children consider peers more important than parents, they are still thinking on a concrete level, however are comprehending more in terms of their understanding on things of permanency, example death.

The researcher came to the conclusion that the child with a stable and secure environment will have the positive stimuli of a family contributing to his emotional competence, where the child without an attachment system, not experiencing security and stability will develop incompetent emotional strategies.

### **3.4.3 The expression and socialization of anger in the family context**

According to Parke (1994) three ways exist in which parents and other socialization agents can socialize emotion expressivity, understanding and regulation. Parents can indirectly influence children's expressivity and emotional development through their contingent emotion displays during interactions. According to Emerise & Dodge (2000:598) with the advent of language, parents can more easily teach or coach their children about emotions.

Finally, parents influence children's opportunities to learn about emotion by regulating their access to peers, stimulating games and television, and by protecting versus exposing them to 'different faces' to anger. Children of all ages find adults' anger stressful and emotionally arousing, exposure to this anger may sensitize children toward anger and make them more likely to be aggressive (Schwartz, Dodge, Pettit & Bates:1997).

In addition according to Fahlberg (1994:275) the child usually express his feelings about the adjustment negatively. Furthermore, Fahlberg (1994) says new foster parents should realize that a child's anger feelings are frequently displaced onto members of the new foster family.

Common behavior children display in adjusting includes sibling rivalry. Resentment often arises in aggressive behavior the child displays in coping with new siblings (Sullivan 2003:6). This aggressive behavior could be as a result of anger from losing old siblings and the aggression may often result in physical fights. According to Harris (1992:34) siblings in a children's home often hurt or comfort each other. Similarly, Baron & Byrne (1997:277) say "brothers and sisters very often experience a mixture of feelings to each other, including affection, rivalry and hostility."

Other behaviors children display in addition to anger and aggression may be tantrums, eating disorders, suicidal behavior and mood swings. The researcher was informed of one boy who always threw himself on the floor whenever he did not get his way. 'Tantrums usually are means of frustration the child uses to express their feelings over a particular situation' (Sullivan 1995:6).

A child may display behaviors of over or under-eating to compensate for the change in environment. In addition, the child may stop speaking or communicating as a means of not wanting to express their feelings regarding the new environment. In addition a child may have a fear of physical contact, have thoughts of suicide or have severe mood swings (Sullivan 1995:6).

In conclusion, children who display behavioral problems in children's home do so due to the change of their environment, relationship lost with their biological family and to express their emotions due to the changes.

Thus it could be said that children experience culture shock when they enter a new environment and display behavior problems to cope with the new situation. This is due to the new attachment which needs to be formed between caregiver and child.

### **3.5 Culture shock in the children's home setting**

Many children come into the children's home with their own sets of values, beliefs and cultures. As a result many experience 'shock' to the new way of life. In addition, this term 'culture shock' was introduced by Oberg in Pederson (1995:1). He describes this as a process of anxiety resulting from not knowing what to do in a new culture.

This culture shock is a process of initial adjustment to an unfamiliar environment. The culture shock can include psychological, emotional, behavioral, cognitive and psychological shock.

Oberg in Pederson (1995:1) says culture shock could be seen in six factors. Firstly, familiar clues as to how a person should behave are missing. Second, the children's home may no longer respect values. Thirdly, disorientation of culture shock creates an emotional state of anxiety, depression and hostility. Fifth, recovery skills that used to work before no longer work. Lastly, there is a feeling that the culture shock is permanent and will never go away.

Another similar definition of culture shock according to Mark (1999:5) is that it is a process of adapting to a different culture that may result in strain (stress) caused by an effort of adapting. In addition, a sense of loss is experienced as well as feelings of deprivation, rejection, confusion, anxiety and helplessness.

As a result of this Furnham & Bochner (1989:161) said that there is a direct correlation between a child's psychological well-being and the environment they are in. A child experiences culture shock from being removed from everything that is familiar to them (Sullivan 2003:4). In addition to this Sullivan says that 'children differ in the degree in which culture shock affects them' and as a result to some children adjustment may be overwhelming whilst other children seem to be more 'resilient' to it (Doolittle 1995:3). This adjusting has to do with the child's attachment they had with their biological parent, and the change from one environment to another can affect how they attach to their new caregiver.

### **3.5.1 Factors involved in culture shock**

Although, culture shock can be related to how quickly/not a child attaches to their new caregiver and environment other factors can also

affect the adjustment process. This includes language barriers, different cultural values and beliefs, food differences, different routines and how the family adjusts to the new child.

### **3.5.1.1 Language barrier**

One big adjustment a child must go through in a new environment includes language change. Within cultures, Agar (1994:20) states that it's not about what happens to one particular group, it involves what happens to an individual when they encounter differences in a group of people. This occurs often when a child needs to learn a second language.

According to Sullivan (1995:3) as a result of not being able to speak the chosen language, communication problems arise and culture shock results. In addition, the 'new parent' in the environment may at first be confused and wonder if the child cannot communicate. However, on closer examination the parent may realize the child is unable to speak the language.

The researcher found many such examples within the children's home. Many black South African children have to adjust to the dominant language within the home, namely English and Afrikaans, these languages get spoken by the other children, housemothers and schoolteachers. Not being able to speak the language may result in a child feeling as though their 'identity as a person has been lost' (Agar 1994:21). This child may become insecure or have problems forming friends in struggling to cope with what works or does not work.

The culture shock in adjusting does not only arises as a result of the child having to change their culture for a particular cultural group, but also occurs when the child has to learn a second language to be able to communicate. In addition because language forms a part of whom you are as a person a child may struggle to communicate their own

values and beliefs, and may have to adjust to the new values and beliefs of the environment.

### **3.5.1.2 Value differences**

The differences in values that exist between many cultures can result in misunderstandings, distress and difficulties children may experience in adjusting to the new environment. Some children may get physically ill from the adjustment and new conditions. The researcher was told of one three year old boy who looked terrible and became sick due to the change of environment; without any known medical condition. In addition, the 'attitudes towards the morality of work show fundamental differences according to the structure of values and belief systems' (Furnham & Bochner 1989:189). For example the child used in the case study found it hard to adjust to doing household chores such as washing his school clothes.

Another cultural adaptation is often to new foods and eating habits.

### **3.5.1.3 Culture shock and food**

In addition to language and different cultural values food is also a problem for new children. 'Meal times often become a mission to eat as a child struggles on foreign tastes and textures' (Sullivan 1995:5).

The researcher has seen how children have to adjust to cultural changes of new foods and many times children long for the traditional foods they once ate.

The final aspect, is different routines which is also another adjustment in cultural shock.

#### **3.5.1.4 Different routines**

According to Sullivan (1995:5) children also experience culture shock with having to adjust to different routines. The researcher has seen that children in the home struggle to fall into the daily routines of 'eating, showering, playing at set times' Coming from different family backgrounds often without routine and structure, new routine may result in adjustment problems.

Similarly, the researcher saw this within the children's home. All the children had to be bathed by five pm and wake up for school every day at five am.

Lastly, it is not only the child who experiences culture shock but in a sense it is the family the child enters into, who also experiences it.

#### **3.5.1.5 Family**

Stress occurs not only for the child but also for the new members in the children's home. Siblings have to adjust to one another and often resentment may surface (Sullivan 1995:6). The researcher has seen how many times old siblings in the family feel as though the new child is 'taking over' and jealousy arises causing fights (Harris 1992:33).

In addition, 'because of the limited information parents are given of the new child' Sullivan (1995:6) says parents have to often try to figure out why the child is behaving in a particular way. This may not always be understood. For example, the participant's house mother reported that within the children's home housemothers are not told the child's background and have to try and figure out what is wrong with the child and why he is behaving in a particular way.

### **3.5.2 Dealing with culture shock**

Culture shock can be reduced through support (Furnham & Bochner 1989: 177). If a child feels appreciated, loved and encouraged according to Sullivan (1995:7) this can help with the adjustment process.

Culture shock can be seen as a 'growth experience for both the new parent and child' Pederson (1995:7). Both need to learn to adapt to each other and when this occurs the effects of culture shock can be minimized. In addition to dealing with culture shock to the new environment and family, it is very important that the place being considered for placement gets screened for the child's needs. If this is not done correctly a problem may arise where a child has a different ethnic nationality to the housemother and children and this can escalate culture shock for the child. However, children experience cultures shock regardless, whether in some lesser or greater degree.

A major contributing factor in culture shock is separation and loss from a primary caregiver which may result in a child experiencing trauma and contribute further to adjustment problems.

### **3.6 Adjustment problems due to trauma**

According to Shelby in Oaklander (2000:73) trauma can change lives. The trauma may come in any form and children who are affected by it show different ways of coping. Factors of development, attachment and social environment all play a role in a child's adjustment.

#### **3.6.1 The child's experience of trauma in the middle school years**

As previously mentioned in chapter two children age between six and ten in the middle school years are able to reflect on thoughts, language

and in evaluating their own actions and view friends as important Shelby in Oaklander (2000:87). In addition trauma like the death of a loved one, is seen as irreversible between ages eight and ten. However, children of six to seven in the middle school years may still preserve that death may be reversible by magical thinking. In addition, guilt is often felt around this traumatic loss and may result in a grief response.

Grief is defined as a normal internalized reaction to the loss of a person, thing or idea. It has to do with the emotional response to loss. According to Fahlberg (1994:124) who expands on this definition grief is a process one needs to pass through in order to recover loss.

According to Goldman (1994:2) grief work is unique to every child and thus each child responds differently to various factors. This is due to, the child's age and stage of development. Interestingly Fahlberg (1994:126-127) says boys are more vulnerable than girls. In addition the loss of the parent leads to regression of skills. Therefore, a child of seven who is developing, learns to concentrate longer on tasks. However when faced with loss they regress and are unable to do this.

### **3.6.2 Grief**

Children who lose one parent through death according to Fahlberg (1994:130) have regression development, as mentioned above. According to Piaget children in ages two to seven are in the pre-operational stage. The participant in the research was in the pre-operational stage (age seven) of Piaget's developmental stages. Within this stage the child's life is characterized by making use of symbolism as mentioned in chapter two to represent and understand various aspects of the environment. Thus they respond to events according to the way they think. For example, the participant whilst in therapy would draw clouds representing his mother in the sky (heaven).

In addition, unlike adults who can express how they feel through words 'children mourn through behaviors rather than words' (Goldman 1994:21). These behaviors may include anxiety, hostility towards others, bodily distress, loss of weight, excessive sadness or crying. This is the response the participant had to the loss of his mother.

This excessive crying is termed weeping reaction (Schoeman 2002:82). It involves expressing shock of a situation through excessive crying. In addition this hurt a child may experience may also be expressed aggressively and is generally 'born out' of frustration and becomes irritability towards others. Furthermore, grief progresses to bereavement.

#### **3.6.2.1 Bereavement**

This is a state of having lost a loved one such as a parent and may also include a loss of self (Goldman 1994:21). Similarly, Oaklander (2000:29) says a child who is having troubles or grieving will restrict and 'pull' themselves in. Thus blocking the expression of feelings. The participant in the research would often play alone and was observed as not always wanting to mix with the other children.

#### **3.6.2.2 Longing**

Thirdly, the participant also demonstrated a longing for his mother by saying "He wanted to tell Jesus to send mom back". This process of grief had to be worked through therapeutically and will be elaborated on in chapter five.

To summarize children dealing with grief may feel and display anger, guilt, sadness, fear, mood swings, anxiety, and loneliness. Physical symptoms such as a pounding heart, headaches, fatigue, feeling empty, stomach pains.

In addition behavioral symptoms may include sleeplessness, crying, verbal attacks, fighting, bed-wetting, clinging and nightmares of the deceased person (Goldman 1994:50).

### **3.7 Conclusion**

To conclude children adjusting to a new environment such as a children's home experience adjustment problems. What should be noted is that how a child attaches to their new caregiver has a lot to do with how they attached to their biological parent.

In addition, developmental age and process also is a contributing factor to this process of adjustment. The researcher can conclude that each child is unique and will display different behaviors in this process of adjusting. However, it is important to understand the child's personality so that it can help the housemother in helping the child adjust. In the next chapter a therapeutic framework is needed where the uniqueness of the child is accumulated. The gestalt therapeutic framework will be applied in helping the child to adjust in his new environment.

# CHAPTER 4

## A GESTALT THERAPEUTIC FRAMEWORK FOR ADJUSTMENT IN A CHILDREN'S HOME

### 4.1 Introduction

In chapter three the importance of a therapeutic framework was emphasized. In this chapter Gestalt theoretical framework will be used as guidelines for helping the child to adjust in a children's home.

Gestalt therapy can be considered as a holistic form of therapy that works with a child's total existence. Gestalt therapy is used to enable the child to understand significant events in their past, confront the feelings that are secondary to these events, and become more fully involved in the future planning of his life for example when he moves to a new environment such as a children's home.

At every age, gestalt therapy can be used to help strengthen current relationships, to understand the child's needs and perceptions and to prepare him for transitions. However, when it comes to coping with the effects of earlier traumas parental separations and losses, the child's cognitive abilities will strongly influence what can be accomplished.

Due to the child's immature cognitive abilities, it is unlikely that adults will be able to change the child's perceptions of past events during this period. With gestalt therapy the helping process does not focus on an intellectual approach but focuses on the process of awareness, experience and sensory work. According to Rudolph (1992:113)

Gestalt therapy does not work with the analysis of symptoms and that the process of integration and maturation is a never-ending process.

Perls states in Rudolph (1992:113) that the main aim of Gestalt therapy is to help a child mature and to take charge of his life, while the central goal is a deepening sense of awareness-enabling the child to live to the full in the here and now.

This chapter will focus on important theoretical concepts of Gestalt theory. Namely, awareness, self-regulation, gestalt formation, contact boundaries, fragmentation and dreams. Attention will also be given to the process, which is unique to the perspective, namely, the process within the child.

Finally, there will be a brief overview of the Gestalt process applicable in assisting a child in the adjustment process in a children's home.

## **4.2 Gestalt therapy as mode of intervention**

Gestalt therapy took its name from the German word Gestalt which means a form, configuration or unified whole where properties cannot be derived by summation from parts and their relationships (Rudolph 1992: 88).

In addition, Yontef (1993:203) defines Gestalt therapy according to three principles. Namely, a phenomenological perspective with a methodology of awareness. Secondly, Gestalt therapy is based wholly on dialogical existentialism and thirdly its foundation is based on holism and field theory.

According to Oaklander (2000:28) Gestalt therapy is a humanistic, process orientated mode of therapy that focuses attention on the healthy, integrated functioning of the total organism, comprised of the senses, the body, emotions and the intellect.

It is such a humanistic, process orientated and holistic framework which Gestalt therapy offers which is such a powerful helping tool in helping a child to adjust to a new environment such as a children's home. It focuses on Gestalt methodology that focuses on the entire 'field' of a child rather than focusing in isolation to past, now and future. It links all three and takes into consideration the now the child experiences, including his emotions, senses and entire being.

### **4.3 Gestalt Methodology as personality theory**

The theoretical components of gestalt theory enable the theory to become a personality theory, explaining the formation of the "process" or "personality" of the child.

Before the formation of the child's process can be discussed the external environment or field as key theoretical component of this theory must be discussed.

#### **4.3.1 Field as key theoretical component**

According to Yontef (1996:321) field theory is a point of view for examination and elucidating events, experiences, objects, organisms and systems as meaningful parts of a knowable totality of mutually influencing forces that together form a unified interactive continuous whole (field) rather than classifying them according to innate nature or analyzing discrete aspects and forming summative wholes. The identity and quality of such event, object, organism is only in a field contemporary and can only be known through configuration formed by mutually influencing interaction between perceiver and perceived.

Thus Gestalt methodology focuses on the entire field of a child (Yontef 1993:308). This means that rather than isolate the child from the background, environment they come from, a unified whole is examined as opposed to individual fragments which other fields may focus on.

Thus the theory of gestalt is not set, it examines the entire field of the child and within this field incorporates other therapeutically frameworks, namely, psychodynamic theory, systems theory, client-centered therapy, Gestalt psychology, existentialism, structuralism and phenomenology (Wulf 2002:1). Thus the “field of the child” is important to understand the child as a whole entity rather than fragment parts of the child’s life. It enables the researcher to focus on what is important in the ‘field’ of the child and what is not. This allows for structure for therapy and thus can be used to help the child understand his own feelings, behavior and how to adjust to his new environment.

In addition, ‘field’ does not only constitute the therapist focusing on the uniqueness of each child but it involves other important aspects within the field such as the field and boundary, language and the immediate and broader social context. According to Crocker (2000:2) field involves the child’s context of his nuclear or current family and economic situation. Furthermore, the child’s ‘field’ also involves their understanding of their thoughts, behavior and feelings and how the child verbalizes these aspects their field through language or “verbal formulations”(Yontef 1993:293). This helps the child form meaning and helps with the process of adjusting.

Often, when a child losses a parent he has to take his past ‘field’ and adjust to the new environment such as a children’s home and incorporate new values, beliefs into his existing field and thus form a new ‘field’

To expand on the definition of ‘field’ above it can be said that within field theory, not only is it important to look at all parts of interrelated aspects but the people, as they exist now. According to Crocker (2002:9) the phenomenological field looks at the person and the contact, which is the point of meeting and how an individual interacts with the environment.

In addition, the field allows the child to be treated as a unique individual. Parlett in Phillipson (2002:2) termed this the principle of singularity.

In addition, one could say the past 'field' of the child is brought into the here and now of the new context.

#### **4.4 The role of past and "here and now"**

Gestalt therapists focus on the here and now or present Yontef (1993:336) states 'the past should be considered the background of the present.' The past is an important part of the present. Thus according to Perls, Hefferline & Goodman (1951:37) whatever the child perceives as past or future is brought into the now, as it affects the child's life presently. According to Parlett this concept of Gestalt's here and now is termed the principle of contemporaneity (Phillipson 2002:2).

Within a children's home, many children enter with their past memories and lives which are brought into the new environment and have to be dealt with 'now' for the child to adjust.

In addition, the child's past is brought into the here and now through a process of awareness.

#### **4.5 Awareness as key component of Gestalt theory**

Gestalt formation and growth can only take place when the child is aware of his situation and needs. Through total awareness the child is able to identify his most dominant need and make the necessary contact with his environment in order to meet his need.

According to Yontef (1993) the awareness continuum is the foundation of the therapeutic process. There are three characteristics of awareness, which must be maintained in the therapeutic process. First,

awareness must be grounded, motivated and dominated by present needs. Awareness is incomplete when a child does not have direct knowledge of a situation and how he is viewed within the situation. Secondly, the child must accept responsibility with regards to his own situation and behavioral responses. Thirdly, as stated above awareness is always connected to the here and now.

In addition awareness can also be seen as a form of experiencing. It is the process of being in vigilant contact with the individual and environment with full sensorimotor, emotional, cognitive and energetic support (Yontef 1993:183). Thus a therapist can make use of observation and sensory modalities. According to Perls, Hefferline & Goodman (1951:123) the senses of sight touch hearing, taste, and smell and how they help us “directly experience” and verbalize what we perceive sensorial help us make sense of our surroundings and lives.

In addition, within gestalt therapy sensory awareness brings that which the child is unaware of verbally into the present. According to Perls et al. (1951:88) awareness is a spontaneous sensing of what you are doing, feeling, planning and how you are actively attending to it.

Within the therapeutic setting there are however critical moments when a child’s awareness continuum is interrupted. An interruption may take the form of the child’s explaining, remembering something ‘else to do’ or avoidance. This is the child’s personal balance. Interruption of the awareness continuum can prevent therapy from being successful; keep the child from maturing, and inner conflicts from being solved.

Thus awareness forms one of the cornerstones of Gestalt theory. The focus point being the dominant need based in the here and now, with the child taking responsibility for his behavior.

In the following section attention is given to unfinished business as part of the figure ground and self-regulation.

#### **4.6 Unfinished business, figure and ground**

Children may have unfulfilled needs or unexpressed feelings when entering children's homes. Others have uncompleted situations that require attention this sometimes manifests itself in dreams (Rudolph: 91).

Similarly, Schoeman (2002:27) says unfinished business is a situation, which a child has not resolved within his mind. This need arises and presents itself within the 'foreground' of the child's mind. The question that the Gestalt therapist needs to ask is how this need exists. "Is it something on the foreground obstructing the individuals thinking, or at the bottom of someone's head...which is somewhat removed from conscious thoughts" (Crocker 2002:7). Part of dealing with unfinished business is to recognize that the child may display certain behavior all in the attempt to meet the need on the foreground.

According to Yontef (1993:401) through meaningful dialogue where the therapist guides and helps the child adjust, the figure (or need) the child has as opposed to his background (the field) can receive the fullest meaning, and talked through with the child. Once the child's need has been met it recedes into their background and another need moves to the fore. For the participant in this research his foreground needs included: adjusting to the new environment, coping with the loss of his past relationship with his mother and his previous life.

Once a child's foreground need has been met through therapeutically guidance self-regulation naturally occurs.

#### **4.7 Self-regulation**

Once through the dialogue process the child understands his needs, what and how he has been acting either through dreams or behavior, to fulfill their needs and can warily choose an alternative method to deal

with their need, self-regulation occurs. In organism self-regulation actively choosing and learning happen holistically, as a result natural integration of mind and body occur (Yontef 1993:143). However, it should be noted that when a child is unaware of what is happening to him, the child's mind unconsciously tries to self-regulate his conscious.

#### **4.7.1 The child's own inner process**

According to Yontef (1993) children often have difficulties in identifying their own process. They see things in absolutes, black or white. In addition, a child's process cannot be understood as a single entity, but rather as divided into various components, namely contact boundaries, self-maintenance, emotional control and self-nurturing.

In addition these components in reality cannot be conceptualized as single entities but rather as an inseparable entities. Through therapeutic intervention, the child may come to possess the capability of becoming a self-regulating being, achieving a sense of unity and integration in his life with self-regulation comes either a formation or destruction of the child's gestalt. This formation or destruction takes place in contact boundaries.

#### **4.7.2 Contact boundaries**

According to Yontef (1993:9) contact boundary is the contact an individual makes between self, others and the environment. In addition, good contact boundary consists of a balance where a child alternates between connecting and separating, between being in contact with the current environment and withdrawal of attention from the environment.

Furthermore, if good contact between child and environment is lacking, a child may refuse to make contact with their environment. This according to Yontef (1993) and Schoeman (2002:27) results in introjections, which is a process where a child absorbs everything from

the environment without questioning it, or the child projects onto their environment. This is a process of confusing self and other.

In addition, other problems children may have due to lack of proper, healthy contact with their environment includes confluence-where the distinction between child and self becomes so lost that the child goes along with whatever is suggested, without questioning it. Lastly, retroflection is also another example of unhealthy contact between child and environment. A split within the self is experienced and self is substituted for environment. In such a case a child is not aware of their true feelings concerning a problem/situation. Similarly, deflection is also a form of avoidance of contact or awareness of self, environment and feelings (Yontef 1996).

In addition to contact boundaries which make up a child's inner process self maintenance, emotional control and self-nurturing will also be discussed as part of the child's inner process.

#### **4.7.3 Self maintenance**

According to Yontef (1993) each child has a critical self and often the child tends to be more critical of himself than his parents. In addition, self- acceptance will only exist with healthy self- maintenance.

Furthermore, each traumatic situation is taxing on the child in terms of unexpressed emotion, unfinished business or the child blaming themselves. It remains however the therapists duty to assist a child in self-maintenance.

#### **4.7.4 Emotional control**

This refers to the part in a child's process where a child needs to talk about his feelings. The therapist should encourage and assist a child in

expressing his emotions. In doing this, the child receives self-nurturing (Yontef 1993).

#### **4.7.5 Self nurturing**

According to schoeman (1994) in Yontef (1993) self-nurturing includes a child's egocentrism playing a vital role in children and particularly in self-maintenance. In addition, the therapist can guide a child to make self directed statements and talk in terms of 'I' statements in the 'here and now'

In addition, understanding a child's inner process is important for the therapist to make chooses as to what techniques can be used to help a child adjust to his new environment.

### **4.8 Techniques in Gestalt play therapy**

As defined previously play therapy is how children learn and make sense of their worlds. It is this knowledge that Gestalt therapists make use of to help the child. Any creative means such as art (drawing), dream work, monster techniques are all methods used as projections, which allow a child to safely project and talk about how they feel about certain problems. Techniques applicable for children in the middle school years can include these techniques mentioned above.

#### **4.8.1 Dreams**

A dream is a spontaneous part of a child's creation, according to Perls (1951:115) a dream is the script of a child's life. Every part of the child's dream is a projected part of his personality. Perls goes further on to say that the value of dreams "Is a message of yourself, to whatever part of you is listening." The most important dreams to the play therapist are the one's which reoccur, indicating that the child's gestalt has not been

closed or the message has not been heard. Furthermore it is also important to distinguish between a dream and a nightmare.

#### **4.8.2 Nightmares**

According to Hadfield (1954:178) there is a distinct difference between nightmares and dreams. Although both are reproductions of unsolved problems, dreams work to some sort of solution whereas nightmares are more severe and reproduce the problem that it offers no solution; as a result emotional tension arises. Furthermore, the distinctive feature of a nightmare is that of a monster whether animal or subhuman which occurs during sleep and produces a sense of dread. As a result, the child reacts as though there were an external danger.

Furthermore, Catalano (1990:186) says children may have a re-occurring nightmare due to emotional problems, which show up, in the form of a dream. In addition, the type of nightmare a child has is depended on his developmental age. Dreams of early aged-school going children represent children's emotions and feelings of what they see, or happens in their own lives. For example, the child in this age group has dreams full of scary, threatening creatures borrowed from movies, television, and literature or from their own imaginations.

In addition these dreams and nightmares can be adapted to Schoeman's dream process. According to Schoeman (2002:1) the dream technique involves the child re-creating a dream. This could be through drawing, clay, sand work, writing and drama acting. In addition, certain questions can be asked to enhance meaning, gather information and increase awareness about how the child feels. In addition, certain steps can be followed in dream work.

According to Schoeman (2002:13) the child can be asked to:

- Retell the dream in the present.

- The child can be asked to play out all parts in the dream and even converse to each person or object.
- The child can then be asked who has the power in the dream and how they felt when they woke up.
- The child is asked to put an ending to the dream and think about the meaning of the dream.

These steps allow for awareness, expression of emotions and feelings to empower the child and to deal with unfinished needs to allow for self-regulation in the child's mind.

In addition to the dream technique, which can be used to help a middle age child adjust to loss, the monster technique can also be used.

#### **4.8.3 Monster technique**

The reason behind the monster technique is to help a child address fears within their life through a safe medium, namely a monster. Feelings of fear get projected on the monster and later on the child is helped to deal with these fears.

According to Oaklander (2000:51) the monster technique also offers an alternative projection either through 'drawings, clay, fantasy, story telling, sand work, music, puppets' It can be used by the child to express deep feelings in a non-threatening way. Thus the child can create a monster and ascribe meaning to it according to their field. Common questions asked can be: how long did the monster exist, do others know about the monster, is there something that scares you about this monster, how do you feel about the monster (Schoeman 2002:1).

In addition, any other questions can be asked by the therapist to help the child gain insight on how they can work on their problem. Although,

many other methods and techniques exist they can all be used to facilitate awareness.

According to Schoeman (2002:13) part of the therapeutic process includes empowering the child, by saying or doing some activity to enhance their self-esteem. In addition self-nurturing is used as a means of also making the child feel good about them, and can act as a comfort after therapeutic sessions thus facilitating growth.

Drawings can also be used as a projective method to help a child adjust to a children's home. As with the dream and monster techniques, steps can be used by the therapist to facilitate the projection of feelings. These steps will be discussed in the next paragraph.

#### **4.8.4 Drawing technique**

The drawing technique can also be used as a safe creative medium for a child to project their feelings concerning a particular problem in a non-threatening way.

According to Schoeman (2002:68) Oaklander's model of fourteen steps can be used for projective drawings, these steps are as follows:

- (1) Motivate the child to share their experience of the drawing in the present to allow for sharing of self.
- (2) The child can be asked to tell the story of the picture in its own words.
- (3) To expand on the drawing on a deeper level with the therapist focusing on certain parts such as colors, objects and people.
- (4) The child can be asked to be a part of the picture and say how they feel as being part of the picture.
- (5-7) Any necessary questions can be asked to facilitate awareness in the here and now.

(8) The child can be asked to have a pretend conversation between parts of the picture.

(9-10) Any non-verbal language of body movements can be used to facilitate the projection of the picture.

(11-12) The drawing can be likened to the child's life and the child may be asked if any of what he shared fits into his own life.

(13-14) Any missing parts of the child's picture can be brought to their attention and discussed.

Thus from the above gestalt techniques, the researcher made the assumption that a Gestalt framework and techniques mentioned above can also be used to minimize trauma of moving from one environment to another.

#### **4.9 Conclusion**

In this chapter the Gestalt framework was introduced because it offers a unique way of working with children. It allows for the process of awareness to develop and is especially helpful in play therapy in helping and guiding children therapeutically with their problems. Due to its philosophy, results of Gestalt vary for each child.

The results of gestalt therapy as a therapeutic framework in guiding the child through adjustment will be reported on in chapter five.

# CHAPTER 5

## EMPIRICAL RESULTS

### 5.1 Introduction

Within this chapter the results of how the child adjusted to his new environment will be reported on. In addition, elaboration will be conducted on adjustment problems the child displayed to loss of his primary caregiver and how through therapeutic guidance, he adjusted to the new environment.

In addition, the research procedures and techniques used within the sessions will be elaborated on session-by-session and evaluated within the process of therapy. An interpretation will be given evaluating the child's relationships within the children's home, his process and ego-states displayed in adjusting and what his therapeutic status is for future purposes.

### 5.2 Research procedures

As has already been indicated in the first chapter of this study, the researcher used a single case study to demonstrate the adjustment process of a child in a children's home.

In addition, as mentioned in chapter one the respondent was selected via convenience sampling, due to availability of 'new' children entering the children's home and was referred to the researcher by the social worker. Thus due to the intensive nature of the therapeutic process and the reporting of this process the researcher opted for a single case study.

In addition, a total of seven therapeutic sessions was conducted with the respondent. In keeping with a qualitative approach it was from these sessions that the empirical data for the study was obtained.

- **The process of therapy consisted of:**

Building a relationship: without an adequate level of trust the researcher could not proceed with any therapeutic work.

Contact: the researcher made contact with the child by interacting and sharing of themselves to further the level of trust between researcher and respondent. In addition, sensory contact involved the respondent touching, seeing, hearing, smelling and tasting to determine his awareness of himself including his self, emotions and environment.

This gave the researcher a method of assessment to determine the child's process.

Self-support: this formed an integral part of the therapeutic process where the respondent was empowered to express his feelings and emotions and make choices to help himself.

Projecting his feelings: in the process of therapy through self-support and guidance with the researcher, the respondent was able to understand where his feelings came from and how to express these through creative means of projective modalities.

The respondent through therapy learnt how to reframe messages of self and regulate his emotions within his environment. The researcher's intention that this study should be an exploratory study led also to an explanatory study due to the therapeutic process and interviews provided information that did not contain specific references to the adjustment process. Although this explained the process of the child from where the researcher was able to recognize the unique adjustment process of the respondent.

The qualitative research approach had unique demands. These included the ability to listen carefully in order to gain information for the research process but on the other hand, engaged in a therapeutic setting where therapy and the healing process of the child was a priority.

### **5.3 The therapeutic process in research**

In guiding the child to adjustment the researcher had to do an extensive literature review on various modals of children's homes, how they functioned and how they helped in the process of adjustment. Furthermore, the researcher found out that a child's temperament and attachment to biological parent will modal how they will attach to the new caregiver at the children's home. In addition, the therapeutic process in the research was guided with techniques to aid this process of adjustment for the child.

#### **5.3.1 Techniques used in the research process relevant to play therapy**

The researcher made use of the dream, drawing and monster techniques as layed out in chapter four for the projection of feelings the child had around the loss of his primary caregiver and to address his feelings concerning has adjustment to the children's home.

### **5.4 Case study background**

For the purpose of this chapter, the participant used in the research will not be referred to by his real name, due to confidentiality reasons. The pseudonym used will be Billy.

Billy fitted the criteria for an ideal case study, the selection criteria, which made him, an ideal candidate was:

**His age:** Billy had just turned seven years and according to developmental stages of Erickson (1959) the developmental age was ideal due to the symbolic level of thinking he had.

**Family history:** Billy was the younger of two children with an older sister, aunt and biological father who all shared the house together. His biological mother had just recently passed away (reason unknown)

**Siblings:** Billy had one older sister to whom he was not really close to. They had a typical brother sister relationship. The older sister bullied Billy and sometimes even hit him.

**Trauma:** Billy had lost his biological mother, was moved from his familiar home to a new environment, which he still had to adjust to. In addition, he was hit by his father, sister and aunt and thus was referred to a Social worker by a concerned neighbour and moved to the SOS Children's Village.

In addition, at the time the researcher approached the children's home for the study the only new arrival to the village was Billy and thus he became an ideal candidate for the study. In addition, the researcher conducted seven therapeutic sessions with Billy. Each session will now be elaborated on in terms of goal, environment, time used, planning, child's process, conclusion and recommended goal and adjustment process.

## **5.5 Session 1 and 2**

### **Goal of these sessions:**

The development of a relationship with Billy, making contact and determining his contact with himself, his environment.

### **Environment:**

Play therapy room. It was a quiet, convenient area with a few toys and bean-bags where the researcher would not be disturbed.

**Time used:**

Session one and two lasted 30-40 minutes each.

**Planning:**

Various materials, toys had to be chosen for the session and a fantasy trip be thought up to determine Billy's process. (See annexure for explanation on fantasy trip).

**Child's process:**

Billy came across as a quiet child, he displayed leader qualities a problem was set forth and Billy initiated to willingly demonstrate that he would lead out in the game. It was thus concluded that Billy had the ability to be a leader thus also being able to initiate his own alternatives for later work. In addition he was very verbal about what he felt and wanted in the playroom, he expressed a fondness of clay and drawing. It was decided by the researcher to make use of these methods later on for projection of feelings concerning his adjustment problems to his loss of primary caregiver. The researcher in this session drew a picture of herself as a form of self-sharing to explain the role of the researcher's work with him. Billy was allowed to take this drawing 'home' with him. The rest of the session was used to play with toys that Billy expressed a fondness to.

In addition session two was also used for playing and doing activities which Billy wanted to do. The aim of this was to further relationship building and trust to the researcher. Billy's senses of smell, taste, touch and hearing were explored to establish whether he was sensorial

aware of his senses and thus eventually for being able to own his feelings in later sessions.

Billy was given clay to smell and touch and associations of “What does this remind you of?” “Or what does this smell like?” were asked to establish whether Billy could identify the smells and make connections in his memory to similar touches or smells. He was able to do this and reported the clay felt like sand, which was wet.

In addition his sense of taste was tested with salt or sugar, he was able to distinguish between the two and say where he tasted this before. Furthermore, the sense of hearing was tested with questions such as “What do you hear?” and “Where did you hear this before?” Billy was able to identify sounds and draw parallels to his past home with sounds of people talking and birds singing.

### **Conclusion and reached goal:**

The researcher saw that Billy was sensorial aware of himself and his surroundings and could make connections in his memory to the senses being tested, he demonstrated a ‘freeness’ with the researcher and a sufficient level of trust existed to proceed with the projection of his feelings concerning adjustment problems and his loss of caregiver.

### **Adjustment process:**

Due to Billy’s sensorial contact with his new environment, he was on an open working level to be guided to deal with his feelings and help him with this adjustment process.

## 5.6 Session 3

- **Goal:**

To establish Billy's fears concerning his new home and loss of his biological mother and past life through a projection using the monster technique, with clay as medium of work

- **Environment:**

Playroom

- **Time used:**

1 hour

- **Planning:**

Questions around the monster technique set forth in chapter Four had to be thought through for the session. Billy's 'monster' took the form of a flower and the researcher's clay person conversed with his 'monster.' He labelled the monster as good and said that it should be there forever. He reported that this good monster made him feel happy.

On conversing directly with Billy after the projection, Billy said the monster represented a woman in a uniform who had brought him to the SOS Children's Village. He said he came from far away where there were zinc houses, where he lived with his mother, sister and brother. On asking him why he was brought to the children's home, he replied his mother died.

- **Determining the Child's process:**

In this particular session Billy had an appearance of sadness and heaviness, his body looked tense and he reported feeling 'sore' in his heart when he thought about his mother. The boy also broke contact with the researcher and stated talking about evil spirits in his dream.

As the researcher saw fear within the boy around these 'evil spirits' the dream technique was used. On asking Billy to draw the dream, he drew himself on his bed dreaming, Jesus in a cloud in the sky, the sun and his new sister, brother and housemother at SOS. The researcher on asking Billy what he thought the dream meant, he said the dream was about his mother who had died. He repeated a few times that every time the evil spirits came his new house brother told him to pray to Jesus. Billy used this as a means of dealing with the 'evil spirits' and on asking him if it helped him he replied yes. On focusing on what he was communicating to Jesus in his prayer he said he kept asking him to bring his mother back to him. (Note this drawing has been included at the end of this chapter along with other drawings Billy drew.)

- **Conclusion and reached goals:**

The researcher realized that there was a lot of unfinished business (needs,) surrounding the loss of his mother and that Billy was under the impression his mother would return if he kept asking Jesus, this would have to be addressed in forth coming sessions. The session was ended on a fantasy of Billy going to his favourite place 'the zoo.' This acted as self-nurturing to distance the child from his negative feelings so that he would not leave the playroom with negative feelings. The researcher empowered him by telling him he had been brave to tell the researcher all he reported. Lastly, Billy's fears also arose and would be the focus in the forth-coming sessions as well as taking Billy through a grievance process and addressing his misassumptions concerning the

return of his mother would need to be addressed in the following sessions.

#### **5.7 Session 4**

- **Goal:**

To establish whether Billy had closure concerning his biological mother's death.

- **Environment:**

Playroom

- **Time used:**

1 hour

- **Planning:**

It was planned to do a session around drawing 'going to mum's funeral to see if he understood what a funeral was and what it meant if someone died (NOTE: This specific drawings have been included as part of the annexure section).

Billy drew a coffin and sand with crosses in the sand. He was asked if he went to his mother's funeral to say goodbye. He replied he went with his grandmother and threw some sand onto 'the box.' He clearly understood mom was dead but seemed to think she was in the sky with Jesus and that if he prayed she would come down back to earth. The researcher explained that when his mother died she would stay in the sky; he had to be symbolically shown through drawings that he is on

the ground and his mother in the sky and that she was unable even though he asked Jesus to come down to him.

- **Child's process:**

Billy's appearance changed to one of sadness on my explanation and he confirmed this feeling when asked how he felt about what was being said. He also mentioned that he cried a lot when he thought about his mother.

- **Conclusion and reached goals:**

From information obtained in previous sessions, because Billy seems to get comfort from praying, the message was rephrased to him that he could keep praying but rather ask Jesus to look after his mother as she could not come back down to the earth. He seemed to like this idea and agreed. In addition, the researcher also asked if his bad dreams about evil spirits were still continuing to which he replied yes. The researcher asked him to re-create the dream through drawing so as to obtain more information as to a possible fear, unfinished need which needed to be addressed.

Billy drew a shark and named it 'the devil.' It was then discussed what the devil was trying to do to him, and he replied he was 'trying to make him dead' The researcher then asked him if this was the same 'dead' as his biological mother to which he replied no, it was different. He labelled it as bad, on asking what bad meant he said his dad, sister hit him. The conclusion was then drawn by the researcher that Billy had a lot of unfinished needs which his mind was trying to get closure on. He did not really understand why his family hit him and this needed to be explained to him.

- **Adjustment:**

In the therapy sessions contact on feelings surrounding this incident was made so that his mind could get closure as the dreams about the evil spirits could have represented what his family did to him.

## 5.8 Session 5

- **Goal:**

To deal with alternatives on how Billy would deal with his mother's loss.

- **Environment:**

Playroom

- **Time used:**

1 hour

- **Planning:**

A story around the researcher's loss of a dog that died had to be prepared to demonstrate that grieving the loss of a loved pet or person was normal.

- **Child's process:**

Within the session Billy appeared sad whilst talking about his biological mother.

- **Conclusion and reached goal:**

The researcher realized that the picture of Billy's needed a concrete way to remind him of his mother's death, thus Billy drew a picture of what she looked like to look at when he missed her. In addition Billy had his own way of dealing with the loss by viewing his mother as a star in the sky whom he could look at when he missed her. Thus the researcher felt that they adequately met the desired goal as set out for the session.

- **Adjustment process:**

Although Billy was adjusting more to the idea of his biological mother not coming back, the researcher had to still help Billy with closure concerning his loss. It was decided that the concept of a funeral would be continued in the next session so as to see if Billy had closure concerning his mother's death.

## 5.9 Session 6

- **Goal:**

To see if Billy was coping better with the loss of his biological mother

- **Environment:**

Playroom

- **Time used:**

40 minutes

- **Planning:**

To do an open projection and ask Billy to see what was on his mind at present, obtain information from the child to approach his housemother

This session was conducted one month later to see what Billy had on his foreground and how he was coping now with his mother's death. He reported that there were less bad dreams and crying. He appeared happier and when a projection was asked of him via a drawing to determine what was on his foreground (see chapter four) a new need, which was not dealt with in his past, came forth.

The projection dealt with people who were running away from the police. It was asked if the police were good or bad to which he replied well. He said other people ran from them but he ran to them because they were good. He reported this was a happy memory for him.

- **Child's process:**

Billy seems to be coping now concerning his mother's death, he reported less crying and nightmares to the researcher, and seems more at peace.

- **Adjustment process:**

The goal of helping the child adjust and cope better with his feelings was achieved.

## **5.10 Reports from the housemother concerning adjustment**

Researcher's note: Contact below refers to contact in all its facets, including knowing the child's background, physical, spiritual as well as emotional contact the housemother demonstrated to help the child. In

addition, behaviour refers to negative behaviour child reported to the researcher in therapy sessions, namely crying and nightmares.

**Table 5.1 Feedback from housemother on Billy’s behaviour**

<i>Contact house mother made with child</i>	<i>Behaviour house mother reported child displayed whilst adjusting</i>	<i>House mother’s observation of child’s loss of biological mother</i>
<p>1) House mother did not know the history or reasons why the child had been placed within the children’s home.</p>	<p>1) Excessive crying was reported. Over The sessions The housemother reported this had diminished.</p>	<p>1) The housemother was unaware Billy had lost his Biological mother.</p>
<p>2) Physical contact via hugs was given to show the child she accepted him.</p>	<p>2) House mother was unaware child was having nightmares.</p>	<p>2) House mother observed that it was hard for Billy in the beginning; he fought a lot, had no friends, struggled communicating, cried a lot. However she noticed that over the time whilst he was coming for therapy, this behaviour diminished and he seemed to be</p>
<p>3) Emotionally she would speak to the child but could not understand why he cried all the time, as he never told her. 4) Spiritually she took the child to church to teach him about God.</p>	<p>3) The housemother reported lots of verbal fights the child was having with his new siblings.</p>	<p>Communicating more with others now.</p>

**Conclusion and reached goals:**

The house mother's reports of Billy's improvement led the researcher to believe that the play therapy helped Billy and the child and house mother reported a decrease in behavior such as nightmares, crying, sibling rivalry since Billy had been receiving therapeutic help.

**5.11 Session 7**

- **Goal:**

To terminate therapy

- **Environment:**

Playroom

- **Time used:**

1 hour

- **Planning:**

Termination

- **Child's process:**

Billy appeared happier and more at peace and his foreground needs concerning his loss of his biological mother had been met thus helping him to adjust more to his immediate environment.

- **Conclusion and reached goals:**

Both the researcher and Billy spoke about what it meant to say goodbye and a card was made for Billy as a concrete way of terminating sessions.

- **Adjustment process:**

Billy was on his way to healing, having grieved the loss of his biological mother he was adjusting better as opposed to the first time the researcher saw him.

## **5.12 Interpretation of empirical data**

### **5.12.1 Billy's experience of the children's home**

At first Billy missed his mother and his past home. He fought a lot with his older new siblings, but after a month, he started settling down into his new home. He was very tearful and found his new life difficult. He would struggle with household chores, which he was not accustomed to. Example washing his own school clothing. This in turn affected his relationship with his housemother.

### **5.12.2 Billy's relationships within the children's home**

Billy's relationship with his new housemother was strained, as there seemed to be no understanding between the housemother and child. This was because the housemother was unaware of his background, and did not understand why he was crying all the time. Billy relayed to the researcher that his new housemother did not understand about death because she said he was always crying for everything he was asked to do. The researcher did later on explain the reason behind the crying to the housemother and provided guidelines to the housemother

on how to be more sympathetic example, by making physical contact with hugs.

In addition, the housemother tried to include Billy in her home by taking him to church and talking to him. Furthermore, Billy's relationship with his older house sibling was not good and there was a lot of aggression shown towards her. A possibility the researcher considered was that he was projecting his feelings of his own biological sister onto the new sibling.

In addition, Billy had a strong bond with his house brother as they slept in the same bedroom and his house brother encouraged him and helped him when he needed it. For example, praying when the 'evil spirits' came.

Billy did not have any friends outside his home within the village but later began making friends at his new school with two boys who played cricket.

### **5.12.3 Billy's ego-states**

Billy was very 'fragile' and his ego-state alternated between fear, tearfulness and longing for his biological mother and past life. However, as therapy progressed, his ego-states reached an equilibrium and his mood shifted to one of happiness and peace as he started understanding why he was brought to the children's home and where his feelings of fear, tearfulness and longing came from.

### **5.12.4 Billy's process**

Developmentally Billy's process was one where he was on a very concrete level of thinking, he viewed his biological mother as the sun in the sky at day, and as a star at night. He explained at one time to the researcher that his eyes became sore as he looked at the sun all the

time. The researcher explained that the sun would hurt his eyes and that he should rather only look at the star at night when he missed his mother, as this would not hurt his eyes.

Due to Billy's concrete way of thinking, concrete reminders of his mother such as drawings were done as a reminder to Billy of his mother.

#### **5.12.5 Billy's therapeutic process for the future**

The researcher explained to the housemother and Billy that if he ever needed to come and see the researcher again if he felt sad he was more than welcomed. In the future months Billy was referred again to the play therapist for new issues such as screaming whenever he felt scared. The researcher helped the child deal with this new need on his foreground (see chapter four for definition and explanation of this word) and Billy was guided and helped to more appropriate ways of dealing with things that may scare him, example rather shout into a pillow rather than scream in front of others.

In addition, Billy is doing well now and a couple of months after the researcher saw him for the first time, in passing Billy told the researcher with a big smile on his face, "I am no longer crying!" and went to play with his friends. Thus this positive statement was taken that the child was adjusting to his new life and coping with the loss of his biological mother.

The process of adjustment will be discussed as recommendations in chapter six.

# CHAPTER 6

## CONCLUSIONS AND RECOMMENDATIONS

### 6.1 Introduction

This study illustrates one child's story of adjustment in a children's home.

The case data enlightens play therapists on how a child experience the process of adjustment in a children's home. This is pertinent for play therapy in the sense that the child's process needs to be evaluated on an individual basis before any intervention could begin.

This chapter will summarise the research report and make conclusions and recommendations in terms of each chapter.

In addition by judging by the intensity of the empirical results, it is clear that the adjustment process of a child entering a children's home is difficult and the child can have diverse needs, which need to be addressed through therapeutically, planned intervention.

By means of the information contained in this study, the researcher will firstly highlight the positive and negative aspects of this study. Secondly, the researcher will attempt to offer some insight into the adjustment process of a child entering a children's home. In the third place, the researcher will offer recommendations for future research of this nature.

Finally, an evaluation will be made to determine if the objectives of this study was met and what recommendations can be made for

therapeutic input by play therapists dealing with a child's adjustment process in a children's home.

## **6.2 Positive and negative aspects of the study**

The positive aspects of the study were the willingness of the SOS Children's Village to help the researcher. Secondly, it was very rewarding to guide a child adjust and have both child and house mother report positive results of negative behaviour that the child initially displayed at the onset of therapy, but after the sessions the negative behaviour had decreased.

In addition, due to the positive results received from Billy's case other new children entering the children's home for the first time were referred to the researcher for therapeutic guidance. However, this study did have some negative aspects to it.

Negative aspects the researcher experienced were simultaneously being a researcher and therapist. It required a lot of time and effort and extra preparation and planning. The different roles needed careful planning and adjustment in terms of reporting of results instead of therapeutic intervention and growth.

Furthermore, other negative aspects included the limited time frame within which the study had to be completed-namely, two to three months. This did not allow for a more longitudinal study to track the child's progress over a year. Finally, lack of finances was another negative aspect of this study. The researcher did not receive any funding for the research study and thus had to make use of own resources. Thus plans had to be arranged around a budget that might have had influences on the frame of therapy and research.

In addition, to this the researcher did obtain some insight into helping children adjust in children's home.

### **6.3 Insight into adjustment children goes through when entering a children's home for the first time**

The researcher, through literature review and work done at the children's home, realized that children go through an enormous amount of stress adapting to a new way of living. They suddenly have a new family, school and life and this can be very overwhelming for them.

As a result, it is very important to prepare the child before the move and to give post therapy after the move to see how they are adjusting. Furthermore, it is also important to explain and help the child cope with their feelings concerning the changes so that they feel they have some level of control over their lives.

In addition, it is also important to prepare the housemother and provide some sort of background information so they can understand and empathise with the child.

Finally, it is also important to do later check-ups to see if the child is coping better or has relapsed and why.

### **6.4 Advantages of the case study design**

Comments regarding single case studies express concern that the results cannot be generalized. It is clear in De Vos (2003) that this criticism is not grounded, highlighting how applicability in single case study research can be promoted.

The selection criteria through purposive sampling ensure that the single participant with the closest match to the selection criteria is likely to yield rich data. The selected participant is standing proxy for a larger universe of possible participants. Billy as the data-richest candidate closest to the selection criteria. Creswell in de Vos (2003) reiterates

the views of other researchers and states that in the case study methodology, purposive sampling of data-rich cases is recommended to yield abundant data. Generalizations in these cases are likely to be most expedient.

The single case study design was identified as a suitable methodology for a readership with specific base knowledge about aspects of the study. The harmonious relationship between expected readers and the case study itself is common and that the data often resonates experientially with the readers and thereby facilitates a greater understanding of the phenomena under investigation.

## **6.5 Future recommendations for future research**

Whilst doing the literature review the researcher found that not much literature existed on guiding a child to adjust in a children's home. A recommendation of writing more academic articles within this field is needed.

In addition, it's recommended that a more in-depth study be conducted using multiple cases over a longitudinal time period and the results of these cases be recorded. Results can then be applied to all children entering the children's home for the first time using the Gestalt framework.

Other recommendations include implementing the Gestalt concepts across all spectrums where a child needs to move from one area to another. Lastly, a cross-cultural study can also be conducted within various SOS Children's Villages in various areas to see if Gestalt intervention across cultures is valid for adjustment across cultures.

## 6.6 Evaluation of whether objectives were met

**To The goals and objectives for the research were:**

**Chapter 1's objective:** Researcher will outline what methods will be used for the research.

**Chapter 2's objective:** Researcher will provide theoretical outlines of two types of children's homes and how a child can be helped to adjust in children's homes emotionally, socially, cognitively and physically.

**Chapter 3's objective:** Researcher will focus on adjustment problems and attachment.

**Chapter 4's objective:** Researcher will explain techniques and philosophy within Gestalt.

**Chapter 5's objective:** Researcher will report on observations and results made through the use of Gestalt therapy intervention.

**Chapter 6s objective:** Researcher will evaluate the study and make recommendations for future research.

### Chapter one

At this point of time it is important to determine if the research question for this study has been met. From the research question asked in chapter one it is evident that from the literature and empirical data that the research question has been answered.

### Chapter two

#### Children's homes and their role in helping a child adjust

The researcher has attempted to define the whole phenomena of the child entering a children's home and the role of the children's home in helping a child to adjust. The areas, which the play therapist was able to address, were predominantly the emotional, physical cognitive and social aspects of the child entering the children's home.

From the literature review on the child entering the children's home it would appear that there are numerous sources available but few applicable to South Africa.

A recommendation can be made that a descriptive study should be undertaken to describe the current situation of child residential care in South Africa. The helping professions needs to have some concrete understanding of the context of children's homes in a new dispensation in order to engage in intervention with these children more effectively.

### **Chapter three**

#### **Adjustment and problems with the adjustment process**

In chapter three the focus was on the adjustment process, attachment and problems relating to adjustment process.

The literature provided an adequate number of information, which can successfully be used to understand the process of adjustment and how a child attaches to a new caregiver.

It is recommended that play therapists should take cognisance of the theory of adjustment and intentionally implement the concepts of it during the intervention process. It is further recommended that the play therapist view suitable techniques in terms of adjustment and problems relating to adjustment to help the child through this process.

### **Chapter four**

#### **A Gestalt therapeutic framework for adjustment**

This research report focused on a single theoretical framework to address the adjustment process, namely, the Gestalt perspective. Attention was given to the various theoretical components such as

awareness and contact boundaries, the Gestalt perspective on dreams and the child's process.

This chapter has presented a perspective, which may serve as a theoretical orientation in the understanding of the process of adjustment.

In conclusion the researcher considered the research study a success and the objectives as set forth in each chapter were met. The researcher clearly outlined the research methods used in chapter one, throughout chapters two and three literature was discussed being relevant to the participant used for the study.

In addition, this literature was outlined within the empirical chapter along with chapter four, the Gestalt therapy concepts and framework within the empirical chapter.

Furthermore, the objectives as set forth by the researcher in the therapy sessions were met helping the child cope and understand his feelings. Through doing this, the child was able to adjust and insecure fears and feelings could be addressed making the process of adjustment to the children's home easier for him.

## **6.7 Final remarks**

In conclusion the researcher wants to synthesize what she has discovered. It was found that the adjustment process for the child entering the children's home is painful and traumatic. The process of becoming an adult needs to be directed by a well-adjusted environment without emotional strain. This process was evident in the guidance of Billy through the adjustment process of becoming.

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## Annexures

### Fantasy trip

According to Schoeman (2002) a fantasy trip can be used in two ways. Firstly, for **problem solving** and to **distance a child from a problem**, so they can cope. A child's problem solving skills are tested by posing a situation to the child, putting a problem or obstruction in the situation and asking the child how they will solve the problem. This provides insight into the personality of the child.

Secondly, fantasy trips can also be used after a difficult, emotional session. The child is asked to close their eyes and is distanced from the problem using the imagination. The purpose of this is so that the child will leave the session on a positive note rather than feeling exposed.