

CHAPTER 1

ORIENTATION, FORMULATION OF THE PROBLEM, AIMS AND OBJECTIVES, RESEARCH APPROACH AND WORK PROCEDURE AND THE DEFINITION OF TERMS AND KEY CONCEPTS

TITLE: MOVEMENT IN GESTALT THERAPEUTIC INTERVENTION FOR ADOLESCENTS WITH DISRUPTIVE BEHAVIOURAL TENDENCIES

1.1 INTRODUCTION

Movement is a fundamental fact of life, encapsulating the total being of the adolescent learner. Therapy through movement is a holistic approach recognising the complex mind/body interaction (Duggan 2001:146). Through movement the adolescent becomes aware of his behaviour, and alternative ways of coping with inner impulses and states can be explored.

Although not a prerequisite, sound provides structure to movement and, according to Duggan (2001:151), emphasises internal rhythms evoking emotional and movement responses. According to the National Association for Music Therapy the use of music may lead to desired behavioural changes (Davis, Gfeller & Thaut 1992:5).

In the experience of the researcher, associated with secondary education for the past 26 years, adolescents with disruptive behavioural tendencies in the

classroom are punished instead of supported. The disruptive behavioural tendencies are often mere symptoms of deep-rooted emotional problems. Although the current emphasis in education is on creative punishment, no punishment however creative it may be, will address the problem at its core. The pent-up energy and emotions of adolescents with disruptive behavioural tendencies need to be addressed in a safe and supportive environment (Stanton 1992:129), and in the presence of a reliable adult (Payne 1992:41).

Although present educational theory, practice and experience emphasise group work, there has been little if any application of group therapy in mainstream education to date. It must never be lost sight of that adolescents are usually located at schools and that their behaviour manifests itself there.

All systems involved play a role in an adolescent's life, for example school, church and home. Mwamwende (1995:331) points out that a child's behaviour in class is influenced by the way he was raised, the attitude of the school and educators, as well as the pressure from peers. Adolescents are thus holistic beings and it is therefore of great importance that this research had as its foundation the Gestalt approach to psychotherapeutic intervention.

1.2 MOTIVATION FOR THE CHOICE OF SUBJECT

The increasing disruptive behavioural tendency of male adolescents in Grade 9 compelled this research. The researcher endeavoured to provide an alternative approach to address the behaviour exhibited by some adolescents and in so doing empower not only the adolescents involved, but also their educators, peers, parents and education in general.

1.2.1 THE ADOLESCENT PARTICIPANTS

With an alternative approach, adolescent participants may become more focused with improved academic achievement as the result. Less negative feedback may lead to an improved self-esteem and quality of life.

In the opinion of the researcher, adolescence is the developmental phase where the adolescent becomes either him/herself or loses that identity. Because of the importance of this developmental stage all possible precautions should be taken to promote emotional growth.

1.2.2 PEERS

Peers in the same class as the adolescent participants may experience uninterrupted education. This may minimise frustration and aggression towards the adolescent participants and may, in general, lead to a class atmosphere more conducive to learning.

1.2.3 EDUCATORS

The improved behaviour of adolescents with disruptive behavioural tendencies may result in educators spending less time disciplining. Teaching may improve and a more pleasant working environment may lead to increased job satisfaction.

1.2.4 PARENTS/GUARDIANS

Parents/Guardians may receive fewer notices regarding their children's disruptive behavioural tendencies and may observe improved academic results.

1.2.5 EDUCATION

There is a definite need to find a solution for the growing tendency of adolescents to disrupt classes. Programmes based on this limited research may be introduced to schools and training programmes may equip at least one educator in each school with the skills to accommodate these adolescents in mainstream education. This is underwritten by Strydom (2002 (d):281), who is of the opinion that the results of a study based on participant observation can be of particular practical importance for society at large.

1.3 FORMULATION OF THE PROBLEM

Over and above the physical and accompanying emotional changes experienced during this developmental phase, disruptive behavioural tendencies can also be attributed to other factors. Adolescents are increasingly passive and ever-decreasing percentages participate in sporting or other physical activities. At the school where the researcher is employed only 33% of all adolescents participate in sport. Adolescents tend to spend their afternoons watching television or playing video games.

The present outcomes based education curriculum includes both movement and sound as part of the Arts and Culture (Revised Curriculum Statement for Arts and Culture 2002:8) and Life Orientation learning areas (Revised Curriculum Statement for Life Orientation 2002:6). Although it is inadequate, even the adolescents who show disruptive behavioural tendencies in the formal teaching environment, enjoy these periods and are far more focused and co-operative as a result.

Disruptive behavioural tendency as a symptom during formal teaching time is presently being addressed rather than the cause of the disruptiveness as such. This leaves both adolescents and educators at a loss.

Adolescents with disruptive behavioural tendencies are affected because effective learning can not take place. These learners do suffer from a low self-

esteem often hidden behind false bravado and a negative attitude. Being labelled as naughty or disruptive becomes a self-fulfilling prophecy.

Educators are not empowered to teach these adolescents. Those who do not leave the profession are left discouraged resulting in ineffective teaching.

Peers in the same class as these adolescents suffer as their teaching is disrupted, thus interfering, according to Subsection 29 of the Constitution of the Republic of South Africa (1996:10), with their right to an education.

The problem statement is as follows:

Adolescents displaying disruptive behavioural tendencies in the classroom are punished, instead of being exposed to therapeutic intervention addressing the problem at its core.

1.4 THE AIM AND OBJECTIVES OF THE RESEARCH

1.4.1 THE AIM OF THE RESEARCH

The aim of the research, in other words “*the end towards which the efforts or ambition is directed*” (Fouchè 2002(a):107), was the behavioural improvement of Grade 9 male adolescents, through movement, as a Gestalt therapeutic intervention.

1. 4.2 THE OBJECTIVE OF THE RESEARCH

The objective of this research was to explore and describe the application of movement as a Gestalt therapeutic intervention for adolescents with disruptive behavioural tendencies. Through exploration the researcher thus gained insight into the situation which was then described to present a picture of the specific details of the situation (Fouchè 2002(a):109).

Objective 1: An extensive literature study exploring the interconnectedness of movement therapy, Gestalt therapy as well as disruptive behavioural tendencies in adolescents, was undertaken as foundation for the research.

Objective 2: The researcher undertook the collecting and interpretation of data through observation and interviewing in order to describe the effect of movement as a Gestalt therapeutic intervention on adolescents with disruptive behavioural tendencies. Documents investigated further enriched the study.

Objective 3: Recommendations on an alternative approach to addressing disruptive behavioural tendencies in adolescents will be made to educators, schools and education at large.

1.5 RESEARCH QUESTION FOR THE STUDY

A research question is precise and specific and focuses the research study (Brink 1996:91). Hoskins (1998:5) and Flick (2002:46) describe the

identification and phrasing of the research question as the most important initial step in developing research.

The research question for this research study was:

How and to what extent can movement as a Gestalt therapeutic intervention affect disruptive behavioural tendencies in adolescents?

1.6 RESEARCH APPROACH

The researcher applied a qualitative research approach.

Based on Fouché's (2002(a):105 –106) summary of the qualitative approach, the following were used as motivation for the use of the qualitative approach:

- The researcher attempted to gain first hand knowledge of disruptive behavioural tendencies amongst adolescents by means of a flexible strategy of problem formulation and data collection.
- As the investigation into the effect of movement in Gestalt therapeutic intervention for adolescents with disruptive behavioural tendencies progressed, the research report became shaped.
- Participant observation, the observations made by the researcher, and observations made by the educators, as well as semi-structured

interviewing and document studies contributed to an in-depth knowledge that was used to further guide the study.

- The researcher came to a valid understanding of the phenomena and the effect of the intervention through knowledge acquired first hand.
- It is thus clear that the procedures were not strictly formalised, the scope was less defined and that a more philosophical mode of operation was adopted.
- Individuals, in this research Grade 9 male adolescents, were studied in their natural school environment.
- The researcher is a member of staff of the school where the research was executed. Time and resources were thus readily available to collect sufficient data to be analysed.
- The researcher was able to describe objectively the effect of the therapeutic intervention from the perspective of the participants.
- There is a need for a solution to the growing tendency amongst Grade 9 male adolescents to be disruptive during formal teaching time with the result that the educators were receptive to this qualitative approach.

The researcher, who used to be a language educator, preferred to write in a literary style and due to her involvement in education preferred to bring herself into the study.

1.7 TYPE OF RESEARCH

Applied research (Fouchè 2002(a):109), with the emphasis on exploration and description was used for this research project. Through the research the results of movement in Gestalt therapeutic intervention with adolescents with disruptive behavioural tendencies in practice, were explored and described.

Fouchè (2002(a):109) is of the opinion that exploratory and descriptive research do have similarities and may blend in practice. Although exploratory research focuses on the 'what' (Brink 1996:11) of the study and descriptive research on the 'how' (Brink 1996:11) and 'why', the researcher incorporated all three in the research project.

1.8 RESEARCH STRATEGY

The research strategy followed was an in-depth case study bounded by both time and place (Fouchè 2002(b):275). Multiple individuals or a group of individuals (Brink 1996:117, Fouchè 2002(b): 275) best suited to this research, were used to design the qualitative research. In this research a group of eight Grade 9 male adolescents, providing for a drop out of two, was exposed to

movement therapy to explore the effect thereof on their disruptive behavioural tendencies in class.

The product is an in-depth description of the case as stated by Fouché (2002(b): 275) and although the researcher situated this case in its larger context, the main focus remained the case, in this research project a group of eight male adolescents.

1.9 RESEARCH AND WORK PROCEDURE

Before the literature review (Chapter 2) a selection of a researchable topic (paragraph 1.1), problem formulation (paragraph 1.3) and the writing of a research proposal were to be finalised as Chapter 1 of the research dissertation.

1.9.1 THE LITERATURE REVIEW

An in-depth, applicable literature review was be conducted to obtain a clearer understanding of the nature and meaning of the problem that had been identified (Fouché & Delpont 2002(a):127).

The literature review helped the researcher to focus on the topic, clarify issues, place the research project in context and, in so doing, laid the foundation for a good research outcome. It also assisted in guiding the

interview questions, setting observation criteria and the selection of relevant information from the available documents.

The outcomes applicable were reflected in Chapter 2 of the research dissertation, where the theory of the case study was used to guide the study in an explanatory way before research data was collected (Fouché & Delport 2002(b):268).

1.9.2 RESEARCH STRATEGY

A case study, which can also involve a group (Fouché & Delport 2002(b):275), best suited to this research, was used for the qualitative research (Fouché & Delport 2002 (b):274). The case study strategy, applied by the researcher was an exploration and description of a bounded system. A bounded system is, according to Creswell (Fouché & Delport 2002(b):274) bound by time and/or place. In this research it was bound by both.

For this research a group of eight Grade 9 male adolescents was selected. This intrinsic case study focussed on the aim of gaining a better understanding, as well as a description of the individual cases.

The exploration and description of the cases took place through detailed, in-depth data collection involving multiple sources of information.

- Interviews: Semi-structured interviews, where both researcher and interviewee were actively involved, were conducted. The interviews were free flowing with their structure only limited by, as stated by Brink (1996:158), the focus of the research. Prospective adolescent participants, their parents/guardians, as well as educators were interviewed. The aim was to obtain rich background information on the adolescents, as well as their disruptive behavioural tendencies. Follow-up interviews were held with the adolescent participants and the educators to explore the effect of the intervention.
- Study of documents: The researcher included the adolescents' academic progress reports from Wordsworth High School, as well as background information and behavioural reports obtained from the personal records. The aim of the study of these documents was to present a holistic image of each adolescent.
- Observation: Observation is a technique for collecting descriptive data on behaviour. Brink (1996:150) goes further by stating that “ *to be considered scientific, observation must be made under precisely defined conditions in a systematic and objective manner and with careful record-keeping*”. The researcher observed the adolescents, while they were exposed to movement in Gestalt therapeutic intervention. The researcher was both objective data collector and from a Gestalt perspective led the adolescents to awareness (Sills, Fish & Lapworth 1995:22).

- Educators completed observation feedback forms after formal teaching time. To obtain an accurate indication of success the observation was repeated over a period of three months.

1.9.3 THE RESEARCH REPORT

The research report needed to answer to the following requirements as indicated by Strydom (2002 (c):250):

- Organisation
- Accuracy
- Consistency
- Clarity and communication
- Conventionality
- Conciseness
- Relevance
- Objectivity

The author herself is, according to Hubbach (Strydom 2002 (c):251), the most important element of the final product. The researcher gave meaning to the research, reflecting the critical thought invested in the subject.

Typical of the qualitative research report, the researcher integrated the voice of the participants in the report, gave multiple perspectives and considered alternative interpretations of data. She also used quotations, varying in length

and included her own perspectives. In spite of the biases that may occur in the qualitative report, the researcher ensured that a detailed account of credible procedures was included in the report. With her own prejudices, limitations and potentialities in mind, the researcher arrived at her own conclusions and recommendations, whilst considering the reading public.

The qualitative research report, Chapter 3, is in essence lengthy and based on a narrative account of the research findings. It is less structured and more intertwined with the total research process (Delport & Fouché 2002: 356).

To conclude the research report, the conclusions and recommendations, as well as further interpretations and a summary of the investigation is presented as Chapter 4.

1.10 FEASIBILITY OF THE STUDY

The feasibility of the study was measured against the following:

10.1 LITERATURE REVIEW

Brink (1996:76) defines a literature review as “*a process that involves finding, reading, understanding and forming conclusions about the published research and theory on a particular topic.*” She takes this further, indicating the main reasons for a literature review as...

- determining existing knowledge,

- obtaining clues to methodology and instruments,
- refining the study,
- forming the basis for comparison when interpreting findings from the current research and
- supporting the present research.

There was sufficient literature available on movement as a form of psychotherapeutic intervention, Gestalt therapy, Gestalt group therapy and group therapy, as well as adolescents with disruptive behavioural tendencies to make this research project feasible. Literature regarding the integration there-of was limited, though, therefore the importance of this research study.

Movement serves to further cognitive, social and physical integration and serves as a medium for change (Noack 1992; Payne 1992; MacDonald 1992; Tosey 1992; Weathered 1993; Pearson 1996; Payne 1999; Hervey 2000; Duggan 2001; Watson & Vickers 2002; Meekums 2002).

Gestalt therapy with awareness, relationship and dialogue as the main aims (Clarkson & McKewn 1993 ; Oaklander 1993; Sills, Fish and Lapworth 1995; Schoeman 1996; Hamilton 1997; Crocker 2001; Feldhaus 2001; Schoeman 2001; Barlow 2003) formed the foundation for this research project.

Adolescents displaying disruptive behavioural tendencies (Gouws & Kruger 1994; Mwamwende 1995; Sue, Sue & Sue 1997; Baron & Byrne 2000; Miller-

Heyl, MacPhee & Fritz 2001; Silverthorn 2001; Mash & Wolf 2002) are a problem for their educators and peers.

Adolescents who display disruptive behavioural tendencies can be helped in group therapy (Payne 1992; Brand 2000; Nichols 2002; Sutton 2002).

11.2 CONSULTATION WITH EXPERTS

Although a wealth of literature does exist, it may only represent a section of the knowledge of people involved in a specific field on a daily basis (Strydom 2002 (a):212). The researcher thus consulted with the following expert in the field of movement therapy:

- Dr Cornel van der Merwe (Psychiatrist)

Ident

P.O.Box

Tel. (016) 341-3360

Dr Van der Merwe is an innovative psychotherapist presenting life energy courses, where she involves her clients in movement as part of relaxation and the nurturing of the inner child.

1.10.3 THE PILOT STUDY

Although the pilot study may, according to Strydom (2002(b):215), improve the success and effectiveness of the investigation, a pilot study, as part of this research project, was not viable due to the nature of the study.

1.10.4 DESCRIPTION OF UNIVERSE, SAMPLE AND SAMPLING TECHNIQUES

10.4.1 The universe

The universe refers to all potential subjects who possess the attributes in which the researcher is interested (Strydom & Venter 2002:198). The universe, in this research, was all Grade 9 adolescents with disruptive behavioural tendencies.

10.4.2 The population

The researcher did identify a site, which constituted the population where all documents were at her disposal and where the adolescent participants had the confidence in the researcher to participate in the research project. The population for this research was all the Grade 9 male adolescents of Wordsworth High School, Gauteng Province, possessing the same specific characteristics (Strydom & Venter 2002:198) namely disruptive behavioural tendencies.

10.4.3 The sample

The sample comprises the elements of the population considered for actual inclusion in the study (Strydom & Venter 2002:199). The sample is not an end

in itself, but a means of helping the researcher to explain some facet of the population. A complete coverage of the total universe is seldom possible. The main reason for sampling is thus feasibility as stated by Reid and Smith, as well as Sarantakos (Strydom & Venter 2002:199). Sampling is also more cost and time effective, which will produce a better quality research.

In this research project it was not possible to do intervention with all the Grade 9 male adolescents of Wordsworth High School with disruptive behavioural tendencies, due to time constraints and the general disruption of the learning environment and the culture of learning. The size of the sample was thus restricted to eight adolescents out of a possible population of forty in the particular secondary school. Although the population was rather small, a small sample was used, because the group as such was the focus of the research. The future vision of the researcher is to apply this therapeutic intervention, after the completion of this research project, with all Grade 9 adolescents displaying disruptive behavioural tendencies in Wordsworth High School, as well as in other schools.

The target group was determined by non-probability sampling - more specific target sampling. According to Strydom and Venter (2002: 208) target sampling is a strategy for obtaining systematic information.

The following disruptive behavioural tendencies displayed in the formal class environment served as criteria to identify the adolescent participants:

- Shouting out

- Leaving seats without permission
- Aggression towards peers
- Aggression towards educator
- Throwing objects around
- Defiance
- Disrespect
- Restlessness
- The adolescent's behaviour must comply with at least six of the above criteria.
- The adolescent must have been in Wordsworth High School for at least sixteen months.

1.11 ETHICAL ASPECTS OF THE RESEARCH

It is the right of social scientists to study what they deem to be of interest, but this right also implied the responsibility to meet certain ethical requirements.

- The research must not harm the adolescent physically or, more important (Strydom 2002 (a):64) emotionally. Movement used as intervention did not involve exertion of any kind. No information obtained through the research was recorded for school purposes (Annexure 6). As suggested by Strydom (2002 (a):65) the nature of the research should and will be changed rather than to expose the adolescent participants.

- Research only progressed once permission by the Governing Body of Wordsworth High School had been granted (Annexure 1).
- Informed consent was obtained. This implies that all possible or adequate information regarding the goal of the investigation, the procedures during the investigation, the possible advantages and disadvantages, as well as the credibility of the researcher were disclosed to the adolescent participants and their parents/guardians (Annexures 2 and 3). This left them the opportunity to withdraw from the research project if they so wished.
- Confidentiality was considered at all times. Educators involved signed a form undertaking that all information was considered as confidential (Annexure 4). Adolescents involved may not have been discussed with anybody outside the scope of the research.
- Although anonymity was not always possible in this research due to the educators involved and the fact that adolescents do have a tendency to tell their friends about happenings, the researcher took all possible precautions to maximise anonymity (Annexure 5).
- This was an overt research and no concealed video cameras, one-way-mirrors, microphones or tape recorders were used without the knowledge and written consent of the adolescent participants and their parents/guardians.

- The researcher is competent and adequately skilled to have undertaken the research. The researcher had been involved in education for the past twenty-six years of which the past twenty involved counselling of adolescents. The researcher does have applicable academic and professional qualifications. The researcher is adequately skilled in the implementation of the Gestalt therapeutic approach. If in any unforeseen situation she should find that knowledge and skills were lacking, it would have been addressed through a referral to another professional in the field.
- The scaling down of therapy after the research prevented separation anxiety. Although (Strydom 2002(a):73) recommends a debriefing session after the termination of the research, the emotional involvement of the adolescents must be handled in a more sensitive and less abrupt way. The researcher is skilled to do debriefing and as a permanent member of the school's staff will do follow-up intervention, as well as debriefing with the adolescents and parents/guardians if the need should arise.

1.12 DEFINITION OF TERMS AND KEY CONCEPTS

1.12.1 MOVEMENT THERAPY

“Dance therapy helps removing inner obstacles – the stones that clutter our path to spiritual wealth and feelings of joy and harmony. Only when we exude inner radiance are we able to light up other people’s lives. The aim is to create a reality, which makes life worth living, despite possible unfavourable childhood experiences. Only when such traumas are released are we able to step into the dance of Life and to fully awaken our unity” (Collard 2003: 14).

“Dance/movement therapy, a creative art therapy, is rooted in the expressive nature of dance itself. Dance is the most fundamental of all the arts, involving a direct expression and experience of oneself through the body. It is a basic form of authentic communication, and as such it is an especially effective medium for therapy. Based in the belief that the body, the mind and the spirit are interconnected, dance/movement therapy is the psychotherapeutic use of movement as a process that furthers the emotional, cognitive, social and physical integration of the individual” (American Dance Therapy Association 2004).

Movement therapy addresses the whole person grounded in the here-and-now. The physical activity involved, increases the focus of the person with a heightened awareness as a result. Through dialogue, emotional issues that came to the fore through the movement can be addressed, seeking alternative

ways of behaviour and coping. Movement is a pleasurable activity, which will improve the individual's self-image through positive feedback and the emphasis on strengths.

1.12.2 GESTALT THERAPY

“Gestalt is a humanistic/existential therapy, which believes that people are born with the resources and ability to be in rewarding contact with other human beings, and lead a satisfying, creative life. However often during childhood and sometimes later on, something interrupts this process and the person becomes stuck in fixed patterns and beliefs about themselves that get in the way. Gestalt aims to investigate and uncover how these patterns are still active and affecting a person's present life” (Joyce & Sills 2001:7).

“Gestalt today is an exciting mix, as it always was. At its heart is the therapeutic relationship and a method of exploring and increasing dialogue. Within the context of this therapeutic relationship, the Gestaltist may invite the client to expand their limitations in a variety of ways that are uniquely Gestalt” (Sills, Fish & Lapworth 1995:12).

Gestalt therapy is a holistic approach addressing the growth of the total person. The therapeutic relationship, dialogue and awareness lie at the heart of Gestalt therapy. Gestalt therapy is also an exciting experimental approach

to psychotherapy in which the client is supported to come to alternative ways of addressing problematic issues.

1.12.3 ADOLESCENT

The Grolier International Dictionary (Van Niekerk 1995: 17), gives the following explanation for adolescent:

- “‘*adolescence*’ (noun):
The period of physical and psychological development from the onset of puberty to maturity
The state or condition of being adolescent
- ‘*adolescent*’ (adjective)
Of, pertaining to, or undergoing adolescence.

Middle English, from old French, from Latin ‘adolescens’, present participle of ‘adoléscere’, to grow up:

Ad-, toward = alescere, to grow, ‘be nourished’, inceptive of alere, to nourish”.

“ Adolescence is the period of life between childhood and adulthood. It is a time of life, which has to be lived through. Essentially it is a time of personal discovery and identity formation, yet it is a cultural innovation. It is a time of transition when the youth moves from a secure but dependent life in the parental home to an independent life full of choices and decisions and the consequences thereof” (Van den Aardweg & Van den Aardweg 1988: 10).

Adolescence thus indicates a specific phase in the life of a human being. It is a developmental phase where physical and psychological growth occur. The adolescent is exposed to independence and needs nurturing to make responsible choices in order to live a fulfilling life.

1.12.4 DISRUPTIVE BEHAVIOURAL TENDENCIES

“For most children, antisocial behaviours appear and then decline during normal development, although children who are most aggressive maintain the same relative level over time.

From a psychological perspective, conduct problems fall along a continuous dimension of externalising behaviour, which includes a mix of impulsive, overactive, aggressive, and delinquent acts” (Mash & Wolfe 2002:133).

The American Psychiatric Association (Sue, Sue and Sue 1997:480) classifies disruptive behavioural tendencies under Oppositional Defiant Disorder.

“Oppositional Defiant Disorder (ODD) is characterised by a negativistic, argumentative, and hostile behaviour pattern. The child often loses his or her temper, argues with adults, and defies or refuses adult requests. The child may refuse to do chores and refuse to take responsibility for his or her actions. The defiant behaviour is directed primarily toward parents, teachers, and other people of authority. Anger, resentment, blaming others, and spiteful and vindictive behaviour is common. Although confrontation often occurs, it does

not involve the more serious violations of the rights of others that are involved in conduct disorders.

Disruptive behavioural tendencies indicate behaviour that deviates from the social norm of the society at large. It indicates a defiance of authority and a lack of responsibility for actions. Disruptive behavioural tendencies observable in the teaching environment are aggression and disrespect towards educators and peers, incessant talking, defiance of class rules, restlessness, impulsiveness and a general negative attitude towards school and learning.

1.13 PLANNING OF THE RESEARCH PROJECT

CHAPTER 1: ORIENTATION AND BACKGROUND

The title and main concepts were explained. The title led to the formulation of the research problem, as well as the formulation of the research aims and objectives. The research process was explained, as well as the steps used for a qualitative research.

CHAPTER 2: LITERATURE REVIEW

Applicable literature regarding movement therapy, Gestalt therapy and disruptive behavioural tendencies in adolescents and their interconnectedness were discussed.

CHAPTER 3: DATA COLLECTION, ANALYSIS AND INTERPRETATION

The relationship between the data collected and the research question was clarified.

CHAPTER 4: CONCLUSION

A general summary, conclusions, recommendations and further interpretations of the investigation were presented.

CHAPTER 2

MOVEMENT, GESTALT THERAPY AND THE ADOLESCENT

2.1 INTRODUCTION

Movement is fundamental to life and the capacity for it is universal (Payne 1992:9; Duggan 2001:152) and can be used with a large population range (Duggan 2001:152). Payne (1992:9) goes further stating that where speech is one way of communication, movement is another more direct form of communication. Tosey (1992:250) adds that movement also creates experience and meaning.

It seems as if previously used methods of maintaining the equilibrium, as far as adolescents with disruptive behavioural tendencies were concerned, failed (Payne 1999:45). According to Sutton (2002:190) the behaviour of these adolescents poses a challenge for those around them with the result that they become outcasts. According to Duggan (2001:146) and Collard (2003:12) symptoms and traits appear revealing the inner conflicts and the ego's coping mechanisms. The preventative and regulative function of movement therapy as beneficial to adolescents (Duggan 2001:146; Collard 2003:12) displaying delinquent behaviour (Payne 1999:45) is thus recommended. Their opinion is supported by Levy (1988:152) who points out that movement patterns must be seen in their complexity without preconceived ideas. Levy (1988:155) is also of

the opinion that there is a high correlation between movement styles and behaviour.

Although movement therapy is not aligned to one therapeutic approach (Stanton 1992:125; Brand 2000: 38), the researcher will deliberately distance herself from an eclectic approach, by favouring the Gestalt approach and focussing on the fundamental Gestalt therapeutic principles, as foundation for the research.

2.2 MOVEMENT THERAPY

2.2.1 THE AIM OF MOVEMENT THERAPY

Through movement the adolescent becomes aware of expressive, adaptive and communicative behaviours as manifested in his muscle tension, breathing, posture, movement dynamics and interactions. Duggan (2001:146) is of the opinion that this awareness will lead to an exploration of its significance, which will ultimately help the adolescent to develop alternative ways of coping with inner impulses and environmental demands, as well as the integration of affective, cognitive and somatic aspects of being.

Movement therapy provides a starting point through tactile and visible problem situations (Brand 2000:40). Through movement therapy the adolescent can re-discover his world (Armstrong 1996:73). Thornton (1996(b):92) and Duggan

(2001:146) see movement as a process of healing, acceptance and moving forward.

Through movement therapy, aggressive impulses, resulting in unruliness and naughtiness, may be re-directed (Payne 1992:52), decreasing the ambiguity of emotional states (Payne 1999:45). These coping mechanisms developed by adolescents with disruptive behavioural tendencies need to be replaced by more acceptable behaviour and MacDonald (1992:215), as well as Stanton (1992:9), agree that movement is the vehicle to bring about such a change.

Payne (1999:54) further indicates the following applicable aims of movement therapy: release of tension, development of sensitivity towards self and others, enhanced self-concept, fun and wellbeing. Payne (1999:54) also mentions body awareness. According to Exiner and Kelynack (1994:26) the adolescent needs to be aware of his body, which is often bound by physical perceptions.

Exiner and Kelynack (1994:24-28) are of the opinion that learning results in change, which is preceded by the unlearning of unproductive attitudes. Change should take place through choice (Exiner & Kelynack 1994:26). Adolescents should practise new behaviours and the evidence of change must be visible in body change, motions and body attitude (Exiner & Kelynack 1994:27).

The specific characteristics of movement as therapy, is a prerequisite to achieve the aims of movement in Gestalt therapeutic intervention.

2.2.2 THE CHARACTERISTICS OF MOVEMENT THERAPY

Movement is the common denominator of all human activity (Wethered 1993:13; Exiner and Kelynack 1994:14) and is a continuum (Wethred 1993:18). Hervey (2000:59) emphasises the experimental characteristic of movement therapy. He is supported by Meekums and Payne (1993:174), who describe the characteristics of movement therapy justly as: *"the way we like to think we practise it as a holistic discipline unpredictable for the most part, changeable, responsive and multi-faceted, scary but exciting"*.

We communicate about 60% of our meaning through non-verbal messages (Thompson 2003:97). Non-verbal messages include movement and stillness (Hervey 2000:84). Thompson (2003:97) also points out that non-verbal messages are usually more believable than verbal messages.

Payne (1992:54) sees movement therapy as an inward process in comparison with teaching, which is an outward process. Payne (1999:37) goes further stating that external actions thus reflect internal feelings and emotions. Penfield (1992:167) and Payne (1999:37) go a step further still, being of the opinion that movement is intimately related to the cognitive, affective and conative aspects of the adolescent's existence. The American Dance Movement Association thus justly describes the advantages of movement therapy as a psychotherapeutic process *"to further the cognitive, social and physical integration of the individual"* (Duggan 2001:146).

The body is a vehicle of expression and a rich source of information (Hervey 2000:83). Through movement therapy the client can thus engage in the process of personal integration and growth (Payne 1992:4). Movement thus provides the adolescent with the opportunity to explore himself directly in a state of flux. Duggan (2001:149) is of the opinion that this dynamic state may lead to new ways of behaving and perceiving the self and others. Moving, before talking for example, prevents the adolescent from being limited at the outset, by accustomed behaviour concerning himself and his relationships. Penfield (1992:167) also refers to the adolescent's kinaesthetic memory, indicating that the body is always present and can be active in recall and resolution.

James (1993:211), as well as Exiner and Kelynack (1994:54) are of the opinion that specific emotions must be expressed through movement, depicting the adolescent's emotional state at that moment. Payne (1992:6) is more specific and refers to a study done by Leste and Rust, who found that anxiety levels decrease through experimental movement. The cathartic nature of dance leads to the release of tension build-up by stress and the clarification of issues and emotions resulting in a feeling of well-being, improving affective states (Levy 1988:193; Payne 1992:6; Penfield 1992:167). Brand (2000:50) refers to the use of karate-like movements as an aggressive expression for release and to indicate that it is acceptable to be angry and frustrated.

Through movement the adolescent may also become more aware of (Wethered 1993:18) and gain greater control over his body parts, improve his body image, achieve controlled emotional release and become socially adept (Warren & Coaten 1993:61).

Movement, as experiment, forms an integral part of the experimental Gestalt therapy approach and is addressed in the following section.

2.3 THE MAIN PRINCIPLES OF GESTALT THERAPY FROM A MOVEMENT PERSPECTIVE

The fundamental principles of Gestalt therapy as experienced by the adolescent as a holistic being (mind-body unity) (Sills et al. 1995:8) are awareness, experience in the here-and-now, and the dialogic relationship (Sills et al.1995:8; Schoeman 1996:29; Joyce & Sills 2001:43). In this literature review, both the relationship between the therapist and the adolescent, and the relationships between the group members will be addressed.

2.3.1 MIND-BODY UNITY

The mind and body must not be seen as opposites (Exiner & Kellynack 1994:6). The body is integrated and interconnected (MacDonald 1992:202; Steiner 1992:143; Warren & Coaten 1993:66; Hervey 2000:83; Thompson

2003:121). The mind and the psyche stand for the *"invisible"* and the body for the *"visible"* aspect of the human organism (Exiner & Kelynack 1994:3). Through movement, changes on physical and cognitive, as well as affective levels, take place and come together (Meekums & Payne 1993:169; Brand 2000:36). Tosey (1992:258) refers to it as being integrated or *"the restoring of parts to the rightful owner"*.

To move is part of what it means to be fully human (Armstrong 1996:73). Brand (2000:38) and Tosey (1992:246) agree with this when they say that there exists a relationship between physical movement and psychological dynamics. In movement the client is present with all his potentialities and can never be understood in isolation (Collard 2003:10). Duggan (2001:148) refers to the mind-body relationship as being reciprocal. The body thus reflects and affects an individual's feelings of the moment, history, characteristic attitude toward life, and even cultural identity.

If an adolescent is open to a body experience without any inner resistance, movement therapy is always quicker and more effective because of its holistic approach (Collard 2003:10). The adolescent will get a sense of his body, mind and soul reintegrating (Duggan 2001:149; Collard 2003:10).

The adolescent's perception of movement therapy is closely related to how they experience it on bodily or sensory levels (Oaklander 1993:127; Warren & Coaten 1993:69; Exiner & Kelynack 1994:15) in addition to intellectual and emotional levels (James 1996:211; Thornton (a) 1996:81; Payne 1999:49).

The role of movement as a sensory integration is obvious and through the expression of dance, gross motor activities become expressive and enjoyable instead of tedious (MacDonald 1992:206). Sensory experience through the body is trusted as essential to knowing oneself (Hervey 2000:83).

Many young people make sense of their world from numerous negative life experiences (Payne 1992:52-53). Due to their mind-body unity the adolescents' behaviour is a reflection of their interaction with their environment (Payne 1992:52-53). Adolescents thus learn behaviour to cope with their environment (Steiner 1992:142). Payne (1992:50) points out that this leaves them less trusting and less open to the meaning of a particular situation. They eventually attribute only negative affective meaning, with the result that their meanings become less accessible to others, causing conflict.

Through movement the adolescent may experience the self. One aspect of this experience occurs on a body level. The therapist helps the adolescent to come in touch with blocked areas and dysfunctional breathing patterns (Duggan 2001:149). Duggan goes further saying that these distortions speak of the individual's maladaptation in dealing with inner impulses and environmental demands. The feelings that these distortions attempt to block are also examined, both in movement and verbally, and then related to other aspects of the individual's life. Tosey (1992:245) and Duggan (2001:150) are of the opinion that the mastery of impulses through movement therapy may help the individual to make some order of the chaos of his feelings.

2.3.1.1 Techniques to enhance the mind-body relationship

To enhance the mind-body relationship relaxation exercises can be implemented. In this way the focus can be moved from the internal to the external. This must be accompanied by deep breathing (Payne 1992:62; Oaklander 1993:128; Brand 2000:55; Meekums 2002:63; Thompson 2003:41). Payne (1992:62) and Exiner and Kelynack (1994:13) also suggest relaxation exercises or the discharge of energy through vigorous movement. Provoking fun and laughter also eases tension (Wethered 1993:30).

2.3.2 AWARENESS

Awareness is at the heart of the theory and practise of Gestalt therapy. In Gestalt therapy the only goal is awareness (Sills et al. 1995:22). Awareness is the full recognition of our experience. We are aware of what we are feeling, thinking and doing in the present (Perls et al. 1951:82; Sills et al. 1995:22). The present is new every moment and interaction takes on a newness and immediacy. According to Sills et al. (1995:22), awareness implies that we are in touch with ourselves and the reality of the world around us. Through being aware, qualities or aspects of ourselves, which we have lost through disuse or repression, can be reclaimed.

According to Perls et al. (1951:viii) *“awareness is characterised by contact, by sensing, by excitement and by Gestalt formation”*. Yontef (Schoeman 1996:30) elaborates and supports this statement describing awareness as *“ a form of experiencing. It is the process of being in vigilant contact with the most important event in the individual environment field with sensorimotor, emotional, cognitive and energetic support”*. The formation of complete and comprehensive *“Gestalten”* (*Gestalt = the whole*) is thus conditional for mental health and growth (Perls et al 1951:ix).

According to Perls et al. (1951:75) attending to the spontaneous self and distinguishing between your deliberate and spontaneous functioning, increase your area of awareness. Awareness is the spontaneous sensing of what arises in you – of what you are doing, feeling and planning. Even things that you are only dimly aware of can come into full awareness if attention is given to it (Perls et al. 1951:83). It is thus, as stated by Perls et al. (1951:83), in the unitary functioning of body, mind and environment, as well as through the awareness experiment that the figure/ground (foreground/background according to the adolescent’s focus of perception) emerges.

Schoeman (1996:30) describes awareness as the means by which the individual can regulate himself by choice. It is thus necessary for the therapist to do experimental exercises (looking, touching, smelling, listening, and eating) with the client to promote awareness. Awareness of himself, his interactions and sensory functions may increase the adolescent’s chances of

recovering and building a good relationship with the therapist (Schoeman 1996:29).

There are an inner (body), outer (senses) and middle (fantasies, thoughts and imaginings) level of awareness (Sills et al. 1995:23). Helping adolescents to become aware of their middle zone, with its limitations and distortions is, according to Sills et al. (op. cit.) a significant part of Gestalt therapy and may lead the adolescent to awareness of his environment and how to pick cues from it. The client can become aware of innumerable elements or may focus sharply on one. As he becomes aware of different elements he organises them into whole figures and makes meaning out of them (Sills et al. op. cit.). This cognitive awareness should lead to unaware action, followed by aware action, which will lead to a deeper awareness (Sills et al. 1995:152).

2.3.2.1 Techniques to enhance awareness

The adolescent must become aware of the present position of his body, as well as the feelings/sensations in it. This technique will help to turn the attention to the self (Perls et al. 1951:84). Perls et al. (op. cit.) also indicate ways to increase awareness through repetition, exaggeration and slow motion, as well as breathing, jumping and looking at each other whilst moving.

Brand (2000:34) emphasises awareness, excitement and involvement. The adolescent's unique perception and awareness of the situation will thus result in it becoming figure (moving to his foreground).

Movement therapists work through body movement to effect muscle and energy (Perls et al. 1951:111; Exiner and Kelynack 1994:16) awareness and change on a body level and consequently on feeling and cognitive levels as well (Duggan 2001:149). Inner awareness and the sensing of the movement itself is thus a very important facet of movement therapy (Steiner 1992:144; Exiner & Kelynack 1994:34; Collard 2003:12). The adolescent will now become aware of how he manipulates himself and his world through the manipulation of his body and the environment. He will also become aware of his resistance to self-awareness (Perls et al. 1951:116).

Various exercises related to posture and awareness can be implemented. This may lead the adolescent to experience life in a more positive way due to an upright posture (Brand 2000:57). To heighten the body-awareness Brand (2000:57) suggests that adolescents should perform a “dance” with separate limbs.

2.3.3 THE HERE-AND-NOW

The present is the focal point of awareness, contact and the creation of new solutions. According to Schoeman (1996:34) it is thus essential to know what the adolescent needs in the present moment. Gestalt therapy works from the perspective of what the adolescent can see for himself. The movement therapist responds to the adolescent’s movement behaviour at that moment, seeing it as a continuous process of unfolding the self (Duggan 2001:150).

Movement is an experience in the here-and-now (Levy 1988:185; Warren & Coaten 1993:59; Exiner & Kelynack 1994:12) and therefore, according to Brand (2000:35), exceptionally useful in the therapy with adolescents because the involvement in the here-and-now reduces their exaggerated involvement with their problems.

2.3.3.1 Techniques to enhance the experience in the here- and- now

Through movement the adolescent experiences what is missing in the here-and-now by shuttling back and forth between reality and fantasy or how he perceives the reality to be (Thompson 2003:85). Thompson (2003:43) also advocates role-reversal where the adolescent plays, for example, the role of an authority figure, the identification of feelings evoked by the movement, as well as any form of feedback based on the movement in the here-and-now.

Another technique to enhance focussing in the here-and-now is the “stamping” of feet, which may also produce a strong sense of well-being (Penfield 1992:168; Warren & Coaten 1993:63; Pearson 1996:57-58) although the sole benefit may be perceived as the discharge of aggression.

2.3.4 DIALOGUE

Dialogue is one of the most important objectives of the therapeutic relationship. According to Schoeman (1996:32) the individual must learn to

think, talk, negotiate and to experience all possible perspectives of a situation. Yontef (Schoeman 1996:32) emphasises inclusion, presence, commitment to dialogue (verbal or non-verbal) and resistance as characteristics of dialogue.

Movement therapy is action based, including verbal and vocal exchange but not dependent on a high level of verbal skills (Payne 1992:42). Movement is best used in conjunction with a verbal modality though, when working with verbal clients (Duggan 2001:152). Verbal processing helps the client to make sense of what happened in the session. Words must be used carefully because excessive verbalisation can dilute the movement experience. Not enough verbalising on the other hand may isolate the experience and prevent its application to other aspects of the adolescent's life. Talking also engages the cognitive processes and helps to integrate thought, feeling and action (Duggan 2001:151). Exiner and Kelynack (1994:59) are of the opinion that it is important to use speech as accompaniment for movement, but the client must *"stay focused in the moment"*.

2.3.4.1 Techniques to enhance dialogue during movement therapy

Verbalisation can be used in the form of providing suggestions, feedback, support, sharing and interpretation (Duggan 2001:151), as well as to conclude (Brand 2000:25).

Throughout a session and while activities are in progress, the adolescent can be stopped to determine his feelings at that moment. Through this the

adolescent may experience safety and trust and will become aware of his emotions or feelings (Lavender & Sobelman 1995:80; Brand 2000:51). Thompson (2003:36), on the other hand, mentions the use of verbal interventions ranging from simple observations through confrontation to interpretations as part of reality testing. Exiner and Kelynack (1994:58) go further recommending a comparison between movement behaviour during the session and day-to-day behaviour.

Recognition and clarification of the expressed attitudes are achieved by a reflection of what the adolescent has expressed (Exiner & Kelynack 1994:56; Payne 1999:52). Discrepancies between verbal and non-verbal communication (Exiner & Kelynack 1994:39) can also be addressed through recognition and clarification.

Noack (1992:194) points out that the adolescent sometimes gives no verbal explanations and the therapist then has to rely on the movement itself. Noack mentions drawing as the most useful technique exploring the meaning of movement after verbal exploration. An inner impulse can be put into movement. The movement can evoke an inner image, which can be expressed on a piece of paper.

Although all the techniques mentioned are applicable to both group and individual sessions, the following techniques may enhance dialogue during group sessions. A verbal introduction may give the group members an identity of their own, and the adolescents can relate their experiences of the past week

(Stanton 1992:129). The therapist may also encourage the adolescents to help each other during the session, which allows them some responsibility for the running of the session (Carter & Oldfield 2002:156). Payne (1999:51) refers to verbal counselling if the need arises.

The activity to bring the session to a close can be to involve the adolescents in a feedback regarding the session (Stanton 1992:129; Exiner & Kelynack 1994:56; Carter & Oldfield 2002:160; Thompson 2003:37). It may be reassuring for the clients to be brought together again towards the end and to remind them of important moments during the session (Carter & Oldfield 2002:161). The therapist may allow the clients to summarise, which will prevent her from doing all the talking (Stanton 1992:129) drawing from them their feelings and thoughts about the activity (Thompson 2003:37).

2.3.5 RELATIONSHIP

Gestalt theory proposes a particular form of relationship called the dialogic relationship. This is an attitude of genuinely feeling/sensing/experiencing the other person as a person (Sills et al. 1995:43). To achieve this relationship the therapist must be fully present in the here-and-now and has to listen to and understand the adolescent's thoughts, feelings and needs (Sills et al. 1995:44).

The relationship is the perspective of 'the between' where what happens is a co-creation, a "*subtle dance*" in which therapist and adolescent both

participate, influencing each other (Sills et al.1995:47). Relationship can be communicated verbally and non-verbally. This inclusive relationship can have a profound healing effect, deepen the working alliance, promote trust and validate the experience of the adolescent (Sills et al. 1995:48). The adolescent must feel free to communicate his feelings openly and the therapist must communicate her responses honestly (Sills et al. 1995:50). Trust must not only be between therapist and adolescent, but also between the members of the therapeutic group (Whethered 19932:120). In this research both are applicable and will be addressed as such.

2.3.5.1 The relationship between the therapist and the adolescent with disruptive behavioural tendencies

Movement therapy helps in the establishment of a therapeutic relationship with adolescents on their level, so that work toward higher levels of functioning can begin (Duggan 2001:148). The adolescent should recognise the therapist as a significant adult who can be idealised for a “*working alliance*” (Payne 1992:57) or a therapeutic relationship (Meekums 2002:8). The message sent out must be that the behaviour and not the adolescent is bad because adolescents with disruptive behavioural tendencies are often emotionally disturbed and feel that they are rejected because they can’t be handled (Payne 1992:60).

The creative process in psychotherapy occurs within the relationship between adolescent and therapist (Meekums 2002:14). In movement therapy the therapist is the catalyst between movement and the adolescent. She is

representative and facilitator, she assists, supports, encourages, protects, teaches and intervenes (Exiner & Kelynack 1994:67). Trust and co-operation should be built with the adolescents (Warren & Coaten 1993:81; Meekums & Payne 1993:171; Duggan 2001:146; Thompson 2003:36). James (1996:213) goes further by calling this “*unconditional positive regard*”.

The therapist needs to create a supportive environment to aid the adolescent in managing impulses through the bodily expression of emotion, which may dispel some of the pain and panic sometimes associated with feelings (Levy 1988:189; Warren & Coaten 1993:81; Duggan 2001:150; Meekums 2002:49). This space needs to be consistent (Payne 1992:64; Stanton 1992:127; Meekums 2002:6), defined (Steiner 1992:64), private (MacDonald 1992:211; Payne 1992:194; Wethered 1993:25; Sutton 2002:194; Thompson 2003:36), non-judgemental (Lavender & Sobelman 1995:81) and structured (Duggan 1995:226).

Group rules and boundaries must be clearly outlined by the therapist and she must explain clearly why limitations are being imposed (Payne 1992:53; Tosey 1992:255; Exiner & Kelynack 1994:51; Sutton 2002:191; Meekums 2002:6; Carter & Oldfield 2002:152 & 155; Thompson 2003:36). Levy (1988:216) is of the opinion that the therapist’s leadership role may be diminished if the authority is located in complex rules rather than in the personality of the therapist.

To improve the relationship the therapist must keep the individual needs and uniqueness of each adolescent in mind (Payne 1992:51; Exiner & Kelynack 1994:66; Thornton 1996:78), as well as being conscious of the needs of the group as a whole (Carter and Oldfield 2002:151). It is important that each adolescent's response should be seen as valid (Sutton 2002:191).

The therapist must be aware of the group climate (Steiner 1992:149), a general low or excited feeling in the group (Higgins 1993:143) and the moods of the adolescents (Levy 1988:145; Whethered 1993:22 & 24) in order to make quick adjustments. It must be kept in mind that adolescents with disruptive behavioural tendencies "*display their behaviour for durations and at intensities in inappropriate situations*" (Higgins 1993:143). The therapist must also be creatively alert to be aware of special moments of 'aliveness' when the individual is 'in tune' with himself (Levy 1988:154; Warren & Coaten 1993:77). The therapist must also be present when an aggressive release of energy takes place to redirect explosive energies (Whethered 1993:53).

2.3.5.1.1 Techniques to enhance the therapeutic relationship between therapist and adolescent with disruptive behavioural tendencies

The therapist influences the form and content of the movement in a therapeutic direction and she opens a path to communication on a pre-verbal level. She has to engage an adolescent in movement by showing that movement is desirable and important (Payne 1992:64). Carter and Oldfield (2002:152) find it advisable that the therapist rather demonstrates the activities

than giving lengthy verbal explanations. The therapist must be cautious though not to take the role of an instructor (Steiner 1992:148) or to “*over contain*”, although the therapist can be seen as a container (Levy 1988:217; Meekums 2002:55), pounding and directing the adolescent’s movement and exploration (Tosey 1992:254). The relationship may also be enhanced if the therapist moves with the adolescent (Penfield 1992:3; Exiner & Kelynack 1994:51; Meekums 2002:8) and maintains eye contact (James 1993:212; Carter & Oldfield 2002:155). Duggan (2001:150) on the other hand indicates that some therapists prefer to observe and to interact through words.

The Chacian technique (Duggan 2001:150-151) is used by some therapists who move with the client, mirroring to the adolescent essential, characteristic elements of movement behaviour (James 1993:212; Carter & Oldfield 2002:155). Meekums (2002:6) is of the opinion that mirroring will promote and develop the therapeutic relationship. Mirroring, according to Duggan (2001:151), establishes a connection between the therapist and the adolescent and meets the adolescent on his level by sharing the actual movement, developing an emphatic bond between therapist and adolescent. Duggan (2001:151) also states that mirroring may lead the adolescent to an increased awareness of his movement behaviour and its relation to his inner states, providing a release of energy and at times a resolution at movement level. Meekums (2002:53) states justly that mirroring the adolescent implies “*I understand you, I hear you and its okay*” and recommends mirroring as a way to clarify, elaborate or modify the movements of the adolescent.

The therapist first needs to ask the adolescent to attempt an explanation of the content and meaning of the movement statement. Only then may she help him in a further exploration and understanding through a shared dialogue (Payne 1992:14) thus encouraging the adolescent to take responsibility (Steiner 1992:144; Meekums & Payne 1993:169; Exiner & Kelynack 1994:39; Schoeman 1996:30; Payne 1999:53; Meekums 2002:18).

2.3.5.2 The relationships within the group

The research will be based on a group of eight male adolescents (paragraph 1.10.4.3). The relationships between the group members will thus be of therapeutic importance.

Group work experiences bring out problems of adjustment not possible in individual sessions. Thompson (2003:35) thus justly describes group therapy as *“an interpersonal process where members explore themselves in relation to others in an attempt to modify their attitudes and behaviour”*. The therapist must be certain though, that the group member will benefit from a group setting opposed to individual intervention (Thompson 2003:40).

The behaviour of group members, who mainly encounter problems within group settings, may best be modified in group therapy (Nichols 2002:233; Richard & Hind 2002:112; Watson & Vickers 2002:138). It can help them in their search for healthier ways of relating to others and can help to develop both the confidence and the skills for interacting with others (Stanton

1992:139; Steiner 1992:149; Brand 2000:43; Richard & Hind 2002:112). The aim of group work, according to Nichols (2002:236), is the exploration of identities of self and others and finding new ways of functioning in the safety of the group (Watson & Vickers 2002:138).

All group members are included equally (Payne 1992:43) in group work and can be observed in either a leading or following role (Carter & Oldfield 2002:153). Group members must learn to respect the opinions and feelings of other group members (Thompson 2003:40). Tyler (2002:221) points out that aggressive behaviour can disrupt a group and creates a tense atmosphere. Tyler (2002:219) is of the opinion that confrontation between group members may be used to address clinical goals such as increased verbal and movement expression of feelings, interpersonal contact, and self-awareness.

Sutton (2002:190) points out that the predictability of the structure of a therapeutic group may have a calming effect on group members who display behaviour problems and that they may conform relatively readily to their assigned tasks. Sutton (2002:194) goes further stating that through the consistent features of their environment, group members will regain the capacity to control their internal experience of chaos, relate to the world around them and distinguish themselves from it. Richard and Hind (2002:121) emphasise the importance of the regaining of control because the group member is part of his environment and cannot exist in isolation.

2.3.5.2.1 Techniques to enhance relationships within the group

Carter and Oldfield (2002:158-159) suggest the playing of games where group members are confronted to deal with “losing”. This is important to learn how to act in a group situation and not in an isolated way. Using the circle in a variety of movement techniques (Stanton 1992:130; Wethered 1993:39; Duggan 1995:226; Hervey 2000:81; Meekums 2002:5; Thompson 2003:39) re-affirms the group identity (Meekums 2002:58), enhancing a sense of belonging (Wethered 1993:38; Nicholls 2002:237). Using the theme of “saying no” on the other hand will help to prepare the group member to say ‘no’ to peers who want them to indulge in disruptive behaviour (Payne 1992:53; Payne 1999:54; Brand 2000:54; Meekums 2002:58).

Granting the group members the opportunity to choose the activity towards the end of a session, allows them to respect each other’s opinions and wishes, listen to each other and express praise as well as receiving it (Carter & Oldfield 2002:160). The handing over of leadership positions will grant every group member the opportunity to take the lead and no one will feel that the focus is on him the entire time (Levy 1988:209; James 1993:213; Warren & Coaten 1993:63; Meekums 2002:73; Tyler 2002:226).

Brand (2000:52) recommends the creating of a space where the group member may reflect the social interaction and rights of others within the space. Mirroring dominant or opposite movements in pairs is recommended by Warren and Coaten (1993:63&70) and Exiner and Kelynack (1994:57).

2.3.5.3 Transference and Counter-transference in the therapeutic relationship.

Transference (Tosey 1992:247) and counter-transference (Meekums 2002:34) are frequently mentioned in movement therapy. The therapist must be wary of co-creating a relationship of distance with the adolescent because of transference and counter-transference (Sills et al. 1995:141). The more the therapist and adolescent can engage in an “*I-Thou*” relationship (Sills et al. 1995:144; Joyce & Sills 2001: 53), in other words truly engaging with another person, the lesser the chance of transference and/or counter-transference.

2.3.5.3.1 Transference

Transference is an inevitable component of relationships and will become part of most therapeutic relationships (Sills et al. 1995:154). This occurs when an adolescent transfers fixed gestalts containing unfinished business, past relationships, expectations, memories and experiences onto the current relationship with the therapist and the present (Sills et al. 1995:145). Joyce and Sills (2001:140) point out, though, that transference is “*still part of the ‘real’ relationship and is part of a mutual influencing or co-creation*”.

Gestalt therapists work with transference in the here-and-now. Schoeman (1996:37) states that the therapist must realise that the adolescent is not in the here-and-now when such transference takes place. The therapist must, in

spite of this, not warn or forbid the adolescent to experience these feelings, but help him to take control of his own life and to deal with the issues of transference.

When transference occurs the adolescent usually has a poor self-concept, which is influenced by social factors such as the attitude of others, and is usually reflected in the individual's attitudes towards others (Payne 1992:52). Payne is also of the opinion that adolescent behaviour is a reflection of interaction between the individual and the environment. The disruptive adolescent tends to separate himself from parents and invests in friends and a peer culture. This can on the other hand be of therapeutic value, because, like most adolescents, they identify with pop music and the disco dance culture, which is helpful in enabling a movement attitude in movement therapy sessions, particularly when they are encouraged to bring their own music (Payne 1992:52).

The transferential response of the adolescent is almost always a response to some aspect of the therapist for example a gesture, the way intervention is given, expression or tone of voice (Sills et al. 1995:145). A low profile held by the therapist will yield more positive transference for adolescents with conduct disorders (Payne 1992:73). Exaggerated difficulties relating to authority figures can thus be interpreted as negative transference (Payne 1992:52).

If the adolescent is aware of the transference you can set up a meeting with the original source of transference, using role-play for example, which can be

arranged during a session. It is important, though, to understand transference and to allow and encourage the adolescent to voice all his fears (Sills et al. 1995:145).

2.3.5.3.2. Counter-transference

Counter-transference includes the full range of the therapist's responses to the client (Sills et al. 1995:104; Lavender & Sobelman 1998:81). Counter-transference might be triggered by the adolescent's transference, but it can also be the therapist's own transferring of past relationships onto the present. The therapist should thus question how realistic her response is in the here-and-now, the possible presence of her own unfinished business and her reaction to the client's transference (Sills et al. 1995:150-151).

The adolescent with disruptive behavioural tendencies, needs to be supported to make sense of his own internal chaos to reach equilibrium, which may have a positive effect on his relationships with others and his environment.

2.4 THE ADOLESCENT

2.4.1 THE ADOLESCENT IN SEARCH OF EQUILIBRIUM

Equilibrium is reached when a centre is found where there is a physical, as well as an inner balance (Steiner 1992:149). Perls (1947:7) comments that “*the organism is straining for the maintenance of an equilibrium which is continuously disturbed by its needs and regained through their gratification or elimination*”.

To be in equilibrium is very important for adolescents. In order to be accepted by his peers, the adolescent wants to be in equilibrium, more with the external than internal systems though (Schoeman 1996:33 & 35). The adolescent will ignore and repress his own needs because he is not mature enough to withstand the pressures of his peers. This creates a big obstacle for the organismic functioning. It is then the task of the therapist to determine the needs of the adolescent and to make it possible for him to meet his needs. It is important though to mention that organismic self-regulation does not ensure health (Schoeman 1996:35). Thornton (1996(a):83) is of the opinion that the adolescent should find a place in which internal and external reality can interact to form new gestalts. Meekums (2002:64) is also of the opinion that focussing on the senses is a useful way to bring people back into their bodies to achieve a mind-body unity.

2.4.1.1 Techniques to enhance equilibrium

Meekums (2002:130) refers to stillness as a starting point where the person can feel at one with the environment. Stillness is a continuum including activity and rest (Warren & Coaten 1993:74; Meekums 2002:130) where insight and inspirations occur. Stillness is also a process of becoming in balance or equilibrium (Levy 1988:187). Collard (2003:11) supports this indicating that it is important to keep your balance and inner peace to prevent anxiety and disorganisation (Collard 2003:11). It is therefore important always to return to a point of absolute balance (Warren & Coaten 1993:62; Wethered 1993:19).

Rhythmic activities on the other hand may produce internal harmony and self-synchrony (MacDonald 1992:207; Tosey 1992:253; Exiner & Kelynack 1994:63; Duggan 2001:149; Meekums 2002:59). The body tends to synchronise internal rhythms, such as heartbeat and respiration with motor activity and outside rhythms. Thornton (1996(b):89) recommends the change of rhythm which may lead to personal growth and behaviour change.

2.4.2 THE ADOLESCENT IN SEARCH OF A SELF-ESTEEM

Movement allows adolescents to gain in self-confidence and self-management by learning about their bodies, their minds and their place in the world (Warren & Coaten 1993:77). The influence of the body image is considerable as it can also provide a basis for the development of the ego (Exiner & Kelynack 1994:6; Duggan 2001:148; Collard 2003:13). What we think of ourselves is

based on what others think of our outer appearance and adolescents need to feel that they have some control over the image they present to others (MacDonald 1992:206; Wethered 1993:119).

The major focus of movement therapy, according to Duggan (2001:149), is thus to deepen the adolescent's ability to experience the self. One aspect of this experiencing occurs on body level. The therapist helps the adolescent to get in touch with blocked areas. Through movement it is determined whether they work for or against the adolescent. New adaptive behaviours are identified and supported until they are integrated and available to the individual in everyday life.

Movement activities are enjoyable and involve the total adolescent. The movement helps him to focus, to sustain attention and to control impulsive behaviour (Duggan 2001:149). This impulsive behaviour can also manifest itself in constant restlessness resulting in inattentiveness in class (Payne 1992:41). Payne (1992:41) goes further saying that the adolescent's behaviour demonstrates either that he has satisfied his inner drive by outwardly fighting to establish a self-concept, or he confuses it with his inner world.

A lack of self-support or self-concept can lead to a lack of self-boundaries (Sills et al. 1995:90). Brand (2002:36) describes this as an inferiority complex, which in turn jeopardises a realistic self-attitude. Movement therapy aims to build self-confidence, define personal boundaries, to be assertive or intimate without losing sense of self and to express the self authentically (Thompson

2003:122). If adolescents have a positive self-esteem, they will find it easier to say 'no' (Payne 1992:53; Payne 1999:54; Meekums 2002:58).

Meekums (2002:33) points out that a growing sense of self does not exist in isolation, but in relationship. Movement therapy is action-based, involving verbal and vocal exchange between the therapist and the adolescent. Movement therapy involves the adolescent in a creative relationship building experience with the aim of defining the self (Payne 1992:45). Payne (1992:41) also points out that adolescents with disruptive behavioural tendencies are in need of a reliable relationship with an adult, for example a therapist or an educator.

Adolescents with disruptive behavioural tendencies benefit from movement therapy on several levels (Duggan 2001: 149). The tactile and kinesthetic stimulation derived through movement activities aid in strengthening the body image and integrating sensory input from other modalities. Payne (1992:45) is of the opinion though that too much structure, such as imposed exercises, can produce automatic behaviour rather than help the adolescent towards equilibrium.

Adolescents with disruptive behavioural tendencies need movement therapy to aid body integration and awareness, strengthen a realistic sense of body image, which will in turn help to control their impulsive, random behaviour (Steiner 1992:147). The sense of self can thus be clarified, extended and

defined (Warren & Coaten 1993:76). The following techniques can be incorporated in movement therapy to enhance the adolescent's self-esteem.

2.4.2.1 Techniques to enhance self-esteem

Where games and other techniques are involved it is important that the adolescent feels he is succeeding (Warren & Coaten 1993:60; Watling 1993:29). To enhance the self-esteem of the adolescent the positive aspects of his behaviour must be emphasised (Carter & Oldfield 2002:152).

Solo time for each adolescent within a therapeutic group may help to develop his confidence, listening skills, sharing of attention and taking turns. This, according to Stanton (1992:137), may help to build the adolescent's ego and his belief in his capacity to relate to others. It will prevent fear of exclusion if they take turns to observe each other (Payne 1992:62). Payne (1992:62) indicates that adolescents are exhibitionists craving admiration and attention on the one hand and on the other hand they crave anonymity and de-individuation in a group.

Sharing leadership positions during the therapy sessions will enhance the adolescent's feeling of being accepted and will increase his self confidence and self-esteem (James 1993:213; Brand 2000:62). Self-confidence must not be associated with clowning around though. Tyler (2002:225) indicates that adolescents clown around to hide their lack of self-confidence. Payne (1992:52) goes further by stating that the repetition of disruptive behaviour is

an “*acting out of unconscious conflicts symptomatic of a serious impediment to maturation*” (Payne 1992:52).

2.4.3 THE ADOLESCENT AND THE ACCEPTANCE OF RESPONSIBILITY

As soon as an adolescent can take responsibility for himself, he can overcome his own obstacles and problems (Schoeman 1996:36). Adolescents often, unfortunately, want to blame others for their failures. Schoeman (1996:36) emphasises though that the therapist must refrain from being an answer source to the adolescent. It is sometimes important to show the adolescent that he is talking without taking responsibility for what he says.

Schoeman (1996:36) also points out that an adolescent must take responsibility for his own self-hood. Through this he gets permission to feel and to be. Opportunities must thus exist for adolescents to develop their inner resources and in the process, experience the power of their potential. It is true, though, that responsibility cannot be taught, it can only be learned through experience. Schoeman (1996:36) justifiably says: “*If a child has permission to be himself, he can be free to experience*”. This correlates with Payne’s (1992:46) opinion that movement, which includes dancing, serves to reinforce positive behaviour. Words alone may fail, but through specific movement techniques the adolescent’s sense of self-responsibility may be enhanced.

2.4.3.1 Techniques to enhance self-responsibility

Adolescents can be involved in choices and decisions regarding activities where possible (Carter & Oldfield 2002:152), which may assist them in making the right choices and may enhance their sense of responsibility (Duggan 2001:230; Carter & Oldfield 2002:160).

To enhance self-discipline, adolescents can be asked to close their eyes and remain seated. This will give the therapist the opportunity to observe whether they are able to do so (Carter & Oldfield 2002:158). Also relating to an awareness of external and internal locus of control is Warren and Coaten's (1993:66) suggestion of puppet and puppeteer activities.

Payne (1999:45) views the use of dramatic activities as a way to help structure the session and access images of the adolescent's inner life. This, as well as pantomiming (Thompson 2003:32), is a form of self-expression. Wethered (1993:77) points out that the polishing of an act is worthwhile because it brings a sense of order, gives the need for perseverance, discrimination and repetition. Role-play and role-reversal (Levy 1988:192) may lead to the acceptance of responsibility instead of blaming others.

2.4.4 FACTORS PREVENTING THE ADOLESCENT FROM ACHIEVING EQUILIBRIUM

The following obstacles in the adolescent's way to reach equilibrium, as well as possible movement techniques to rectify the situation will be discussed: confluence, resistance, impasse, the denial of polarities and unfinished business.

2.4.4.1 Confluence

The confluent adolescent is not aware of the separateness between him and another person. He is thus not in touch with his own individuality (Sills et al. 1995:68). Confluence is a very real concept where peer pressure is concerned. The confluent adolescent will see not only a similarity between himself and the therapist (Schoeman 1996:31) but also between himself and his peers. This can be dangerous because it means that the adolescent cannot form a self-image, he clings to his lack of awareness, cannot play a personal role and his creativity is repressed. He becomes helpless, in a trance, without a will and without functioning of the ego mode. The result is that the adolescent does not take responsibility for his own decisions (Schoeman 1996:31).

2.4.4.1.1 Techniques to overcome confluence

The therapist starts with the adolescent's patterns of movement from where they begin and then adding, altering, modifying and extending movement sequences gradually (Levy 1988:154). The adolescent must thus be confronted with an obstacle, representing a set back, requiring either psychological energy, or psychological and physical energy (Payne 1992:52; Brand 2000:61) to initiate growth. The use of sound can help adolescents to flow more naturally into movement improvisation (Wethered 1993:66; James 1996:214). Adolescents can bring their own accompaniment, taped, vocal or percussion (Payne 1992:63; Warren & Coaten 1993:60; Exiner & Kelynack 1994:61; Thornton (b) 1996:92).

2.4.4.2 Resistance

Adolescents who cannot access self-realisation, display resistance and aggression (Payne 1992:53). Resistance is behaviour forestalling the appearance of an unwelcome impulse (Payne 1992:58). This may threaten everyday functioning and the integration of internal and external stimuli. Adolescents are resistant as a means of survival and self-protection (Exiner & Kelynack 1994:25). By showing love and acceptance, patience and consistency within a warm therapeutic relationship the adolescent's trust can be won (Matsemela and Van der Merwe 1996:167).

There may be a sense of competition, regression or inhibition when working with groups in movement therapy. Memories of childhood failures or movement at school may be expressed in resistance through remarks like: *“This is stupid / I can’t dance / You can’t make me into a dancer”* (Payne 1992:14). There seems to be a general resistance to painful feelings, in all groups, expressed through boredom and absence (Payne 1992:57). Payne (1992:56) points out that this is particularly so for adolescents who fear influences that may render them helpless and ashamed. Adolescents fear the loss of control, which leads to the resistance to invest emotionally in the therapist (Payne 1992:56).

2.4.4.2.1 Techniques to overcome resistance

The therapist must be wary of the possibility of resistance. Levy (1988:154) suggests that the therapist goes into confluence with the adolescent, winning his trust indicating in this way that he need not fear the loss of control. The initial contact with the adolescent with disruptive behavioural tendencies may be characterised by defensiveness, suspicion and mistrust. Schoeman (1996:167) is thus of the opinion that a positive response can be achieved through treating the adolescent with respect. Through showing unconditional love and acceptance, patience and consistency within the therapeutic relationship the adolescent may come to trust the therapist.

2.4.4.3 Impasse

Sometimes the adolescent will find it difficult to move forward and will stay in the impasse (Sills et al. 1995:134). This is due to a block caused by fear or a sense of danger in his life. Wethered (1993:47) points out that “*a dawning awareness of emotions that had to be repressed*” may cause an impasse in movement. This is the place of the most potential growth and change, though (Joyce & Sills 2001:134). The therapist may find such an impasse challenging and therefore attention needs to be given to techniques to overcome the impasse.

2.4.4.3.1 Techniques to overcome the impasse

Because the impasse is the point of most potential growth (Joyce & Sills 2001:134) the therapist must encourage the adolescent to stay with the discomfort or feeling of being stuck, letting the energy build and staying with the process. The therapist needs to allow the painful confusion to continue without looking for an easy avoidance (Sills et al. 1995:134). If natural closure to unfinished business can not be reached, more directive work may be necessary. If it occurs that there is one particular behaviour, emotion or expression that seems to be most frustrated, the goal is to find a way to help it surface (Sills et al. 1995:134).

2.4.4.4 Unfinished business

Unfinished business refers to situations in the past, especially traumatic or difficult ones, which have not achieved satisfactory resolution or closure for the adolescent (Sills et al.1995:130; Schoeman 1996:37). If a need is not met, often due to introjects (Perls et al. 1951:78; Sills et al. 1995:60; Joyce & Sills 2001: 125) or beliefs, closure is prevented. This original need, which has not been satisfied (Schoeman 1996:37) is then pressed out of awareness, and rationalised by a belief such as *"I do not need to be loved"*. The adolescent's energy is then channeled elsewhere, leading to a fixed gestalt or premature closure that does not satisfy. The alternative is a sense of discomfort and frustration, which may leave the client with a feeling of discomfort and symptoms that seem unconnected or mysterious. The task of therapy, according to Sills et al. (1995:130), is to find the support, emotional expression or closure that will allow the person to move on.

2.4.4.4.1 Techniques leading to closure

Movement techniques, which may lead to closure are 'winning and losing' games (Carter & Oldfield 2001:158-159), the expression of aggression (Brand 2000:50) and other emotions (James 1993:211), drama and role-play/role-reversal (Levy 1988:192; Wethered 1993:38; Exiner & Kelynack 1994:54; Meekums 2002:74), as well as free movement (Thonton (b) 1996:87). Payne (1992:75) and Collard (2003:10) suggest the use of applicable themes and Thompson (2003:42) recommends fantasy where the adolescent encounters

another person's image in a mirror and saying to him/her what he wanted to say for a long time.

2.4.4.5 The denial of polarities

According to Polster and Polster (Sills et al.1995:136) each individual is a never ending sequence of polarities. Tosey (1992:243) sees polarities as a simple reflection of the psyche. When an individual recognises one aspect of himself, the opposite quality is also present (Sills et al. 1995:136; Schoeman 1996:35). Every aspect of an adolescent is thus one side of a duality (Sills et al. 1995:136; Schoeman 1996:35), which pervades our understanding and behaviour as well as our emotions. This opposite quality stays in the background until it has gathered enough force to move to the foreground. If this force is supported, integration can develop. Some polarities are clear and obvious, while others are more subtle. Perls (Sills et al. 1995:136) identify the polarity as "*topdog*" (I should) and its opposite as "*underdog*" (I want). This view is supported by Joyce and Sills (2001:103), as well as Schoeman (1996:170).

Although adolescents function in terms of opposites, Schoeman (1996:35) states that they often feel confusion about that which they experience and cannot understand, for example how they can experience hatred and respect for a person at the same time.

Healthy functioning is the ability to move along the continuum of any polarity, according to the situation (Sills et al. 1995:137; Hervey 2000:75). All parts of the continuum are necessary. The Gestalt perspective is that it is an unhealthy process to split off parts of yourself which seem too difficult to manage or integrate. This split-off part can be projected onto someone else or it can be pushed out of awareness, thus ignoring that quality. Although this usually happens cognitively or emotionally, it can also manifest itself in restricted or over-expressive body-energy.

Warren and Coaten (1993:78) are of the opinion that movement works in polarities. Wethered (1993:112) mentions tension and release as a successful way of achieving relaxation through polarities. Exiner and Kelynack (1994:41), on the other hand, warn against overlooking the graduations in between polarities.

2.4.4.5.1 Techniques to enhance the flexible movement along the polarity continuum

Through the conscious change of direction through the therapeutic space behavioural change can be initiated (Brand 2000:54). Contrasting movements may lead to the practising and awareness of various behavioural possibilities and the practising of calm involvement (Wethered 1993:38; Brand 2000:58-59). Meekums (2002:60) is of the opinion that internal controls can be enhanced through the “*stop and go*” polarity.

Adolescents can also try out opposite movements to that which they have just enacted (Penfield 1992:195; Steiner 1992:144) or play a game where they do exactly the opposite of what you ask them (Watling 1993:31). If they can work in one polarity it means that the opposite quality must be latent (Thonton 1996:89). Payne (1999:54) therefore refers to themes such as choice/no choice, control/no control; controlled/controller, resistance/motivation, power and leadership.

Another consideration will be the contrast and balance of one activity with another. An activity, which involves free movement around the therapeutic space may follow an activity, which involved intense concentration. Adolescents can “let off steam” in this way and their interest can be maintained (Carter and Oldfield 2002:155).

2.4.5 ASSIMILATION AND ACHIEVING EQUILIBRIUM

Through movement therapy, the adolescent is exposed to new ways of perceiving his relationships, environment and the way in which he behaves towards others and in his environment. Assimilation is the making sense and integration of these new experiences as part of whom he is. After assimilation of these new experiences it can be applied in different situations (Sills et al. 1995:143).

The organism grows by assimilating from the environment what it needs to grow (Perls et al. 1951:viii). Perls et al. (op. cit.) states that “*only by thorough*

assimilation can heterogeneous substances be unified into a new Whole". This is facilitated by contact. The aftermath of this contact is growth. Where the contact is being incorporated and the irrelevant part is practically disregarded assimilation is taking place (Perls et al. 1951:421). This is a constant process though and if the adolescent's original need has been met, he returns to the appraisal stage to form a new plan. In this way the adolescent constantly responds with awareness to inner and outer stimuli, which leads to the achievement of equilibrium (Sills et al. 1995:51).

2.5 SUMMARY

Movement in Gestalt therapy approaches the adolescent as an unique holistic being in the here-and-now. Through the dialogic relationship with both the therapist and the other members of the therapeutic group, the adolescent may become more aware of his internal functions, his relationships, as well as his environment. This awareness may ultimately lead to the adolescent reaching equilibrium, which may lessen his disruptive behavioural tendencies.

An overview of the relevant literature regarding movement therapy and applicable techniques is presented from a Gestalt perspective. Movement enhances spontaneous reactions in new situations and the adolescent's unique experience of the reality and the therapeutic intervention is not restricted to only verbal communication.

There are numerous movement techniques known and due to the experimental nature of the Gestalt approach, the possibilities are endless. In Chapter 3 the application of some of these techniques and their influence on adolescents with disruptive behavioural tendencies is presented.

CHAPTER 3

EMPIRICAL STUDY

3.1 INTRODUCTION

The increasing disruptive behavioural tendencies displayed by some male adolescents in Grade 9 compelled this research. Over and above the physical and accompanying emotional changes experienced during this developmental phase, new dimensions to life can, according to Erikson (Van den Aardweg & Van den Aardweg 1988:16), cause a myriad of behaviours. Adolescents displaying disruptive behavioural tendencies in the classroom are at present punished, instead of being exposed to therapeutic intervention, addressing the problem at its core.

The aim of the research in other words *“the end towards which the efforts or ambition is directed”* (Fouchè 2002(a):107) was the behavioural improvement of Grade 9 male adolescents through movement in Gestalt therapeutic intervention. Movement in Gestalt therapeutic intervention thus applied, and through exploration, the researcher gained insight into the situation, which will then be described to present a picture of the specific details of the situation (Fouchè 2002(a):109). This is a means to determine how and to what extent movement in Gestalt therapeutic intervention may affect disruptive behavioural tendencies in Grade 9 male adolescents.

The researcher applied a qualitative research approach (Fouchè 2002(a):105-106). A case study involving a group (Fouchè & Delpont 2002(b):275), in this research a group of eight Grade 9 male adolescents, was used to strategise the qualitative research (Fouchè & Delpont 2002(b):274), which was an exploration and description of a system bounded by both time and place (Fouchè & Delpont 2002(b):274). This intrinsic case study focussed on the aim of gaining a better understanding, as well as a description of the cases through detailed, in-depth data collection. The data collection involved semi-structured interviews (Brink 1996:158), the study of documents (Greeff 2002:322) and observation (Brink 1996:150).

Subsequently the results of the research will be sub-divided into six sections:

- The background of the research subjects
- The initial interviews with the research subjects, their parents and their educators.
- The progression of the therapeutic sessions
- The incidents of disruptive behavioural tendencies while the research was in progress
- The final interviews with the research subjects and their educators

3.2 RESEARCH SUBJECTS

The names of the research subjects (from here on referred to as adolescents) are fictitious. The adolescents were selected according to their display of

disruptive behavioural tendencies in the formal classroom environment. The following criteria (paragraph 1.10.4.3) served to identify the participants.

- Shouting out
- Leaving seats without permission
- Aggression towards peers
- Aggression towards educators
- Throwing objects around
- Defiance
- Disrespect
- Restlessness
- The adolescent's behaviour must comply with at least six of the above criteria.
- The adolescent must have been in Wordsworth High School for at least sixteen months.

The adolescents were all in Grade 9 and at the commencement of the research their ages were as follows:

Abe	15 years 4 months
Herb	15 years 8 months
Karl	14 years 2 months
Kevin	15 years 3 months
Matt	14 years 6 months
Neville	15 years 4 months
Paul	16 years 1 month

Roy 15 years 5 months

Due to the researcher's position as principal of the school, she had access to the background information (Annexure 7), as well as the academic achievements (Annexure 8) of the adolescents.

All the adolescents came from middle class families. *Paul's* parents were divorced and he stayed with his mother. *Roy's* and *Neville's* parents were separated. *Roy* stayed with his father and *Neville* with his mother. Although *Matt's* parents were married, his mother resided and worked in another province, returning home only on some weekends. *Kevin, Matt* and *Paul* were the youngest children in the family and *Roy* was the middle child. The other four were first-born children.

Due to the fact that these adolescents came from different primary schools with different record keeping systems, it was difficult to conclude that they all showed disruptive behavioural tendencies at an early age. *Abe, Kevin, Matt, Paul* and *Roy* did however show disruptive behavioural tendencies in primary school but *Karl* was described as a pleasant child. Although all the adolescents were exposed to punishment in high school it did not have the desired effect. Although the parents of all the adolescents showed considerable interest in their children's progress and adaptation in primary school, they only attended meetings at high school level when requested to do so because of their children's transgressions.

It is the researcher's opinion that the marital status of *Paul, Roy, Neville* and *Matt's* parents might have had a negative effect on their behaviour. The apathy of the parents on high school level also posed a problem. The parents are of the opinion that adolescents are old enough to fend for themselves, while the opposite is in fact true, due to them being in a developmental phase, which may result, according to Erikson (Van den Aardweg & Van den Aardweg 1988: 12), either in their achieving an identity leading to responsible choices or to diffusion.

3.3 INITIAL INTERVIEWS

The research was preceded by interviews, either individually or in a group context, with all parties concerned. Each adolescent along with his parent, was interviewed separately (Greeff 202:305) to obtain each one's permission to involve him in the research process and to clarify (Greeff 202:295) the aim and process of the research. The subject educators were also interviewed as a group. Each one had to collect data (Greeff 2002: 306) on the behaviour of the adolescents.

The adolescents were interviewed on an individual basis (Greeff 2002:296) to obtain their own perception (Greeff 202:302) of the research, eliminating the possibility of the research subjects influencing one another. The grade tutor was interviewed individually, because of his involvement in the collation of information and discipline of the Grade 9 males.

3.3.1 INTERVIEWS WITH PARENTS AND ADOLESCENTS

Confidential interviews were scheduled with each research subject and his parent. The aim of each interview was to clarify (Greeff 2002:295) the research process and movement in Gestalt as a therapeutic intervention. The interview schedule (Greeff 2002:302), for the interviews, is attached as Annexure 9.

The following documentation was completed and signed by all parties concerned:

- Parental consent that adolescent could be part of the research programme (Annexure 2)
- Learner consent to be part of the research programme (Annexure 3)
- Commitment to confidentiality regarding peers who are part of the research programme (Annexure 5)
- A commitment to confidentiality declaration by the researcher regarding the research programme (Annexure 6)

In all eight instances only the fathers attended the interviews, although both parents were invited for the initial interview. The parents were extremely positive regarding the research process in general and the involvement of their children in particular. The parents were of the opinion that the therapeutic intervention may result in the improvement of their children's behaviour, as well as their academic results. *Neville's* father did refer to his having been on

Ritalin previously. The adolescents did not contribute to the interview and their input was limited to one-word answers and short sentences.

3.3.2 INTERVIEWS WITH ADOLESCENTS

The initial interviews with the adolescents were done on an individual basis (Greeff 2002:296). The interviews were semi-structured (Brink 1996:158; Greeff 2002:302) to gain a detailed picture of their perceptions of the research and their behaviour in general. They were apprehensive, but did admit to their disruptive behavioural tendencies and gave examples. The reactions of the adolescents were as follows:

Abe indicated that he was talkative and stood up in class to go and talk to his friends. When the educator shouted at him, he would be quiet for a while and would then start talking again.

Herb indicated that he was talkative and that he stood around in class instead of sitting down.

Karl indicated that the suggestion of therapy shocked and scared him. He had never been in trouble before.

Kevin talked to his friends. He shouted out in class and when the educators reprimanded him, he acted innocently.

Matt talked and shouted out in class.

Neville was playful and aggravated educators. He spoke and walked around without permission and, depending on the educator, he would be cheeky.

Paul back-chatted educators, was disruptive, ignored all the rules, jumped up in class, talked and walked around.

Roy was talkative and disruptive.

With the exception of *Karl*, who indicated his fear of the unknown and thus his resistance forestalling something unwelcome (Payne 1992:58), all the adolescents were aware of their disruptive behavioural tendencies. This awareness was an indication that the adolescents were in touch with this aspect of themselves (Sills et al. 1995:22), which was conditional for growth (Perls et al. 1951:ix).

3.3.3 INTERVIEW WITH GRADE TUTOR

Both the parents and adolescents were aware that their grade tutor recommended them for the research and that he would be involved in obtaining information regarding their classroom behaviour. They were also aware that he would serve as an observer (Brink 1996:150) of their behaviour for the duration of the research. The parents, as well as the adolescents consented to the above. Mr Conrad provided the following information regarding the adolescents:

Abe used to be on Ritalin.

Herb was reported on a regular basis for disruptive behaviour.

Karl was difficult with no motivation. His behaviour had deteriorated over the past year.

Kevin was underhanded, made noises in the class and was friends with the disruptive adolescents.

Matt became increasingly cocky, was overconfident, did not get on with his work, had a bad attitude when reprimanded, walked around in the class and instigated the other adolescents to be disruptive.

Neville was arrogant when reprimanded.

Paul had been sent more than any other adolescent to Mr Conrad due to his disruptive behaviour in class.

Roy was easily influenced.

It thus seemed as if the disruptive behavioural tendencies of the eight adolescents suggested for the research programme, did answer to the criteria (paragraph 1.10.4.3), which served to identify the research subjects.

3.3.4 INTERVIEW WITH EDUCATORS

The research programme was introduced to specific educators. Both parents and adolescents were aware that specific educators would be involved in the research programme as observers to collect data on their behaviour (Brink 1996:150). The necessity of confidentiality was explained to the educators as well as the fact that these adolescents would be out of class for part of some periods. All the educators signed the declaration of confidentiality regarding the research programme (Annexure 4). The behavioural report (Annexure 10) and the criteria were explained to them. These reports, which are part of a case study (Strydom 2002(d):285), had to be completed by the educators to monitor the regularity (Strydom 2002(d):285) of the occurrence of specific behavioural tendencies. These reports would provide the researcher with a

holistic view of the adolescents' progress. The researcher also explained to the educators that repeating the observation on a participant's behaviour was one of the most important ways in which changes in the behaviour could be evaluated or success determined (Strydom 2002(d):285).

3.4 PROGRESSION OF THE THERAPEUTIC SESSIONS

The eight adolescents were exposed to thirteen therapeutic sessions ranging between sixty and ninety minutes duration each. The sessions were spread over a period of three months including the three-week mid-year break, when no therapy took place.

Each session started with a general discussion of the adolescents' feelings and their experiences since the previous session (Stanton 1992:129). Although the sessions had no specific structure, due to the experimental nature of movement in Gestalt therapeutic intervention (Hervey 2000:59), the sessions all involved the implementation of one or more movement techniques resulting in further discussions and feedback by the adolescents. The aim hereof was to help them make sense of what happened during the session (Duggan 2001:152).

3.4.1 SESSION 1

The purpose of this session was to establish mutual trust and co-operation (Meekums & Payne 1993:171; Warren & Coaten 1993:81; Duggan 2001:146;

Thompson 2003:36), as well as building a relationship (Duggan 2001:148) so that work toward higher levels of functioning could begin. The session took the form of an in-depth group interview (Strydom 2002(d):285).

The adolescents were asked about their feelings regarding the research. They indicated that they were *“ready”*, *“wondering when it was going to start”*, *“excited”*, *“nervous”*, *“scared at first but now relaxed”*, *“I thought you were going to get rid of us”*, *“fine”* *“okay – I am not sure how I feel”*.

Matt indicated that he was glad that the research had started. He was glad to get out of class, because some of the periods were boring. *Neville* indicated that some classes were boring because they had to sit still and listen. Although they were allowed to put up their hands, by the time the educator got to him, he had forgotten the question he wanted to ask. *Neville* and *Matt* both indicated that they would rather indicate to their peers that they came to the researcher because they were in trouble, than to tell them they were coming for research. *Matt* told his friends the following: *“I am getting expelled”*. The other six adolescents agreed that they would rather it be known that they were coming to see the researcher because of a negative reason.

Herb indicated that he was nervous. I explained that I was quite nervous about the research myself. *Neville’s* reaction to this was: *“Your nervousness makes me feel better. You will understand better.”*

During this session mixed feelings were apparent. Although they were apprehensive about the research and the accompanying therapy they were anxious to start either out of inquisitiveness or the possibility of getting out of class because they find it boring and difficult to sit still. It is a matter of concern that they would rather be called to the principal's office for being in trouble than for therapeutic research. This may be due to the stigma attached to therapy or based on the preservation of the image they have amongst their friends, or both.

3.4.2 SESSION 2

The aim of this session was to relate movement to inner feelings and to become aware of every part of the body as the visible (Exiner & Kellynack 1994:3) part of the whole. Instead of a verbal introduction, the adolescents were allowed to play freely on the gymnasium equipment. The trampette and the thick gymnasium mattresses were the favourites and the free play gave the adolescents the chance to get rid of pent-up energy and emotions (James 1993:211) whilst warming up (Payne 1999:54) and striving for balance (Warren & Coaten 1993:72). This gave the researcher the opportunity to observe the adolescents' degree of self-control (Duggan 2001:230), sense of balance, as well as the relationships (Thompson 2003:35) within the group. The adolescents were taken up with the gymnasium equipment and enjoyed the physical activity accompanied by boisterous laughter and general noise. The adolescents all carried on playing on the equipment except for *Karl* who stopped after a while and moved to the periphery. During the feedback

regarding the free play the adolescents indicated their feelings in the here-and-now (Lavender & Sobleman 1995:80; Brand 2000:51) as follows:

Karl: Tired. I can't say anything about my emotions.

Neville: I feel relaxed. I am out of shape and so are the others. We are not tough.

Abe: I am jumping for joy. We are not active enough. We want PT (Physical Training).

Matt: Nice. It is a stress reliever.

Herb: I am excited. I enjoyed the activity.

Paul: I am exhausted and relaxed.

Roy: I feel normal. I do no exercises. I am feeling good.

The adolescents participated in the dancing (Duggan 2001:235), which followed with varying enthusiasm according to their involvement in dancing as a form of leisure. The dancing was done to *Fast Lane Jive* from Richard Loring's *African Footprint*. The researcher went into confluence (Schoeman 1996:31) with the adolescents joining in the dance. The adolescents performed this movement technique in a life-giving and healing circle re-affirming group identity (Meekums 2002:58). The adolescents mostly experienced elated feelings after the dancing and described their feelings as *happy, anxious, madness, joyful, ecstatic* and *normal*.

The physical activities were followed by a group discussion regarding control. The researcher asked who of the adolescents felt that they were in control of their lives. Six out of the eight adolescents answered in the affirmative. *Abe*

indicated that he had no control over his drinking of beer and *Karl* referred to the noise in his house and neighbourhood, which interfered with his studies.

The session was concluded with relaxation accompanied by deep breathing (Payne 1992:62; Brand 2000:54; Meekums 2002:63; Thompson 2003:41). The relaxation was done to Vivaldi's *Spring* from *The Four Seasons* to determine each adolescent's degree of self-control (Carter & Oldfield 2002:158) and to calm them before returning to class.

The adolescents, with the exception of Karl, were physically active and extroverted. They responded well to music and classical music had a calming effect on them. It seemed, though, that they had an abundance of unfocused energy. Abe's substance abuse may be another reflection of his tendency to disregard rules.

3.4.3 SESSION 3

The aim of this session was to lead the adolescents to awareness (Sills et al. 1995:22) of the mind-body unity (Exiner & Kelynack 1994:3) through feelings experienced in the here-and-now (Schoeman 1996:34). Through the opposites of the movements originally evoked by their feelings the researcher aimed to create an awareness that there were opposites or polarities (Wethered 1993:111; Brand 2000:58-59; Meekums 2002:85) to their behaviour in class.

Relaxation was done to *Winter* from Vivaldi's *The Four Seasons*. The feelings indicated by the adolescents after the relaxation and grounding exercise were: "calm", "relaxed", "tired", "flex". The adolescents had to portray their indicated feelings through movements followed by the direct opposite of the movements (Annexure 11).

After listening to the house music, *Solar House* by Cloud 9 from the compact disc *Glen Lewis meets D.J. Budda*, brought by *Matt* each adolescent received an opportunity to demonstrate his feelings evoked by the music as well as the polarity while the others were watching. Payne (1992:63), Warren & Coaten (1993:60), Exiner & Kelynack (1994:61) and Thornton (1996(b):92) are thus justly of the opinion that adolescents should bring music of their own choice to movement therapy sessions. The first feeling indicates the original feeling evoked by the music and the second one the polarity: *crazy – relaxed; excited – down; calm/serious – ecstatic/happy; happy/excited – tired*. *Abe* laughed indicating that only *Herb, Karl and Neville* were dancers. *Kevin* also said that he lost interest in the dance. *Neville* said that he could and wanted to dance. He did not feel like dancing though because everybody else was sitting down. It was embarrassing to dance alone. After spending some time on the feelings evoked by the music, the adolescents were asked to share the thoughts they had while watching the individual dancers (Annexure 11).

The researcher questioned the adolescents on the appropriateness of talking in church. The rest of the session was spend comparing talking in church (all these adolescents attend church regularly), talking in the hall during

performances and talking in class. *Karl* was the only one who identified the similarity between talking in church and talking in class. They mentioned the unpopular girl in their class whom they blamed for everything that happened and how they made fun of her because of her pronunciation of English.

It was clear that peer culture played an important role amongst the adolescents and that dancing and music were integral parts of most of their lives (Payne 1999:46). It also seemed as if they tended to blame unpopular peers instead of taking responsibility. An interesting observation was their religious involvement and the regularity with which they attended church services.

3.4.4 SESSION 4

The intention was to start the session with dancing to house music brought by one of the adolescents. The music centre was not in working order though, and chaos followed. *Matt* and *Karl* tried in vain to get the music centre to work. The adolescents, except for *Kevin*, were very disappointed because of the lack of music. *Abe* showed the greatest disappointment indicating his disappointment in an exaggerated point out of 10 namely 20/10.

The adolescents were asked to work on a theme about authority and power (Payne 1992:73) portraying a real class situation through movement and dialogue. Working with the theme, *Abe* was to be the educator first while the other seven adolescents portrayed themselves. The vote on which educator to

portray progressed calmly. *Paul* was the first to start disrupting the class by arguing with the educator. All the adolescents acted out the class situation with enthusiasm (Annexure 12). *Abe* indicated that it was both “*stressful*” and “*nice*” to have been the educator. He would have been “*embarrassed*” though if he was really the educator being mocked by the adolescents. *Paul* spent the entire period underneath his chair as punishment for being disruptive. *Paul* indicated that he had to spend every period in that particular class underneath his chair mainly because of his uncontrolled and very loud laughing. While in the class the adolescents started to make a drowning base sound with their vocal cords. The rest of the session dealt with the adolescents calling Mr Davel “Doefsie” (fictitious name), various kinds of punishment being dealt out, blaming of others, the inconsistent discipline approach of some educators, as well as the adolescents’ frustrations (Annexure 12).

It seemed as if the ineffective forms of punishment and the lack of discipline in some of the classes frustrated the adolescents. The inconsistent classroom management of educators like Mr Davel, led to insecurity (Van den Aardweg & Van den Aardweg 1988:225) and frustration. It was also clear that the unassertiveness of the educator led to the adolescents’ disrespect of him and their accompanying disruptive behaviour. The fact that the educators did not recognise improved behaviour caused the adolescents to give up and to revert back to their disruptive behavioural tendencies. The unassertive disposition of educators caused the adolescents to overstep the boundaries of familiarity (Van den Aardweg & Van den Aardweg 1988:228). The repetition of the request to come for therapy on a daily basis was an indication that the adolescents

wanted to escape from the structured classroom environment to relax through “*fun and laughter*” (Wethered 1993:30).

3.4.5 SESSION 5

On the researcher’s arrival in the gymnasium the adolescents were already playing on the equipment. The trampette and the gym mattresses were again the favourites. *Matt* and *Abe* helped to get the chairs in a circle. *Paul* came to sit down but stood up after a while. It was easier to get them into the circle than during previous sessions. *Abe* indicated that he took “*concentration pills*” (herbal) after breakfast and that “*it makes him feel down*”. It is the first time this year that he had taken them. It did not have the same effect on him during the previous year. *Karl*, who indicated his apprehension during the first session, now indicated that he was getting used to the therapy sessions. The researcher asked them whether they felt that their behaviour in the class was improving. *Matt* experienced it as boring not to talk in class. *Paul* still talked in class but nobody wanted to join in. *Karl* experienced it as abnormal not to talk in class. *Roy* and *Matt* still talked in class.

In the quest to help the adolescents to realise their own feelings, as well as the polarity of those latent feelings (Thornton 1996:89) or lack of it, they were requested to draw first angry and then happy lines and to move accordingly (Thompson 2003:89). After drawing the angry lines the adolescents acted it out through the use of arms, legs and voice, through *hitting a pillow, swearing, shouting, wrestling, refusal, playing violent TV games, being cheeky, kicking*

and pushing objects over. After the drawing of the happy lines, the adolescents indicated *happiness, skipping, stretching, relaxation and lying down*. *Kevin* indicated that he was still angry, though, because his friend had stolen his compact disc. The adolescents were asked to convey their feelings after both these movement techniques (Annexure 13).

The adolescents were in touch with their anger and frustrations and understood the use of polarities (Wethered 1993:111; Meekums 2002:25) well. It was of great concern, though, that they were more absorbed in the acting out of their anger and frustrations. It seemed as if they found authority figures, educators and parents alike, frustrating. The relationships with their parents were not in all instances commendable and the relationships between some of the parents created tension, which washed over to the school environment. It was clear, though, that most of them were able to differentiate between right and wrong although they did not implement it at school level. The maturity level of these adolescents was questionable, because of their preference to play and their spiteful reactions towards their educators and parents. Except for limited involvement in sport (only *Herb* was really actively involved in sport) too much time was spent playing television and computer games of a violent nature.

3.4.6 SESSION 6

Upon entering the therapeutic space one adolescent was asked to go and fetch Bobo, the punch bag, from the boardroom in the office block. Four

adolescents started running out. After asking them to return, only *Abe* returned. *Paul, Roy* and *Matt* left. It was agreed with the group who stayed behind, to ignore the three on their return (Thompson 2003:64). The aim of this technique was to make the adolescents aware of their own as well as others' feelings if ignored. With the session already in progress the three returned and positioned themselves in the circle.

As time passed the excluded three became physically restless and uncomfortable.

I (to Paul, Matt and Roy): What does it feel like not to be asked to participate?

Paul: Ignored.

Roy: Ignored.

Matt: Rejected and jealous.

I: Who experiences a similar feeling?

Karl: The educators.

Neville: Educators should not have emotional commitments to children then they won't feel hurt if they misbehave or don't do their homework. If they love them they will get hurt.

Kevin: The educators think good of them, they then do something bad and the educator is disappointed.

I: What do educators do when they feel ignored?

Matt: Shout and shout

Herb: They shout "Paul shut up!"

Matt: They bang chairs and shout: "Paul shut up!"

During the mirroring technique (Penfield 1992:170; Exiner & Kellynack 1994:51; Meekums 2002:8), which followed, *Paul* was first mirrored by the researcher and then by *Abe*. The adolescents then successfully mirrored each other becoming aware of small distracting or disrupting movements (James 1993:212; Carter & Oldfield 2002:155). The adolescents had to relate their feelings experienced during the mirroring process. Mutual positive feelings were experienced. These positive feelings had to be acted out. The opposite of the movement, as well as the feeling that complimented the movement, followed (Annexure 14).

Some of the adolescents showed a general lack of obedience. The adolescents who remained after *Paul*, *Roy* and *Matt* left the group were cooperative, did not fool around and the therapeutic session could start immediately. It thus seemed as if the disruptive tendencies and lack of self-control of some of the group members did have an unsettling effect on the rest of the group. These adolescents would benefit more from individual therapy than therapy in a group setting (Thompson 2003:40).

It also seemed as if the adolescents did not always function as a mind-body unity (Exiner & Kellynack 1994:3) and feelings and actions were not integrated. The adolescents were more in touch with their physical than their emotional self, which would prevent movement or behavioural changes on physical, cognitive and affective levels (Meekums & Payne 1993:169; Brand 2000:36) to take place.

3.4.7 SESSION 7

This session was aimed to lead the adolescents to be more sensitive towards others (Payne 199:54) through awareness of body language and facial expression as means of communication. The researcher felt the need to evaluate the adolescents' level of self-control as a prerequisite for social acceptance (Van den Aardweg & Van den Aardweg 1988:206) after six therapeutic sessions.

The actual painting (Noack 1992:194) of the communal painting depicting peace, quiet and stillness without using verbal communication, started off creatively. The adolescents were relatively calm during the first 15 minutes of the exercise. Thereafter the noise and verbal interaction increased and the behaviour deteriorated. After a while *Roy* started to paint over the other adolescents' pictures. *Kevin* joined him and although *Matt*, *Paul*, *Herb* and *Karl* were at first stunned by the destruction they soon joined the other two. *Abe* went to sit in his chair and looked unimpressed. *Abe* was quiet throughout the whole exercise while the rest of the group talked and tried to quieten each other down. *Neville* drew a frame around his flower vase to try and protect it. He called it the peace section. In the end he coloured it in hoping to prevent the others from invading his picture. He did not succeed. A short verbal report-back, indicating their awareness of the destruction they caused, followed. The session was terminated and a follow-up session was scheduled to discuss the events of the session.

The adolescents lacked the ability to communicate with each other non-verbally. They were so involved in talking that they were insensitive to cues from others and their environment (Payne 1999:51). The researcher specifically used the term “talking” because very little communication took place. The adolescents were self-centred, which disabled their communication skills. They lacked self-control as well as respect for others’ feelings and in this case paintings. The adolescents tended to incite each other, resulting in the group losing control. Although they were swept up in the hysteria of the moment, indicating a lack of self-boundaries (Sills et al. 1995:90), they were in the end aware and disgusted by the mess they had caused. This left the researcher with the impression that these adolescents were very impulsive and that there were limited physical, cognitive and affective integration. It is also of note that the adolescents used the words “*shit*” and “*fuck*” without hesitation after the researcher told them during session six that they may feel free to say anything they want to, including the word “*fuck*” in the therapeutic space. This was a clear indication that these adolescents, who were not in touch with their own individuality, needed very clear restricting boundaries in the classroom situation to prevent disruptive behaviour.

3.4.8 SESSION 8

The session started in retrospect, with a general discussion as introduction (Carter & Oldfield 2002:56; Taylor 2002:225) of the disastrous previous session and how it related to their behaviour in class. It seemed as if revenge played a role in the destruction of each other’s artwork.

The second attempt to complete the painting depicting peace, quiet and stillness successfully, was preceded by relaxation through stretching and relaxing various parts of the body (Stanton 1992:129), as well as breathing exercises (Payne 1992:62; Brand 2000: 55; Meekums 2002:63; Thompson 2003:41). To create a supportive ambience the relaxation, as well as the painting, was done with Mozart's violin concertos playing in the background. The use of the music also served as holding framework for the group activity (Steiner 1992:157; Wethered 1993:38 & 129; Exiner & Kellynack 1994:61). The adolescents found it difficult to be completely quiet in the beginning of the relaxation techniques as well as during the painting itself. After the completion of the painting, the equipment was packed away without incident. A general discussion about their feelings concerning their attempt followed. This discussion flowed into them telling the researcher how they behaved in some classes (Annexure 15).

Again the issue of anger emerged and was identified by the adolescents as such. Although they were in touch with their anger it seemed as if they were not in touch with their other emotions. Revenge, related to anger, played a role in the destruction of each others' section of the painting. Similar behaviour patterns were evident when they deliberately tried to out-shout educators who shouted at them. Blanket punishment (punishing the whole group instead of only the transgressors) added to their frustrations in the classroom. Their frustrations were aggravated by their preceding reputations and they gave up on positive classroom behaviour after trying only once or twice. This also

indicated a lack of perseverance on the side of the adolescents. A cause for concern was some educators' threatening of the adolescents with the research observation. The adolescents therefore lost their trust in the educators, once again leading to disruptive behavioural tendencies.

The adolescents found it difficult to keep quiet and focus on the task at hand. They had a great need to express themselves verbally through out this session as well as during the preceding sessions. It was the opinion of the researcher that these adolescents needed to work within specific time frames, which will serve as a container for their unfocused energy. A lack of maturity caused the adolescents to laugh at each other in a derogatory manner at the least provocation.

3.4.9 SESSION 9

The aim of this session was to work with the dramatisation (Levy 1988:192; Wethered 1993:38&57) of a theme (Payne 1992:56; Stanton 1992:132; Wethered 1993:35; James 1996:210; Tyler 2002:220) based on feelings evoked by *Fast Lane Jive* from Richard Loring's *African Footprint*. This technique was aimed at establishing the group interaction (Stanton 1992:132) and to increase the group cohesiveness (Watson & Vickers 2002:136).

The adolescents were divided into two groups without a choice of membership. There were no complaints about this. After each performance the members of the group who watched had to give advice. All the

adolescents participated enthusiastically without any arguments during the preparation and performance of the plays.

Group1 (*Herb, Neville, Kevin, Roy*) acted out a street scene with a tourist who could not understand any of the South African Languages. After a while the realisation dawned upon them that music is a form of communication understood by all people and they all started to dance to the music of "*Fast Lane Jive*".

Group 2 (*Matt, Paul, Abe, Karl*) acted out a party scene on a farmer's land. There was quite a bit of drinking. The farmer tried to get rid of them to no avail. After a while the farmer joined in the party and they all moved to another venue.

The theme chosen by Group 1 indicated that the adolescents could facilitate responses in communication and were aware of self, regarding others and the environment (Payne 1999:51). The theme and dramatisation by Group 2 expressed the adolescents' pre-occupation (Tyler 2002:220) with drinking and partying and their disregard for another person's personal space and their tendency to form a pressure group resulting in the minority abdicating. It seemed as if there had been growth regarding their ability to work together harmoniously without the noise and invasion of each other's space experienced in sessions seven and eight. *Matt, Paul, Abe* and *Karl* still lacked self-boundaries (Sills et al. 1995:90) related to a lack of self-support or self-concept, however.

3.4.10 Session 10

The adolescents arrived at the therapeutic space all walking in one line in a peculiar lopsided fashion. According to *Roy* the group was imitating the way in which one of his friends walked. Although this was not his best friend, he declined to join in the “walking”. The adolescents were rowdy and their energy had to be focused. They felt the need to give a lot of verbal feedback. A general discussion of the exam they had written just before therapy, followed. Seven of the group members made it clear that they did not like *Neville* writing with them, because he is in another homeroom class. *Matt* had hit *Neville* with a coin during the exam session, which led to a disruptive situation whilst the exam was in progress.

It was clear that, due to pent-up energy, we were getting nowhere regarding therapy. The researcher took the adolescents to the field where they could spend the first five minutes indulging in free movement (Brand 2000:59). After about two minutes they had enough of their own entertainment and we started with balancing exercises to prevent disorganisation (Collard 2003:11) attempting a state of equilibrium (Steiner 1992:149). No physical balancing problems were noticed.

Back in the therapeutic space *Neville* was asked to explain in two sentences what had happened in the class. He had been eating at that moment, but denied it when the researcher asked him if it had been the case. There was

general agreement that the rest of the group also denied talking in class although they were guilty.

Neville tried to explain what had happened, but it was very confusing. The group involved in the class situation (*Neville, Matt, Herb*) had to act out the scene. *Abe* asked to play the part of the educator. After the scene the next group (*Roy, Karl, Paul, Kevin*) had to act out the scene changing it into a situation conducive to writing exams. They found it impossible to do so. They kept on being annoying just in a more controlled fashion. It was explained to them again and this time they succeeded in doing the opposite. A third scene was started where an imaginary positive situation had to be acted out. This was achieved although they indicated that they found it difficult to do so.

The adolescents found it difficult to prioritise and to treat the exam with the seriousness it deserved. Some of them wanted to turn everything into a joke and it seemed to the researcher that this fooling around might be related to their weak academic coping skills (Annexure 8). The adolescents continuously failed to pass all their subjects and just achieved the minimum requirements to be promoted at the end of Grade 8. During this session the disrespect towards peers, as well as educators was once again evident, which might be a result of a low self-concept, which is the focal point of relationships (Van den Aardweg & Van den Aardweg 1988:84). Once again the lack of responsibility (Schoeman 1996:36) was observed when the rest of the group blamed *Neville* and the educator on invigilation for their disruptive behaviour during the exam session. Although the adolescents were aware that they did not take

responsibility for their behaviour, they were in an impasse (Sills et al. 1995:134) either unwilling or unable to change their behaviour. The adolescents admitted that they found it difficult to act out acceptable behaviour, which made it seem improbable that they would behave well in a class of thirty-eight other adolescents. The adolescents thus still seemed unable to focus their abundance of energy. The fact that *Roy* had never joined in the mockery made of his friend indicated a sense of loyalty, which was commendable though.

3.4.11 SESSION 11

The theme for this session was derived from the work done in session 10 (Payne 1992:57). The researcher indicated to the adolescents their constant blaming of some of their educators without being aware of the feelings they provoked in the educators. Through role-reversal (Levy 1988: 192) the adolescents had to portray their educators complaining about their disruptive behaviour to the school principal. The aim of this technique was to lead the adolescents to an awareness of their disregard for authority, sensitising them to the feelings of others (Payne 1999:51) and to accept responsibility for their actions (Schoeman 1996:36). Themes about authority and power are, according to Payne (1992:73), necessary for adolescents labelled delinquent. This theme expressed on a body-level might lead to kinaesthetic awareness providing important cues for a radical change in the adolescents' behaviour (Collard 2003:10). The following complaints were lodged: *The adolescents are naughty and disruptive, they make funny noises and laugh at me, they are*

slow and stupid, they can't keep quiet, Paul never stops laughing, they do not want to listen, Paul has lost his mind.

After a brief discussion of their successful execution of the role-reversal theme the adolescents had to identify an educator they respected and gave a motivation for their respect towards that particular educator. This was induced by the adolescents' remarks during the introduction indicating how they laughed and made fun of some of their educators. The aim was thus to create awareness that just as the educators may not ignore their humanness they should be aware of the humanness of their educators and treat them accordingly (Van den Aardweg & Van den Aardweg 1988:228). The adolescents were also made aware of the difference between fear and respect because too often fear of harsh discipline was applied as a controlling measure annulling the qualities of personal warmth and understanding (Van den Aardweg & Van den Aardweg 1988:64). The adolescents indicated educators who were *calm, wise, do not threaten idly, do not shout and are soft spoken although assertive* as worthy of respect.

The adolescents were again aware of their disruptive behavioural tendencies in class. It also seemed as if *Paul's* behaviour incited the other adolescents. The aggressive approach, idle threats and inconsistent classroom management of some educators led to the adolescents' undesirable behaviour. It seemed as if these excitable adolescents might respond better when educators were calm and soft spoken although assertive (Van den Aardweg & Van den Aardweg 1988:227).

3.4.12 Session 12

It seemed as if the adolescents were getting bored with movement in Gestalt therapy and due to limited time for the research the researcher decided to go into a termination phase. The aim of the session was thus a verbal assessment of the therapy process to date (Duggan 2001:152), as well as an assessment through polarities in movement (Brand 2000:58-59). The assessment of the therapy process led to breathing to enhance relaxation (Payne 1992:62; Brand 2000:55; Meekums 2002:63; Thompson 2003:141), which they might apply in challenging classroom situations. During this session the researcher relied on the movement itself (Noack 1992:194) to determine the adolescents' perception of their classroom behaviour at that present moment (Schoeman 1996:34) (Annexure 16).

This was followed by relaxation and breathing. The adolescents had to concentrate on the sounds around them thus focussing on the external (Brand 2000:55). They all found it easier to relax when they had to listen to the sounds around them except for *Paul* who found it very difficult to relax. He suppressed his laughter the whole time without disturbing the others. Towards the end of the session *Paul* pinched *Roy* though. Nevertheless the group was very calm at the end of the relaxation exercise.

The last few minutes of the session were spent doing single movements opposite to their present classroom behaviour. The opposites were:

Neville – moved around in his chair

Kevin, Matt and Karl – moved aimlessly around

Herb – sat still

Roy – sat still and wrote

Paul – sat still trying to convey a message through body language

Abe – stood up

It seemed as if some adolescents still tended to first deny their disruptive behavioural tendencies indicating an impasse (Sills et al. 1995:134) before eventually accepting responsibility. The adolescents tended to talk on behalf of others using “we” instead of “I” thus circumventing self-responsibility. Hand in hand with this was their tendency to blame the disruptions in class on *Paul* instead of admitting their own disruptive behaviour. An improvement in the behaviour of *Neville, Kevin, Herb, Matt, Karl* and *Abe* was apparent although *Herb* was less aware of this than the other five. *Paul* and *Roy* were aware that their behaviour was still not acceptable. Where *Paul* showed a slight improvement *Roy’s* behaviour seemed to be deteriorating.

3.3.13 SESSION 13

The adolescents got the opportunity to play freely (Duggan 1995:230) on the gymnasium equipment without the researcher’s intervention. The aim was to give the adolescents the opportunity to discharge their energy through vigorous movement (Exiner & Kellynack 1996:3). This also allowed the researcher the opportunity to observe the adolescents’ ability to react on the

non-verbal cue (Payne 1999:51) that she was waiting for them to calm down so that the session may progress.

Abe and *Neville* stood waiting while the others were playing on the equipment. After about eight minutes *Neville* joined a group kicking a ball. *Paul* told the group that it was enough and time to calm down. *Matt* came to sit down. *Roy* sat down, but jumped up immediately saying “*one more*”. *Abe* was lying down. *Paul*, *Neville* and *Karl* played with a ball in a controlled way. *Roy* sat down. They were all puzzled by the sudden freedom. Ten minutes into the session they were all seated. It took another three minutes to calm them down. They were completely unfocussed. *Abe* and *Neville* were the only ones who read the situation although they were not quite sure how to react.

Every adolescent received a chance to decide on a different movement technique, assuming a leadership position, and the other group members had to follow him (James 1993:213; Meekums 2002:73). The closer it got to break the simpler the exercises became. *Neville* chose a series of exercises to test various physical skills of the adolescents. Only *Abe* and *Herb* kept up with him. The rest lost either interest or control after they had been on the balancing beam. *Paul* chose to laugh in his normal hysterical fashion.

It seemed from the outset that the adolescents lacked self-boundaries (Sills et al. 1995:90). The researcher was aware of the excitable mood of the adolescents (Steiner 1992:144; Higgins 1992:143) when they entered the therapeutic space, as well as them losing interest when it became apparent

that they might lose a few minutes of their formal break. The latter confirmed the suspicion of the researcher that the adolescents' eagerness to come for therapy and their wish to increase contact time was to get out of class. It seemed as if the adolescents, excluding *Neville*, *Herb*, and *Abe* were very unfocussed and could not concentrate on or follow a complex series of movements. The adolescents did not indicate that they regret the termination of group therapy. It was thus the researcher's opinion that the adolescents did reach satiation.

Although mixed feelings were apparent during the first session, the adolescents soon came to enjoy the therapeutic intervention. The adolescents enjoyed the physical activities, as well as the relaxation techniques, which helped them to get rid of both their pent-up energy and their tension. Dancing and music played an important role during the therapy sessions, forming a link with their peer culture. Throughout the sessions it was apparent that the ineffective forms of punishment, as well as the poor classroom management of some educators contributed to their frustration. Although they did not prioritise effectively, lacked self-responsibility and had an abundance of unfocussed energy, the adolescents were aware of their disruptive behavioural tendencies. The adolescents were in touch with, especially, their negative emotions and valued verbal communication above any other form of communication.

3.5 INCIDENCE OF DISRUPTIVE BEHAVIOURAL TENDENCIES

The educators teaching the adolescents had to indicate the incidences of disruptive behavioural tendencies of each individual according to set criteria (Annexure 9) completed on a continual basis. After both sessions four and eight the researcher assessed the completed reports. The adolescents were involved as individuals (Fouchè 2002:275) in a multiple case study (Fouchè 2002:275) and histograms (De Vos, Fouchè & Venter: 2002:232) indicating the frequency of disruptive behavioural tendencies of each individual as well as the group will be presented.

Histograms indicating individual progress

Figure 1: *Abe's* progress over eight therapeutic sessions according to the educators' progress reports.

Figure 2: *Herb's* progress over eight therapeutic sessions according to the educators' progress reports.

Figure 3: *Karl's* progress over eight therapeutic sessions according to the educators' progress reports.

Figure 4: *Kevin's* progress over eight therapeutic sessions according to the educators' progress reports.

Figure 5: *Matt's* progress over eight therapeutic sessions according to the educators' progress reports.

Figure 6: *Neville's* progress over eight therapeutic sessions according to the educators' progress reports.

Figure 7: *Paul's* progress over eight therapeutic sessions according to the educators' progress reports.

Figure 8: *Roy's* progress over eight therapeutic sessions according to the educators' progress reports.

It seemed as if *Abe, Herb, Karl, Matt* and *Paul* benefited most from the therapeutic intervention after eight therapeutic sessions, while it had a negative influence on the behaviour of both *Kevin, Neville* and *Roy*.

After eight therapeutic sessions *Abe's* behaviour showed a vast improvement in all the criteria categories, excluding the throwing around of objects. The latter showed no change. Although *Herb's* aggressive behaviour towards his peers stayed unchanged, and he was more inclined to be aggressive towards educators, the educators reported a considerable improvement in the rest of his behaviour. *Karl* was still shouting out in class and showed defiance, but there was a noticeable decline in his disruptive behavioural tendencies and in some instances it disappeared completely. *Matt* displayed no signs of

aggression towards his peers, although he was aggressive towards educators. His restlessness and talkativeness improved vastly and there was a noticeable decline in his tendency to shout out and to leave his seat in class. Although *Paul* was still just as talkative, a change, although not big, was observed in all the other criteria categories.

There was a decline in *Kevin's* restlessness and talkativeness, but a growing tendency to shout out in class and showing disrespect was observed. After eight therapeutic sessions *Kevin* became aggressive towards his peers and threw objects around. No change was apparent in his leaving his seat without permission, his aggression towards educators and his defiance. *Neville* became more aggressive towards both his peers and educators. He also became more defiant, disrespectful, restless and talkative. *Neville* still left his seat without permission, but shouted out less. Although *Roy* shouted out less, was less aggressive towards peers and showed a slight improvement regarding being talkative, he was still just as aggressive, as well as defiant towards his educators. He was also more restless and left his seat more often without permission.

Histogram indicating group progress

Figure 9: The group's progress over eight therapeutic sessions according to the educators' progress reports.

There is a clear indication that the therapeutic intervention did lead to a significant improvement, regarding all the criteria categories, excluding throwing objects around, of the adolescents' behaviour as a group. The ideal behaviour might only be achieved through prolonged therapeutic intervention though.

3.6 FINAL INTERVIEWS

To conclude the empirical study, individual semi-structured interviews (Greeff 2002:303) were conducted with both the educators and adolescents after

thirteen therapy sessions. The aim of the interviews was to collect data (Greeff 2002:285) from the adolescents and the educators regarding their experience of the therapy while it was in progress, as well as their perceptions of the influence of the therapeutic intervention on the disruptive behavioural tendencies of the adolescents.

3.6.1 ADOLESCENTS

Individual semi-structured interviews (Greeff 2002:303) seeking clarification (Payne 1999:52; Exiner & Kelynack 1994:56) regarding certain issues that came up during therapy were conducted. The same issues were not always discussed with the adolescents to prevent them from influencing each other. The adolescents also had to indicate their feelings regarding the therapy in general and their preferred movement technique. (Annexure 17)

Abe

Abe was of the opinion that he could now look at his own and other adolescents' behaviour from a different perspective. He related his frustration when his peers just walked over his good intentions. He made it clear that his making of sounds in the class in the past was to irritate the educator because he knew it irritated him/her. He found the breathing and relaxation techniques (Payne 1992:62; Brand 2000:55; Meekums 2002:63; Thompson 2003:41) most beneficial and used it in a class situation when Mr Conrad asked him to take control of a class.

Herb

Herb found the therapy sessions enjoyable. He liked swinging on the ropes in the gymnasium discharging his energy through vigorous movement (Payne 1992:62), as well as the introductory movement technique where they had to close their eyes and move around (Thornton 1996(b):87; Brand 2000:59) giving them the opportunity to live freely. Acting out a scene (Levy 1988:192; Wethered 1993:38 & 57; Exiner & Kelynack 1994:54) to the music of "Fast Lane Jive" was also one of his favourites. *Herb* felt that there was a considerable difference between the old and the new *Herb*. In the past he used to talk and walk around in the class, but now he sits down. He was of the opinion that he would be able to keep this behaviour up. On the question why they preferred to let the other learners think they come to the researcher for punishment he answered that it stopped their questions. The reason for his participation in the noise in class seemed to be his attempt to get the rest to keep quiet and in so doing he made such a noise that he also got into trouble.

Karl

Karl did not possess a high level of verbal skills (Payne 1992:42) and found it difficult to express himself. He felt that he did change though. He blamed the noise in the class on the fact that the adolescents were bored in class (Van den Aardweg & Van den Aardweg 1988:34). He explained that he stayed on the periphery when they were playing on the gymnasium equipment because he was not hyperactive. He preferred the breathing techniques. *Paul, Matt* and *Roy* made the noise in class according to him. When the researcher pointed out that they also made the noise in therapy he said that they were so used to

doing it. He pointed out that Miss Hammer commended him and *Roy* on their behaviour.

Kevin

Kevin described the therapy as “*sometimes okay*”. He did not like it when the therapy went five minutes into break, but he was quite happy to lose up to ninety minutes of teaching time also due to therapy. On the question of whether their progress would have been quicker if they had to come for therapy during break he indicated that it was possible. The therapy helped him in the sense that he did not talk and shout to his friends in class any longer. He also indicated that they would rather say they come to the researcher for punishment because girls, in his opinion, like bad boys. *Kevin* liked the dancing best although he never participated with enthusiasm. Payne(199:44), Duggan (2001:146), Meekums (2002:5) and Thompson (2003:72) thus justly state that adolescents like to dance and that it should be incorporated due to its therapeutic value. *Kevin* indicated that he is not disruptive in the group, but as an individual. It did not bother him if others made a noise, he just carried on with his own work. He liked the free choice of movement (Carter & Oldfield 2002:160) during the last session, but he did not like the idea that it was the last one and that they would no longer work together as a group.

Matt

Matt felt that the therapy was to his benefit. He was of the opinion that telling his peers that he was coming to the researcher for research therapy would cause them to call him crazy. A further explanation would not have helped

because "*children of my age do not understand*" they would still joke and tease. They did laugh a lot in class because some things were funny and on the other hand they laughed just for the sake of laughing or when peers made mistakes. *Matt* found the breathing technique (Payne 1992:62; Brand 2000:55; Meekums 2002:63; Thompson 2003:41) the nicest and the most relaxing. He found it stressful in class when the educator tried to explain something important and the rest of the class did not want to keep quiet. He found all the sessions enjoyable and regretted that it was coming to an end. He liked the idea of knowing that on certain days they could come for therapy. It was enjoyable and relieved the stress (Wethered 1993:30; Exiner & Kelynack 1994:13).

Neville

Neville enjoyed the therapy except when *Matt* and *Paul* started to overdo things. He saw it as their normal behaviour and not just an act during therapy. *Neville* told his peers that he was coming for therapy. They called him mad and laughed. He then just laughed with them and they all thought it was a joke and left it at that. He also felt that the rest of the group wanted it to be known that they come to me for a bad reason because "*the bad gets more attention than the good*". The therapy helped him because when his educators told him that they were keeping record of his behaviour he started to behave immediately. He indicated that it only made an impression when their parents were called in due to their disruptive behavioural tendencies. If he did not misbehave with the rest of the adolescents he felt left out. He did not see it as peer pressure though (Van den Aardweg & Van den Aardweg 1988:167), but

as a personal choice to either behave or not. *Neville* was of the opinion that 65% of their misbehaviour in class could be attributed to the educators and their classroom management. He indicated that he learned not to overstep the boundaries of familiarity. He also requested classroom management training for Mr Davel.

Paul

Paul found the therapy did help him. Mr Conrad, the grade tutor, indicated to his mother that his behaviour had improved. To be naughty did not make him feel good. According to him, some people were only looking for attention and he was one of those. His laughing was one way of getting attention although he realised its disruptive nature. Paul referred to his friends outside of school and his involvement in a gang in primary school. Although *Paul* indicated that he enjoyed the breathing exercises most of all and implemented them in class, but he still often lost control. The only academic frustration he experienced was in Human and Social Sciences because he could not cope with the writing of the essays in History. He liked the idea that they were called the Grade 9 Top 8 because their peers thought they were going to receive Top 8 badges. He has never been awarded for anything in his life and the idea of being called something important made him feel “cool”.

Roy

Although *Roy* found the sessions nice and a little helpful, some days it was boring because he did not see the point of it. He did not enjoy the dancing around and the moving with his eyes closed (Thonton 1996(b):87; Brand

2000:59). He had started to change when he had been given the negative tutor letter the previous week. He realised that the decision to change lay with him. He was of the opinion that punishments made his behaviour worse and that he would hate the person who punished him forever if the punishment was unfair. He mumbled under his breath in class just as he did during therapy. Although he indicated that he liked the breathing techniques he did not use them in class. He talked to his friends if he needed to calm down. He indicated his academic coping-skills as average and that he found Mathematics very difficult.

The adolescents were aware of their classroom behaviour and its improvement. They were unanimous in declaring their enjoyment of the therapeutic intervention and indicated that they were going to miss it although they did not show any resentment during the last group session.

It did seem as if the adolescents experienced a lot of tension either due to being in trouble so often or because they cannot cope academically (Van den Aardweg & Van den Aardweg 1988:64). The fact that the majority of the adolescents indicated that breathing, one of the last techniques, was their favourite technique might be an indication of their need to relax to reach equilibrium. Other favoured techniques were the free play on the gymnasium equipment, which served as a way to release their tension (Exiner & Kelynack 1994:13) and the role-play (Levy 1988:192; Wethered 1993:57).

For various reasons the adolescents explained to their peers that they went to the researcher, in this case also the school principal, for punishment. It is possible that their peers accepted them because of their anti-social behaviour (Van den Aardweg & Van den Aardweg 1988:167) and therefore lived up to their reputations. The adolescents also feared becoming the laughing stock of their peers because they needed therapy. It seemed as if the adolescents were trapped in the familiarity of their disruptive behavioural tendencies in class as well as during therapeutic sessions thus being in an impasse (Sills et al. 1995:134). In the researcher's opinion it will take some time for these adolescents to learn new more adaptive behaviour, this is supported by Steiner (1992:142). Although much improved, prioritising was a matter for concern therefore the adolescents' willingness to lose teaching time but not break time. Although some of the adolescents found the noise levels in class disturbing, they did admit to going in confluence with their peers (Schoeman 1996: 31) and in so doing contributed to the noise. They also belittled their peers when they made mistakes. Only one adolescent mentioned the classroom management of an educator as a reason for their disruptive behaviour.

Boredom (Van den Aardweg & Van den Aardweg 1988:34) either in class or with the therapy was also mentioned. *Roy* who mentioned his boredom with the therapy found it difficult to concentrate and therefore participate during the first therapeutic sessions. His concentration and participation increased towards the end though. A lack of attention due to restrictions put on physical activities (Van den Aardweg & Van den Aardweg 1988:25) might lead to

disruptive behaviour in the classroom. An adolescent with disruptive behavioural tendencies could be assured of instant attention, while the opposite did not apply. It seemed as if parental involvement might have a positive effect on classroom behaviour whether in the form of a parent-educator conference or a letter being sent home.

3.6.1 SUBJECT EDUCATORS

During the final semi-structured interviews (Greeff 2002:303) with the adolescents' subject educators the following three questions were posed as foundation for the interview:

- Express your general feelings and impressions of the therapeutic intervention.
- Relate your impression of the effect of the therapeutic intervention on each adolescent individually.
- Give your opinion regarding movement as a therapeutic intervention substituting punishment.

The researcher did not give a verbatim but a summarised account of the interviews (Annexure 18). The names of the educators are fictitious. Five educators indicated a reasonable change for the better of the group as such, one indicated a deterioration in behaviour, two indicated no apparent change and one a slight change for the better. Although one educator immediately indicated that there was no change in the behaviour of the group she changed her opinion after her feedback regarding each adolescent individually. It is thus

important not to generalise. It is clear that the adolescents reacted differently to different educators and once again the uniqueness of the adolescents as well as the educators must be acknowledged. This might lead to a dialogic relationship (Sills et al. 1995:43) as experienced between *Abe* and *Mrs Green*.

It seemed as if the therapeutic intervention contributed to a decline in disruptive behavioural tendencies of six of the adolescents, one adolescent's behaviour deteriorated and one's behaviour did not change at all. The researcher is of the opinion that adolescents who do not display severe disruptive behavioural tendencies should not be referred for therapeutic intervention due to the adverse effect it might have on their behaviour. An adolescent who displayed severe disruptive behavioural tendencies should receive individual therapy to address the underlying problems because those adolescents who are the most disruptive are the most distressed (Tyler 2002:218). An adolescent with severe disruptive behavioural tendencies might also disrupt the therapeutic group to such an extent that it might interfere with the harmony (Tyler 2002:22) of the group.

It is clear, though, that there is a place and need for movement as a therapeutic intervention. Except for one educator who was of the opinion that the therapy had an adverse effect, the other educators were of the opinion that there is a place and need for therapeutic intervention of some kind in the schools. It should not interfere with the normal academic programme to the disadvantage of the adolescents, however. Therapeutic intervention in small groups might be the solution for adolescents with disruptive behavioural

tendencies in need of attention and a more positive approach, which is almost impossible in large classes (Tyler 2002:216). One educator felt that therapy should be combined with other methods. Although she could not elaborate on the “other methods” the researcher suspects that she had conventional forms of punishment in mind. The researcher is of the opinion that discipline, the system by which order is maintained through rules, regulations, norms and values (Van den Aardweg & Van den Aardweg 1988:187), combined with therapy might be the solution. It is important that adolescents with disruptive behavioural tendencies do not perceive therapy as silent permission to transgress. Discipline, which is closely related to punishment (Van den Aardweg & Van den Aardweg op. cit.), must be uplifting though otherwise it will undo the work done in therapy.

3.6.2 GRADE TUTOR

Mr Conrad had to respond to the same questions as the subject educators (paragraph 3.6.2) during a semi-structured interview (Greeff 2002:303). Although Mr Conrad felt that some learners did need special attention, one must be careful of them not becoming a problem because of the special attention. One of their friends saw this group and he felt that he was almost missing out and also wanted to be part of the group. Another concern raised by Mr Conrad was that those learners who really did their work did not get any attention. There was a correlation between Mr Conrad and the subject educators' observations of the adolescents' disruptive behavioural tendencies after thirteen therapeutic sessions (Annexure 19). It is thus clear that the

therapeutic intervention, with the exception of one, led to an improvement in the adolescents' behaviour. Mr Conrad even experienced an improvement in *Paul's* behaviour, which might improve further through prolonged individual therapy. The researcher does agree though that the already positive adolescents do not get the positive reinforcement that they deserve, but if less time is wasted reprimanding adolescents with disruptive behavioural tendencies, they might receive the attention due to them (Tyler 2002:216). The researcher felt that educators must be wary of not over-reacting because of one class incident. Although Mr Conrad referred to *Karl* as never having been a problem in the past, he nevertheless referred him for the research programme.

3.7 CONCLUSION

Although the adolescents had mixed feelings regarding the research at the beginning, they soon came to enjoy it. The adolescents were aware of their disruptive behavioural tendencies, but found it challenging to change although definite changes were observed towards the end of the research. The adolescents had an abundance of unfocussed energy and were more in touch with their physical than their emotional selves. Their immaturity accounted for their preference to play and fool around, preventing them from prioritising effectively. Focused and structured classroom activities within definite time frames might thus result in improved behaviour because adolescents with disruptive behavioural tendencies found it difficult to take responsibility for their behaviour. This lack of responsibility led to the blaming of educators, peers

and each other for their disruptive behavioural tendencies. Boredom, because of a wish to do something else or because of the restriction on physical activities in the classroom, led to disruptive behavioural tendencies. This might be the reason why they preferred coming for therapy and not because of it being a means to an end.

Adolescents with serious disruptive behavioural tendencies should be in a smaller group for therapy or should come for individual therapy. These adolescents have more unfinished business to deal with and are usually more distressed and in need of attention than the others. Interesting is the placebo effect where adolescents' behaviour improved due to the attention and acceptance received in the therapeutic relationship.

It is important that educators should recognise the uniqueness of each adolescent. Blanket punishment and generalisation would have an adverse effect on the behaviour of the adolescents. Unstructured classroom environments, poor classroom management, inconsistent and unassertive educators, ineffective punishment, idle threats and constant shouting frustrates the adolescents and aggravates their already disruptive behavioural tendencies. Adolescents will thus respond better when educators are calm and soft-spoken though assertive. It is the researcher' opinion that these adolescents saw assertive educators as those who did not shout at them or threaten them and still have control over the class, as well as those who did not punish them unfairly.

Peer pressure is a real issue and unless the adolescent achieved a radical cognitive and affective change resulting in well-established self-boundaries, it will continue to be the case.

The marital status of some of the adolescents' parents as well as their relationships with their parents might have a negative effect on their behavioural tendencies. The parents' lack of parenting skills also posed to be a problem.

The empirical study progressed without difficulty or resistance and all partners concerned co-operated amicably. With the result of the empirical study in mind it was clear that movement in Gestalt therapy could lead to improved classroom behaviour and should be investigated further.

CHAPTER 4

GENERAL SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The general aim of this research was *the behavioural improvement of Grade 9 male adolescents through movement in Gestalt therapeutic intervention*. This general aim was sub-divided into three specific objectives: an extensive literature study, a case study and recommendations on an alternative approach to address the disruptive behavioural tendencies of adolescents.

The aim of this chapter is to summarise, come to conclusions and to make recommendations regarding Chapters one, two and three. The outcomes of the study regarding the aim and objectives of the research and the research question will also be evaluated.

4.2 CHAPTER 1: ORIENTATION, FORMULATION OF THE PROBLEM, AIMS AND OBJECTIVES, RESEARCH APPROACH AND WORK PROCEDURE AND THE DEFINITION OF TERMS AND KEY CONCEPTS

4.2.1 SUMMARY

The title and main concepts of the research were explained. The title led to the formulation of the research problem, as well as the formulation of the

research aim and objectives. The research process was explained, as well as the steps, which were used for this qualitative research. Although quantitative data was used to support a complete holistic view, it was not enough though to regard this research as a combined research.

4.2.2 CONCLUSION

Adolescents with disruptive behavioural tendencies in the classroom are punished instead of supported. These tendencies are often mere symptoms of deep-rooted emotional problems and no punishment, however creative or constructive it may be, will address the problem at its core. The pent-up energy and emotions of adolescents with disruptive behavioural tendencies need to be addressed in a safe and supportive environment in the presence of a reliable adult, in this case a therapist. Adolescents with disruptive behavioural tendencies display this behaviour within the group and it should therefore be researched in group therapy. Adolescents are holistic beings who interact with other people and their environment therefore the research had as its foundation the Gestalt approach to psychotherapeutic intervention.

4.4.3 RECOMMENDATIONS

A case study was used to successfully strategise a qualitative research approach. Target sampling was an effective strategy to select the adolescent participants. It is recommended that, although a group of eight adolescents were involved in this case study, a group of six adolescents displaying

disruptive behavioural tendencies might be more effective. A smaller number of participants will leave less room for disruptive behaviour during the therapy sessions, as well as limiting boredom while the therapist attends to another group member. Although the sample was small, it was not an end in itself, but a means of helping the researcher to explain some facet of the population, therefore the use of a system bounded by time.

4.3 CHAPTER 2: MOVEMENT, GESTALT THERAPY AND THE ADOLESCENT WITH DISRUPTIVE BEHAVIOURAL TENDENCIES

4.3.1 SUMMARY

Chapter two presented an overview of the existing literature regarding the theoretical substructure of the therapeutic value of movement in Gestalt therapeutic intervention for the adolescent with disruptive behavioural tendencies. Movement enhances spontaneous reactions in new situations and the adolescent's unique experience of the reality and the therapeutic intervention is not restricted to verbal communication.

The literature study included the aim and characteristics of movement therapy and the main principles of Gestalt therapy from a movement perspective. Various techniques supporting the adolescents to achieve equilibrium, ultimately improving his relationship with others and his environment, were included. The researcher attempted throughout this chapter to bring

movement in Gestalt therapy in connection with the needs of the adolescent with disruptive behavioural tendencies.

4.3.2 CONCLUSION

The literary references on movement as a form of psychotherapeutic intervention, Gestalt therapy, group therapy, as well as disruptive behavioural tendencies of adolescents guided the researcher in integrating the research. There was a definite correlation between the experience, views and recommendations of the various authors. The literary research indicated that movement in Gestalt therapeutic intervention could be integrated successfully as an intervention strategy addressing the disruptive behavioural tendencies of adolescents. Although there was sufficient literature available, literature regarding the integration of movement in Gestalt group therapy for adolescents with disruptive behavioural tendencies, was limited.

4.3.3 RECOMMENDATIONS

There thus seems to be a theoretical void in this field of study in South Africa and abroad. It is recommended that South African Gestaltists should create a unique Gestalt therapeutic intervention programme, using movement techniques to address the growing tendency of disruptive behaviour among male adolescents.

4.4 CHAPTER 3: EMPIRICAL STUDY

4.4.1 SUMMARY

The aim of the research was the behavioural improvement of Grade 9 male adolescents through movement in Gestalt therapeutic intervention. Through exploration the researcher gained insight into the situation, which was then described to present a picture of the specific details of the situation as a means to determine how, and to what extent, movement in Gestalt therapeutic intervention affected disruptive behavioural tendencies in Grade 9 male adolescents.

The researcher applied a qualitative research approach. A case study involving a group of eight Grade 9 male adolescents was used to design the qualitative research. This intrinsic case study focussed on the aim of gaining a better understanding as well as a description of the cases through detailed in depth data collection. The data collection involved semi- and unstructured interviews, the study of documents and observation. Subsequently the results of the research was sub-divided into six sections:

- The background of the research subjects (adolescents)
- The initial interviews with the research subjects, their parents and educators

- The progression of the thirteen therapeutic sessions
- The incidences of disruptive behavioural tendencies while the research was in progress
- The final interviews with the research subjects and their educators

The adolescents were aware of their disruptive behavioural tendencies. They experienced the curriculum as boring and found it difficult to sit still because of unfocused energy, a lack of concentration, as well as their below average academic skills. The adolescents found it difficult to communicate if not verbally. They felt a great need to talk to each other and to give verbal feedback during all the sessions. A lack of self-responsibility led to the blaming of educators, peers and each other. It was also clear that the adolescents found authority figures, educators and parents alike, frustrating. With the exception of *Herb*, no one was involved in sport or any other form of extra curricular activity to channel their energy. In some cases too much time was spent playing computer - and television games of a violent nature. There was a high level of awareness of their anger and other negative emotions but not of their positive emotions. Although religiously involved, it did not correlate with their disruptive behavioural tendencies. Adolescents with a lack of self-control incited their peers to be disruptive. Peer culture involving music and dance was an important factor in these adolescents' lives and a gateway to therapeutic intervention.

At the end of eight therapy sessions there was an improvement in the behavioural tendencies of *Abe, Herb, Matt* and *Paul*. *Kevin* and *Neville's*

behaviour had deteriorated while *Karl* and *Roy* were the least effected by the therapeutic intervention. The therapeutic intervention led to a significant improvement of the adolescents' behaviour as a group. The group histogram indicated a decline in all disruptive incidences except the throwing around of objects, which showed no change.

During the semi-structured interviews with the adolescents, after thirteen therapeutic sessions, an awareness of their improved classroom behaviour was indicated. Although much improved, prioritising was still a matter of concern. Where the noise levels in the class were disturbing for some, they all admitted that they still went into confluence with their peers from time to time, contributing to the noise level. It was also brought to the attention of the researcher, that they were aware that disruptive behaviour led to instant attention and *Paul* admitted that he was one of those adolescents who misbehaved to get attention.

During semi-structured interviews with the subject educators, as well as the grade tutor of the eight adolescents, the following important behavioural changes were indicated. Five educators indicated a reasonable change in the group's behaviour as such. One educator indicated deteriorating behaviour, two indicated no apparent change and one a slight change for the better. Although one educator indicated that there was no change in the behaviour of the group, she changed her opinion after her feedback regarding each adolescent individually. The therapeutic intervention contributed to the decline

in the disruptive behavioural tendencies of *Abe, Herb, Karl, Kevin, Matt* and *Neville*. *Roy's* behaviour deteriorated and *Paul's* behaviour was unchanged.

4.4.1 CONCLUSIONS FROM THE EMPIRICAL STUDY

Adolescents need support and nurturing to lead a fulfilling life. During and after the therapeutic intervention, the researcher came to conclusions regarding the adolescents and their needs, as well as their relationships with their parents, educators and peers.

Due to their current developmental phase, adolescents need the support of their parents. The relationships between the adolescents and their parents, as well as the marital status of *Paul, Roy, Neville* and *Matts'* parents had a negative effect on their behavioural tendencies in the classroom. The limited parental involvement at high school level left the adolescents to fend for themselves to the detriment of their behaviour. The parents were aware and concerned about the disruptive behavioural tendencies of their children, but were under the impression that it was not in their power to affect a positive change although the adolescents indicated the contrary.

The adolescents were aware of both their disruptive behavioural tendencies, as well as their lack of self-responsibility but seemed unable or not prepared to change. It is the researcher's opinion that the adolescents preferred to live up to their negative images to be accepted by their peers. The adolescents'

immaturity led to their preference to play, and to their disrespectful behaviour towards each other, their peers and educators. The adolescents found it difficult to prioritise, which might be related to their weak academic skills. Although no academic improvement was evident after thirteen therapeutic sessions, the researcher is of the opinion that prolonged therapy may lead to improved academic results. The adolescents experienced a lot of tension, therefore their preference for relaxation and breathing techniques, as well as for strenuous physical activities to release their tension.

The ineffective forms of punishment, lack of discipline and inconsistent classroom management in some of the classes frustrated the adolescents and created insecurity. Improved behaviour was not recognised, which led to the adolescents reverting back to their more familiar, unacceptable behaviour. The adolescents identified unassertive and nebulous educators and took advantage of their weaknesses. Adolescents identified educators with defused self-boundaries and were too familiar with them, which led to disruptive behavioural tendencies. It was clear that adolescents with disruptive behavioural tendencies responded better when educators were calm and soft spoken although assertive.

The favourable impact made through movement in Gestalt therapeutic intervention does not necessarily indicate the disappearance of disruptive behavioural tendencies. Only through prolonged therapy could the underlying issues, resulting in disruptive behavioural tendencies, be addressed.

4.4.2 RECOMMENDATIONS

Due to the apparent favourable results of movement in Gestalt therapeutic intervention on the disruptive behavioural tendencies of Grade 9 male adolescents, neither the Gestalt therapist nor the education authorities could ignore this form of intervention as a substitute for punishment.

Workshops educating and empowering parents, providing them with the necessary parenting skills, need to be initiated. Parents need to be educated to realise the effect their absence from the adolescents' school life and the atmosphere at home have on their children's behaviour at school. Parents should also be empowered to establish consistent boundaries at home, which will have an effect on the adolescents recognising boundaries in the formal school environment.

Empowering educator training programmes, at tertiary level or as in-service-training, to improve classroom management, should be a priority of education departments. Educator training should emphasise regard for humanness, the uniqueness of each child and unconditional positive regard towards all adolescents. Therapeutic facilities should be in place for educators to relieve their stress levels, which cause aggressive and emotionally damaging situations in the classroom.

Although the present outcomes-based curriculum for Arts and Culture and Life Orientation do include movement, education authorities should consider

revising the curriculum making provision for formal physical training. This will assist the adolescent to focus his energy, and an increased body-awareness will bring about a body change and an improved body attitude resulting in a mind-body unity.

Adolescents with severe disruptive behavioural tendencies should receive therapy in smaller groups to address their deep-rooted distress. Within a larger therapeutic group their disruptive tendencies incite other group members, limiting the effectiveness of the intervention.

This research attempted to fill a void in the literature to date. The results of this research must not be seen as the final word regarding addressing disruptive behavioural tendencies from a Gestalt perspective. The researcher suggests that further research creating a Gestalt therapeutic programme for adolescents with disruptive behavioural tendencies should be developed. This programme should be of such a nature that Guidance, as well as Life Orientation educators could incorporate it at school level.

4.5 THE ACHIEVEMENT OF THE AIM AND OBJECTIVES OF THE RESEARCH

The general aim of the research was the behavioural improvement of Grade 9 male adolescents through movement in Gestalt therapeutic intervention. Six of the eight adolescents' behaviour improved after thirteen therapeutic sessions and an improvement in the behaviour of the group as such was

evident. It is thus clear that movement in Gestalt therapeutic intervention led, in most of the cases, to improved behaviour.

The researcher undertook, as foundation for the research, an extensive literature study exploring the interconnectedness of movement therapy, Gestalt therapy, as well as disruptive behavioural tendencies in adolescents. Data collected through observation, interviewing and document analysis was interpreted to describe the effect of movement in Gestalt therapeutic intervention on these adolescents. The research was concluded with recommendations made on an alternative approach addressing disruptive behavioural tendencies in adolescents.

4.6 TESTING OF THE RESEARCH QUESTION

The research question for this research study was:

How and to what extent can movement as a Gestalt therapeutic intervention affect disruptive tendencies in adolescents?

The results of the empirical study indicated an improvement in the behavioural tendencies of six of the eight adolescents used as research subjects as well as a general improvement in the behaviour of the group as such. The improvement was achieved after thirteen group therapy sessions applying various experimental movement techniques from a Gestalt therapeutic perspective.

There was a definite decline in the disruptive behavioural tendencies of six of the eight adolescents after thirteen therapy sessions. One adolescent's behaviour deteriorated and there was no obvious change in one adolescent's behaviour. The group histogram, drawn after eight therapeutic sessions, as well as the educators' feedback during the final interviews, indicated a noticeable decline in the disruptive behavioural tendencies of the group as such.

The answer to the research question is thus:

Movement in Gestalt therapeutic intervention had a diminishing effect on the incidences of disruptive behavioural tendencies in adolescents.

4.7 FORMULATION OF HYPOTHESES FOR FURTHER RESEARCH

Through the data gathered and analysed, the following hypotheses for further research are suggested:

- If parents are empowered to set boundaries, adolescents will display less disruptive behavioural tendencies in the classroom.
- The adolescent children of parents, who are empowered in parenting skills, will display less disruptive behavioural tendencies in the classroom.
- Educators, who are empowered to educate adolescents with disruptive behavioural tendencies, will be more effective in teaching these adolescents.

- Educators, who are empowered to educate adolescents with disruptive behavioural tendencies, will experience less stress educating them.
- If educators' stress levels are attended to through Gestalt therapeutic programmes, aggression in the classroom will diminish.
- A redress of the National Curriculum of South Africa, implementing physical training as a part of the curriculum, will enhance the mind-body relationship of the adolescents.
- Involvement in compulsory extra curricular activities will reduce the stress levels of adolescents and focus their pent-up energy.
- The behaviour of adolescents with disruptive behavioural tendencies will improve if they are exposed to a Gestalt therapeutic programme involving various techniques,

4.8 CONCLUSION

Movement in Gestalt therapy, using various movement techniques, as well as free improvisation, brought together concepts of behaviour and play within a framework of psychodynamic understanding. It made a contribution to each adolescent's growth, communication and relationships with self, others and the environment, culminating in improved behavioural tendencies.

LIST OF REFERENCES

- American Dance Therapy Association. 2004. <http://www.adta.org/education.html>
- Armstrong, F. 1996. The Unique Voice That Lives Inside Us All. In *Discovering the Self Through Drama and Movement*. Edited by J. Pearson. London: Jessica Kingsley Publishers. p.72-83.
- Barlow, Allen R. 2003. Gestalt Psychology and Gestalt Therapy: Gestalt – antecedent influence or historical accident. In *The Gestalt Journal*. February 2003. <http://www.gestalt.org/barlow.htm>
- Baron, R.A. and Byrne, D. 2000. *Social Psychology*. 9th ed. Boston: Allan and Bacon.
- Brand, L. 2000. *Dans- en Bewegingsterapie as Groepsterapietegniek in die Opvoedkundige Sielkunde*. M.Ed dissertation. Pretoria: University of South Africa.
- Brink, H. 1996. *Fundamentals of Research Methodology for Health Care Professionals*. Kenwyn: Juta & Co, Ltd.
- Carter, E. and Oldfield, A. 2002. A Music Therapy Group to Assist Clinical Diagnoses in Child and Family Psychiatry. In *Music Therapy and Group Work*.

Sound Company. Edited by A. Davies and E. Richards. London: Jessica Kingsley Publishers Ltd. p. 149-164.

Clarkson, P and MacKewn, J. 1993. *Key Figures in Psychology: Fritz Perls*. London. Sage Publications Limited.

Cloud 9. 2004. Solar House. CD. *Glen Lewis meets D J Budda*. South Africa: Heineken Music.

Cloud 9. 2004. Freedom sounds – Feelings. CD. *Glen Lewis meets D J Budda*. South Africa: Heineken Music.

Collard, P. 2003. Interview with Petra Klein. In *Counselling Psychology Quarterly Vol. 16, No 1*. p. 9-14. 2003. <http://www.tandf.co.uk/journals>

Crocker, S.F. 2001. Spirituality, Dialogue and the Phenomenological Method. In *Gestalt Global Corporation*. <http://www.g.gorg>

Davis, B.M., Gfeller, K. and Thaut, M.H. 1992. *An Introduction to Music Therapy – theory and practice*. Dubuque USA: Wm C. Brown Publishers.

Delport, C.S.L. and Fouché C.B. 2002. The qualitative research report. In *Research at Grass Roots for the social sciences and human service professions*. Edited by A.S. de Vos. 2nd ed. Pretoria: Van Schaik Publishers. p. 356 – 359.

De Vos, A.S., Fouchè, C.B. and Venter, L. 2002. Quantitative data analysis and interpretation. In *Research at Grass Roots for the social sciences and human service professions*. Edited by A.S. de Vos. 2nd ed. Pretoria: Van Schaik Publishers. p. 222 –247.

Duggan, Diane. 2001. Dance/Movement Therapy. In *Handbook of Innovative Therapy. Heal yourself with music and voice*. London: Gaia books limited.

Exiner, J. and Kelynack, D. 1994. *Dance Therapy Redefined. A Body Approach to Therapeutic Dance*. Illinois: Charles C. Thomas.

Feldhaus, Robert. 2001. Projection and Self Psychology. In *Gestalt Global Corporation*. <http://www.g.gorg>

Flick, U. 2002. *An Introduction to Qualitative Research*. London: SAGE Publications.

Fouché, C.B. 2002. Problem formulation. In *Research at Grass Roots for the social sciences and human service professions*. Edited by A.S. de Vos. 2nd ed. Pretoria: Van Schaik Publishers. p. 104 – 113.

Fouché, C.B. and Delport, C.S.L. 2002 (a). In-depth Review of Literature. In *Research at Grass Roots for the social sciences and human service*

professions. Edited by A.S. de Vos. 2nd ed. Pretoria: Van Schaik Publishers. p. 127 – 136.

Fouché, C.B. and Delport C.S.L. 2002. (b) The place of theory and the literature review in the qualitative approach to research. In *Research at Grass Roots for the social sciences and human service professions*. Edited by A.S. de Vos. 2nd ed. Pretoria: Van Schaik Publishers. p. 265-277.

Gouws, E and Kruger, N. 1994. *The Adolescent. An Educational Perspective*. Durban: Butterworths Publishers (Pty) Ltd.

Greeff, M. 2002. Information collection: interviewing. In *Research at Grass Roots for the social sciences and human service professions*. Edited by A.S. de Vos. 2nd ed. Pretoria: Van Schaik Publishers. p. 219-319.

Grogan, K. and Knak, D. 2002. A Children's Group. An Exploration of the Framework Necessary for Therapeutic Work. In *Music Therapy and Group Work. Sound Company*. Edited by A. Davies and E. Richards. London: Jessica Kingsley Publishers Ltd. p.202- 215.

Hamilton, J.D. 1997. *Gestalt in Pastoral Care and Counselling*. New York: The Haworth Pastoral Press.

Hervey, L.W. 2000. *Artistic Inquiry in Dance/Movement Therapy. Creative Alternatives for Research*. Springfield: Charles C Thomas Publishers, Ltd.

Higgins, L. 1993. Movement Assessment in Schizophrenia. In *Handbook of Inquiry in the Arts Therapies. One River, Many Currents*. Edited by H. Payne. London Jessica Kingsley Publishers Ltd. p.138-163.

Hoskins, C.N. 1998. *Developing Research in Nursing and Health. Quantitative and Qualitative Methods*. New York: Springer Publishing Company, Inc.

James, J. 1996. Poetry in Motion. Drama and Movement Therapy with People with Learning Disabilities. In *Discovering the Self through Drama and Movement*. Edited by J. Pearson. London: Jessica Kingsley Publishers Ltd. p. 207-218.

Joyce, P. and Sills, C. 2001. *Skills in Gestalt Counselling and Psychotherapy*. London: SAGE Publications Ltd.

Lavender, J. & Sobelman, W. 1995. "I Can't Have Me if I Don't Have You": Working With The Borderline Personality. In *Dance and Other Expressive Art Therapies. When Words Are Not Enough*. Edited by F. J. Levy with J. Pines Fried and F. Leventhal. New York: Routledge. p.69-82.

Levy, F.J. 1988. *Dance movement Therapy. A Healing Art*. Reston, Virginia: The American Alliance for health, Physical Education, Recreation, and Dance.

Loring, R. 2000. Fast Lane Jive. CD. *African Footprint*. London: First Night Records.

MacDonald, J. 1992. Dance? Of course I can! Dance movement therapy for people with learning difficulties. In *Dance Movement Therapy: Theory and Practice*. Edited by Helen Payne. London: Routledge. p.202 – 217.

Mash, E. J. and Wolfe, D. A. 2002. *Abnormal Child Psychology*. 2nd ed. Australia: Wadsworth Group.

Matsemela, P. and Van der Merwe, M. 1996. Street Children. In *Entering the Child's World. A Play Therapy Approach*. Edited by J.P. Schoeman and M. Van der Merwe. Pretoria: Kagiso. p. 157-170.

Meekums, B. and Payne, H. 1993. Emerging Methodology in Dance Movement Therapy Research. A Way Forward. In *Handbook of Inquiry in the Arts Therapies. One River, Many Currents*. Edited by H. Payne. London: Jessica Kingsley Publishers Ltd. p. 164-176.

Meekums, B. 1993. Research as Act of Creation. In *Handbook of Inquiry in the Arts Therapies. One River many Currents*. Edited by H. Payne. London: Jessica Kingsley Publishers Ltd. p. 130-137.

Meekums, B. 2002. *Dance Movement Therapy. A Creative Psychotherapeutic Approach*. London: SAGE Publications.

Miller-Heyl, J., MacPhee, D. and Fritz, J.J. 2001. *DARE To Be You: A systems approach to the early prevention of problem behaviours*. New York: Kluwer Academic / Plenum Publishers.

Mozart, W.A. 2001. CD. *Violin Concertos No. 2-5*. Adora: Bella Musica The International Music Company AG.

Mwamwende, T.S. 1995. *Educational Psychology an African Perspective*. Cape Town: Butterworths.

Nichols, T. 2002. 'Could I Play a Different Roll?' Group Music Therapy with Severely Learning Disabled Adolescents. In *Music Therapy and Group Work*. Sound Company. Edited by A. Davies and E Richards. London: Jessica Kingsley Publishers Ltd. p.231-245.

Noack, A. 1992. On a Jungian approach to dance movement therapy. In *Dance Movement Therapy: Theory and Practice*. Edited by Helen Payne. London: Routledge. p. 182 – 201.

Oaklander, V. 1993. *Windows to our Children. A Gestalt Therapy Approach to Children and Adolescents*. New York: The Gestalt Journal Press.

Payne, H. 1992. Shut in, shut out: dance movement therapy with children and adolescents. In *Dance Movement Therapy: Theory and Practice*. Edited by Helen Payne. London: Travistock/Routledge. p. 37-80.

Payne, H. 1999. The Use of Dance Movement Therapy with Troubled Youth. In *Innovative Psychotherapy Techniques in Child and Adolescent Therapy*. Edited by Charles Schaefer. 2nd ed. New York: John Wiley & Sons. p. 36-76.

Pearson, J. 1996. Marian Lindkvist and Movement With Touch. In *Discovering the Self through Drama and Movement : the Sesame approach*. Edited by Jenny Pearson. London: Jessica Kingsley Publishers Ltd. p. 52 -71 .

Penfield, K. 1992. Individual movement psychotherapy. Dance movement therapy in private practice. In *Dance Movement Therapy: Theory and practice*. Edited by H. Payne. New York: Routledge. p. 161-176.

Perls, F., Hefferline, R.F. and Goodman, P. 1951. *Gestalt Therapy. Excitement and Growth in the Human Personality*. London: Souvenir Press.

Richards, E. and Hind, H. 2002. Finding a Space to Play. A Music Therapy Group for Adults with Learning Disabilities. In *Music Therapy and Group Work. Sound Company*. Edited by A. Davies and E. Richards. London: Jessica Kingsley Publishers Ltd. p. 120- 132.

Schoeman, J.P. 1996. Handling aggression in children. In *Entering the Child's world. A Play Therapy Approach*. Edited by Schoeman J.P. and Van der Merwe, M. Pretoria: Kagiso. p. 171-200.

Schoeman, J. P. 2001. *Speltherapie. Die onontbeerlike vaardigheid in terapie met die kind*. Wellington: Centre for Play Therapy and Training, Huguenot College.

Sills, C., Fish, S. and Lapworth, P. 1995. *Gestalt Counselling. Helping people change: the essential counselling series*. Oxon: Winslow Press Limited.

Silverthorn, P. 2001. Oppositional Defiant Disorder. In *Handbook of Conceptualization and Treatment of Child Psychology*. Edited by H. Orvaschel, J. Faust and M. Hersen. Amsterdam: Pergamon. p. 41 – 56.

South Africa. Department of National Education. 2002 (a). *Arts and Culture Revised National Curriculum Statement Grade R-9. Schools Policy*. Pretoria: Government Printers.

South Africa. Department of National Education. 2002 (b). *Life Orientation Revised National Curriculum Statement Grade R-9. Schools Policy*. Pretoria: Government Printers.

South Africa. 1996. *The Constitution of South Africa*. Pretoria: Government Printers.

Stanton, K. 1992. Imagery and metaphor in group dance movement therapy. A psychiatric out-patient setting. In *Dance Movement Therapy: Theory and Practice*. Edited by Helen Payne. London: Travistock/Routledge. p. 121-140.

Steiner, M. 1992. Alternatives in Psychiatry. Dance movement therapy in the community. In *Dance Movement Therapy :Theory and Practice*. Edited by H. Payne. New York: Routledge. p. 141-162.

Strydom, H. 2002 (a). Ethical aspects of research in the social sciences and human service professions. In *Research at Grass Roots for the social sciences and the human service professions*. Edited by A.S. de Vos. 2nd ed. Pretoria: Van Schaik Publishers. p. 62 – 76.

Strydom, H. 2002 (b). The pilot study. In *Research at Grass Roots for the social sciences and the human service professions*. Edited by A.S. de Vos. 2nd ed. Pretoria: Van Schaik Publishers. p. 210-221.

Strydom, H. 2002 (c). Writing the research report. In *Research at Grass Roots for the social sciences and the human service professions*. Edited by A.S. de Vos. 2nd ed. Pretoria: Van Schaik Publishers. p. 248 – 269.

Strydom, H. 2002 (d). Information collection: participant observation. In *Research at Grass Roots for the social sciences and the human service*

professions. Edited by A.S. de Vos. 2nd ed. Pretoria: Van Schaik Publishers. p. 278 – 290.

Strydom, H. and Delport, C.S.L. 2002. Information collection: document study and secondary analysis. In *Research at Grass Roots for the social sciences and the human service professions*. Edited by A.S. de Vos. 2nd ed. Pretoria: Van Schaik Publishers. p. 321-338.

Strydom, H. and Venter, L. 2002. Sampling and sampling methods. In *Research at Grass Roots for the social sciences and the human service professions*. Edited by A.S. de Vos. 2nd ed. Pretoria: Van Schaik Publishers. p. 197-209.

Sue, D., Sue, D. and Sue, S. 1997. *Understanding Abnormal Behaviour*. Boston: Houghton Mifflin Company.

Sutton, J. 2002. Preparing a Potential Space for a Group of Children with Special Needs. In *Music Therapy and Group Work*. Sound Company. Edited by A. Davies and E. Richards. London: Jessica Kingsley Publishers Ltd. p. 188 – 201.

Thompson, R.A. 2003. *Counselling Techniques*. 2nd ed. New York: Brunner-Routledge Publishers.

Thornton, S. 1996 (a). Laban and the Language of Movement. In *Discovering the Self Through Drama and Movement*. Edited by J. Pearson. London: Jessica Kingsley Publishers Ltd. p. 78-83.

Thornton, S. 1996 (b). Dance as You've Never Danced Before! In *Discovering the Self Through Drama and Movement*. Edited by J. Pearson. London: Jessica Kingsley Publishers Ltd. p. 84-93.

Tosey, P. 1992. The snake sheds a skin. Themes of order and chaos in dance movement therapy. In *Dance Movement Therapy: Theory and Practice*. Edited by Helen Payne. London: Travistock/Routledge. p. 242 – 259.

Tyler, H.M. 2002. Working, Playing and Relating. Issues in Group Music Therapy for Children with Special Needs. In *Music Therapy and Group Work*. Edited by A. Davies and E. Richards. London: Jessica Kingsley Publishers Ltd. p. 216-230.

Van den Aardweg, E.M. & Van den Aardweg, E.D. 1988. *Dictionary of Empirical Education/Educational Psychology*. Pretoria: E&E Enterprises.

Van Niekerk, C.J. 1995. *Die verwerwing van lewensvaardighede as geslagsopvoedingsopgawe*. M.Ed Thesis. University of Pretoria.

Vivaldi A. 1995. Spring from the Four Seasons. CD. *Unforgettable Classics*. United Kingdom: EMI Records Ltd.

Vivaldi A. 1995. Winter from the Four Seasons. CD. *Unforgettable Classics*.
United Kingdom: EMI Records Ltd.

Warren, B. and Coaten, R. 1993. Dance. Developing self-image and self-expression through movement. In *Using The Creative Arts In Therapy*. Edited by B. Warren. 2nd ed. London. Routledge. p. 58-83.

Watling, R. 1993. Folklore and ritual as a basis for creative therapy. In *Using The Creative Arts in Therapy*. Edited by B. Warren. 2nd ed. London: Routledge. p. 25-34.

Watson, T. and Vickers, L. 2002. A Music and Art Therapy Group for People with Learning Disabilities. In *Music Therapy and Group Work. Sound Company*. Edited by A. Davies and E. Richards. London: Jessica Kingsley Publishers Ltd. p. 133-146.

Wethered, A.G. 1993. *Movement and Drama in Therapy. A Holistic Approach*. London: Jessica Kingsley Publishers Ltd.

ANNEXURE 1: REQUEST ADDRESSED TO GOVERNING BODY

REQUEST TO USE LEARNERS IN RESEARCH AS PART FULFILMENT OF THE MAGISTER DIACONIOLOGIAE (PLAY THERAPY) DEGREE

The Chairman of the Governing Body

Wordsworth High School

I, **Annamarie Horn** hereby request permission to involve 8 Grade 9 adolescents from Wordsworth High School, Benoni, in a research programme as part fulfilment of the degree Magister Diaconologiae (Play therapy).

Research will be done on the role of movement in Gestalt therapeutic intervention for adolescents with disruptive behavioural tendencies.

All relevant information will be discussed with the parent(s)/guardian(s) of the learners and written permission will be obtained from them. All ethical aspects of the research will be abided by.

The Gauteng Department of Education granted permission for the execution of the research.

Researcher signature: _____ Date: _____

(To be completed by the Chairman of the Governing Body)

On behalf of the Governing Body of Wordsworth High School, Benoni I, _____ Chairman of the said Governing Body, hereby grant the researcher, **Annamarie Horn**, permission to do the above mentioned research.

Chairman

SGB

Date

ANNEXURE 2**PARENTAL CONSENT**

**PARENTAL CONSENT TO BE PART OF THE RESEARCH AS PART
FULFILMENT OF THE MAGISTER DIACONIOLOGIAE (PLAY THERAPY)
DEGREE**

I / We _____, the parent(s)/ guardian(s)
of _____ in Grade 9____ at Wordsworth High School,
Benoni, hereby give consent that he may participate in the research
programme regarding the therapeutic value of movement in Gestalt therapy on
disruptive behavioural tendencies in the classroom.

I am aware that this programme will start in May 2004 and will continue until
August 2004.

All relevant information has been discussed with me in detail and I do
understand the content and applications. All related questions were answered
to my satisfaction.

I do accept the responsibility to support my child during this research period.

Father/Guardian name: _____ signature: _____

Date: _____

Mother/Guardian name: _____ signature: _____

Date : _____

ANNEXURE 3**ADOLESCENT CONSENT****ADOLESCENT CONSENT TO BE PART OF THE RESEARCH AS PART
FULFILMENT OF THE MAGISTER DIACONIOLOGIAE (PLAY THERAPY)
DEGREE.**

I, _____ in Grade 9 ____ hereby
consent to be part of the therapeutic intervention through movement in Gestalt
therapy to improve my behaviour in class.

All relevant information has been discussed with me in detail and I do
understand the content and application. All my questions have been answered
clearly and fully.

I understand that the programme will start in May 2004 and will continue up to
August 2004.

I also undertake not to use this intervention programme as an excuse not to
complete class and homework.

Signature learner: _____ Date: _____

Signature father / guardian: _____ Date: _____

Signature mother / guardian: _____ Date: _____

ANNEXURE 4**EDUCATORS' DECLARATION OF CONFIDENTIALITY****EDUCATOR'S DECLARATION OF CONFIDENTIALITY REGARDING
RESEARCH AS PART FULFILMENT OF THE MAGISTER
DIACONIOLOGIAE (PLAY THERAPY) DEGREE.**

I, _____ subject educator/ homeroom teacher/ tutor of
_____ in Grade 9____ hereby commit myself to treat
all information regarding the above adolescent as confidential.

I do commit myself to the therapeutic programme for the duration of the period
of intervention.

Signature: _____ Date: _____

ANNEXURE 5**ADOLESCENTS' DECLARATION OF CONFIDENTIALITY****CONFIDENTIALITY OF INFORMATION REGARDING PEERS WHO ARE
PART OF THE RESEARCH AS PART FULFILMENT OF THE MAGISTER
DIACONIOLOGIAE (PLAY THERAPY) DEGREE**

I, _____ in Grade 9 ____ hereby undertake not to discuss any of the adolescents with me in the therapeutic intervention group with anybody outside the group.

Signature: _____ Date: _____

ANNEXURE 6**RESEARCHER'S DECLARATION OF CONFIDENTIALITY****CONFIDENTIALITY DECLARATION BY THE RESEARCHER REGARDING
THE RESEARCH AS PART FULFILMENT OF THE MAGISTER
DIACOLIOLOGIAE (PLAY THERAPY) DEGREE**

I, **Annamarie Horn**, hereby declare that all ethical criteria regarding the confidentiality of information obtained through the therapeutic research will be abided by. No information will be made available at school or be held against the learner in any way.

Relevant and confidential material will only be at the disposal of the researcher. No names will be published in the Masters dissertation of the researcher.

Signature researcher: _____ Date: _____

ANNEXURE 7

BACKGROUND OF THE ADOLESCENTS INCLUDING THEIR BEHAVIOURAL BACKGROUND

ABE

1. Marital status of parents: Married

2. Siblings: One brother, one sister

3. Position in the family: Eldest

4. Neighbourhood: Middle class

5. Occupation of parents:

5.1 Father: Section manager

5.2 Mother: Housewife

6. Disruptive behavioural tendencies first recorded at age: 10

7. Parental involvement in addressing disruptive behavioural tendencies:

In the beginning his mother did not see his behaviour as a problem. Eventually medication had been recommended by the primary school. Abe's parents did agree to put him on Ritalin at the age of 12 for a short while. A big improvement was noticed in his behaviour and his ability to concentrate in class. At the age of 12 his parents stopped the medication and his behaviour deteriorated again. Again his parents reverted to Ritalin and his behaviour improved 100% according to his records. At the age of 13 Abe started to use classical music to calm him down. Abe's parents did attend all the parents' evenings at primary school and seemed to be very supportive. At high school

level they only attended meetings if they were requested to do so due to Abe's behaviour.

8. Recorded disruptive behavioural tendencies:

8.1 Primary school

- Aggression towards peers
- Disruptive behaviour in class
- Naughty and busy
- Hyperactive
- Swearing
- Misbehaving
- Fighting

8.2 High School

- Disruptive behaviour
- Aggression towards educator
- Negative attitude towards educator
- Theft
- Mocking of a peer
- Lack of concentration
- Talkative
- Disrespect
- Disobedience
- Restless
- Cheeky
- Rude
- Insolent

9. Punishment exposed to

- Demerits
- Punishment card to record behaviour during each period
- Time out
- Conferences with parents
- Verbal warnings (first step in due process)
- Detention
- Written warnings (second and third steps in due process)

HERB

1. Marital status of parents: Married

2. Siblings: One brother, two sisters

3. Position in the family: Eldest

4. Neighbourhood: Lower middle class

5. Occupation of parents:

5.1 Father: Driver

5.2 Mother: Pre-school teacher

6. Disruptive behavioural tendencies first recorded at age: 14

7. Parental involvement in addressing disruptive behavioural tendencies:

Herb's father came to school twice during his first year at high school due to his disruptive behaviour in class. Herb's parents were prepared to take full responsibility if his homework was not done.

8. Recorded disruptive behavioural tendencies:

8.1 Primary school

None recorded

8.2 High School

- Disruptive in class
- Talkative
- Making noises
- Drumming on desk
- Leaving his seat
- Argumentative

9. Punishment exposed to

- Time out
- Detention
- Verbal warnings (first steps in due process)
- Written warnings (second and third steps in due process)
- Conferences with parents

KARL

1. Marital status of parents: Married

2. Siblings: One sister

3. Position in the family: Eldest

4. Neighbourhood: Lower middle class

5. Occupation of parents:

5.1 Father: Taxi owner

5.2 Mother: Educator

6. Disruptive behavioural tendencies first recorded at age: 13

7. Parental involvement in addressing disruptive behavioural tendencies:

None recorded

8. Recorded disruptive behavioural tendencies:

8.1 Primary school

None. Karl's disposition was described as pleasant and well behaved.

8.2 High school

- Late coming
- Leaving books at home
- Low concentration
- Homework not done
- Walking around in the class
- Insolence
- Teasing peers

9. Punishment exposed to:

- Time out
- Verbal warning (first step in due process)

KEVIN

1. Marital status of parents: Married

2. Siblings: One sister

3. Position in the family: Youngest

4. Neighbourhood: Middle class

5. Occupation of parents:

5.1 Father: Self employed (expediter)

5.2 Mother: Educator

6. Disruptive behavioural tendencies first recorded at age: 12

7. Parental involvement in addressing disruptive behavioural tendencies:

Kevin's parents attended most parents' evenings in primary school. His mother was asked to attend one parents' evening in the primary school due to his behaviour. His behaviour improved for a short while. The primary school received a letter from his mother pledging her support to the educators.

8. Recorded disruptive behavioural tendencies:

8.1 Primary School

- Constant talking
- Extremely disruptive
- Making noises
- Cheeky
- Negative attitude towards educators
- Disrespectful
- Eating in class
- Leaving books and homework at home
- Defied school rules and authority

8.2 High School

- Bunking school
- Disruptive
- Late coming
- Misbehaving in class
- Homework not done

9. Punishment exposed to:

- Detention
- Time out

- Verbal warnings (first step in due process)
- Written warnings (second and third steps in due process)
- Behavioural contract (last step before a disciplinary hearing by the school governing body)

MATT

1. Marital status of parents: Married, but his mother reside in Limpopo province and only come home some weekends.

2. Siblings: One brother who attends school in Limpopo province

3. Position in the family: Youngest

4. Neighbourhood: Upper middle class

5. Occupation of parents:

5.1 Father: Security officer

5.2 Mother: Professional nurse

6. Disruptive behavioural tendencies first recorded at age: 13

7. Parental involvement in addressing disruptive behavioural tendencies:

His father pledged to be involved in the improvement of Matt's behaviour. His father did not attend parents' evenings at high school.

8. Recorded disruptive behavioural tendencies:

8.1 Primary School

None recorded

8.2 High School

- Accomplice in theft
- Disruptive
- Homework not done

- Insolence
- Disrespect
- Negative attitude towards educator
- Disobedience
- Dishonesty
- Late coming

9. Punishment exposed to:

- Time out
- Detention
- Verbal warnings (first steps in due process)

NEVILLE

1. Marital status of parents: Separated – lived with mother

2. Siblings: Two brothers

3. Position in the family: Eldest

4. Neighbourhood: Lower middle class

5. Occupation of parents:

5.1 Father: Chief professional nurse

5.2 Mother: Professional nurse

6. Disruptive behavioural tendencies first recorded at age: 7

7. Parental involvement in addressing disruptive behavioural tendencies:

Neville was placed in the aids class at the age of 8. The principal and the aids class teacher had to go to his mother's place of work to obtain her permission to do so. Although it was difficult to get his parents to come to meetings at school they took him to a neurologist at the age of 8. Neville was put on Ritalin

with great success and he could be bridged out of the aids class after five months. It was recorded that he was a much happier young boy at that stage.

8. Recorded disruptive behavioural tendencies:

8.1 Primary school

- Irritable
- Did not get along with his peers
- Social difficulties
- Restless
- Disruptive
- Defiant
- Aggressive
- Disobedient
- Lashing out at other children
- Fighting
- Loud
- Cheeky

8.2 High school

- Disruptive
- Talkative
- Does not pay attention
- Fighting
- Unacceptable behaviour in class
- Jumping around in class

9. Punishment exposed to:

- Time out

- Verbal warnings (first step in due process)

PAUL

1. Marital status of parents: Divorced - Lives with his mother

2. Siblings: One sister

3. Position in the family: Youngest

4. Neighbourhood: Lower middle class

5. Occupation of parents:

5.1 Father: Policeman

5.2 Mother: Clerk

6. Disruptive behavioural tendencies first recorded at age: 8

7. Parental involvement in addressing disruptive behavioural tendencies:

Paul's mother is very supportive although at the end of her tether.

8. Recorded disruptive behavioural tendencies:

8.1 Primary school

- Too talkative
- Too lively
- Struggles academically
- Hyperactive
- Impulsive
- Day dreams

8.2 High school

- Interruption of education due to behaviour
- Talkative
- Disruptive behaviour

- Cheeky
- Disobedient
- Late coming
- Back chatting
- Loud
- Laughing uncontrolled
- Disruptive during tests
- Homework not done
- Insolent
- Does not pay attention

9. Punishment exposed to:

- Time out
- Detention
- Conferences with mother
- Verbal warnings (first step in due process)
- Written warnings (second and third steps in due process)

ROY

1. Marital status of parents: Separated – lives with father

2. Siblings: Two sisters

3. Position in the family: Second child

4. Neighbourhood: Lower middle class

5. Occupation of parents:

5.1 Father: Examiner at a traffic department

5.2 Mother: Chief clerk

6. Disruptive behavioural tendencies first recorded at age: 11**7. Parental involvement in addressing disruptive behavioural tendencies:**

His parents only attended a parents' evening after a negative letter was sent home in high school. There is no record of parental involvement in primary school.

8. Recorded disruptive behavioural tendencies:**8.1 Primary school**

- Aggressive
- Disruptive
- Work not done
- Teasing peers
- Disobedient
- Playing in class
- Fighting
- Talkative
- Lying
- Defiant

8.2 High school

- Disrespect towards educators
- Talkative
- Disruptive

9. Punishment exposed to:

- Time out
- Negative letter
- Conference with parents

ANNEXURE 8

ACADEMIC RESULTS OF ADOLESCENTS GRADE 8 TO MID-YEAR

GRADE 9

ABE	GR.8	GR.8	GR.8	GR.8	GR.9	GR.9	
	%	%	%	%	%	%	
SUBJECT	TERM 1	TERM 2	TERM 3	TERM 4	TERM 1	TERM 2	
English	40	41	52	42	52	60	
Afrikaans	37	47	42	46	38	40	
Mathematics	57	36	48	36	8	36	
Natural sciences	68	37	56	62	31	55	
Human & social science	13	12	62	38	32	43	
Economic management	27	1	28	60	86	49	
Technology	30	42	41	33	48	26	
Arts & culture	43	36	49	37	56	43	
Life orientation	54	33	65	56	31	60	
AVERAGE		41	32	50	46	42	46

HERB	GR.8	GR.8	GR.8	GR.8	GR.9	GR.9	
	%	%	%	%	%	%	
SUBJECT	TERM 1	TERM 2	TERM 3	TERM 4	TERM 1	TERM 2	
English	41	33	46	38	42	37	
Afrikaans	41	56	46	49	48	50	
Mathematics	68	52	48	46	32	39	
Natural sciences	38	28	43	43	53	43	
Human & social sciences	21	28	16	22	33	26	
Economic management	7	6	10	68	56	36	
Technology	19	49	28	32	28	23	
Arts & culture	47	30	56	52	28	22	
Life orientation	32	21	61	49	23	35	
AVERAGE		35	32	39	45	38	35

KARL	GR.8	GR.8	GR.8	GR.8	GR.9	GR.9	
	%	%	%	%	%	%	
	TERM 1	TERM 2	TERM 3	TERM 4	TERM 1	TERM 2	
SUBJECTS							
English	19	40	40	40	39	32	
Afrikaans	29	63	68	52	46	44	
Mathematics	54	30	48	38	14	28	
Natural sciences	55	37	12	47	35	23	
Human & social sciences	13	21	43	25	15	22	
Economic management	6	17	4	71	35	46	
Technology	22	44	30	24	6	40	
Arts & culture	48	39	31	39	25	20	
Life orientation	21	32	62	36	26	22	
AVERAGE		30	36	38	41	26	30

KEVIN	GR.8	GR.8	GR.8	GR.8	GR.9	GR.9	
	%	%	%	%	%	%	
	TERM 1	TERM 2	TERM 3	TERM 4	TERM 1	TERM 2	
SUBJECTS							
English	49	37	69	51	39	52	
Afrikaans	43	48	41	51	46	47	
Mathematics	49	44	21	31	31	22	
Natural sciences	71	49	54	60	39	26	
Human & social science	19	24	44	33	24	36	
Economic management	52	3	68	59	36	41	
Technology	39	41	39	34	52	40	
Arts & culture	47	14	57	45	28	19	
Life orientation	45	12	61	41	38	55	
AVERAGE		46	31	51	45	37	38

MATT	GR.8	GR.8	GR.8	GR.8	GR.9	GR.9	
	%	%	%	%	%	%	
	TERM 1	TERM 2	TERM 3	TERM 4	TERM 1	TERM 2	
SUBJECTS							
English	15	39	56	40	51	40	
Afrikaans	46	54	48	49	67	66	
Mathematics	41	22	25	27	13	15	
Natural Sciences	76	62	71	66	53	42	
Human & social science	34	32	50	40	25	19	
Economic management	32	19	60	64	56	28	
Technology	37	58	30	33	48	18	
Arts & culture	65	44	35	53	43	52	
Life orientation	48	38	60	47	22	38	
AVERAGE		45	41	48	47	42	35

NEVILLE	GR.8	GR.8	GR.8	GR.8	GR.9	GR.9	
	%	%	%	%	%	%	
	TERM 1	TERM 2	TERM 3	TERM 4	TERM 1	TERM 2	
English		52	52	49	50	50	65
Afrikaans		26	50	38	37	41	29
Mathematics		66	21	58	47	33	36
Natural sciences		81	41	48	60	33	39
Human & social science		22	24	38	30	42	24
Economic management		17	18	67	63	52	33
Technology		38	73	42	42	27	40
Arts & culture		56	40	48	48	44	56
Life orientation		25	38	70	36	23	49
AVERAGE		43	39	51	46	38	41

PAUL	GR.8	GR.8	GR.8	GR.8	GR.9	GR.9	
	%	%	%	%	%	%	
	TERM 1	TERM 2	TERM 3	TERM 4	TERM 1	TERM 2	
English		27	36	39	36	34	31
Afrikaans		54	60	56	53	54	52
Mathematics		62	58	38	42	28	33
Natural sciences		64	60	52	68	38	47
Human & social science		11	21	54	33	36	20
Economic management		61	21	51	53	58	37
Technology		44	41	27	32	58	41
Arts & culture		33	42	54	50	38	42
Life orientation		39	40	68	49	18	62
AVERAGE		44	42	48	46	39	41

ROY	GR.8	GR.8	GR.8	GR.8	GR.9	GR.9	
	%	%	%	%	%	%	
	TERM 1	TERM 2	TERM 3	TERM 4	TERM 1	TERM 2	
English		24	37	41	38	49	48
Afrikaans		41	52	47	51	51	54
Mathematics		50	53	17	38	13	38
Natural sciences		36	53	66	58	48	62
Human & social science		19	24	49	36	47	30
Economic management		28	8	53	66	66	56
Technology		20	42	17	24	66	46
Arts & culture		59	43	58	52	42	51
Life orientation		25	50	26	58	58	51
AVERAGE		37	42	42	46	44	47

ANNEXURE 9

INTERVIEW SCHEDULE FOR INITIAL INTERVIEWS WITH PARENTS AND RESEARCH SUBJECTS.

The interview schedule involved the following:

- An introduction by the researcher
- The parents' experience of their child's behaviour
- The parents' perception of the influence of their child's behaviour on his academic progress
- The parents' feelings regarding their child's disruptive behavioural tendencies in class
- The research subject's feelings regarding being involved in the research programme
- A thorough explanation of the ethical aspects of the research (Strydom 2002 (c):64)
- An explanation of the various forms concerning both consent and confidentiality

ANNEXURE 10

CRITERIA FOR THE EVALUATION OF CLASSROOM BEHAVIOUR

ANNEXURE 11

EXTRACTS FROM SESSION 3

(All names used during the sessions are fictitious)

EXTRACT 1

The adolescents had to portray their indicated feelings through movements followed by the direct opposite of the movement.

- Calmness: Relaxing of shoulders; walking around relaxed and aimless

Opposite: Looking worried and perturbed while walking around using the hands and face to emphasise the feeling

- Tiredness: Yawning, stretching and lying down to sleep

Opposite: Running and diving onto thick gymnasium mattress

- Relaxed: Used breathing as indication; stretching

Opposite: Push-ups and panting

- Flex: Stretching exercises similar to warm-up exercises for soccer

(*Herb* indicated that he felt relax and due to that he wanted to flex his muscles and be active.)

Opposite: Walking aimlessly

EXTRACT 2

After spending some time on the feelings evoked by the house music brought by *Matt*, the adolescents were asked to share the thoughts they had while watching the individual dancers.

Kevin: They are not bad. I am interested in what they are doing. I was surprised when I was challenged to dance, because I am scared that I will blow them away.

Matt and Abe: Kevin is bluffing. He will not outdo us. He does not dance at all.

Matt: I do not go to parties. I go to church on Sundays and play on my computer during weekends.

Abe: I want to be a dancer but somebody must teach me.

Neville: Abe must watch others at parties.

ANNEXURE 12

EXTRACTS FROM SESSION 4

EXTRACT 1

Kevin and Abe decided to act out a scene in Mr Davel's class. Matt played the role of Mr Davel. Mr Davel had no control over the adolescents in his class.

Herb: Where is the broom, Sir?

(Herb always wanted to sweep the class and did so ignoring anything happening around him in the class.)

Herb: Write the naughty one's names in the travelling register and take it to Mr Conrad (Tutor for Grade 9).

Neville: I can't take this anymore. I am going to call Mr Conrad.

Neville (as Mr Conrad): What is going on?

Matt (as Mr Davel): I do not want to teach them anymore.

Abe: He (Mr Davel) is mad.

Neville (as Mr Conrad to Paul): Go to my storeroom for the rest of the day!

Paul: Do I have to?

Neville (as Mr Conrad to Paul): Give me that wrong belt. (Paul refused).

EXTRACT 2

The adolescents kept calling Mr Davel, Doefsie.

I: Do you call Mr Davel, Doefsie in front of him?

Neville: *He doesn't do anything. He lets the adolescents run over him. He punches people.*

Matt: *He reads to fast.*

Paul: *He says : "You don't scare me with your devil's eye".*

Herb: *People feel threatened by his devil's eye.*

I: *Paul, when do you make devil's eyes at people?*

Paul: *When I want to slap them. When I feel angry.*

I: *What makes you angry?*

Paul: *When I am accused of something that I did not do.*

I: *How often are you not guilty?*

Paul: *Often (The other seven laughed indicating the opposite).*

Roy: *If I ask a question, the educator forces me to stand on my knees.*

Abe: *I got into trouble with Mrs Cameron. I didn't do anything.*

I: *How did that make you feel?*

Abe: *I laughed because I knew I was innocent.*

I: *What leaves you with a feeling of frustration?*

Roy: *If someone else makes a noise and I get into trouble. If I say I did nothing wrong, I am still in trouble and land up with Mr Conrad.*

I: *How does that make you feel?*

Paul: *Embarrassed.*

Herb: *Paul just acts funny.*

Abe: *Grade 9 F frustrates me. I try to behave, but the educators only look at my past reputation. I was on time everyday at the beginning of the year. I was late once and the educator said I am always late. Now I do not care anymore. I come late whenever I want to. Teachers do not notice when we are good.*

Kevin: If educators falsely accuse me I pop. I then become even more badly behaved. I make deep noises.

Neville: Miss Bruins has this annoying voice. She hates me. I asked her on her first day whether she was a Lesbian. Some child said he was going to Mr Bruins and that is why I asked her.

Herb: I always sit in the corner in Miss Bruins' class.

Karl: It frustrates me if I have to stand on my knees or when my father is called in.

Herb: I do care if I am punished.

Neville: Educators do not know their jobs. Mr Faku said we may eat sweets in the class. When I ate a sweet I was sent out. I asked Mr Faku whether he was a coward because when boys threatened him he reported it to you. If Mr Faku feels threatened he marks the books.

Matt: Miss Alexander blames everybody when she is in a bad mood. Teachers should go for trauma counselling.

ANNEXURE 13**EXTRACT FROM SESSION 5**

I: How do you feel after drawing the angry lines and moving accordingly?

Abe: Less angry.

*Karl: I do not become angry very often. Only when I am pushed to the limit
Continuous teasing makes me angry and then I want to start a fight.*

Kevin: I feel better. When the pillow broke, I felt excited.

I (to Kevin): How often do you get this angry?

Kevin: Every day. I hold it in.

I: How do you get rid of your anger?

Kevin: I shout swear words. (He did not want to repeat the words.)

I: In here you can say anything.

Kevin: Fuck

I: Where do you shout this?

Kevin: I go to the outside toilet.

I: What angers you so much?

*Kevin: When my parents tell me to do the dishes and make my bed. My
parents aggravate me.*

*Paul: I also wanted to use the pillow. (Paul took the pillow first and Kevin took
it from him. Paul scratched his face and then grabbed Matt and wrestled with
him)*

I (to Paul): How often do you get out of control like that?

Paul: Four times a day. People say that my head is too big.

I: What are your feelings when you do all these things?

Paul: I am happy. My parents think I am mad. They want to put me in a special school. I like to entertain people.

I: What makes you sad? When my mother beats me up. This is when I go to my father and my grandparents without telling her. I also like to visit my friends.

Matt: He should tell his mother if he goes out.

Kevin: He should not have to tell his mother if he goes to his father.

Abe: He should tell them for his own safety.

Roy: I feel used.

Neville: I don't do things that I do not like to do. I like playing violent television and computer games. My father prevents me, but after a while I just carry on. My father can not make up his mind. Then I have to do homework – then I have to study. Then I just play games. My mother and father argue. Then I do not even want to talk to my friends. I just sit. If a teacher confronts me I cheek them. My mother and father are separated. They talk to each other over the phone three times a month. It also makes me cross when my peers treat me as an outcast. I am the instigator amongst my friends. In the class I would instigate somebody to talk. The learner will then talk and in the end blames somebody else for the talking.

Karl: I also blame the innocent.

I: How would you feel if you were the innocent person accused of a falsehood?

Matt: Bad.

Neville: Like an outcast.

Herb: I will jump and kick a chair. I want to destroy. I always break things when I am angry. I break the windows at home.

(After drawing and acting out the happy lines)

I: How do you feel at this present moment?

Kevin: I still feel a bit angry. I am not satisfied. I am still angry. My friend stole my compact disc. Sometimes he gives it back and sometimes not.

Paul: I am still thinking.

Karl: I prefer the happy movements.

Herb: I want to dance. I did not go dancing this weekend.

Abe: I feel relaxed.

Matt: Happy

Paul: I feel as if I won the lotto. I am feeling good. I feel more like myself.

Neville: Good

Roy: I like playing with my play-station.

ANNEXURE 14

EXTRACT FROM SESSION 6

The adolescents had to mirror each other.

I: How did you experience the mirroring?

Roy: fine, EXCITING, boring

Matt: fun, wonderful, ANNOYING

Paul: entertaining, funny, WONDERFUL (It is his birthday and he is in high spirits.)

Herb: fun, EMBARRASSING, exciting

Abe: sucks, STUPID, humiliating

Kevin: ok, fine, NOT BAD

Neville: ashamed to be MATT

Karl: ashamed, ANNOYED, embarrassed

The adolescents had to lie down acting out the word in capital letters with their eyes closed followed by an exact opposite movement.

Abe: (STUPID) He threw his leg over a chair, moved a little and then acted dead.

Opposite: Walked around

Herb: (EMBARRASING) He bit his nails. Got up and moved one foot closer to the other

Opposite: Dancing

Karl: (ANNOYED) Grabbed his head and walked around

Opposite: Moved happily

Kevin: (NOT BAD) Nightmarish rolling around his eyes covered with his blazer

Opposite: Walking

Matt: (ANNOYING) Closed his eyes and then moved and stamped his feet

Opposite: Walked slowly

Neville: (MATT) Made soft up and down movements

Opposite: Wild kicking

Paul: (WONDERFUL) Puppet-like movements doing acrobatics and clowning around

Opposite: Running

Roy: (EXCITING) Boxing

Opposite: Soccer

After these two techniques the adolescents had to relate the first word that sprung to their minds.

Abe: Ambitious

Herb: Fun

Karl: OK

Kevin: What

Matt: Funny

Neville: Attached

Paul: Joyful

Roy: Stupid

Karl, Kevin and Paul indicated that they experienced the same feelings during the two opposite techniques, *Herb* found it difficult to act out embarrassment and *Roy* found it difficult to act the opposite of boxing. *Abe* and *Matt* did not comment.

ANNEXURE 15

EXTRACT FROM SESSION 8

The session started with a discussion of the group painting done in session seven and was followed by a second attempt to complete a group painting depicting peace, quiet and stillness.

I: Look at this piece of art for a while.

Neville: What art?

(Some adolescents started to touch the painting.)

I: You may touch it if you want to.

Paul: You call this art?

I: It all depends on your perspective, Paul.

Matt: There is a lot of anger everywhere.

I: It is interesting that you say that.

Matt: It is like those angry lines we had to draw.

I: Well done. Let us talk about the angry lines that you are seeing here. How many of you were angry when you painted over each others' paintings?

Matt: They started to paint all over my stuff so I just decided to do the same to them.

I: You were thus trying to get back at them?

Matt: Yes.

I: Roy, why were you angry?

Roy: I was drawing and writing my name when Kevin just started to paint all over my stuff. I then decided why must they be angry alone so I joined them.

All: Yes.

I (to Karl): Why were you angry?

Karl: Herb started to paint over my work.

(Karl cleared his throat twice before speaking and everybody started to laugh at him).

Paul: Yes it was Herb.

I: So it was actually Herb who started it?

Paul: No, it was Kevin.

(A general discussion of who did what to whose painting followed)

Abe: I never did anything to anyone's painting. Why did they have to do it to mine?

I: It is a very good question. Neither Abe nor Neville took part in the destruction.

Herb: I did not want to get angry alone.

Matt: I actually got out of hand.

I: Where else do things get out of hand?

Herb: Outside.

Paul: In class.

I: Neville, can you elaborate on the "getting out of hand" in class?

Neville: During the exam session with Miss Roux one started to talk and the rest followed. We talked for about half an hour during the session and everybody was exchanging answers.

Matt: The day before yesterday Miss Roux started to shout at us but we just ran over her.

I: But Miss Roux is a strict educator, how can you just run over her?

Abe: We understand that she is strict, but if she starts shouting at us without doing anything...

Matt: Yes

Abe: ... then we just shout to show that we can overpower her.

Matt: When we are shouted at, we get tired of it and we ask them to stop shouting.

Abe: When they shout they must not shout at everybody. They must shout at the person who is guilty. Paul gets blamed for talking when he is not and that frustrates him.

Abe put his hand up every time he wanted to say something. The rest of the group were made aware of this, which led to a discussion of being ignored when they put their hands up in class due to their reputation in turn leading to shouting out in class.

The adolescents had to sit back in their chairs doing relaxation and breathing. *Paul* acted as if he had a cramp and the relaxation exercise was changed to exclude the stretching.

I: I again want you to think about something peaceful, quiet and still. Once again we are going to try and paint it.

(The adolescents were supposed to be quiet)

I: We have only three colours. How will you succeed in getting all the colours you need?

General: By mixing the colours.

(The adolescents started to put the paint in saucers in a rather controlled way)

I: You are doing very well.

I: When we do this painting you are not going to talk. Use your eyes, faces and bodies to communicate.

(The painting progressed calmly)

I: Gentleman, you have about fifteen minutes to complete this work of art.

Although the adolescents were in general more quiet than the previous session, they found it difficult to remain quiet through out the session and were easily distracted by passing cars. After about another seven minutes the noise level increased. There was general laughter and teasing amongst the adolescents and then it calmed down again. After about three minutes there was general coughing and talking.

Herb started to make red dots all over the painting because he thought it looked nice. *Neville* told him that it did not look nice, but he ignored the remark.

After another three minutes there was a definite tendency amongst the adolescents to become unruly with the paint again. *Paul* again laughed in his strange way. The noise level kept growing and was reaching a crescendo in non-malicious arguing.

Herb made a mess putting grey water in *Kevin's* well-ordered saucer. *Kevin* showed his disgust and stopped painting.

Neville: They are starting to make a mess again. (fifteen minutes into the painting session)

Neville (to Herb): Do not make dots in my section!

Herb: I think it is artistic.

Neville: Keep quiet!

I: Start finishing of.

Matt: Thank you Mam, they were just starting to make a mess.

I: What are you doing Herb?

Herb: I am decorating.

Neville (indicating his section): This section is restricted.

Roy: So is this.

Matt: So is this

I: It seems as if we are heading for the same disaster as the previous time. We will therefore stop right now.

(The putting away of the equipment caused no problems.)

I: How do you feel about what you accomplished today?

Abe: What we set out to do has been accomplished and I am happy about it because nobody messed up what I did. When I do something it is mine and I do not want somebody to come and mess it up.

I: Neville, how did you feel when it seemed as if the painting will be messed up again?

Neville: I did not like it.

I: Paul, how did you feel when Matt started to paint on you with the wet brush?

Paul: It felt as if he was painting me.

I: Tell us more

Paul: When he started painting my face I thought there was paint on the brush and I wanted to do the same to him.

I: This is once again tit for tat?

Paul: Yes.

The session was concluded by a general discussion of their present classroom behaviour. The adolescents referred to an educator using the research, in front of the rest of the class, as a way to threaten them into obedience.

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ANNEXURE 16

EXTRACT FROM SESSION 12

The adolescents' general feelings about the therapy process, as well as their perceptions of their disruptive behavioural tendencies in class after eleven therapeutic sessions were as follows:

Abe: I am not wasting my time. I am behaving. Ask my educators.

Neville: I was making progress till Mr Hall kicked me out of class.

Karl: Some of us are making progress.

I: Speak for yourself Karl.

Matt: I am improving, it is just that educators irritate me sometimes.

I: Don't you irritate them in many ways?

Matt: No, Mam.

I: Why do they complain then?

Matt: I don't know. We get up to mischief.

I: Speak for yourself Matt. You must take responsibility for yourself.

Matt: I come late for class, sometimes up to twenty minutes late.

I: Abe, you feel your behaviour is improving?

Abe: I must say we have been here for how many sessions and I do not see the point of it - no offence, Mam.

Roy: We can improve with trips.

Abe: I thought you were going to give us something to do when things go wrong in class like breathing in and out. Like some form of control.

Matt: Maybe you should see us for another hour each week.

Neville: *Three times a week.*

Paul: *Yes my behaviour is better.*

(General "No" from the rest of the group)

I: *Paul, it seems as if your friends do not agree. Do you use this therapy as an excuse not to behave?*

Paul: *They lie.*

Matt: *He has changed a little bit. Mrs Green threatened to call his parents. You know Paul. He just lost his mind. When he gets angry he just sits there and stares.*

I: *Paul is able to control himself. I have seen it in here.*

Roy: *Paul told Mrs Green that his parents are overseas. That is a lie. His parents are at home.*

I: *Herb, I did not hear any major complaints about you.*

Matt: *Except with Mr Hall.*

I: *Herb, were you angry with Mr Hall because he swore at you?*

Herb: *Yes.*

I: *Sometimes you do have a right to be angry.*

Kevin: *I am fine.*

Neville: *I am good. I am fine.*

ANNEXURE 17

FINAL INTERVIEWS WITH ADOLESCENTS

Abe

I: How do you feel about the therapy that we have done in general?

Abe: I think it was nice. We could look at ourselves from different angles. We could look at things from a different perspective. When somebody made a joke in class and it was not even funny, we could look at it differently.

I: Are there other perspectives excluding the one you just mentioned that you could look at yourself from?

Abe: Yes. I realised that life is all about decisions. You always have to make decisions and nobody can force you into it. In class you can not blame somebody else for what you are doing. It is always up to you.

I: If you look at the Abe that we had thirteen therapy sessions ago and the Abe that we have now, do we have an improvement? Are there things that you look at differently now?

Abe: Yes, definitely! My behaviour in class. In the beginning I knew I was wrong, but now I look at it differently and have started a new life where everybody is happy with me and where educators do not dislike me and my schoolwork is up to schedule.

I: You say you knew that it was wrong, but you still did it. What was this "it" that you did?

Abe: Annoying educators by making sounds.

I: What kind of sounds?

Abe: zzzzzzzz

I: Where does this come from? We also get that during assemblies.

Abe: It is to irritate somebody because you know it irritates him.

I: During the second session you indicated that you sometimes feel as if you do not have control. You have now realised that you have control over your behaviour. You then specifically mentioned your drinking. Do you still have to drink? How many beers do you drink now? Are you still nervous?

Abe: I am still nervous. But I try to keep away. There are times when I can not stay away. When there is no money then I can stay away, but if somebody buys a whole six pack of beers and gives it to me I can't stay away.

I: You are now talking about your brother.

Abe: Yes, Mam.

I: Doesn't he love you enough to keep you away from it?

Abe: He does, Mam. But he does it. Sometimes he celebrates or if he is upset he buys a lot of beers (24). He does not drink all of it and then he goes and puts it in the fridge.

I: Do you think drinking is the best way of getting out of your worries?

Abe: No. You drink, you get drunk and after a couple of hours it is all back again.

I: And you have a hangover. It is thus not worth it. Does the drinking interfere with your schoolwork?

Abe: It does not. The only time my brother drinks, is over weekends. There was a time when we had a family gathering with a lot of alcohol and the next day was school and it did affect me then.

I: How does it effect you when the adolescents in the class make a lot of noise?

Abe: It upsets me. I understand that I did the same, but now that I am trying to change it upsets me. It makes me realise that if they talk I must keep quiet and just listen. It also interferes with my schoolwork. I lose, but they also lose.

Abe: There was a time when I was maybe the only one in the class making a noise and the educator could not teach for that period of time. Now I realise that it is not the right thing to do because we are all loosing out on education.

I: In the therapy sessions we had the same thing. How did that make you feel? You were usually not part of the noise.

Abe: It made me feel uncomfortable. You are trying your utmost best to do something and they just walked over it. To you it is important because you set goals for yourself and they just step over it. So it makes you feel upset.

I: What I did find since last term was that you could read the situation. You could pick up whether you had to be quiet or whether you could make a noise. Can you do this in a class situation or at home as well? Can you hear from a voice or read in body language that you can carry on with the noise or be quiet?

Abe: Yes, I can.

I: Tell me about that.

Abe: There is always a time when you look at the educator, and you realise he is waiting for you to keep quiet.

I: Which of the movement techniques that we did, did you enjoy best and find most beneficial?

Abe: The breathing.

I: Tell me more.

Abe: It relaxes you. On Friday in class Mr Conrad asked me to control the homeroom class. The class was making a noise and it felt as if this was the opportunity to do what I want and then I just took a few deep breaths and then I stood up and told the class that the educator is waiting for us to keep quiet.

Herb

I: How did you experience the therapy in general?

Herb: I think it was nice. I enjoyed it.

I: Tell me more about it. What did you enjoy best?

Herb: I felt comfortable and I liked the bungee –jumping- thing (swinging on the ropes in the gymnasium). It made me relax and think clearly.

I: Well done. You are very sporty.

Herb: Yes.

I: I am glad that you are focussing that energy through playing handball. For which team do you play? Is it provincial or regional?

Herb: No, it is only a club team.

I: You have to tell me as soon as you get provincial colours so that you can receive school colours.

Herb: Must I bring all my trophies and certificates?

I: Yes, so that you can also receive something from the school.

Herb: Must I bring all my medals and trophies?

I: Yes. The school should know how well you are doing.

I: In the first session you indicated that you would rather come to me for a bad reason than for a good reason.

Herb: (Laugh) Yes.

I: You remember that well.

Herb: Then they will stop nagging us. Asking us: "What are you there for?"

I: If you have told them that you are here for research, would that not have been easier?

Herb: No, then they would have liked to know more.

I: Which movement techniques did you enjoy best and helped you the most?

Herb: The one in the beginning where we had to close our eyes and move around. I also enjoyed the one where you told us to do an act on the music from "African Footprint".

I: Well done. How did it make you feel?

Herb: Comfortable and happy. I enjoyed it.

I: Do you think there is any kind of improvement in your behaviour and your attitude towards school?

Herb: Yes. I was always talkative and moving around, but now I am mostly sitting down.

I: If we stop the therapy sessions will you be able to carry on with this new behaviour?

Herb: Yes. I am used to it now.

I: That is wonderful. They say it takes three months to learn a new habit. We were involved for three months.

I: How do you feel about the first painting we did?

Herb: I was calm and then Roy started that violence thing and then I also started. I felt like doing it on other people's paintings.

I: Do you feel you have to join in if adolescents become naughty in a class situation?

Herb: If they start making a noise, I would start shouting that they must calm down- so I also get into trouble because they think I am also making a noise.

I: That is what happens.

I: How do you feel about noise in general?

Herb: It differs. There is a noise in class and then there is a noise like music. I like listening to music. The noise in class - hey...that is corruption noise. Sometimes I like to join in. Sometimes if we do work outside class I have to shout, because some learners moved away from the group. I sit down and listen to loud music. I like it.

I: Don't you feel that the loud music agitates you so that you can't sit still?

Herb: Yes. I like to dance

I: I noticed that you are a great dancer.

Herb: Thanks, Mam.

I: When we did the scenes about the educators complaining to the principal about the naughty children, which one is the most valid? (Read all the remarks) How do you feel about Paul's laughing?

Herb: Paul is annoying. He over does it. He does not laugh and keep quiet. He will laugh even if nobody else is laughing and that disrupts the class.

I: How often do you talk to Paul alone?

Herb: If you talk to Paul alone he does not do it, not even when you tell a joke. If there are other learners around, he will do it.

I: How do you feel now that the therapy is over?

Herb: I will miss the gym hall. I liked going there.

Karl

I: How do you feel about the past thirteen therapy sessions?

Karl: Hey. Mam...I feel, Mam... I have changed, Mam.

I: Tell me more about that.

Karl: I think.... I have changed...I don't disrupt the class.... like I used to.

I: Do you think the therapy helped you in your school work at all?

Karl: Yes...I think so.

I: Do you always feel a part of this noisy group?

Karl: Sometimes.

I: Tell me more about the times you do not feel part of the group.

Karl: Mam, it is like that. Most of the time... sometimes we do work in the class and they are not interested they make a noise.

I: Do you join in?

Karl: Sometimes... if the work is important and they are making a noise, I do not join in.

I: I noticed quite a couple of times in the gym hall that you did not join in.

Karl: Yes, Mam.

I: You stand on the periphery. You just stand and you watch.

Karl: Hey Mam.. I am not hyperactive...hey Mam in the class they make a noise Mam. Paul and Matt and Roy...hey Mam, they make a noise.

I: They also made a noise in the therapy. Five of you did not make such a noise in therapy and I feel that you have improved. How do you feel about Abe - did his behaviour improve?

Karl: Yes it did. In some of the classes they commended him on his behaviour.

I: Which movement technique did you like best, and which one do you feel helped you the most?

Karl: The breathing process.

I: Do you participate in any sport?

Karl: I play soccer.

I: Do you still battle to study at home due to the noise?

Karl: No, I moved to my Gran.

I: When did you move?

Karl: I moved during the holidays.

I: Why did you move?

Karl: My Gran needs some help. She needs somebody that she can send to the shops.

I: Now you are the boy in the house. Is this not too much responsibility for you?

Karl: No, Mam. You see when I lived with my parents I only cleaned my room, now I clean the whole house. I also help her with cooking. She teaches me.

I: Is she an old lady or does she still work?

Karl: No she is on pension. Once a week my parents bring food for us.

I: Do you have your own room there?

Karl: Yes.

I: Don't you miss your parents?

Karl: Sometimes, Mam...sometimes I miss them because... No, I don't think I miss them. My parents hey... they like talking too much.

I: Tell me about that, Karl.

I: What do they talk about?

Karl: What things cost....

I: Are they preaching to you?

Karl: Yes.

I: Is your father the policeman?

N: No he owns a taxi and a shop.

I: When we were in the groups, you were very quiet. You only said something when you felt you really had to or when you had something to say, but some of the people here were very noisy. How did it make you feel when they disrupted the therapy sessions like that?

Karl: Hey, Mam...they are used to doing it. In English we are supposed to watch a movie. Some of the learners were disruptive and we had to go back to our seats, we could not watch the movie.

I: Which learners made such a noise?

Karl: Paul, Matt, Roy. Most of the boys and some girls.

I: Which of the boys are the ring-leaders?

Karl: Paul and Matt. Roy has changed.

I: What we should do, is remove them from class so that you can carry on with an education. Which educator do you go to for English?

Karl: Miss Hammer. Miss Hammer commended Roy and I on our behaviour.

Kevin

I: How did you experience the therapy in general?

Kevin: It was okay, sometimes.

I: If it was sometimes okay and sometimes not okay, can you tell me what caused them to be not okay at times?

Kevin: I did not like it when we had to do it during break.

I: This is very interesting. Tell me more about this.

Kevin: Mam, I like first break.

I: Tell me about that.

Kevin: It is the only time that you can relax. Second break I am tired and stressed.

I: What I find quite interesting is that it was okay with you to lose teaching time, fail a test or not have work done, but not okay to lose five minutes of a break.

Kevin: Mam, it was terrible. Five minutes is a lot.

I: If we had the therapy from the word go during a part of first break, would the progress have been quicker?

Kevin: I am not sure..... maybe.

I: Do you think the therapy helped you in any way?

Kevin: Yes, I do.

I: What do you not do so often anymore?

Kevin: Talking and shouting across to my friends.

I: ..and the noises?

Kevin: The noises decreased.

I: When was the last time an educator reprimanded you for making those noises in the class?

Kevin: About three weeks ago.

I: I want to know why you felt that it is better to come to me for a bad reason than a good reason? (Refer to dialogue of first session) What will happen if children think you are coming to me for something positive?

Kevin: (Thinking ... letting out his breath slowly) I am...m not sure. I think it is a lot about the girls

I: The girls?

Kevin: Yes. Girls like bad boys better.

I: Tell me more. I find it very interesting.

Kevin: Girls won't like them if they are good.

I: But then I must talk to my girls. Tell me more.

Kevin: I think they find it attractive when a guy is in trouble. I don't know.

I: Well done, you are teaching me a lot this morning.

I: If you look at the various techniques we did over the weeks, which one did you prefer and which one helped you the most?

Kevin: The dancing.

I: Are you a great dancer, Kevin?

Kevin: I do not want to boast, but yes.

I: I like that idea that you never show your real moves because somebody else may steal it. When do you actually have a chance to show what you really know?

Kevin: At home.

I: Alone at home?

Kevin: With a couple of friends.

I: A couple of friends whom you know will not steal your moves.

Kevin: Yes.

I: How do you think it made Catherine feel that you blamed her for everything all the time?

Kevin: She doesn't feel anything, she does not even care.

I: Do you think so?

Kevin: Yes.

I: How would it make you feel if I put you in Catherine's position and you get picked on everyday?

Kevin: I would know that I was wrong.

I: Do you really think Catherine is wrong?

Kevin: Yes. Two days ago she totally disrespected Mr George.

I: How did she speak to Mr George?

Kevin: Like she was his friend. Mr George was very cross.

I: How would you have handled the situation?

Kevin: I would have kept quiet.

I: Have you ever felt you were disrespectful to an educator?

Kevin: No.

I: During the sessions some of you were better behaved than others. How did it make you feel that some of the adolescents carried on in a disruptive way?

Kevin: It does not bother me. I just carry on with my own stuff.

I: If certain adolescents get out of hand in a class situation do you get out of hand with them?

Kevin: I just watch them.

I: How often have you been in trouble this year?

Kevin: I am not sure?

I: Often or not that often?

Kevin: In between.

I: When you get into trouble for behaviour, do you get into trouble because of the group, or because of something that you have done on your own?

Kevin: For something I did on my own.

I: Do you ever feel frustrated when an educator tries to calm a group down, but they do not want to keep quiet?

Kevin: Yes.

I: How did you feel about the last session we had?

Kevin: Part of it was great.

I: Which part?

Kevin: The part where you could choose what you wanted to do. The rest was quite disappointing because it was our last session together.

I: If I told you that we will carry on, but during breaks, will you still be sad?

Kevin: Yeah. (Heavy breathing). (Difficult answer)

Kevin: Yes I would. I would rather sacrifice the therapy sessions.

I: If I tell you that therapy will take place during homeroom, assemblies and five minutes of break...?

Kevin: Then I will take it.

I: What did you get from these sessions that make you want to carry on.

Kevin: The fun and the relaxation. When I left I was feeling great. It just changed my day.

I: You are changing my day. Thank you. It was thus all really beneficial.

Matt

I: What is your overall impression of the therapy? Did it serve a purpose?

Matt: I feel different. The therapy was beneficial.

I: Why was it better to tell your peers that you are coming to me because you are naughty, and because you are going to be expelled, than to tell them the truth?

Matt: They will think there is something wrong with me, that I am crazy or something.

I: What about telling them the real reason for coming here namely the research?

Matt: They would not understand. Children my age do not understand. You will explain everything to them, but they will still make a joke out of it and tease you and stuff like that.

I: If I want to come to your class and give you a certificate and a scroll and explain to them what it was all about, will it help?

Matt: No they will just laugh.

I: Do you and your group do a lot of laughing in the class?

Matt: Yes.

I: Do you laugh because it is really funny or just because you feel like laughing?

Matt: It is a bit of both.

I: If you laugh for the sake of laughing, is there a reason behind it?

Matt: No, Mam, mostly we laugh at the mistakes others make.

I: I do find that people laugh at others because of their pronunciation of words. Why do you laugh when other people make mistakes? All people make mistakes.

Matt: Yes, but some people make stupid mistakes.

I: Give me an example.

Matt: Like Roy and Paul. Their English is not correct and then they would argue who is right and who is not. Then they would laugh at each other.

I: Can't they just ask somebody to help them?

Matt: They don't ask for help, but when you offer them help, they just ignore you.

I: In which classes do you feel you have improved?

Matt: In Mr Hall's, Mrs Green's, Miss Anderson's and Mr George's classes. In Mr Conrad's class I have stayed the same.

I: Which movement technique did you like best and was the most beneficial to you?

Matt: The breathing in and breathing out. I found that relaxing.

I: Tell me more.

Matt: It made me feel more relaxed and took the tension away.

I: Do you feel a lot like the Duracell bunny?

Matt: No.

I: During the therapy sessions we had some members making a noise and others were quiet. Under which group would you classify yourself?

Matt: The group that made a noise.

I: Tell me the reason for this.

Matt: Paul and Roy are always joking. They are known for making jokes in the class.

I: Say, for example, I decide to take Paul and Roy out of the class will it be better in the class?

Matt: Yes, it will.

I: Is there a lot of blaming going on in the class? You blame the educators a lot. Do you also blame each other?

Matt: If two people indicate that Catherine did something wrong the whole class will blame her.

I: Does Catherine do bad things?

Matt: Yes, she does.

I: Was there anything that you found boring during the sessions.

Matt: No everything was fun.

I: How do you feel that we are going to stop the group therapy now?

Matt: It does not feel good. It was nice to know that on a certain day we would come to you and enjoy ourselves. It took away from the stress in class.

I: Do you experience a lot of stress in class?

Matt: Yes, sometimes.

I: What causes the stress?

Matt: When the educators try to explain work to you and the rest of the class do not want to keep quiet and you know that the work they are trying to explain is important.

I: Doesn't Paul's laughing irritate you?

Matt: No, it is quite funny when he laughs.

I: Does Paul laugh like this when it is only the two of you?

Matt: No, he does not laugh that loud.

Neville

I: Neville, how did you experience the thirteen therapy sessions?

Neville: It was quite fun.

I: Tell me more.

Neville: I enjoyed it a lot, most of the time.

I: When didn't you enjoy it?

Neville: When Paul and Matt and all of them started to overdo it. They started to misbehave a lot in my opinion.

I: Do you feel that the misbehaviour from their side was the way they really are or was it even more of an act than usual?

Neville: That is the way they are.

I: There is something I picked up during the therapy sessions namely that adolescents keep on laughing at each other because of their use of language. Why do you think they do it?

Neville: It is when they pronounce words. If you just pronounce it and it is wrong it is okay, but when you think you pronounce it right and it is wrong, then it is kind of funny. You just giggle about it, but then at times Paul, Matt and Roy overdo it.

I: When we had our very first session I asked you whether you would like me to tell the class that you are coming to me for research, because your peers were all asking you why you were coming to me. The other seven are in one class and this is how they experienced it. Did you also experience it that way?

Neville: Mam, they did ask me. I just told them it was for therapy. They think therapy is for mad people. They do not understand what therapy is about. When I told them it was therapy, they all giggled about it. I then just laughed with them and they thought I was joking. If I tried to hide it, they would have thought it was therapy for real.

I: I found that the boys in the other class did not want it to be known that they are here for a good reason. They want their peers to think they are here because they are in trouble. I actually asked them whether it would be better if I said that they are here for punishment and they said 'Yes, please'. Why do you think they would rather be known as bad than good?

Neville: Mam, the bad gets more attention than the good. If they are known as bad, they will get more attention and if they are misbehaving in class they can use that as a reason saying: "In any case I go to Mrs Horn and stuff".

I: Do you think they did it?

Neville: Yes.

I: Do you think the therapy helped you to behave in class?

Neville: Yes.

I: Tell me more.

Neville: When the educators told me that they are keeping a record of my behaviour, I started to behave right away. It is one thing to misbehave, but another when your parents find out.

I: Tell me more about that.

Neville: If you misbehave and they (the educators) do not contact your parents everybody laughs, but when they keep close contact with your parents that is another thing.

I: What kind of punishment do you get from your parents?

Neville: My dad says I can't play computer games. They restrict me and I have to do homework for three hours a day. If I have only thirty minutes' homework he says I must check over my spelling and everything.

I: I found that during the sessions you were very well behaved, while some of the other adolescents went mad. How did it make you feel when they were almost out of control?

Neville: It made me feel left out because most of the time when people misbehave you misbehave along with them in a class situation. Otherwise I feel left out.

I: Do you think that the reason why so many of the adolescents misbehave is only to be part of the group?

Neville: Yes.

I: Would you call that peer pressure or not really?

Neville: No, it is up to that person to decide to misbehave. Usually when the whole class misbehaves they pinpoint the person who is misbehaving, or made the joke or was the most disruptive.

I: Which one of the movement techniques was the most beneficial to you?

Neville: The first or second one when we were in the gym hall where we did the relaxation exercises.

I: How do you feel while you do the relaxation and afterwards?

Neville: I feel calm and then I feel I am relaxed, because most of the time I go to sleep late at my house. When I get to the school I am quite tired especially on Thursdays and Fridays. So I feel recharged.

I: Brilliant.

I: Do you remember when you had to paint and the others started to make a mess? You had very strong feelings about them “corrupting” everything. Are there class situations when you also feel that they are corrupting everything?

Neville: Yes. The last session when you told us to do whatever we want to do, I was going to make them do exercises, doing the balance thing and so on. They were tripping me from behind.

I: The movement that you chose was the most difficult. Everybody else chose only one movement, but you chose a series of movements. What made you decide to do a series instead of just one movement?

Neville: I wanted to test them, I wanted to see if they have balance, whether they could jump over this funny looking thing, winding and stuff, whether they could co-ordinate and whether they could work with me, but obviously they couldn't.

I: I saw that. Who was right behind you?

Neville: Abe and Herb.

I: They more or less made it. The others just did the first balancing exercise and then just started doing their own thing at the back. They could not keep up.

I: What I did find through out the sessions was that a lot of blame was put onto the educators. Do you agree with that?

Neville: Not 100%, 65%.

I: The rest will thus be in the hands of the adolescents.

Neville: Yes, Mam.

I: At one stage we were talking about Mr Faku and that the adolescents promise to bring and make him CD's. Do you get that a lot?

Neville: With Mr Faku?

I: Yes.

Neville: I don't do it, because one day he can pretend he is your friend and the next day if you are too friendly, you get punished or he calls your parents in saying that you disrespect him.

I: That is the right way to do it because familiarity breeds contempt.

Neville: I think Abe and Herb improved.

I: What about Kevin?

Neville: He does not make those sounds anymore.

I: ...and Karl?

Neville: He still does the drums. I think an educator you should be concentrating on with the therapy thing is Mr Davel. You wrote in a newsletter about a book, "How to Manage Teenagers". I think you should get that book for him because he has no idea how to handle teenagers. They totally run over him. They never sit down in his class. They are always outside his class. They disrespect him. He must go on a course and learn to have discipline because the Grade 8's of this year are worse than what we are.

Paul

I: How did you experience the therapy in general?

Paul: Okay.

I: Did it help you?

Paul: Yes, Mam. Yesterday evening my mother was here for parents' evening and she asked Mr Conrad how my behaviour was and he said it was improving.

I: Do you think your behaviour will keep improving if we stop the therapy now? Or must we still have contact?

Paul: We must still have contact.

I: Does it feel good to be naughty?

Paul: It is not that. Some people are just looking for attention.

I: Are you one of them?

P: Yes, Mam.

I: Where do you not get enough attention?

Paul: I do get some attention at home. It is when I am dealing with my friends in the neighbourhood that I do not get enough attention.

I: They do not attend Wordsworth?

Paul: No.

I: What do you have to do to get their attention?

Paul: I go and call them. We go and call each other with a call and then we all get together.

I: Are you like a gang? A good gang I hope.

Paul: I once was in a bad gang.

I: When?

Paul: In Grade 7.

I: It seems to me there is a lot of gangsterism in that primary school.

Paul: Hey, Mam, small children smoking dagga etc...

I: What made you change your ways?

Paul: The principal called my mother and told her that I was part of a bad gang, smoking, walking with knives...

I: So you have come a long way since Grade 7. Some of your educators, as well as your group members indicated that your behaviour has improved.

I: Tell me about your laughing. It seems as if you only laugh when you are in a group to get attention.

Paul: Yes.

I: How disruptive is that in a class?

Paul: Very bad.

I: Are you laughing a little less?

Paul: Yes.

I: If you have to divide 9 F into two groups, a more or less behaved and a misbehaving group – will the groups consist of equal numbers or not?

Paul: More or less equal.

I: How do the “well behaved learners” feel about your behaviour?

Paul: They feel we should go to the local special school.

I: Which movement technique helped you the most?

Paul: The breathing.

I: What was the feeling you experienced from the breathing? Can you use it in class?

Paul: I can do it in class. I can take a deep breath and relax.

I: It is interesting how many of you preferred the breathing. Do you usually feel relaxed or do you feel like a wound up doll?

Paul: Sometimes I do feel relaxed.

I: If you have to compare how you feel when you are relaxed to how you feel when you are hyped up, which one do you prefer?

Paul: When I am relaxed.

I: How often do you lose control completely?

Paul: Many times.

I: More or less than before we started the therapy?

Paul: Less.

I: How much less?

Paul:8/10 less (80% less).

I: Do you get cross easily?

Paul: I am cross when I wake up on the wrong side of the bed.

I: Is there something that caused it the night before? Did you go to bed late?

Paul: I don't know. It just happens.

I: Do you often feel frustrated with things?

Paul: No.

I: Do you cope with your schoolwork or are there subjects that you feel you battle in?

Paul: Yes. HSS (Human and Social Sciences).

I: Tell me why you find HSS difficult.

Paul: Hey Mam... Mr Conrad Mam, he gives us a hard time. Like essays, Mam. Two pages, Mam. On apartheid Mam and stuff. I can't ask my mother to help me.

I: Why not?

Paul: They are too lazy to tell us. They just say it is a long story, it's a long story.

I: How did it feel to be called the Top 8?

Paul: Cool, see they thought we were going to get Top 8 badges.

I: How often in your life have you been awarded for something that you have done?

Paul: Never, Mam.

I: How does that make you feel?

P: Bad.

Roy

I: How did you experience the therapy in general?

Roy: It was quite nice, but some days I found it boring.

I: Tell me about the days when you found it boring and why you found it boring.

Roy: I did not see the point of it.

I: Give me a few examples.

Roy: Like the dancing around and the day when you said we must just close our eyes and do whatever we can imagine.

I: Which exercise did you like?

Roy: The breathing in and out.

I: If we go back to that and we look at the day we were doing the relaxation, you and Paul were pinching each other.

Roy: Paul was pinching me. I was trying to think of my imagination.

I: Do you think the therapy helped you at all?

Roy: Just a bit.

I: Tell me about that.

Roy: It taught me to show the educators respect.

I: There is still behaviour in the class that are upsetting and jeopardising education.

Roy: I got better since I got the tutor letter.

I: But this was only last week.

Roy: So I started to behave this Monday. We got the letters on Friday. I was only loud in Mr Hall's class today.

I: Who can make you change in the end?

Roy: I can make myself change.

I: Well done. You got the negative letter and then you decided to change. Do you think in the end that only punishment will make you change?

Roy: Punishment makes me worse.

I: Brilliant! Which punishment makes you worse?

Roy: If a person punishes me, I will hate him forever.

I: Tell me about the kinds of punishment that you have received this year.

Roy: Like kneeling down and squatting without a chair.

I: Is this the worst? For how long did you have to kneel down?

Roy: Only for that exam period. Mr Conrad also makes us kneel down for thirty minutes and then he lets us sit down for the rest of the hour.

I: Does this mean you are going to hate Mr Faku and Mr Conrad for the rest of your life?

Roy: No, Mr Conrad is fair. I understand why he punished me, but Mr Faku punished me for a small thing.

I: You said you liked the breathing exercises. Could you use it in class?

Roy: No. I just started to behave in class. I just go and talk to my friends and then I am calm.

I: You never spoke as much as the others during the sessions. What I did find though was that you would make comments while we were talking.

Roy: This is what I do in class as well.

I: How are you going to control it?

Roy: I have changed. I never do it anymore.

I: What kind of things did you comment on?

Roy: Say, Paul is far from me but not that far and Mr George would say take down the transparency, Paul and I would look at each other and say, take it down, and start laughing.

I: Do you honestly think it is funny?

Roy: Sometimes when I am bored.

I: Are you coping academically?

Roy: Average.

I: Do you understand the work that is explained to you?

Roy: Everything except Maths.

I: Who do you go to for Maths?

Roy: Miss Alexander.

I: You know you do not have to take Maths in Grade 10.

Roy: I want to. That is why I want to improve my marks.

I: What do you want to do after Grade 12.

(Richard kept on misinterpreting the question as what he is doing after school in the afternoon.)

ANNEXURE 18

FINAL INTERVIEWS WITH SUBJECT EDUCATORS - A SUMMARISED VERSION

Miss Alexander

Miss Alexander did not notice any dramatic changes in the learners. She is of the opinion that therapy might be a future solution if it can be combined with some other methods to balance the therapy.

Abe had not posed any problems in the past but recently it seemed as if he had “lost it”.

Herb suffered from mood swings and behaved accordingly from time to time.

Karl experienced ups and downs and it might be that he wanted to be accepted.

Kevin was reasonably well behaved in class. He was never a problem.

Matt was not loud, but was distracted by *Paul*. He wanted to be part of this particular group and was not too concerned with work in general.

Paul was still *Paul*. He laughed all the time and was very loud.

Roy behaved very well for a couple of days after being reprimanded. There were days when his concentration was very poor and he was easily distracted.

Miss Anderson

Miss Anderson was of the opinion that the therapy did help a little. *Herb*, *Kevin* and maybe *Matt* benefited the most. She was of the opinion that the research done with them left them feeling very important and that this kind of intervention might be a solution to disruptive behavioural tendencies.

Abe had improved a lot since the previous year and was the best behaved one in the group.

Herb's friends influenced him, but if spoken to in a calm and slow fashion he settled down.

Karl was fine. He was arrogant towards Miss Anderson but a father-educator conference led to change.

Kevin posed no problems, but was also influenced by his friends.

Matt was an intelligent well-mannered learner.

Paul had no self-control and was naughty, arrogant and disorganised.

Roy could be well behaved at times although he could turn within a split second into an arrogant and cheeky person.

Mrs Els

Mrs Els only taught *Neville*. Before the therapy started he displayed a bad attitude, argued and was cheeky. Although the improvement was slow in the beginning the difference noticed at this stage was impressive. With *Neville* as her only reference she was of the opinion that there is a place for this therapeutic intervention in education.

Mr George

Mr George was also of the opinion that the eight boys had an aura about them because of the research they were involved in. The feeling of importance had an adverse effect on them and they thought they could do as they pleased. In general he saw them as an unruly bunch who knew how far they could push the boundaries.

Abe was *not* a problem. He did more work than the others.

Herb was a shadow troublemaker. He made the trouble but when it was time to take the punishment he acted innocent.

Karl was not part of the group. His behaviour was either laziness or a problem that has not yet been assessed.

Kevin had never been a problem.

Matt was a stirrer, who sat back when everything was “*swinging nicely*”. He was one of the main troublemakers.

Neville showed a definite change. In the beginning he showed no interest in the lessons and had been a real disruptive force.

Paul was a real troublemaker and liked to give a real good laugh. No change had been visible.

Roy was pleasant and not as restless as the others although he sat with *Matt*.

Mrs Green

Although she found it difficult to put faces to the names she found the fact that they were made to feel special a bit of a problem. They acted a bit more arrogantly because of the term Top 8. She felt in general that there had been no change in their behaviour, but when discussed individually she indicated a change in almost all the adolescents. Mrs Green was of the opinion that therapeutic intervention just had to work. The reverse would be classes that were so unruly that educators wouldn't be able to teach.

Abe was listening for the first time. Mrs Green felt as if he was empathising with her when she asked him to sit down.

Herb was not proving to be a problem.

Karl had done nothing wrong in the past few weeks.

Kevin acted silly when his friends did. He was more of a follower and because the friends calmed down, he was also calmer.

Matt was very quiet. He did not cause any trouble, he hardly said a word.

Neville laughed a little bit in class and was a little distracted at times.

Paul had been moved to the front of the class. Mrs Green was of the opinion that Paul had a problem, but she did not know what. He made funny movements and gestures, couldn't sit still or concentrate.

Roy showed no improvement. He liked to show off and was a loud mouth.

Mr Hall

Mr Hall saw an improvement in all the adolescents except in Roy. He felt that there was definitely a place for therapeutic intervention in an academic school where learners with this tendency might be able to reach a point where they could sit down and work.

Abe was the instigator of the group.

Herb had been separated from the rest of the group. After an argument with Mr Hall he was working better.

Karl was a pleasure to teach.

Kevin had been very quiet lately.

Matt was slow, but had calmed down and carried on with his work.

Neville's behaviour did improve although he could still be full of energy at times.

Paul was not a problem in the class although he still made baboon-like noises.

Roy was still disruptive most of the time.

Miss Hammer

Miss Hammer was of the opinion that the therapy had not helped. The adolescents only responded positively if she threatened to mark their names of on the behavioural control sheet. She also felt that they did lose out on a lot on academic work due to the therapy. Although they did catch the work up eventually, it was usually of a poor standard. She was of the opinion though that the therapy could work because these adolescents are in need of attention and in the large classes it was impossible to give them that personal attention.

Abe was difficult although more intelligent than the rest of the group. She saw him as the naughtiest.

Herb could be very difficult and once he had something on his mind he could not wait for an appropriate time but had to say or do it immediately.

Karl's behaviour, as well as his work improved vastly.

Kevin was "*not too bad*". He still made music sounds though.

Matt was still very hyperactive although not a bad child. She commented on his respectful approach towards her.

Paul showed no change.

Roy was not one of the worst, but he battled to sit still, keep quiet and do his work.

Mrs Laubscher

Mrs Laubscher did experience a definite change in the adolescents. She still had to put her foot down and lay down the rules though. She did not put them together in the class. She was of the opinion that this intervention was the best possible substitute for corporal punishment.

Abe's behaviour and swearing had improved. He was not as aggressive toward Mrs Laubscher and his peers as previously.

Herb's behaviour was "*wonderful*".

Karl did improve. Although he still talked at times he had started to do his homework.

Kevin, whose behaviour used to be horrible in the past, was a "*new child*".

Matt sat and did his work.

Paul did improve, but she had expected a greater change. She still experienced him as hyperactive and at times out of control.

Roy was impossible to work with in the beginning. This had changed and he now does his work and requested her help if he did not understand the work.

Mrs Van Damm

Mrs Van Damm was of the opinion that therapeutic intervention could work. It put the emphasis on the positive. She felt that there was too much negativity in the adolescent's lives with everybody always shouting and screaming at them.

Neville liked the attention. She experienced a tremendous improvement in his exam mark. Although he could at times still be boisterous and a bit noisy there was also an improvement in his behaviour.

ANNEXURE 19

FINAL INTERVIEW WITH GRADE TUTOR

Abe had been such a problem the previous year that Mr Conrad had tried to work him out of the system. Recently he asked *Abe* to control his homeroom class. The homeroom teacher did report back that the class responded well. He was of the opinion that *Abe* had a lot of clout amongst the boys. Although he could do well and be pleasant there were times when he was a problem.

Herb was not the biggest problem, but some educators felt that the others influenced him to join in when the class became disruptive.

Karl was not really part of the group. He was isolated although the rest of the group was happy to pull him down with them and to indicate what he did wrong. He did not change because he was never a problem.

Kevin had not been sent to Mr Conrad for misbehaving for some time.

Matt was very sure of himself. He was aware that he was one of the “*kingpins*” in the class and behaved accordingly. He could be very polite, but only when he was already in trouble and he knew he had to tow the line. He did not show any major improvement.

Neville was one of those who did benefit. He had never been reported for misbehaviour during the research period of seven school weeks.

Paul was trying to improve his behaviour.

Roy became quite cocky. The therapeutic intervention had the opposite effect on him.