UTILIZING DYADIC BRIEF GESTALT PLAY THERAPY WITHIN AN UNSTABLE ADOLESCENT FOSTER PLACEMENT

by

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Declaration

I declare that "**Utilizing Dyadic Brief Gestalt Play Therapy Within an Unstable Adolescent Foster Placement**" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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Acknowledgments

SUMMARY

In the experience of being a play therapist and social worker, the researcher became aware of the breakdown of adolescent foster placements. Although there are many causal factors of adolescent foster care breakdown, it was the treatment and sustaining of these placements that the researcher was interested in. The utilization of dyadic brief Gestalt play therapy aims to support the relationship between the carer and adolescent in order to sustain and stabilize the foster placement.

The empirical study includes data collection and analysis. The data was gathered through observations and field notes from unstructured interviews, in this case the dyadic therapeutic process with the adolescent and carer. The data was then analyzed, and eleven outcomes were discussed: the building of a therapeutic relationship, the process of dialogue, the gaining of awareness, contact, resistance, the internal working model, polarities, working in the here and now, the utilization of Gestalt experiments and Gestalt play therapeutic techniques. In addition, the implications of the brief Gestalt therapeutic model were identified. These themes are discussed fully in the final chapter encompassing conclusions and recommendations.

This study found that it was possible to work effectively with the adolescent and carer in a dyadic brief Gestalt therapeutic way utilizing play therapy techniques. Recommendations regarding the conclusions were made in relation to the outcomes of this study.

KEY TERMS

Brief Gestalt Therapy
Adolescent
Unstable Foster Placement
Dyadic Communication
Attachment

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Chapter 1

Introduction to the Study

Broken Promises

Shattered dreams are what I cherish.
My hope and dreams have been burned.
My fears lay ahead of me.
My nightmares have returned.

I fly from shadows and light.
My soul reaches out for aid.
Warped and twisted is my heart.
The light in my eyes will fade.

Author unknown

1.1 INTRODUCTION

As depicted in the above poem, the researcher believes that fear is instilled in a child during a traumatic experience. When a child encounters trauma (such as abuse or neglect) during their early childhood, they do not experience essential attachment and attunement with a main caregiver (Fahlberg, 2004:39). This unattached fearful child is consequently placed in foster care, to be safeguarded by the local authority in the UK. It is the researcher's experience that often, due to these mixed feelings and an inability to understand their extreme experiences of shame, this child will thus exhibit severe behaviour, often resulting in further placement moves. Berridge (2000:1) mentions that young people exhibiting behavioural problems are subsequently more difficult to foster. This disruptive child then moves between many placements resulting in further trauma and a lack of attachment with a primary care giver. This correlates with Hughes's views of this process of attachment difficulty in children in foster care, stating that "… children who are traumatized by the original abuse, are re-traumatized by the foster care system. Their attachment difficulties upon entering foster care often become more severe a few years later" (Hughes, 2004:36).

Adolescent foster care placements break down approximately 50% more often than foster placements of younger children. However, children who receive a stable and secure experience in foster care, where a good relationship is built between carer and child, can help children to develop and mature emotionally in an appropriate way (Sainsbury, 2004: 45). Consequently it is this attachment or lack thereof that will play an immense role in shaping the child's future. In particular, it is this ability to attach that supports emotional development and would support the abused child's ability to overcome their shameful and confused feelings (Hughes, 2004:33).

In this study, the researcher has focused on actively working with the attachment between an adolescent and the foster carer. Hughes (2002:1) explains how "… children, having been much more traumatized and compromised in those aspects of their development that require these dyadic experiences, have much greater difficulty responding to their new parents. For these children, specialized parenting and treatment is often required." Hughes' treatment and parenting model has been developed to treat these traumatized children who display attachment difficulties. The basis of this model is that it includes the child's main carers and is directive in nature.

The researcher in this study has therefore utilized Hughes' model which focuses on therapy which enhances the attachment between adolescent and carer. As a Gestalt therapist, the researcher perceives the adolescent in foster care as a whole, focusing on their experiences as an individual and within their environment, as this fits with the holistic view of Gestalt therapy (Clarkson, 2004:10). Thus, a holistic view was envisaged in this study.

As a play therapist working for a charity organization in the UK, it is the researcher's experience that therapeutic work is dependant on the model of therapy used by the therapist. According to the British Association of Play Therapists, short-term therapy should last a minimum of twelve weeks while longer-term play therapy could last more than two years (http://www.bapt.info). Within the UK, longer-term play therapy is

preferred; however, there is an impending need to increasingly use the short-term therapy within the mental health departments in the UK. According to the National Service Framework for Children in the UK, there is an increasing demand for the Child and Adolescent Mental Health Service within recent years. Children living in foster care within the UK are deemed to be at high risk of mental health difficulties (NSF, 2006:16).

As there is a large need for therapeutic services to support children in foster care, the researcher felt that it was essential to utilize brief Gestalt play therapy within this study, as a theoretical basis for short-term therapy in relation to reacting to the demand for this service. Short-term therapy is most effective when there is a willingness on the part of the client to enter into a therapeutic relationship. In this regard, Houston (2003:30) states that "… the right partnership is that of a willing therapist with a willing client."

Hence, working with an adolescent who is able to make this decision to enter the therapeutic relationship is more appropriate, as the adolescent has reached the formal operational stage of cognitive development. Craig (1996:52) states: "The final period in Piaget's theory is called the formal operational stage … adolescents can explore all the logical solutions to a problem, imagine things contrary to fact, think realistically about the future, form ideas and grasp metaphors that younger children cannot comprehend."

1.2 MOTIVATION FOR THE STUDY

1.2.1 Personal Motivation

At the age of fourteen, Jayne (pseudonym) had been moved to no less than twelve foster placements. She was exhibiting very challenging behaviour, in the way of physical and verbal aggression. All Jayne wished for was to be a singer, despite not attending school for over a year. During a six month period that the researcher was involved in this case, Jayne had to move between four different foster placements and residential homes. The By means of attunement experiences, the improved relationship between the adolescent and carer could help to stabilize the foster placement, allowing the adolescent to obtain their potential through stability in the relationship between carer and adolescent.

1.2.2 Professional Motivation

Jayne's case is an example of the many adolescent placement breakdowns in the UK. Berridge (2000:1) remarks that a large survey of adolescents' opinions found that two in five of those looked after for over a period of two years had experienced more than six placements. A quarter of those adolescents with more than five years' history in foster care had been involved in ten or more moves.

The foster care system has been constructed to safeguard children from harm. It is therefore regrettable that children experience multiple placements, which often greatly fail to meet their psychological and developmental needs (Hughes, 2004:40). Related to these multiple placement breakdowns, young people exhibiting behavioural problems are subsequently more difficult to foster (Berridge, 2000:1). Hence the researcher believes that there is a greater need for therapeutic support to enhance the attachment between adolescent and foster carer. Therefore the researcher has utilized Hughes's treatment and parenting model. In addition, it is through the process of brief Gestalt therapy, that the adolescent's continued need for dyadic attunement experiences will be supported within the unstable long-term foster placement.

1.3 PROBLEM FORMULATION

Fouché and de Vos (2005:100) describe the process of problem formulation as a way in which the researcher is able to seek clarity through a specific focus within the study.

According to research, foster placement breakdowns and frequent moves affect children living in foster care negatively (SCIE, 2004:46). Hughes (2002:1) points out how children and adolescents who have been traumatized in their attachment history, have failed to experience the dyadic interactions that are necessary for normal development. Due to this lack of dyadic interaction the child or adolescent experiences great difficulty in relating to their foster carers. Further research highlights that adolescent foster placements are fifty percent more likely to break down than the foster placement of a young child (SCIE, 2004:46). It is this problem that the researcher felt was important to

focus on, although further specification of how to solve this problem of adolescent foster care breakdowns in general would be needed.

According to research by Farmer, Moyers and Lipscombe (an internet source without further specification), it is stated: "Counseling and other specialist help for fostered teenagers is important in its own right and in the maintenance of placements." They go on to point out that placements where adolescents did receive therapeutic support, were more successful than those who did not receive such support. With this information, the researcher felt that it was important to focus further on the types of therapeutic support for adolescents living in foster care. In researching different types of therapy with adolescents, Shefler (2000:88) explains how it is possible to complete time-limited psychotherapy with adolescents.

As the researcher is Gestalt orientated, it was felt that it would be important to research the way in which time-limited Gestalt therapy could support the adolescent in their relationship with their carers. The researcher therefore decided to focus on short-term Gestalt therapy.

According to Moran, Ghate and van der Merwe (2004:94), future research should be carried out in relation to "parent-child relationships, to improve communication." In this study, this is expanded to carer-child and carer-adolescent relationships. The researcher was unable to find any Gestalt literature which would encase these above-mentioned needs of supporting the relationship between carer and adolescent. The treatment and parenting model of Hughes appears to be the only way of supporting this attachment relationship. Therefore the researcher decided to focus on dyadic brief Gestalt play therapy, in which the researcher combined brief Gestalt therapy, with Hughes's treatment and parenting model.

1.4 AIMS AND OBJECTIVES

Fouché (2005:104) defines the aim as the purpose towards which the study is directed and the objectives as the steps which the researcher takes at grass-roots level in order to achieve the aim.

1.4.1 Aim

One of the aims of the explorative qualitative method is to discover important questions and relationships and not to test them (Fouché, 2005:116).

The aim of this research was to focus on exploring and describing the process of brief Gestalt therapy with an adolescent living in an unstable long-term foster placement. Additionally the therapy was dyadic in nature, actively working with the foster carer and adolescent. Within this dyadic work, the focus of the study was to increase the adolescent's attunement experiences and to build on the existing relationship between the adolescent and main carer, and in addition to support the adolescent's emotional wellbeing.

1.4.2 Objectives

The objectives of this research study were:

- To complete an in depth literature review on;
  - adolescents with attachment difficulties living in foster care.
  - brief Gestalt play therapy and the treatment and parenting model of Hughes.
- To conduct an empirical study, through unstructured interviews, exploring the utilization of brief Gestalt therapy with an adolescent and foster carer.
  (The data analysis in this study is descriptive of nature.)
- To draw conclusions from the outcomes of the empirical study, and to make some relevant recommendations based upon research results, in order to present the findings of this study to other professionals and colleagues working within this field.

1.5   RESEARCH QUESTION

The research question is designated to inform the decisions made in relation to the data gathered and how this is done (Fouché, 2005:103). Thus, the research question for this study is: *In what way can dyadic brief Gestalt play therapy support the relationship between carer and looked after adolescent, living in an unstable foster placement?*

1.6   RESEARCH APPROACH

This research project falls within the boundaries of qualitative research, as this was an explorative and descriptive study. The emphasis for this type of study is on description and discovery rather than on testing and validation of a hypothesis. Dallos and Vetere (2005:50) describe qualitative research as containing the following characteristics:

- The meaning attributed to people's actions and intentions is focused upon.
- Human behaviour is to be viewed in its complete circumstances and complexity.
- There is acknowledgment of the person's individual experience, behaviour and emotions thereby highlighting the subjectivity of working with individuals.

These characteristics correlated within this research study. Understanding of the human experience was a focal point within this study, which centred on the human experience of working towards gaining further attunement experiences between an adolescent and foster carer living within an unstable foster placement.

1.7   RESEARCH TYPE

This research falls within applied research. Applied research is described by Fouché (2005: 105) as the "… scientific planning of induced change in a troublesome situation." Hence, the problem of the lack of attachment between adolescents and foster carers was focused on. This research study is based on existing research on brief Gestalt therapy, attachment theory and Hughes' treatment and parenting model.

The research study is explorative and descriptive in nature and correlates with Babbie's (1998:90) view of explorative studies that are conducted to explore a topic. This depiction is expanded by noting that this type of study should satisfy the "…researcher's

curiosity and desire for improved understanding" (Babbie, 1998:90). The researcher was curious in what way dyadic brief Gestalt play therapy could support the relationship between carer and looked after adolescent, living in an unstable foster placement.

Additionally, descriptive research, as mentioned in Fouché (2005:106), is where the researcher focuses on a specific picture of a detailed social relationship. Hence, the focus of the research question would be a "how" or "why" question. In this way, the research study is a more intensive description of the phenomena, leading to a more in depth description within the study.

1.8 RESEARCH DESIGN

The researcher made use of a case study to explore and describe the process of working in a dyadic way with an adolescent and carer using brief Gestalt therapy to support the relationship between an adolescent and foster carer living in an unstable foster placement.

Dallos and Vetere (2005:73) describe the following reasons in choosing a case study:

- It would show the entire complexities of the case.
- It allows the researcher to explore the clinical changes, if any, that occur throughout the process.
- It allows the researcher to explore the factors that lead to change.

This study falls within the description of Mark (in Fouché, 2005:272) as an intrinsic case study. The focus of this type of case study is to gain a fuller understanding of the particular case, and not to pursue broader social understanding. Therefore, the researcher has focused on the specific case study of an adolescent and carer living within an unstable foster placement.

1.9 RESEARCH AND WORK PROCEDURES

The following process of qualitative data analysis as described by de Vos (2005:334) was utilized in this study:

- Data collection and preliminary analyses

The researcher completed the gathering of information in using eight unstructured interviews to explore the utilization of brief Gestalt therapy with a foster carer and adolescent. The unstructured interview is described by Hughes and Tight (2001:171) as the informal interview being similar to a conversation which includes two people and is therefore dyadic in nature.

- Managing and recording of data

   The unstructured interviews were videotaped. Permission from the participants was requested and required. These videotapes and transcribed notes were kept locked in a safe place.

- Reading and writing memos/ field notes

   The researcher used observation and transcribed field notes of each unstructured interview. Strydom (2005:281) explains that field notes contain comprehensive accounts of the respondent's explicit discussions, communication and the observer's awareness of what occurred within the interview. For the purpose of this study, observations were noted within each interview. Post-interview, the observation took place by referring back to the video of that session. Field notes, for the purpose of this study were identified as the researcher's typed transcribed notes of the unstructured interview.

- Coding the data collected

   The researcher coded the data according to the patterns/themes that have emerged from the empirical data collected. The coding supported a further understanding of the data collected in the study.

- Testing the further understanding of data

   The emerging understanding was tested by means of literature control. The themes and understanding that have been identified were evaluated to discover whether they were central to the questions identified, and would thus be valuable to the research.

- Searching for alternative explanations

  The researcher used the literature control and consultation with other professionals in the field to challenge and identify if there were any alternative explanations to the newly acknowledged understanding.

- Representing

  The researcher drew conclusions from the outcomes of the empirical study in order to present the findings of this study to other professionals and colleagues working within this field.

1.10 VIABILITY OF THE STUDY

1.10.1 Literature review

The researcher completed an extensive literature review of books, articles in journals and on the internet of which encompassed the different aspects of this research study. These include attachment theory, Hughes's parenting and attachment model, Gestalt theory, brief Gestalt therapy theory, and adolescents in unstable foster placements. According to Fouché (2005:117), a literature review provides the relevant literature on the topic of the study, allowing researchers to acquaint themselves with the topic of the study and with the ideas and opinions of other researchers. The researcher completed the theoretical chapters prior to undertaking the empirical research. Zinker (1977) and Oaklander (1978) have been used as classical sources in the study.

1.10.2 Consultation with experts

The researcher contacted the following experts in relation to the feasibility of this study:

- Dr. Daniel Hughes, who is an expert in attachment theory and has written three books in relation to this topic. He has been working in this field for twenty years. Dr. Hughes was consulted by e-mail in connection with the viability of using his treatment and parenting model in working with adolescents in foster care in combination with Gestalt therapy.

- Ms. Julia Carter B.A. Hons. Counselling, Diploma Gestalt Counselling, youth worker in charge of counseling and manager of Moving on Project, Children's Services, Hampshire County Council, UK. Ms. Carter works with and manages a therapeutic project for adolescents and young people. She has ten years experience in this field, utilizing Gestalt therapy.

- Professionals working in the social services field, namely social workers and managers in the Looked After Children's Teams at the London Borough of Hammersmith and Fulham. The researcher discussed this study with them in a team meeting, and it was agreed that the social workers and team managers would support this study.

1.11 UNIVERSE, POPULATION AND DELINEATION OF SAMPLING METHOD

A distinction is made between a population and universe by Arkava and Lane (in Strydom, 2005:193). They describe a universe as referring to all potential subjects that have the same characteristics that the researcher is interested in, and a population as referring to individuals within the universe who possess specific characteristics.

For the purpose of this study, the universe comprised all adolescent foster placements in London, UK. The population was identified from these adolescents being between the ages of eleven and fourteen years. The sample included an adolescent who was living in an unstable long-term foster placement. In addition, the carer and adolescent were willing participants in this study. The sampling of this study was purposive in nature, due to the specific characteristics needed for the sampling for this study. Strydom and Delport (2005:329) describe purposive sampling as identifying a specific case due to its particular characteristics in which the researcher is interested.

1.12 ETHICAL ISSUES

As a qualified social worker working in a therapeutic capacity, the researcher is registered with the General Social Care Council and works within their code of conduct for safeguarding of children and families. This includes foster carers. Furthermore, as the

researcher works for a safeguarding charity she is obliged to work within their code of conduct for safeguarding children and families.

In relation to this research study, there are a number of ethical issues which need to be mentioned, due to the safeguarding of the respondents involved.

The researcher obtained informed consent from the respondents involved. The study project was described in its entirety to the respondents at the initial meeting, before any empirical information was gathered. The researcher was in agreement with Dallos and Vetere (2005:170) in ensuring the respondents' informed consent. The researcher therefore requested the respondents to sign a consent agreement form (see Appendix 1), in which the particulars of the study and the observation (video recording) were clearly documented.

The researcher was able in this study to maintain confidentiality. Strydom (2005:60) notes that anonymity is essential to maintain the privacy of respondents. The researcher kept the identity of the respondents anonymous, by maintaining confidentiality in discussing and safeguarding all of the empirical evidence gathered. In addition, pseudonyms were used during the writing of this study. Due to London Child Protection Procedures and the UK Children's Act 1989, the researcher would have broken confidentiality if there was any concern about child protection arising in connection with a respondent or a friend or acquaintance of a respondent. This information would have been shared with the social worker involved in the case. This possible need to break confidentiality was clearly discussed with the respondents at the initial meeting, with the social worker present.

The researcher endeavoured to act in an ethically competent way whilst proceeding with this study. Strydom (2005:63) stresses that "… the entire research project must run its course in an ethically correct manner." The researcher remained objective and refrained from making value judgments throughout the research. If an ethical issue should arise, the researcher intended to consult with the respondents and study supervisor, and a joint

decision would have been reached, such as changing the research process. This type of difficulty could arise in connection with transference and countertransference within therapeutic work.

The researcher has produced this research in the form of a written report. The information would be presented clearly and unambiguously with all essential information necessary to the study. Strydom (2005:65) comments that: "Researchers should compile the report as accurately and objectively as possible." The research respondents in this study were informed of the findings in an objective and sensitive manner, without in any way jeopardizing confidentiality.

1.13 DEFINITION OF KEY CONCEPTS

The researcher is aware that completing this research study in the UK through a South African University would impact on how terminology will be understood. Therefore, the following clarification of key concepts is provided below.

1.13.1 Brief Gestalt therapy

Gestalt therapy is described as a holistic therapeutic approach, which involves observing and commenting on the person's organic functioning in addition to focusing on their perceptions of themselves and the world around them (The American Heritage, Stedman's Medical Dictionary, 2002:S.V.).

Additionally, Gestalt can be described as a practical psychotherapy, where the therapist works with the client to become aware of their responses in the here-and-now. Attention is paid to those times when this might be hard, thereby leading to helpful insights. As the person discusses and investigates their person, they are encouraged to notice their sensory and emotional responses. Additionally, the investigation of communication and contact are similarly important. Ultimately, working in this way can bring an increased self-awareness to the client (http://www.metta.org.uk/therap/psychotherapy/Gestalt.asp).

Brief therapy: According to the researcher, brief therapeutic intervention is direct in nature. It emphasizes a specific involvement in relation to the problem identified by the

client. Within this, the therapist is proactive in working with the client, enabling different and new perspectives to be thought about. Houston (2003:13) explains: "**Brief Gestalt Therapy** is for people; it does not set out to provide a formulistic treatment for cases or examples of categories of mental distress. Instead, based on well-tried practices of Gestalt Therapy, it requires both therapist and client to work urgently and truthfully on the dominant issues which present themselves here and now."

Within this research study the researcher will use the term "brief Gestalt therapy" in the above-mentioned way, where only the most dominant issues (such as the relationship between the carer and adolescent within an unstable foster placement) are worked upon, in an honest and trustworthy way, using Gestalt theory as a basis to provide short-term therapy.

1.13.2 Adolescent

According to Craig (1996:429), adolescence is "a transitional period between childhood and adulthood that takes place in a particular cultural environment."
Another definition states that adolescence is a "stage of growth and development ranging from about 11 or 12 years old to 17 or 18 years old in which major physiologic, cognitive, and behavioural changes take place" (Philpot, 2002).

For the purpose of this study, the researcher will maintain the above noted definitions of adolescence. However, this study will focus on early adolescence. Therefore, when "adolescence" is discussed in this study it will refer to the development phase between the ages of eleven years to fourteen years.

1.13.3 Unstable foster placement

The researcher will deal with the definition of this phrase by clarifying two separate terms, namely unstable and foster care.
According to Roget's Thesaurus 1995, the term "**unstable**" has the following meanings;
- Capable of or liable to change
- Following no predictable pattern

- Lacking stability
- Not physically steady or firm

"**Foster care"** is the full-time substitute care of children outside their own home by people other than their biological or adoptive parents or legal guardians.

The researcher will therefore use the term "unstable foster placement" in this study to describe the lack of stability of a young person living in foster care, away from their biological, adoptive parents or legal guardians. Additionally this term will entail a placement for an adolescent in which the foster carer feels unable to continue caring for the young person due to complex behaviour. When foster placement "breakdown" occurs, it is clear that the foster carer feels unable to care for this child at any time in the future. This "breakdown" could occur at any time during the foster placement. The breakdown of foster care placements is defined by Sainsbury (2004:1) in the following way: "Placement Breakdown is defined as the placement not lasting as long as planned."

The researcher has worked only in a longer-term foster placement, where there is a need for the placement to be supported.

1.13.4 Dyadic communication

According to the American Heritage Dictionary of the English Language 2004 and The Free Dictionary 2008, the term "dyadic" refers to "twofold" or "relates to a dyad". Hence ,the dyad in this research study denotes the foster carer and adolescent.

1.13.5 Attachment

According to Hughes (1997:10), attachment is the relationship between child and main carer that enables the child to develop psychologically in a healthy way.

Attachment theory has been defined as a way of understanding why human beings tend to form specific and long-lasting relationships with particular others and why disruptions or conflicts in these relationships can result in psychological, psychosomatic and psycho-

social disturbance. These conditions are necessary throughout the life cycle but are even more important in early childhood as they are likely to determine in very fundamental ways the course of further personality development (http://www.attachmentnetwork.org/about.html). In this study, the researcher will be referring to the above-mentioned definition of Hughes, wherein attachment describes the complex and unique relationship between child or adolescent and carer.

1.14 SUMMARY

Chapter 1 discusses the format and the way in which the researcher has dealt with this qualitative descriptive and exploratory research. In the following two chapters the researcher will focus on the literature studies that have been accomplished. This involves identifying the specific literature which pertains to this study, namely those books and articles addressing the issue of adolescents living in unstable foster placements. In addition, adolescent attachment and trauma will be identified, as these impact heavily on the coping ability of the adolescent in foster placement. Finally the underlying Gestalt theory, brief Gestalt therapy, play therapy and Hughes's treatment and parenting model will be discussed as these will be combined when gathering the empirical evidence.

Chapter 2

Significant Theoretical Concepts Relating to the Adolescent in Foster Care

What I live for

I live for something rare and true
I'm looking for the words so that I can tell you
It contains love and happiness
The things that we really miss

Some hearts are made of gold
But others are like stone so hard and cold
Behind their closed doors
They're screaming out but nobody knows

The feelings of anger they lock up inside
It's so hard to push these feelings aside
When you go to sleep at night
You see the birds in circled flight

And when you awaken the following day
You feel lost like the needle dropped in the hay
I live for something rare and true
I've found the words to give to you

(Young person, 16 years old, from a consultation conducted by Voices from Care Cymru, a user group of young people who are, or who have been, looked after in Wales, UK)

2.1 INTRODUCTION

In this chapter, the researcher describes the experience of foster care for adolescents. The researcher felt that it was necessary to explore the adolescent in a holistic way, including their journey from childhood into adolescence.

During the experience of foster care there are many factors such as trauma, loss, grief and separation which could affect the child or adolescent entering foster care. The researcher attempts to illustrate the complexities of trauma, abuse and the move into foster care, in relation to the internal and external world of the adolescent living in foster care and how these worlds are intertwined.

Additionally, the researcher covers the development of an adolescent, within the parameters of child developmental theories. The theories discussed include: biological theory, cognitive theory, integrative theory, Lewinian field theory and Erickson's child development theory. Through a discussion of these theories, the researcher leads the reader through the different transitions that occur within adolescent development, which are compared in relation to the focus of this study.

In view of the fact that this is a study of limited scope, the researcher has to point out that there are many more factors involved than could be incorporated. Still, the researcher feels that this chapter will provide a valid theoretical contribution regarding the experiences of adolescents living in foster care in the UK.

2.2 FOSTER CARE: THE IMPACT ON CHILDREN AND ADOLESCENTS

As a social worker, the researcher has experienced that children are often accommodated in foster care at a range of different ages and could experience living in foster care a number of times as the adolescent in foster care might have been in and out of foster care during childhood. The experience of the researcher thus confirms the observation of Ocasio and Knight (2003:8) that the adolescent in foster care may have had a history of different care episodes from early childhood, or could have grown up in foster care. It is

therefore imperative for the researcher to expand on the impact of moving into foster care, on the development in younger children and in adolescents (Fahlberg, 2004:134).

The childhood history of the adolescent to foster care often includes one or many experiences of trauma, abuse, neglect and, or loss. Harden (2004:32) states that children and adolescents in foster care have experienced "… exposure to maltreatment, family instability and a number of other risk factors that compromise their healthy development."

Children of different ages react in various ways to the stress and changes that accompany a move into foster care. When a child moves into foster care, they experience loss and separation from all they're acquainted with. They move into a new home with new carers. Moves for these children are traumatic as all they have known in their world has been taken away from them (Berrier, 2001:1). Additionally, the child is separated from their primary attachment figure (main carer), siblings, and extended family as, in the experience of the researcher, these children usually leave their local area, school, friends and even favorite pet. Fahlberg (2004:133) expands on this experience of a child entering foster care, by describing different ways in which the child will respond, ranging from little or no apparent reaction to depression. Berrier (2001:1) on the other hand, explains how the child's experience of loss and grief is dealt with in different ways at different times in their lives, depending on their developmental stage. These different ways of coping are depicted in Table 2.1 below.

Age	Infancy	Pre-School (2-5yrs)	School Age (6-11yrs)	**Adolescence (12-19yrs)**
Development	The infant is learning to trust adults and its world.	The child does not understand the cause, effect or permanence of the move.	The child is beginning to understand cause, effect and time.	The adolescent understands permanence and is in the process of forming identity.

Impact on behaviour and expression of loss and guilt	The infant could loose basic trust in adults and in its world. Crying (loudly/ mournfully), withdrawal and apathy.	Sadness, hopelessness, denial, guilt, possibly resulting in clingy, anxious or stubborn behaviour.	School or learning problems, pre-occupation with loss of carers or related worries.	The adolescent will experience grief through stages; shock/denial, anger/protest, bargaining, depression, resolution. Additionally, they could manage their identity formation through destructive behaviour, such as substance abuse, eating disorders and depression.

Table 2.1   Adapted from Berrier (2001:1)

Within this experience of loss and grief, Fahlberg (2004:134) identifies two main factors influencing the experience of loss. These include the child's abruptness of the separation and the strength of attachment they have had to their main carer.

As a social worker, the researcher has had experience of this process of abrupt separation. One such experience entailed an incident where a young child was brought to hospital with a fractured skull, which resulted in instant police protection and placement into foster care. Fahlbergh (2004:144) remarks that these children who are moved into foster care in an abrupt way, often get "stuck" in the grieving process which accompanies the separation from the attachment figure.

In discussing the child's attachment to their main caregiver from whom they are separated, the researcher would like to highlight the views of Hughes (1997:1). He states that many children in foster care who have experienced trauma and abuse in their past,

suffer from the lack of ability to form healthy attachments and relationships in the future. It is this damage and lack of ability to attach to a main caregiver that could cause further difficulties within the foster placement.

2.3 THE IMPLICATIONS OF FOSTER CARE ON THE DEVELOPING ADOLESCENT

The researcher believes that it is important to view the adolescent living in foster care, in a holistic way. In this regard, it is significant to note the way in which the adolescent is affected by their past abuse or trauma, and how this past impacts on their current coping ability within the foster placement (Fahlberg, 2004: 98-111).

2.3.1 Adolescent development

As described in 1.13.2, the adolescent is defined as a young person ranging between the ages of eleven and eighteen years. Adolescent development is described by Jackson and Goosens (2006:1) as "… the transitional period between childhood and adulthood."

The above-mentioned researchers (2006:1) go on to explain the complexities of this transition phase for adolescents, which include the complexity of physical, cognitive, interpersonal, and environmental changes that occur. These important aspects of this transition phase are briefly discussed in the following section in light of different developmental theories.

2.3.1.1 Developmental theories relating to adolescence

➢ Biological theory

Within the above-mentioned physical changes lies the essence of one of the most important changes which occur in adolescence, namely puberty. Puberty is defined in Geldard and Geldard (2005:4) as "… the biological events which surround the first menstruation in girls and the first ejaculation in boys." Accordingly physical changes in girls include breast development and hair growth, and in boys the development of thier sexual organs and their voices breaking. These changes signal the beginnings of a normal maturation process, which occurs at a different rate for each individual adolescent.

Within these physiological and biological changes hormonal changes occur, resulting in psychological, sexual and emotional transitions. In this regard, Jackson and Goosens (2006:37) specifically describe how hormonal changes impact on the growing adolescent. According to these authors there is an increase in hormones occur during puberty, leading to a complex range of emotions that the adolescent experiences. These include the setting in motion of excitability and sexual arousal, leading to disequilibrium which, in turn impacts on the adolescent's emotions and behaviour.

The researcher will be connecting and clarifying these activated emotions by means of discussing of Hall's theory (in Jackson & Goosens, 2006:14), which focuses on these emotions in an adolescent. Hall is of the opinion that "storm and stress" would surface within any adolescent's development. This period of storm and stress shows how the adolescent's emotions can be noted within polarities. He describes twelve such polarities of extreme emotions which play a part within the varied emotions experienced in adolescence. These are the following;

- inertness and excitement
- pleasure and pain
- self-confidence and humility
- selfishness and altruism
- good and bad conduct
- solitude and society
- sensitiveness and dullness
- curiosity and apathy
- knowing and doing
- conservatism and iconoclasm
- sense and intellect
- wisdom and folly

In addition to focusing on the above polarities of emotions mentioned within the context of Hall's theory, and the biological changes as discussed in reference to Geldard and Geldard (2005:4), the researcher will now focus on the cognitive aspect of adolescent

development. It is this cognition which allows the adolescent to be able to understand these complex emotions and physiological changes mentioned above.

> ➢ Cognitive theory

According to Piaget (in Rayment, 2008:1), in the stage of adolescence, the young person shifts from the concrete to the formal operational stage of cognitive development. It is with the capability of formal operations that the adolescent can explore all the logical solutions to a problem, imagine things converse to fact, think realistically about the future, structure ideas and grapple with metaphors that younger children cannot comprehend. Or as Coleman and Hendry (1999:36) put it, at this stage of cognitive development the adolescent becomes able to think in a hypothetical and deductive way. The researcher is of the opinion that mastering these important concepts will also enable the adolescent to make sense of the many differing emotions that they experience. The researcher also believes, however, that managing all of these many changes during adolescence, will inevitably be a testing time for the adolescent.

> ➢ Erickson's developmental theory

Erickson's psychosocial stages of development are discussed in Cox (2001:321) as an additional cognitive view of the developing adolescent. In a similar vein as Hall's theory above, Erickson states that the adolescent enters the "*identity vs. role confusion*" stage, which is full of "storm and stress". This ego identity is described as the reason behind the adolescent's inability to create a central identity. This ego identity has three parts to it, namely: a sense of consistency in the way in which they see themselves; a sense of continuity over time; and a sense of affinity between the adolescent's own beliefs and those of others. Hence, the adolescent strives to identify which roles within society, the community and the family they are able to incorporate into their own identity. They seek to discover which values and morals they can best identify with in their world, amid the purpose of generating their individual personality (Cox, 2001:321).

According to Ocasio and Knight (2003:5), adolescents struggle to resolve the conflict between two opposing roles and value systems within their worlds. This ego diffusion

could lead to confusion of purpose, and unclear feedback from family and peers, resulting in indistinct expectations of life. An adolescent living in foster care will, however, experience additional difficulties, such as mistrust in their caregivers, due to their earlier traumatic experiences. This could impact seriously on the creation of the adolescent's own identity.

In relation to the adolescent's identity formation, it is possible that a child may take responsibility for situations that they have no control over (Fahlberg, 2001:142). Developmentally, this occurs when the child is of schoolgoing age and is indicative of the response to trauma (http://www.centraliowachildcare.org/healthconsulting/trauma905 kg.doc). This "magical thinking" would also relate to the child's experience of separation when moving into a foster home. The researcher feels it is important to highlight that the adolescent in foster care, having experienced this magical thinking (self-blame) as a school age child, would have additional beliefs about themselves and the reasons for entering foster care (Fahlberg, 2001:142). The researcher therefore believes that this magical thinking would impact on the adolescent's identity formation.

> Lewinian field theory

The researcher has found that the Lewinian field theory fits best in thinking holistically about the adolescent living in foster care. Although this is a Gestalt theoretical concept, the researcher feels that it is applicable to the development of the adolescent in foster care. This theory focuses on the inner and outer experience of the person. Lewin (in McConvile & Wheeler, 2001:30), elaborates on the word "field", describing it as a "life space", which includes the "inner" and "outer" experience of the adolescent. McConvile and Wheeler (2001:30) describe this field as "… continuous in space and time."

The researcher interprets this field as being continuous in space and time around the adolescent. This space around the adolescent is interpreted as the changing external world which includes: societal, environmental, geographical, political and familial aspects. This would include all the areas from which the adolescent in foster care would draw in order to identify ideas, values, principles and beliefs, thus building on own identity (as

indicated by Erickson's theory of development above) The adolescent living in foster care would have a field including many different aspects such as; foster family, biological family, previous foster families, school, peers, social work and other professional input, societal conforming (such as not partaking in violent anti-social behaviour, or watching television), living in a city or in the country, or taking notice of political values. These external factors could all influence the way in which adolescents in foster care define their identity, which, in turn would support their psychosocial development (McConvile & Wheeler, 2001:30).

The field does not only comprise of these external factors mentioned above, but also includes the internal world of the person. Therefore, the internal world of the adolescent living in foster care includes biological and physical changes, as well as psychological and cognitive aspects of the adolescent. (Biological changes include those mentioned in 3.2.1.1.)

The psychological and cognitive aspects of the internal field of the adolescent in foster care include identity formation and emotional aspects of development where a form of "storm and stress" prevails (as mentioned in 3.2.1.1). In addition, the adolescent in foster care has to manage their understanding of the reasons behind their status of being looked after, as well as to manage their trauma. Furthermore, according to Hughes (1997:1), these adolescents would be experiencing some attachment difficulties.

The adolescent living in foster care thus has many different and complex developmental tasks to overcome. They live in a complex field of being.

2.3.2 Attachment and the coping ability of the adolescent living in foster care
The adolescent is often dealing with the experience of foster care by displaying behaviour which could be destructive in nature(refer to Table 2.1). These coping mechanisms are employed to manage difficult feelings such as those of loss and separation. In addition, the adolescent has to manage the effects of the trauma or abuse that brought them into foster care.

When discussing past trauma that adolescents in foster care have experienced, Browne (2001:58) states that these adolescents are more likely to experience crisis or problematic foster placements, than those who had not experienced early difficulties. Additionally, it was found that adolescents from abusive or traumatic backgrounds display less adaptive coping strategies than those who had not lived in foster care. This conclusion is shown in the two diagrams (Diagrams 1 & 2) below, adapted from Browne (2001:59).

<u>*Diagram 1*</u>*: The coping ability of a "normal" adolescent*

Normal stress

Current coping ability

Past life events
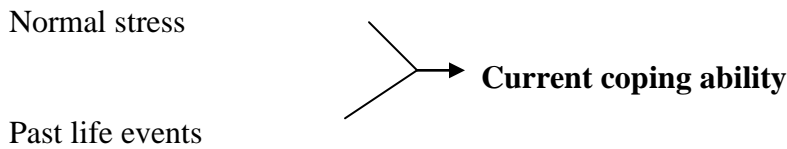
<u>*Diagram 2*</u>*: The coping ability of an adolescent in foster care*

Normal stress

Child abuse

Current coping ability

Past life events

Foster care status

Foster care breakdown
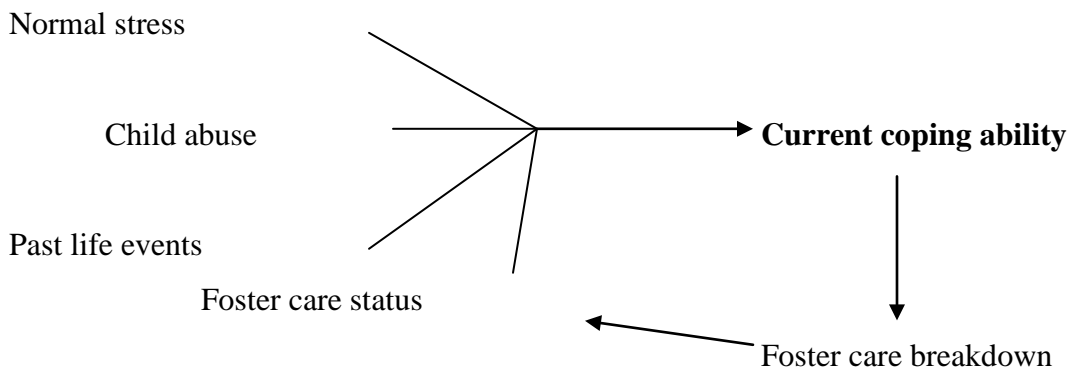
Adapted from Browne (2001:59)

These two diagrams show the difference in the internal field and coping abilities of the adolescent living in foster care, compared to the "normal" adolescent. The adolescent living in foster care therefore has many more stressors than the "normal" adolescent. As a therapist, the researcher believes that there are many more feelings of loss, rage and deep sadness encompassing the life of an adolescent in foster care (which correlates with the

complexity of the foster adolescent's field as described in 2.3.1.1). These complex feelings are depicted in a moving way in the poem at the beginning of this chapter.

These complex feelings experienced by the adolescent living in foster care are described by Browne (2001:59) as the result of the adolescent's past relationships and current life stressors, which in turn influence their ability to cope with the many complex events and feelings of adolescence.

Furthermore, the researcher takes into consideration the adolescent's attachment style and their inability to form attachments as a result of their earlier experiences. The following diagram (Diagram 3) shows the attachment behavioural system of a child as depicted in Fraley (2004:1).
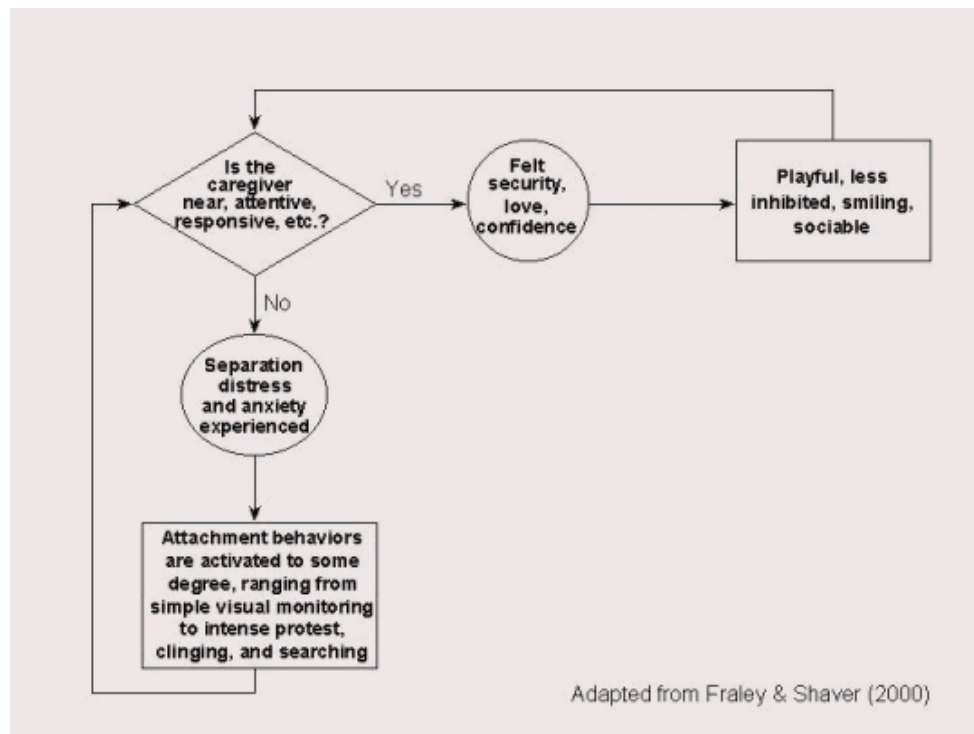
Diagram 3: The attachment behavioural system of a child

The researcher believes that this attachment behavioural system is similarly applicable to the adolescent in foster care. If the adolescent is supported, attended to and acknowledged by their carer, the adolescent will feel heard and an attachment will more

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easily be formed. According to the researcher, this quality of experience is an attunement experience. Stern (in Hughes, 2004:12-14) writes that attunement is the "… inter subjective sharing of affect." Hughes (2004:12-14) adds to this description of attunement by commenting that this experience involves a constant connection between infant and carer of social interactions, which help the infant to regulate and integrate their own feelings in order to form a sense of self.

When this attunement experience does not occur between the infant and its carer, the infant is unable to regulate and integrate their feelings, resulting in "… being basically flawed, and thus he feels empty, helpless, and hopeless" (Hughes 2004:28). Applied to the adolescent, the researcher believes that, if the carer is not supportive and the adolescent is not experiencing some attentativeness and attunement, the attachment as such will be difficult, not to mention the attachment difficulties that could arise.

Hughes (2004:49) lists the following characteristics of a child with attachment difficulties:

- They are rigidly focused on controlling all adults and the situation around them.
- They will manipulate rather than trust any other person.
- They have little or no experience with adults who are empathic towards them and who are responsive to their best interests.
- They have many deficiencies in their effective, behavioural and cognitive development.
- They are consistently vigilant, anticipating new trauma and generalizing from the experience of past trauma.
- They constantly experience shame and rage which is associated with this.
- They will deny the "bad self" (internal working model), whilst unable to experience the "good self".
- They will work to convince the therapist that their parents are also bad, in order to conform to their internal working model of being "bad".

The children and adolescents described above, all understand themselves through the past that they have experienced. Within attachment theory, there is an internal working model, described by Barrett and Pietromanarco (2000:155) as the way in which people see themselves in relation to others. This is similar to the description of magical thinking (refer to 2.3.1.1) of children when they come into care. The internal working model appears to be a way of understanding the self, in which the person is able to predict and understand their environment, enabling them to engage in behaviour that would continue to support this internal working model.

The researcher has taken this attachment process into consideration and consequently adapted the diagram below (Diagram 4) from Browne (2001:59), to depict the researcher's understanding of the adolescent living in foster care.

<u>Diagram 4</u>: The coping of an adolescent in foster care
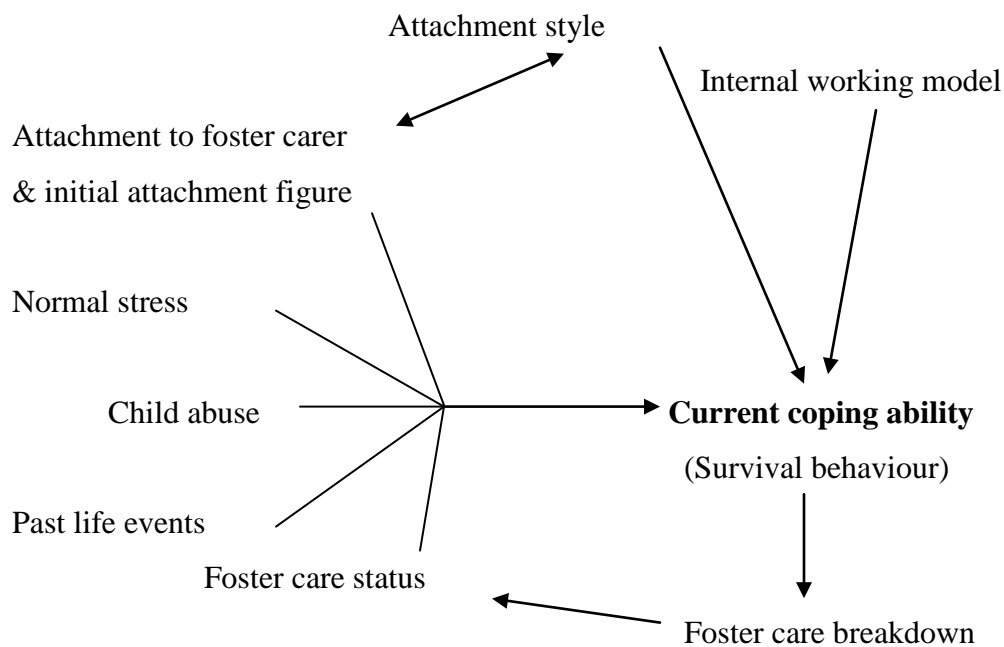
This adapted diagram shows how both attachment style and the internal working model of the adolescent influence the adolescent's coping ability and survival behaviour in order to continue to understand the environment in which they find

themselves. This behaviour influences foster care status and lead to foster care breakdown.

The researcher is convinced that the picture emerging from Chapter 2 is substantially enriched by understanding the Lewinian field theory (See 2.3.1.1). In connecting the many external and internal fields of the adolescent living in foster care, the researcher believes that a complex but more complete picture of what the adolescent in foster care has to cope with in this time in their lives is formed.

2.4 SUMMARY

In this chapter the focus was on the developing adolescent in foster care, highlighting the main concepts such as attachment, loss, separation and coping abilities, which impact on the foster care placement.

Because this research study is of limited scope, it has not been possible to discuss all the information pertaining to the adolescent in foster care. The researcher nonetheless believes the aspects highlighted in this chapter, are of fundamental importance to this study. The researcher anticipates that although this study is case specific and will not cover all of the many broader aspects touched upon in this chapter, it will nevertheless serve to stimulate the interest of those who are working with adolescents in foster care.

Chapter 3

Theoretical Concepts Relating to Therapeutic Models

We Come To Each Other...

After the wars, the
Injuries of life,
We come to each other.

After the near-deaths and
Real deaths...
After having been betrayed,
We come to each other...

After the solitude, the
loneliness, the
profound grief,
after lost nights,
the tears,
the accomplishments,
the books,
the skills acquired,
We come to each other
to rest
to heal
to laugh
to savour life
Fully and just for a moment...
to be free of pain.

Joseph Zinker (4.6.98)

3.1 INTRODUCTION

The above poem (in Zinker, 2001:123) describes the way in which people come together to help each other and to savour life admist many hardships. It is the view of the researcher that this poem describes the way in which therapy is a part of the support rendered by one person to another in order to reach a fuller potential through the gaining of awareness of their selves and their fields. In this chapter, the researcher will explain and describe the basics of the different types of theories that have influenced the researcher's thinking thereby creating the ground work for this study.

The theoretical concepts which together form the main basis of this study include brief Gestalt therapy and Gestalt play therapy. The main concepts of these theories, as applied in this study will therefore briefly be described.

3.2 BRIEF GESTALT THERAPY

3.2.1 Gestalt therapy theory

According to Bowman (2005:5), Gestalt therapy is "… a process psychotherapy with the goal of improving one's contact with community and with the environment in general. This goal is accomplished through aware, spontaneous and authentic dialogue between client and therapist. Awareness [is] explored in the present therapeutic relationship."

In comparison, Yontef (1993:1) states that the goal of Gestalt therapy is to support the client's gaining of awareness of their actions. This includes the awareness of how they are acting in the present, and how they are able to change these actions, and simultaneously accepting and valuing themselves.

Similarly, Clarkson (2004:1) describes the aim of the Gestalt approach as: "for a person to discover, explore and experience his or her own shape, pattern and wholeness. … In this way people can let themselves become totally what they already are, and what they potentially can become."

The main concepts of Gestalt therapy theory, integral to the understanding of the work in this research in this study will subsequently be discussed.

3.2.1.1 The phenomenological perspective

The phenomenological perspective is a core aspect of Gestalt therapy theory. According to Idhe (in Yontef, 1993:2), the word phenomenology describes a "… discipline that helps people stand aside from their usual way of thinking so that they can tell the difference between what is actually being perceived and felt in the current situation and what is residue from the past." Hence, phenomenology focuses solely on the experience of the phenomenon (i.e. the person, experience or object). There are no hypotheses or deductions involved in this process of the experience and description is resolutely more important than the interpretation of the experience (Clarkson, 2004:15).

The researcher therefore understands the process of Gestalt therapy to be one which focuses on how the phenomenon is in it's real being or essence. There is little regard for the interpretation of the discussion or behaviour, but rather, a focus is particular to the experience of the phenomenon. In this study, the focus of the therapy is the experience of the adolescent and carer.

The goal of the phenomenological exploration into the experience is that of insight, through awareness and experimentation. Insight is the clear understanding of the structure being studied (Yontef, 1993:2). Consequently, the researcher believes that Gestalt theory relies on the formation of awareness as one means to gain insight. In this study, the researcher will endeavor to show that for the adolescent awareness will support the achievement of insight. According to Houston (2003:7), when a therapist draws on the phenomenological perspective, the therapist allows the client to impact on him/her. In the course of this study, the researcher therefore remained aware of the impact that the client was making on her, in conjunction to being aware of the process of the experience for the adolescent in the room, where insight remains a goal of the work.

3.2.1.2 Awareness

Awareness and the gaining of self-awareness are integral to Gestalt therapy (Kirchner, 2003:1). Awareness in Gestalt is relational of nature and occurs within the context of others and the self. Additionally, Yontef (2005:87) adds that awareness involves the senses, is emotional and cognitive in nature.

The researcher understands awareness as the experience of being alert, in contact with the most pressing event of the inner (self) or outer (environment) field, which is an energetic process engaging the sensory, sensory-motor, cognitive and emotional support. (Yontef, 2005:87; Clarkson, 2004:39; Kirtchner, 2003:1).

3.2.1.3 "Here-and-now"

The researcher believes that the idea of gaining self-awareness is strongly connected to the concept of the "here-and-now". This concept refers to the focus on the present. Clarkson (2004:28) elaborates on this concept by describing the here-and-now as "… the whole person environment field at any one time." Yontef (2005:90) emphasizes that working within the here-and-now is the key to Gestalt theory.

According to Zinker (1977:78-85), the "here-and-now" is set in motion through a sensation. It is this sensation which is experienced within the present time, even though it might be a sensation which is triggered by a memory from the past. It is set within the moment of "now", within the space of "here", where the individual is present. Although this experience for the adolescent is a process, it is also one that the adolescent needs to take responsibility for in order to validate its content for the internal self of the adolescent.

3.2.1.4 Field theory

In discussing the experience of awareness, its functions and the presence of the "here and now", it is evident to the researcher that the self, other and environment are important concepts to the individual. It is also evident to the researcher that the individual interacts

within a field of being. The field therefore consists of "… the external or outer world of the client, along with his or her internal world …" (Toman, 2005:182).

The "field" is much more than just the environment, it includes the person's perception and understanding of the environment. According to Lewinian field theory, the "field" is referred to as the "life space" of the individual. This "life space" consists of the "… person and the psychological environment that exists for him" (Stammler, 2006:69). The "life-space" is further qualified by the surrounding of a boundary zone. There are some parts of the physical or social world which affect the life space within the boundary zone, as it is this external stimuli which will affect the way in which the individual interprets and understands the world around him (Stammler, 2006:69). The researcher therefore believes that awareness(refer to 3.2.1.2) is an ingredient in which contact is made between the life space (person and their psychological environment) and the non-psychological environment around him.

McConnville (in Toman, 2005:182) states that when working with adolescents, the field incorporates the "… genetic and physiological givens, the familial, social, cultural, political and geographical aspects of development, and the experiential domains of thought, need, fantasy and personality organization"(refer to 2.3.1.1).

3.2.1.5 Contact, figure and ground
According to Kirtchner (2000) contact "… is the forming of a figure of interest against a ground within the context of the organism-environment field." Clarkson (2004:5) further describes this "figure" as being the most important and significant for the individual at any one time. The "ground" refers to that which is the background of the figural experience. The researcher illustrates this with the example of an adolescent reading an interesting book. The "figure" is represented by the book, whilst the music playing in his bedroom where he is sitting in, represents the "ground".

Contact is an additional aspect connected to the process of contact and withdrawal. This process of making contact is described by Spanguolo Lobb (2005:27) as the definition of

the self. It is therefore the understanding of the researcher that the field interacts through a contact and withdrawal process, within which there is an important "figure" and "ground" present when supporting the individual to understand and define their individuality and meaning of the self. This cycle is called the cycle of Gestalt formation, the cycle of organismic self-regulation or the contact and withdrawal cycle (Clarkson, 2004:40; Lichtenberg & Gray, 2006:20; Stammler, 2006:69, Spanguolo Lobb 2005:103).

3.2.1.6 The cycle of organismic self-regulation

The cycle of Gestalt formation and destruction is illustrated as an uninterrupted movement of experience, where a need emerges through a sensory experience. This need is clarified and understood by the individual, who strives to satisfy this particular need (Clarkson, 2004:33).

Clarkson (2004:33) further describes this healthy cycle as moving through the following stages depicted by the diagram.

Sensation

Awareness

Mobilization

Action

Final Contact

Satisfaction

Withdrawal
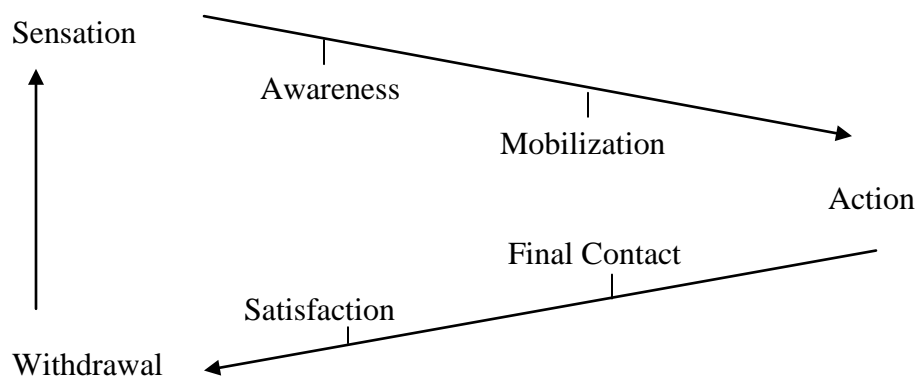
Diagram 5:

The cycle of organisimic self-regulation begins with a sensation within the individual, originating from an internal or external field. This sensation will be focused on in a cognitive way through which awareness is reached and a need is understood. As this awareness is adequately maintained, mobilization is harnessed in order to act on the

necessity to satisfy the original sensation. Through transforming energy into making contact with the environment from which the need arose, the individual is able to act for satisfying the need (Reynolds, 2005:19).

According to the researcher, the following can serve as an example of the organismic self-regulatory cycle. The adolescent is in the playground at school. A peer eats an apple and the adolescent notices his stomach beginning to rumble as the sensation of hunger grows. He becomes aware of his own hunger and gets up to go to the school shop to buy a sandwich. In this way the adolescent is mobilizing himself and his resources by going to the school shop. The act of buying the sandwich is the adolescent's action in attempting to satisfy his hunger. On his return to his peer, the adolescent eats his sandwich thereby satisfying his hunger. The adolescent's final contact with the sandwich, by finishing it, results in satisfaction of his hunger. The adolescent sits down to rest, thereby withdrawing into a contented state, in which a further need may materialize and the adolescent would return to the cycle of self-organismic regulation. In moving through this cyclical experience from sensation to withdrawal and back to sensation, a "Gestalt" is completed (Clarkson, 2004:41).

3.2.1.7 Disruptions to the cycle of organismic self-regulation
As the individual develops, situations arise where the flow of the cycle is interrupted and disturbances prevail. These disruptions could occur at any time in the cycle and therefore would affect the individual in different ways. The disruptions to this healthy cycle occur when the individual is either not willing to end a cycle, or is too eager to start a new cycle, so that the previous cycle is left forgotten and unfinished. (Clarkson, 2004:58). Several authors (Clarkson, 2004:59; Reynolds, 2005:161; Zinker, 1977:98) agree that this disruption of a self-regulatory cycle would therefore lead to an unfinished "Gestalt".

The following disruptions are described by Clarkson (2004:59) in relation to where they occur within the cycle of organismic self-regulation.

- **Desensitization** occurs within the sensation phase of the cycle. Desensitization is where the senses and feelings are numbed.

- **Deflection** occurs within the awareness phase of the cycle. This occurs when the individual draws away from contact with another person.

- **Introjection** occurs within the mobilization phase of the cycle. Introjection is when the individual assimilates parts of the field around them. This could involve physical items such as food, or cognitive aspects such as ideas or rules.

- **Projection** occurs within the action phase of the cycle. A projection is the way in which an individual will attribute a trait of their own to another.

- **Retroflection** occurs within the final contact phase of the cycle. Retroflection is to "sharply turn back on." Two types of retroflection exist. The first is when the individual will do to himself that he wants to do with or to someone or something else. The second type of retroflection is when an individual will do something to themselves which they want or wish others to do to them.

- **Egoism** occurs within the satisfaction stage of the cycle. Egoism is the way in which the individual will step outside of themselves and will become a spectator in their own relationship between their selves and the environment.

- **Confluence** occurs within the withdrawal stage of the cycle. Confluence is where the individual will not differentiate from their environment.

The table below (Table 3.1) describes these disruptions in a table format and connects them with the stage of the cycle of Gestalt formation in which they occur.

Disruption	The stage in which the disruption appears in the cycle of Gestalt formation
Desensitization	Sensitization
Deflection	Awareness
Introjection	Mobilization
Projection	Action
Retroflection	Final Contact
Egotism	Satisfaction
Confluence	Withdrawal

***Table 3.1**: Disruptions to the cycle of Gestalt formation*

Adapted from Clarkson (2004:59)

3.2.1.8 I-thou

Within Gestalt theory, the therapeutic relationship is dialogic in nature. The Gestalt therapist involves the individual in therapy through dialogue. Dialogue is experienced as nonjudgmental and conducted with "… caring, warmth, acceptance and self responsibility" (Yontef, 1993:3). Melnick (2005:109-110) states that the therapist needs to be present within the dialogue in order to work towards the I-thou moments within the therapeutic relationship.

The I-thou concept in this study, therefore relates to the way in which the researcher and the adolescent connect in their understanding of each other within the therapeutic relationship. The I-it moments relate to objects and occur when the therapist or adolescent will turn other persons into objects. An example given by Clarkson (2004:20) is when the client will project onto the therapist, thereby making an object of the therapist. This illustrates the importance of the necessity of a sound relationship within therapy. To support the therapeutic relationship it is therefore essential that the prerequisites of presence, genuine and unreserved communication and inclusion are in attendance (Woldt, 2005:xviii).

According to Yontef (1993:3), there are four characteristics are present in true dialogue. These entail the following:

- **Inclusion,** which involves the therapist participating fully in the dialogue, in a non-judgmental way, yet retaining a sense of separateness, thereby allowing the individual to experience self-awareness in a safe way. There is a crucial element of trusting the therapist in the phenomenological experience of the individual within the experience of dialogue.

- **Presence** of the therapist is important for the gaining of self-awareness by the individual. The therapist uses phenomenological reporting in supporting the individual to become aware of the own self.

- **Commitment to dialogue** by the therapist is important to allow the dialogue to take place as an experience between two people.

- **Dialogue is lived,** as it is an experience between two people where there is a commitment to the phenomenological experience and the movement of energy between two people.

Dialogue therefore consists of the presence of two committed people allowing for each other's phenomenology, in an inclusive way.

3.2.1.9 Responsibility

Clarkson (2004:93) states that Gestalt is based on "… a fundamental assumption that people are responsible for their own feelings and behaviour …" Within the dialogue it is important for the individual to use "I"-expressions in order to take responsibility for their feelings, beliefs, experiences and behaviour (Clarkson, 2004: 93).

3.2.1.10 Polarities

According to Zinker (1977:197), the individual has polarities of characteristics within themselves as a result of their past experiences. There will be some which are accepted by the self, whilst others would not be. Zinker (1977:197-200) describes the healthy person as "… a complete circle, possessing thousands of integrated and interlaced polarities all melted together."

The healthy individual is one who is aware of the polarities within the self and accepts these polarities even if they are not positive. There is, however, little if any awareness of polarities within the disturbed person, who will also reject and be unable to accept those, parts of the self, which this person may consider intolerable (Zinker, 1977:197-200).

3.2.2 Attributes of the therapy process

There are many attributes that go hand in hand with the therapy process. As this is a study of limited scope, the researcher only describes the following attributes which apply to this study.

3.2.2.1 The therapeutic relationship

The discussion of the therapeutic relationship has begun when the cycle of Gestalt formation and dialogue(refer to 3.2.1.6-3.2.1.8). The building of a therapeutic relationship is one which is unique to each individual. It is important to start where the individual is, with truth, commitment, value, respect, honesty, genuineness and acceptance of the individual's phenomenology (Clarkson, 2004:87). This special therapeutic relationship fulfils a basic human need.

In relation to this study, Oaklander (2006:20-21) remarks that the existence of a therapeutic relationship as such is already therapeutic in nature for the adolescent. According to Geldard and Geldard (2005:81-83), the adolescent needs the therapist to consistently join with the respondent(s) at the beginning of each session. This was carried out consistently by the researcher in the therapeutic sessions. This helped to go on to building the therapeutic relationship, which throughout the therapeutic process was constantly growing in trust and honesty. The adolescent valued the ability to be able to revisit the relationship throughout the work, thereby gaining an example of managing relationships within their field. If this revisiting of the relationship did not take place, there would be more opportunity for the adolescent to resist the therapeutic process.

- *Resistance*

According to Perls (in Maurer, 2005:252), "… resistance is creative adjustment to a situation." Within Gestalt therapy, resistance is respected and accepted as a human response to something that is risky or where there is some unfinished business in the individual. The therapist should always be respectful towards this resistance, as this is a way in which the adolescent protects themselves. In this way the presence of resistance is an ally to the adolescent (Oaklander, 2006:23). Geldard and Geldard (2005:132) state that the use of metaphor with adolescents enables them to work through resistance in a way that is manageable for them.

3.2.2.2 Boundaries

Boundaries are important to help lead the individual to self-awareness. This involves helping them to understand the boundaries within their internal and external fields (Clarkson, 2004:89). Boundaries need to be sustained within the therapeutic relationship, and it is essential for the therapist to remain robust and genuine in order to build the therapeutic relationship. In this way the therapist is able to help the client to build the adolescent's self (Clarkson, 2004:105-162).

Geldard and Geldard (2005:205) mention that the adolescent is in the process of understanding different relationships in their lives and that it is important for the therapist to help the adolescent in therapy to understand boundaries and where the therapist fits into the adolescent's life. Geldard and Geldard (2005:206-207) further state that the adolescent would learn the following within this exercise of understanding boundaries:

- That it is suitable for adolescents to have boundaries within their lives.
- That other people have their own boundaries which they have no control over.
- Relationships are energetic and they are able to control the boundaries within their own lives.
- Different ways of behaviour are appropriate to different relationships due to different boundaries put in place by the adolescent.
- It is important that the adolescent show others in their lives clearly where their personal boundaries lie.

- Boundaries need to be respected and honoured by the adolescent and others in their lives, in order for relationships to prosper.

3.2.2.3 The creative experiment within Gestalt therapy

The use of an experiment in Gestalt therapy supports the individual to actively discover the self. Zinker (1977:124-125) explains that the creative experiment is also born out of the experience of the individual, and is used to support the discovery of awareness and modification of behaviour. The creative experiment is therefore a way in which the individual is supported in finding new ways to express the self. Zinker (1977:123) states that "… the experiment is the cornerstone of experiential learning. It transforms talking about into doing, stale reminiscing and theorizing into being fully here with one's imagination, energy and excitement."

In this study the researcher therefore planned to support the adolescent through the use of experiments in the course of the therapy. The nature of the experiments was based on the adolescent's problems and experiences in the here-and-now, although the adolescent's past life experiences had an impact on the present.

Zinker (1977:128-147) states that although there is a complexity contained by the "dance" between adolescent and therapist in the creation of the experiment, the following is a general sequence in which the creative experiment grows:
- Laying the **groundwork**, in which the therapist will explore the adolescent's perspective.
- Negotiating **consensus** between the therapist and the adolescent. This is where the therapist involves the adolescent in the design of the experiment and will discuss the adolescent's willingness to participate.
- **Grading** the work in terms of experienced difficulty for the adolescent is essential, as it is important that the adolescent is able to master this experiment within the time of the therapy session.
- Surfacing the adolescent's **awareness** is important as awareness goes hand in hand with sensation and emotion. Therefore the therapist will consistently

monitor the adolescent's sensory capacity in order to support the adolescent in gaining self-awareness.

- **Focusing** awareness and energy towards the development of a theme, where the therapist is focusing on where the most energy is for the adolescent so that a learning possibility could be elicited.

- Generating **self-support** for the adolescent and the therapist. This self-support allows for the adolescent and the therapist to become grounded in the here-and-now, so that they are both fully present for the experiment to begin.

- **Choosing** the particular experiment within a particular theme. This theme for the experiment is grounded in the specific content of the therapy session. The choice of experiment is decided upon by the therapist as to what would be most effective for this adolescent at this particular moment in time. Once an experiment has been chosen and opened up to the adolescent, willingness to participate is once again negotiated and the experiment is then carried out.

- **Debriefing** the adolescent in order to gain insight and completion in the adolescent's Gestalt. It is important here for the therapist to ask the adolescent what they have learnt through this experiment, as it is the experience of the adolescent and any learning, gaining of insight and completion of a Gestalt which is paramount.

An example of a well-known experiment in the field of Gestalt theory is the Empty Chair technique. Joyce and Sills (2007:103) point out that this technique could be used in many different ways: to highlight and investigate introjections, polarities and projections. It is a way in which the client is able to explore interpersonal dynamics and their view of such. The therapist may also suggest this technique to support the client in practicing a new way of being. When practicing this experiment, the therapist brings in an unused chair in the room, which is not in any way significant to the client. Place an imaginary person/ introject/ polarity in this chair. Support and encourage the client to "talk to" the chair. In this way, the client is able to hold an uninhibited conversation with the "item" placed in the chair. This technique enables all aspects of the situation to be thought about and

brought to the client's awareness. It is also an unthreatening experiment for the client, as the "person" in the chair is not real (Zinker, 1977:150).

3.2.3 The adolescent in Gestalt theory

The adolescent in foster care has invariably experienced some type of trauma, which has led to the child's removal/rejection from their parents. According to the researcher, there is therefore a reasonable possibility that the adolescent would have some emotional difficulties. Perhaps the adolescent has been neglected as a child being parented by an unresponsive parent, who did not bring any attunement experiences to the parent-child relationship. If this parent was also a drug abuser and the parent's moods ranged from caring to traumatizing, this child would internalize this behaviour as "I am bad", and the adolescent creates an internal working model for the self (Hughes, 2004:31). In this way the healthy functioning of the child's Gestalt is disrupted and any one or more of the disruptions discussed in 3.2.1.7 could occur.

According to the researcher, desensitization most commonly occurs with traumatized or abused children, as their Gestalt cycle might have been interrupted at the early stage of sensitization. As this child finds a way of managing their feelings and coping with an incomplete Gestalt, he will act out such feelings resulting in difficult behaviour (Hughes, 2004:29-31). The researcher believes that this child then matures to become an adolescent who might experience some attachment difficulties which could impact on the foster placement and the relationship between the adolescent and foster carer (Hughes, 2004: 3-5).

As the child grows into adolescence, the child might struggle with the adolescent development and find many polarities within the self. This adolescent might then begin to discover two parts of the self. One will be the self which relates to their past, whilst the other is the self who is established within their senses due to their body changes. These two selves struggle to create an identity which will be fitting for the adolescent. The gaining of awareness through therapy is important for the adolescent, as defense

mechanisms create difficulty for the growing adolescent (compare Oaklander, 2006:97-98). This has also been mentioned in Table 2.1.

As the traumatized adolescent is now living within a stable environment in foster care, and is undergoing therapy to support them in completing their Gestalt and in facing their historical difficulties, the adolescent is allowed to grow into a healthy individual who will be able to form healthy attachments (Hughes, 2004:4).

3.2.4 Brief Gestalt Therapy

As discussed in Chapter 1, in this research study the researcher will use the term "brief Gestalt herapy" (BGT) where only the most dominant issues in therapy are focused on, providing short term therapy. Houston (2003:43-85) explains that there are three main parts that constitute BGT. These are the beginning, middle and end of the therapeutic venture.

3.2.4.1 Beginning

In beginning the work, it is important to identify with the adolescent what outcomes they are seeking and where they see themselves at present, thereby describing the goals of the therapy. This first discussion is described by Houston (2003:44) as building a "working alliance". The focus will be on identifying the foreground difficulty (problem or reason for referral) and using scaling methods, to identify where the adolescent see themselves at the end of the therapy.

Houston (2003:45) states that at the start the following phenomena should be present:

- There should be a **consistent energy** in the work. This will bring forth a higher focus and attention within the session time. It will also allow therapists to access their full potential and be totally present with the client.
- A field of **"relevant totality"** should be created. Houston (2003:45) describes this term as a state in which the client and therapist are able to

build a healthy regard, where self-care and hope are based within the field of the therapy session.

- A "**working alliance**" where there is a mutual understanding between the participants of why they are there and how they are going to complete the work. This is a task-orientated understanding.

- The **therapeutic relationship** should also be incorporated. This includes feeling and attitude between the client and therapist, where both cooperate in building a trusting relationship.

- A focus on the **"here-and-now"**(refer to 3.2.1.3).

- The application of a **dialogic attitude**, where the therapist responds to and comments on the subjective phenomena that are presented by the client (refer to 3.2.1.8).

- Working with **polarities** continues throughout the therapy, thus it could be helpful to introduce this right at the start of the work(refer to 3.2.1.10).

- In addition, the therapist should continue to work in an **open and honest way** with the client. Dialogue would therefore be non-judgmental(refer to 3.2.1.8).

- It is important for the therapist to discuss **boundaries** with the client and support the client to maintain them(refer to 3.2.2.2).

- The therapist should continue to **assess** the work in relation to the present focusing on the "here and now" within the client's field.

As mentioned above, the researcher was planning to support the adolescent and carer in gaining a therapeutic alliance, working towards a therapeutic relationship which would focus on the here-and-now, using dialogue and exploring issues through the use of polarities, in an open and honest way, where boundaries are adhered to and an assessment is possible to take place.

3.2.4.2 Middle

According to Houston (2003:56), the middle phase incorporates a focus on the agreed intentions discussed in the initial phase of the therapy. This could entail many different

aspects or issues which the adolescent and carer have decided that they would like to work on. In this respect the therapist will make use of creative experiments in therapy in order to support the adolescent in completing any unfinished Gestalt's(refer to 3.2.2.3). During this phase, the researcher intended to combine play therapy models and techniques which will be discussed later in this chapter. The researcher anticipated that through the therapy the adolescent will become more self-aware and be able to gain insight into the self.

3.2.4.3 End

The ending of any therapy involves intense emotions and apprehension for the adolescent. By means of the therapy, the therapist has become someone who could support the adolescent in their learning of self-strengthening and building on their self awareness. The therapist has therefore become very important to the adolescent and the adolescent could feel that this important person in their lives is about to abandon them. For this reason, Houston (2003:77) notes that it is important for the therapist to be aware of the heightened emotions attached to endings.

In addition, Clarkson (2004:156) is of the opinion that it is important for the therapist to support the adolescent in revisiting the growth in the self and the awareness that they have developed. The termination of therapy is also emotionally loaded and the adolescent would need to explore these emotions. Additionally, it is important for the therapist to negotiate and think along with the adolescent about how they have managed endings in the past and if they would like to end in a similar, or a different way. The therapist is respectful towards the adolescent's wishes and supports the ending in an honest way (compare Clarkson, 2004:156; Houston, 2003:75-85).

3.3 GESTALT PLAY THERAPY

Lampert (2003:73) states: "Play and art are the child's natural forms of expression. As therapeutic techniques, they provide the opportunity to experience growth and healing under the most natural of conditions." It is within this play that the child or adolescent is

able to express their difficulties and emotions in a natural, symbolic way (Blom, 2004:19).

In using the Gestalt approach, a therapist will not interpret the child's play, but will be continuously aware of the child's reactions, and will selectively share them with the child or adolescent, supporting them in the gaining of awareness and understanding of the self (Lampert, 2003:83).

3.3.1 Models of Gestalt play therapy

There are different ways (and models) in which the therapist can engage the child or adolescent (Geldard & Geldard, 2005:57). The researcher will discuss two of these , namely the Oaklander model and the Schoeman model.

3.3.1.1 The Oaklander Model

Gestalt play therapy was pioneered by the work of Dr. Violet Oaklander in her 1978 text, "*Windows to our Children: A Gestalt Therapy Approach to Children and Adolescents.*" This text described a model of working with children and adolescents based on Gestalt therapy theory.

Oaklander (1988:53) states that her main aim for each session with any child, or adolescent is to "… help the child to become aware of herself and her existence in her world." It is within this aim that the Gestalt therapist starts a therapy session with a child or adolescent. The therapist will discover a way to "dance" with the adolescent by supporting the adolescent and proceeding at the adolescent's pace, in addition to guiding the session in a creative way, to bring forth self-awareness (Oaklander, 1988:53).

Oaklander (1988:53) describes the following fourteen steps as a therapeutic process:
- The therapist will begin the session with welcoming the adolescent, asking how they have been, after which the therapist will request the adolescent to make something, using any medium in the room. This task that the therapist requests of the adolescent can be seen as a projection of their inner self in sharing the

experience of the task (drawing, painting, clay, sand, music, etc). This is the adolescent's way of sharing of their self with the therapist.

- The adolescent is asked to share and describe their task in their own way. This is a further sharing of the adolescent's self through the projection of the picture.

- The therapist supports the adolescent in elaborating on the task, by further describing the shapes, forms and colours and by making parts clearer. This encourages the adolescent to proceed to a further self-discovery on a deeper level.

- The therapist asks the adolescent to further describe the task in the first person. An example of this is: "I am this picture. I have red eyes and a blue sun. I have a car flying in the air." This will support the adolescent in taking responsibility for their creation and themselves(refer to 3.2.1.9).

- The therapist then identifies parts of the task for the child to identify with. "If you are the car, describe yourself further, what do you look like, what do you do?" In this way, the adolescent is brought further into taking responsibility for different parts within the picture, and in their life.

- The therapist then goes on to ask the adolescent questions about themselves as the task (drawing), to gain further detail. The therapist asks more questions, if necessary, to aid the process of getting into the drawing. By doing this the therapist opens up many possibilities to which the adolescent can relate, or in which the adolescent can exist and function.

- The therapist gets into different parts of the task with the adolescent in as much detail as possible. This includes asking the adolescent about what the object in the task is thinking and feeling and about its future and past. This includes questions about family, friends, favorite sports, etc. These questions bring the adolescent's current life into the metaphor of the picture.

- The therapist then moves on to ask the adolescent to conduct a dialogue within the task. An example of this is when the therapist asks the adolescent to conduct a dialogue between two different parts, objects, or people in the picture. In addition, the therapist will ask the adolescent to dialogue between two opposing parts of the picture, which might be opposing parts of their self, or their situation. Further

clarification within this discussion of polarities or oppositions in the picture brings further awareness of the drawing and the adolescent (refer to 3.2.1.10).

- The therapist encourages the adolescent to become aware of using their senses before beginning the task. This includes focusing the adolescent's attention on the colours they will use, the feeling of the sand or the clay. In this gaining of awareness, the adolescent will be more in touch with their senses and their feelings (refer to 3.2.1.2).

- It is important for the therapist to remain in touch with the adolescent by being observant of body language cues, such as changes in tone of voice, or the expression of feelings, such as anxiety in fidgeting. Noticing these cues, the therapist is able to support the flow of the work and notice how the adolescent is managing the process.

- The next step is for the therapist to help the child identify with the projection and any discussions within it. The therapist will ask: "Does this remind you of your life in any way?" or "Is there anything about this picture, which reminds you of something in your life?" This owning of the picture is important for the adolescent as a way of gaining self-awareness. The adolescent will not always own the picture or projection, as this could be too frightening for them, or they might not be ready.

- When the adolescent does own the picture, the therapist will then leave this and work with the child on the real life problem that has arisen for them. It is likely that this real life problem will be on their foreground and that is why it has arisen at this particular time (refer to 3.2.1.5).

- It is important for the therapist to be aware of any missing parts, or empty spaces in the task (picture or sand tray). These missing parts could be essential in helping the adolescent to understand their picture and their self better.

- At this stage, it is important for the therapist to remain with the adolescent in their foreground (refer to 3.2.1.5). If there is sometimes less energy in this foreground, then a polarity could be used and the opposite of this problem could be discussed (refer to 3.2.1.10). The therapist will support the adolescent in managing their real life situation and help them to bring closure to the Gestalt that they have been struggling with in their foreground (Oaklander, 1988:56).

Throughout the process of this model, the therapist remains in touch with their own senses and those of the adolescent. The owning of the picture is sensory in nature and important to help the adolescent move into an emotional space. The discussing and questioning of the picture will help the adolescent to move into a deeper level, bringing their foreground alive within the picture. The picture then becomes a projection of their self, which, if they are able to own it, will bring about self-awareness. It is not always possible to follow these steps methodically so it is left to the therapist to "dance" with the adolescent through this process in which ever way will support them the most. (Oaklander, 1988:53).

3.3.1.2 The Schoeman model

The Schoeman model was born out of the play therapy work of Oaklander. This model was devised by Schoeman and it structures the process of a play therapy session. Like that of Oaklander, this model is only a framework for the therapist and should not be followed slavishly (Schoeman, 2005:1).

The following steps describe the Schoeman model (2007:1-3):

- The therapist should build the therapeutic relationship. It is this relationship that will become the basis of the therapy (refer to 3.2.2.1). The therapeutic relationship should include the constant flow between the "I-thou" and the "I-it" moments. The dialogue is important to any relationship, as the characteristics which involve this (refer to 3.2.1.8). The therapist and adolescent need to be committed in the therapy together. In this way, the therapist and adolescent will be able to explore any difficulties that might occur. It is important to keep resistance in mind (refer to 3.2.2.1). The experience of exploring the relationship and how the adolescent reacts to the therapist and manages new experiences offers the therapist a means of understanding the adolescent.

- The therapist needs to work with the senses of the adolescent. This helps the adolescent to become more sensory aware and therefore leads to further ability for the adolescent to become emotionally aware. Awareness is holistic in nature and involves an experience on psychological, physical, emotional and spiritual levels. In

the gaining of awareness, it is possible for resistance to appear within the therapy (refer to 3.2.1.2).

- It is important for the therapist to understand the way in which the adolescent functions. This is called the "adolescent's process". This process entails the belief systems and the way in which the adolescent functions. The therapist will understand how to help the adolescent when the therapist has grasped the way in which this unique adolescent lives within their world, organizes their life and functions on a daily basis. The therapist should remain vigilant as to the adolescent's safety needs and the entire field of the adolescent (refer to 3.2.1.4). The therapist and adolescent are creative in the therapy together, using creative experiments to further the work (refer to 3.2.2.3). In noting the adolescent's process, the therapist discovers the way in which the adolescent will make contact with and withdraw from their world (refer to 3.2.1.6).

- The therapist will then ask the adolescent to create a projection. This is the task described above in the Oaklander model. The projection could take the shape or form of anything, such as a painting, drawing, clay work, dancing, music, etc. The therapist is then able to incorporate the Oaklander model into this stage, where the projection is described and ultimately brings forth the foreground problem. It is important for the therapist to keep the processes of transference and countertransference in mind.

- It is important for the therapist to help the adolescent to own the projection. This owning of the foreground problem that is an important step for the child to resolve this problem. This fits in with the cycle of Gestalt formation (refer to 3.2.1.6). The therapist will also remain sensory aware in order to track the adolescent's sensory responses and will comment on them in order to support the adolescent in gaining further awareness of their own situation.

- The therapist then supports the child in finding alternatives for the foreground problem. It is important for the therapist to be merely a catalyst in the adolescent's conveying of alternatives and not to suggest the therapist's own alternatives. Through the use of respectful enquiry, the therapist is able to bring the adolescent

into awareness of their functioning and allow for alternative view points to be approached.

- Clarification is important for the child to enable them to understand the process that they have just been a part of. It is important for the therapist to ally themselves with the part of the adolescent in discovering the way they are, rather than joining with the part of the adolescent who wants to change.

- It is essential that the child's life is brought into a positive frame, so that they are able to maintain the "difficult" bit that they have disclosed in the session, along with the positive parts of their life. This empowerment phase is significant for the therapist to support fuller awareness of the adolescent's already developed senses of internal and external support.

- The therapist will now move into evaluating the process of the session with the adolescent prior to ending. It is important for the therapist to ascertain if the session has been a valuable one for the adolescent.

- Schoeman stresses the need for the adolescent to be able to self-nurture. This supports the adolescent in being able to integrate themselves within this process. The self-nurturing aspect allows the adolescent to support themselves as they return into the world, leaving the safety of the playroom and the therapeutic relationship.

The Schoeman model is a broader model, encompassing the essential aspects of any Gestalt play therapy session, whilst the Oaklander model can be incorporated into the Schoeman model.

3.4 THE TREATMENT AND PARENTING MODEL OF DANIEL HUGHES

The treatment and parenting model of Hughes is specific in supporting those particular children and adolescents who have been through a trauma, which in turn has led to the child or adolescent experiencing attachment difficulties (Hughes, 2004:1-10). This model is also extensive in nature. The researcher will not attempt to describe the totality of his model, but will only touch on the most significant parts of the model applicable to this study.

3.4.1 Therapeutic principles

In working with traumatized children, with attachment difficulties Hughes (2004:55-70) has identified the following principles which are important to use within the therapeutic process;

3.4.1.1   The Therapist should be Directive and Empathic.

Hughes (2004:55-60) emphasizes that a direct approach by the therapist is essential, as the child with attachment difficulties will assume that the therapist is easily manipulated. Hence, the therapy would not be beneficial, unless the therapist is in charge (where strong boundaries lie) and is able to create an empathic space allowing for attachments to be formed. The therapist must be persistent in this approach and should be in control of the entirety of the session, including: the pace, themes, activities and the emotional atmosphere of the session. This is far more directive than any other type of Gestalt therapy described above, but is essential for the adolescent who is unable to attach, as it does not allow for any of the adolescent's integrated past and difficult coping mechanisms to take over the therapy session. Once again, Table 2.1 brings in relation the effects of loss on the adolescent, in which the researcher believes attachment difficulties lie.

In the session, therapist communicates empathy for the child's emotional, behavioural, cognitive and physical experiences. This fits with the dialogue of Gestalt (refer to 3.2.1.8). The therapist will also use the mother-infant interaction with the child. This should demonstrate and mirror the mother-child attunement experiences that the child should have experienced in babyhood.

3.4.1.2   The work should be relationship-centred

Hughes (2004:61-64) states that the therapist should focus on the therapeutic relationship and the adolescent-parent relationship simultaneously. The therapeutic relationship, as mentioned above, will mirror the mother-child attunement relationship, which will also enhance the adolescent-carer relationship. In this way, the researcher integrated the characteristics of the therapeutic relationship within

Gestalt therapy as described in the discussion of the Schoeman model (refer to 3.3.1.2). This includes the above-mentioned discussions within the thinking of Gestalt therapy theory, focusing on the I-thou dialogue (refer to 3.2.1.8) and the therapeutic relationship (refer to 3.2.2.1).

Hughes (2004:64) describes three underlying ways, indicated below, in which the therapist is able to engage an adolescent in any situation.

➤ *Empathy*

The adolescent will more readily be able to accept conflict and stress when empathy is shown. With this positive role modelling the adolescent will eventually learn how to show empathy to others.

➤ *Curiosity and interest*

In watching an adolescent's facial expressions, moment-to-moment gestures, choices, emotions, voice tone, eye contact, etc., it is possible to notice if the child is engaged. If these qualities are important to the therapist, they will become more important to the child. If the therapist is showing interest, then it is less likely that the child will feel evaluated or criticized.

➤ *Playfulness*

It is important to engage the child in a playful way, as shame and laughter are incompatible with each other. It is this inherent and pervasive shame that the therapist wants to disentangle.

3.4.1.3   The work should be emotionally rich

Hughes (2004:64-66) notes that as the adolescent's past emotional experiences were so painful, he will try to avoid emotionally rich experiences. An adolescent with attachment difficulties must find a way to integrate the complex and mixed emotions in their minds in relation to intimate relationships.

The adolescent will begin to learn that both intense rage and love for the same person are present in the self. It is important that the adolescent is able to understand and master the entire range of emotions that is being felt. At the same time, the adolescent

with attachment difficulties needs to learn that there is not rejection on the part of the therapist, nor the need to disintegrate into self-hate as a result of expressing a range of conflicting emotions in therapy.

As the adolescent learns to manage these feelings within their relationship, they are slowly able to integrate these mixed feelings and experience a reciprocal relationship. It is only by ensuring that the work remains rich in emotional content that the adolescent will experience a range of emotions. In this way the adolescent could learn to manage their emotions in a safe environment, without rejection, thereby enabling the adolescent to regulate and integrate these emotions into the self.

3.4.2   The therapist should be focused on attachment sequences

Hughes (2004:66-70) mentions that in the first few years of life, the mother will create a healthy attachment with her child through attunement experiences. A healthy attachment evolves through many moments of attunement, in spite of breaks in this attunement. A child with attachment difficulties has not had attunement experiences, or not enough and therefore this is focused on within the therapy (Hughes, 2002:1). The building of attunement experiences and breaking of attunement, is essential for the adolescent with attachment difficulties, as empathy and support are provided when re-establishing attunement (Hughes, 2004:67). These attunement experiences are brought about in therapy, using this way of engaging with the adolescent with attachment difficulties. Additionally, these experiences materialize at home when the carer spends fun-and joy times with the adolescent. It is this time together which includes the attunement experiences for the adolescent (Hughes 2002:1).

The researcher feels that it is important to highlight this model in addition to the brief Gestalt play therapy models, as it brings into focus the attachment of the adolescent in foster care. In addition it shows the importance of the presence of the carer in the therapyroom with the adolescent. It is this aspect particularly which the researcher feels is applicable to this study. The presence of the carer allows for a different and enriched interaction with the adolescent and the therapist. It creates a triangular

process in the building of the relationship, as the therapist needs to build a therapeutic relationship with both the adolescent and the carer. In addition, the carer would be able to bring further awareness into the therapyroom, which the adolescent alone might not be able to. Furthermore, the presence of the carer gives the adolescent the ability to gain further attunement experiences through the discussion of emotionally rich topics during the therapy process.

3.6 SUMMARY

This theoretical chapter has incorporated a multitude of essential Gestalt concepts. As this is a study of limited scope, the researcher was unable to incorporate all the many and varying aspects of the Gestalt therapy theory, play therapy and brief Gestalt therapy theory. What is more, the treatment and parenting model of Hughes is itself more varied and complex than the highlighted parts in this chapter. Nonetheless, the researcher has however highlighted the different aspects of these theories that are applicable to this study.

It is evident that the adolescent who has experienced trauma, abuse or neglect, would have some emotional difficulties that arise from this turbulent past. In this chapter, the researcher has shown that the adolescents with attachment difficulties living in foster care and displaying difficult coping behaviour in their foster placements are in need of some support in managing their own emotions and gaining a greater sense of self-awareness in order to support their development. Additionally these adolescents need the support and attachment experiences with their carer in order to gain further insight into their relationship.

The researcher envisages this study to be somewhat similar to a growing onion with its many layers. As the onion grows in the ground, each different layer needs to be completed as a whole. If each layer does not grow to completion, the onion will be flawed. Similarly, each "layer" of the therapy that is completed in a session is built upon by another layer, which is once again completed in the therapy. In this way, the researcher is able to apply the theory of Gestalt therapy, as the basis of the work. The

BGT and Gestalt play therapy form the next layer of the therapy process. The final layers include the Gestalt play therapy models (Schoeman and Oaklander) and the treatment and parenting model of Hughes. The therapeutic work as a whole is then completed as the thicker outer layer. The skin, roots and ultimately further inner layers of the onion continue to grow after the end of the therapy, as the client continues to work and live with their newfound self-awareness.

Chapter 4

The Empirical Study

4.1 INTRODUCTION

The aim of this study is to focus on exploring and describing the process of brief Gestalt play therapy with an adolescent living in an unstable long-term foster placement. The work was dyadic in nature, actively working with the foster carer and adolescent. Fouché (2005:116) states that one of the aims of the explorative qualitative method is to discover important questions and relationships, and not to test them. The researcher aims to discuss this process of discovery and exploration within the relationship between the carer and adolescent by applying brief Gestalt play therapy.

This chapter contains a report on each therapy session conducted with the respondents. The contents of these sessions are described and substantiated by integrated theory as discussed in Chapters 2 and 3.

4.2 DATA COLLECTION PROCEDURE

The researcher followed the following process of qualitative research, as outlined in Chapter 1. This entailed purposive sampling, the choosing of a venue and collecting the empirical data through the use of unstructured interviews. The unstructured interviews were video recorded for accuracy, which was agreed to in advance by the respondents see the informed consent form(refer to Appendix 1). Furthermore, pseudonyms have been used to maintain the anonimity of the respondents.

In the first meeting, the social worker and researcher visited the family at home. The aim of the research and videotaping of the sessions were discussed with both respondents. This was agreed to by the respondents. A formal video-agreement was signed(refer to Appendix 1). The researcher described the nature of the research. Michelle and Hayley fully understood and agreed to their participation. The social worker advised the

researcher in advance that this family was poor at remembering appointments. It was therefore discussed with the respondents and agreed to, that the brief play therapeutic sessions would take place in a private room in the family home.

4.2.1 Information regarding respondents

The particulars of the respondents identified for the empirical research are:

Michelle (pseudonym)   Foster carer and paternal aunt   27yrs

Hayley (pseudonym)   Adolescent   14yrs

A genogram of the family is as follows;
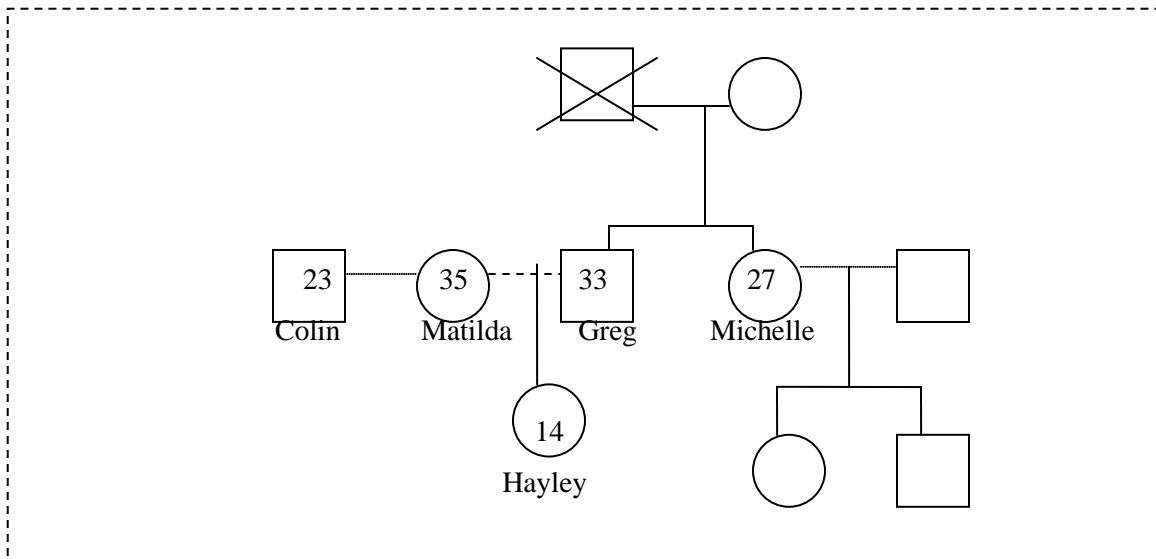
4.2.1.1 Background information

Hayley was removed from her mother's care on a voluntary basis after a police investigation highlighted that on one occasion there were drug paraphernalia and inappropriate sexual activity occurring within the family home. After a short while in foster care, Hayley was moved to the care of her paternal aunt, Michelle, with whom she was living at the time that the research began. When the research study ended, Hayley had returned to the care of her mother.

4.2.2 Field issues

This research has been fraught with difficulties that were not within the control of the researcher. These difficulties are listed in the sequence of how they occurred:

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- Within the therapy there were two planned breaks. This included a one-week break, when the researcher was on holiday and a three-week break over the Christmas holiday period.

- The first unplanned break occurred prior to the second session. On arrival, the researcher found the family home to be inaccessible. Later the researcher learned that the housing association had evicted the family from the property. The researcher was informed of the family's new address where they had moved in with Michelle's mother. The appointment was rescheduled for the second session to take place at the new family address.

- Michelle cancelled the third session due to a medical appointment.

- For the sixth session, the family was not at home, and that session had to be rescheduled.

- The final break was one week prior to the ending session (session eight), when Michelle found a new job. Michelle prioritized her work above the therapy sessions and it was mutually agreed to that Michelle would contact the researcher when she was able to reschedule. This did not occur. During the time that there was no contact between the family and the researcher, there was also a breakdown in the relationship between Michelle and Hayley. Hayley returned to the care of her mother from which she was removed two years earlier. The researcher made many attempts to contact Michelle and Hayley but the researcher's letter and calls were not responded to over an extended period of time. The researcher then contacted Hayley's mother, who agreed to a final session with Hayley at her home.

At the time of writing this research report, the researcher still hasn't succeeded in reaching Michelle. For ethical reasons, the researcher continues to persist in contacting Michelle.

4.3 CONTENT AND DISCUSSION OF THE STUDY

4.3.1 General goals of the therapy

The general goals for this short-term therapeutic input include the following:

- To build a therapeutic relationship with Michelle and Hayley.
- To support Michelle and Hayley in exploring any foreground difficulties and in supporting them in gaining further awareness in relation to their relationship.
- To explore any unfinished business that might be expressed during the sessions.
- To support Hayley in particular, in managing her feelings and finding healthy ways to express these feelings.
- To work in a dyadic way to support the positive and sometimes difficult interaction between Michelle and Hayley.

4.3.2 Progression of sessions

4.3.2.1 Session 1

A. Aims of the session

- To start to building a therapeutic relationship with Michelle and Hayley.
- To help Michelle and Hayley to come up with individual aims for the brief Gestalt therapeutic work. According to Houston (2004:44), this is essential in the initial stage of brief Gestalt therapy.

B. Content of the session

The researcher began the session by enquiring how the respondents were. Hayley seemed unsure of talking in front of the video, while Michelle spoke about her frustrations with Hayley's lack of responsibility in the home, especially as she was not attending school. Michelle felt that Hayley was old enough to take responsibility for some household chores if she refused to attend school. The researcher reflected aloud that Michelle was expressing her feelings of being unappreciated and unheard by Hayley, to which Michelle agreed. The researcher used this description of feeling unheard as a starting point to initiate a discussion between Michelle and Hayley of the possible aims. According to Houston (2003:44-45), aim setting focuses the therapy on the foreground difficulties.

Michelle set the following aims for the end of the therapy:
- Hayley to attend school regularly.
- Hayley to help out with chores at home.

Initially Hayley was unable to think of any aims. The researcher had noted Hayley's stiffness in her body posture and silence. The researcher wondered aloud if she was still feeling unsure of the camera, to which she nodded in agreement. Schoeman (2007:2) stresses the necessity for the therapist to be aware of physical, mental and emotional awareness, or lack thereof in the client which could highlight the presence of resistance. The researcher therefore agreed with Hayley that she could voice her aims when she felt more comfortable.

The researcher was able to engage Hayley in a discussion of her relationship with Michelle. Hayley was first to respond and expressed her feelings of Michelle being more of a sister to her than an aunt or carer. Michelle agreed that despite the age gap, she had younger friends than Hayley, which made them feel closer in age. Michelle acknowledged her responsibility towards Hayley and made it clear that she would not try to replace Hayley's mother. The researcher asked Hayley what it was like for her to hear this. Hayley responded that initially it was difficult for her to adhere to boundaries as she was not used to this at home. Michelle described the difference in their upbringings and that she had learnt the consequences of her actions, whilst Hayley was not taught this by her mother.

Hayley explained that, as a baby, that she had been living with her paternal grandmother and Michelle and returned to her mother's care at the age of five. She then returned to live with her paternal family at the age of six and a half to the age of eight. She once again returned to live with her mother until she was taken into care approximately eighteen months ago. She went on to describe a childhood when living with her mother, where there was a constant flow of people in and out of the house. Her mother had taken lots of drugs, which she had witnessed. Hayley explained that this had been difficult for her, yet it had been educational for her. She described her mother as a "*party girl*" going out all night clubbing, leaving Hayley to her own devices. Hayley had to become mature at a young age, as she had to make or arrange her own food and look after herself. She had been given a lot of freedom without any boundaries, allowing her to do as she

pleased, such as staying out all night and living a similar "*party lifestyle*" as her mother. Schoeman (2007:1) states that "… client and counsellor need to make a commitment to working together …" The researcher believes that it is this commitment that was revealed when Hayley and Michelle described their history, thereby entrusting valuable information to the researcher. The researcher felt that this sustained the therapeutic relationship, as honesty and trustworthiness were characteristics of this conversation(refer to 3.2.2.1).

In order to understand the pattern of the relationship between Hayley and her mother, the researcher asked Hayley if she would mind sharing some of her experience of being cared for by her mother. Identifying patterns is important as it depicts the way in which the client would relate to building the therapeutic relationship (Schoeman, 2007:1). Hayley spoke about not having any special "mum-daughter" time with her mother, as there had always been too many people around. She further described how she had always engineered that her mother's boyfriends didn't stay long, as she had wanted her mother for herself. The researcher responded empathically with Hayley who looked sad in talking about this. The researcher wondered aloud if there were any times that Hayley could remember where her mother had showed her physical affection. Hayley responded smiling saying that she had always received hugs and kisses from her mother. The researcher identifies with the statement of Hughes (2004:13) that positive attunement experiences include "… eye contact, physical contact, movement, rhythm, excitement, anticipation, and at times mild anxiety." It appears that Hayley experienced at least one positive attunement experience of physical affection with her mother.

In response to Hayley's comments, Michelle expressed her desire to support Hayley and be a good mother to her. She spoke about her concern for Hayley not realizing her potential due to her noncompliance in attending school. Michelle went on to express her wishes for Hayley to enjoy her teenage years. She was troubled about Hayley having had to live her life in an adult way. Hayley responded that she was unable to "unlearn" this adult way of being. In this regard, the researcher shared with Hayley that she knew many children who have had to grow up earlier in their lives. During this discussion, the

researcher noticed an "I-thou" moment between herself and Hayley(refer to 3.2.1.8). The researcher commented on how difficult it must be for Hayley to adapt to these new boundaries. Through the use of empathy, the researcher was able to build the therapeutic relationship and work in a phenomenological way by accepting and respecting Hayley's experiences during her childhood with her mother, without judging. Clarkson (2004:16) points out that when working in a phenomenological way, people cannot be understood outside of the context of their relationships and their world in which they live.

As the discussion developed about her experiences of being cared for by her mother, Hayley expressed her feelings by means of a metaphor. Hayley described this metaphor as being in a boat with one paddle. She said that she felt that living with Michelle she was in a boat without any paddles. After clarifying this with Hayley, she said that she was missing having some responsibility, such as deciding what she was going to eat for dinner, and taking responsibility for getting home at night, without a curfew. The discussion continued to include different aspects of missing responsibility and how this impacted on her life now.

The researcher returned to the goals which were discussed earlier in the session. Michelle and Hayley agreed to think about respecting each other's viewpoints, especially when thinking about responsibility. The researcher asked if Michelle and Hayley ever had any time together to have fun. Hughes (2004:64-66) mentions playfulness as a means to engaging clients and building attunement experiences. Michelle and Hayley responded that they didn't make time for this, as they were both involved with their own friends, and Michelle had her two children to look after. The discussion that followed about friendships appeared to highlight once again how Hayley's childhood with her mother had impacted on her and how more mature and responsible she felt in comparison to other adolescents her age. In addition, Hayley felt unable to break some of the habits of the past, for instance involving herself in late-night conversations with Michelle's friends, which left her tired and unwilling to attend school the following day. As this conversation continued, Michelle became very directive and said that she was unable to understand how Hayley continued to struggle to accept her new boundaries and change

her life, as she herself had needed to do when she became a mother in her adolescence. Hayley was hurt by this statement and left the room, tearful. The researcher spoke calmly to Michelle explaining that due to their different personalities and circumstances, it was possible that it might take longer for Hayley to adjust. It was therefore important that she was heard in order to support her adjustment to the changes in living with Michelle. In this regard Hughes (2004:63) comments on the necessity of the adolescent being shown empathy in order to counteract the shame within the adolescent. Michelle understood this, but still remained frustrated. It seemed that these "old ways" remained a difficulty in Michelle and Hayley's relationship.

Hayley returned to the room more composed. The researcher thanked Hayley for returning and recapped what was discussed, showing that an open and honest therapeutic relationship was important to this work. Hayley expressed the differences between herself and Michelle and guessed that perhaps she found it more difficult to make changes and adapt to situations than Michelle.

A further point of discussion became Hayley's loud voice. The researcher wondered if when Hayley was younger, she had to be loud to be heard when living with her mother. Hayley and Michelle agreed that this was the case. The researcher explained that this could be one of the ways in which Hayley could have adapted in her previous home, to satisfy her need to be heard. This characteristic of "being loud", could be seen as a introject which has disrupted Hayley's cycle of organismic self-regulation(refer to 3.2.1.6).

Towards the end of the session, the researcher summarized the changes that both Michelle and Hayley have had to make in their lives and in addition, highlighted the continuing difficulties that they have within their relationship and in their ability to understand each other. In the final few minutes, the researcher completed a scaling exercise with both Hayley and Michelle, thinking about change and understanding each other (see appendix 2 and 3). According to Houston (2003:45), a part of the beginning phase of brief Gestalt therapy is for the therapist to continue to assess the work in relation

to the present, focusing on the "here-and-now" within the client's field. These scaling exercises are a measure of assessing where the client is in the here-and-now.

On completion of the exercise, the researcher ended the session and thanked the respondents for their open, honest and committed beginning to the work.

C. *Evaluation*

The researcher felt that the aims for this session were achieved, as both the respondents were able to start building an open and honest relationship with the researcher. Houston (2003:45) calls the building of a relationship between therapist and client an essential part of the beginning phase of brief Gestalt therapy. Due to this, there seemed to be a sense of a working alliance (a sense of purposive joining between therapist and client) between the researcher and the respondents (Houston, 2000:43). The researcher felt that both Michelle and Hayley were able to spontaneously present the researcher with their own challenging and traumatic pasts and, in addition, they were able to think about the challenges that they wanted to work towards in future sessions.

The researcher noted that Hayley's process is very defensive, which seems understandable as she has had to make herself be heard as a child to provide for her basic needs. She therefore still demands to be heard. This need of Hayley's to be heard and paid attention to seems to clash with Michelle's process of also needing to be heard. In addition to this, Michelle as the adult, attempts to remain in control. Hayley also finds it difficult to listen to Michelle's frustrations, as they could be interpreted in a hurtful way, and the researcher feels that this could play into Hayley's insecure and unsafe childhood experiences at home with her mother.

The dialogue was very much lived in this session, and there was an "I-thou" moment that the researcher experienced with Hayley. The researcher felt that it was important to allow for this dialogue to occur within the session as it felt like an "unburdening of the soul", which helped to contribute to the openness within the therapeutic relationship. The researcher was able to build on the therapeutic relationship, working alliance and relevant

totality, as described by Houston (2003:45) in relation to the beginning of brief Gestalt therapy.

4.3.2.2 Session 2

A. Aims of the session

- To continue to build a therapeutic relationship with Michelle and Hayley.
- To revisit the goals for the therapy which were agreed upon in the first session.
- To use a projection to support Michelle and Hayley in becoming more aware in their relationship.

B. Content of the session

The researcher welcomed the family once again to the session and showed them the play materials. Hayley had already opened the play dough and begun to play with it. The researcher encouraged Hayley to investigate the play dough by becoming aware of the smell and texture of it. This exploration involved the heightening of Hayley's sensory awareness which impacts on emotional awareness, as discussed in the Schoeman model(refer to 3.3.1.2).

The researcher and the family acknowledged the length of time which had elapsed since the last session. It was acknowledged with the respondents' body language that the working alliance remained unfaltering (Houston, 2003:44). The researcher revisited the last session's goals. Michelle explained that there had been lots of changes since the last session. These included a move to another house and Hayley's new commitment to attend school. With this commitment it appeared as if Hayley had taken responsibility for going to school. Clarkson (2004:93) notes that "… people are responsible for their own feelings and behaviour …" and that this taking personal responsibility is an essential part of Gestalt theory.

Michelle explained that she had a reward system in place to support Hayley in attending school. It seemed as if Hayley and Michelle have changed for the better in their relationship during these past two weeks of changes. The researcher commented on the

goals that were set in the previous session and wondered if they should change, in view of the changes that the respondents had made. Michelle stated that she would like for Hayley to continue to remain committed to attending school, to which Hayley agreed. It appeared to the researcher that their awareness of each other had shifted, as Michelle and Hayley's body language was noted to be more open, accepting and supportive of each other.

The researcher had immediately noticed that the foreground difficulties within the here-and-now had changed and that she needed to mould the work accordingly. Therefore the researcher felt that the original goals of understanding each other and the willingness to change could be supported and maintained through the therapy. Michelle and Hayley agreed and were open to this as a changed goal for the therapy. According to Clarkson (2004:28), the gaining of awareness of the respondents can only be born of a focus on the present moment (refer to 3.2.1.3). As the gaining of awareness in the respondents is an essential goal of Gestalt therapy, the researcher felt it was imperative to remain focused on the here-and-now (refer to 3.2.1.2).

As the researcher wished to understand the way in which Hayley and Michelle viewed their relationship, they were asked to make a projection of their relationship. Through the projection of their relationship the respondents began to think about the difficulties that were presented at the first session. Due to this awareness, the researcher felt that the therapy had moved into the next phase of brief Gestalt therapy.

During the making of the projection, the researcher noticed that the relationship appeared to be more sisterly, than that of carer and adolescent. Schoeman (2007:1) and Oaklander (1988:53) stress the importance of the use of a projection as a way in which clients are able to project their inner selves, through the use of a medium. Michelle drew a picture, whilst Hayley used the play dough. Michelle drew a picture of two heads, between which she wrote "love forever". Michelle reflected upon her picture and described that the two heads represented herself and Hayley, showing their affection. Hayley responded warmly to hearing this.

It was decided to explore Hayley's projection of two play dough heads. Hayley had written Michelle saying: "Respect your elders" (on the piece of paper on which she had made her play dough heads), though Hayley's response was "respect your tallest." Hayley explained that she was taller than Michelle and this meant that Michelle had to respect her!

The researcher used the Oaklander model to work through Hayley's projection (refer to 3.3.1.1). During this process, Hayley and Michelle took their prospective heads and embodied them, and had a conversation. In this conversation, Hayley tried to be the adult and to be in charge. Michelle, however, made sure that no matter her age or height, she was the one in control, which made Hayley's play dough head sad. The researcher commented on the play dough head's sadness, and Hayley responded by turning her play dough person's mouth down (laughingly saying that it now looked like a moustache). This sad face that Hayley created reminded the researcher of the sadness and shame within Hayley. Hughes (2004:63) mentions that playfulness and laughter are incompatible with shame. It appeared to the researcher that Hayley combined the emotional aspect of sadness and shame at the same time as showing laughter, to preserve her sense of self. The researcher also believes that this is a means of resistance that Hayley has shown. Oaklander (2006:23) notes that resistance is an ally for the adolescent, as it allows the adolescent to withdraw from the difficulties needed to be thought about (refer to 3.2.2.1).

The researcher initiated a dialogue, clarifying her thoughts on the projection. She described the two different parts of Hayley which she had become aware of, which included:

- That Hayley liked being in control. This brought about a conversation about Hayley's ability to be the "boss of her self". It seems as if Hayley had always been the boss of herself, but wasn't the boss of anyone else, except when she was with her friends. Michelle described this as Hayley being able to stand on her own two feet. This is a skill that she learnt when growing up with her grandmother and

Michelle, and that she often had to put into practice whilst living with her mother. The researcher commented that it sounds as if Hayley had to be more responsible when living with her mother, and this aspect seemed to make Hayely sad to think about. Michelle spoke openly about the way in which Hayley had to look after herself, and having no one to look after her when she was living with her mother. This once again elicited a brief conversation about the way in which Hayley's life had changed in the past eighteen months.

- The researcher spoke about how Hayley seemed to enjoy playing the "typical teenager" by refusing to go to school. Michelle referred to this arguing and drama that Hayley displayed in her refusal to attend school, as being one of Hayley's talents. A brief discussion followed about Hayely's positive attributes (intelligence) and skills (drama).

The researcher then spoke about how in the last picture they had been able to show their love for each other. Michelle said that despite not being an affectionate person, she showed her affection in different ways. These included finding ways to support Hayley in getting things, or going places. Hayley spoke about how she was able to read Michelle's moods and how well they knew each other. This led to a brief conversation about how Michelle was pleased to have Hayley as a part of the family. Hayley and Michelle agreed to this positive picture and Michelle said that the only difficulty that she had with Hayley was going to school. It was agreed upon that this difficulty would be an additional goal to think about in the next session. Houston (2003:44) stresses the importance of identifying the foreground difficulty in the early stages of the therapeutic work.

During the evaluation of the session, both respondents agreed that they had enjoyed it and found it helpful. Hayley specifically enjoyed playing with the play dough, which appeared to stimulate her senses, and reminded her of the playfulness of being a child. The researcher asked Hayley if she would like to keep the play dough, which Hayley appreciatively accepted. The researcher spoke about self-nurturing, and asked Hayley and Michelle what they would like to do to make themselves feel good, as discussed in the Schoeman model (refer to 3.3.1.2). Michelle said that she enjoyed pampering herself,

whilst Hayley laughed and replied that she liked to sleep late. The researcher discussed different ways of self-nurturing with the respondents and each person chose a form of self-nurturing that they could easily carry out after each session. The researcher encouraged Hayley to listen to her music, whilst Michelle had a bubble bath in the evening, after her children had gone to sleep. The researcher thanked the family for their participation and ended the session.

C. *Evaluation*

The researcher believes that the aims for the session were achieved. The researcher noticed the way that Hayley and Michelle were comfortable in sharing and talking about themselves and the changes within their fields. This comfortable, honest and open way of being led the researcher to consider the continuing growth of the therapeutic relationship. The working alliance was also clearly present in this session and the goals of the work were discussed within the parameters of brief Gestalt therapy (refer to 3.2.2).

The session began on a positive note in thinking about the figural experience of changes that were reported to have occurred within the respondents' fields during the past few weeks. The researcher noted that the manner of contact between the respondents in their body language appeared to have changed, therefore their awareness of each other also changed as a result. The safety of a previous home where Hayley and Michelle both spent childhood times, could have been one of the catalysts in the changes they described. Stammler (2006:69) mentions that it is the external stimulus (field) through which the individual understands and interprets the world around him.

The researcher decided that it was important to work within the here-and-now, as it was this reality that the respondents were experiencing. Yontef (2005:90) and Houston (2003:45) both stress the importance of working within the here-and-now as an integral part of Gestalt therapy. The researcher therefore engaged in a confluent way with the respondents by changing the aims of the therapy to suit their needs.

As the session continued, the researcher provided a means to focus on these positive changes (in the respondents' relationship) through the use of a projection. In using the projection technique, the researcher noticed that the therapy had moved into the middle phase of the brief Gestalt therapy(refer to 3.2.2.2). Due to the purposeful nature of this projection, it allowed for a further focus on both the respondents' relationship and the therapeutic relationship, namely by the sharing and committed communication between the researcher and respondents. In this way, the researcher was able to apply Hughes's (2004:61-64) concept of focusing on the therapeutic relationship and the adolescent-parent relationship simultaneously.

In addition, Michelle and Hayley continued to talk openly about their thoughts and some of their feelings during the projection. When the researcher commented on how sad it made Hayley to think about her time living with her mother, the researcher was able to focus briefly on some of the strong emotions that lie within Hayley's childhood experiences. At this stage, it appeared to the researcher that Hayley's figure of the projection had brought her past into the here-and-now, which then in turn became the figure and focus of the work at that particular moment. In commenting on the observation of emotions present at that moment, the researcher was able to follow Hughes's (2004:64-66) view that attachment based therapeutic work should be emotionally rich.

In this session, the researcher was able to better understand Hayley's process. She seems unable to manage talking about difficult feelings without including humour. This humour along with her drama skills seem to be protective mechanisms to provide some resistance within the work and to avert the researcher and Michelle from thinking about Hayley's inherent shame. Both Oaklander (2006:23) and Hughes (2004:63) mention these qualities of resistance and the incompatibility of laughter and shame that the researcher has observed in Hayley.

4.3.2.3 Session 3

A. Aims of the session

- To make use of a projection to support Hayley's school attendance as a goal in the therapy.
- To support Hayley and Michelle in their relationship.
- To support Michelle and Hayley in any foreground difficulties that might arise during this session.

B. Content of the session

The researcher began the session once again by thanking the family for having her at their home. Thereupon she revisited the goal of supporting Hayley in her school attendance, the researcher considered it important within brief Gestalt therapy (refer to 3.2.2) to work in a goal-orientated way, as described by Houston (2003:44).

Hayley and Michelle spoke in detail about the improvement that Hayley had made in her school attendance. The researcher acknowledged is and congratulated Hayley on her continued improvement. Michelle described the positive re-enforcement that supported this school attendance. In the light of what was mentioned, the researcher revisited the goal regarding school attendance, and wondered whether it was necessary to focus on this during the session. Hayley mentioned that there were still some difficulties, so it was agreed that this goal would be the focus of the session. The researcher asked Hayley to make a projection, which depicts these difficulties of school attendance. Hayley used the play dough and seemed to enjoy the sensation. The researcher once again used the Oaklander model (refer to 3.3.1.1) to work through the projection. As Hayley struggled to concentrate with Michelle watching her, the researcher asked Michelle to write down her own thoughts of Hayley's difficulties. Whilst playing with the play dough, Hayley divided her page into a number of different parts and named these as: getting up in the morning, a teacher, the boys and work. Michelle then read out the list that she had made, which included: getting up, hearing the alarm, getting dressed, getting her to listen to what she has to be told.

A discussion followed in which alternatives regarding how to manage these difficulties were mentioned and an exchange of ideas between the respondents and researcher brought about the gaining of cognitive awareness for Hayley (refer to 3.2.1.2). It was observed in Hayley's body language, that she appeared more in contact with herself when thinking of these alternatives (refer to 3.2.1.5). This discussion contained a dialogic attitude as discussed by Houston (2003:45), an important element in brief Gestalt therapy (refer to 3.2.2.1).

- The researcher told Hayley that getting up on time in the morning was her responsibility as an adolescent. Hayley accepted this view, but nevertheless expressed her reluctance by stating that it was Michelle's responsibility to make sure that she woke up. This resistance was interpreted by the researcher as there being some possible unfinished business for Hayley at school (refer to 3.2.2.1). Important within Gestalt play therapy however it is important that Hayley should be able to take responsibility for her behaviour(refer to 3.2.1.9). Hayley eventually decided that she would have to put her alarm clock out of arms reach, forcing her to get out of bed. Michelle spoke of her intentions of finding a job and that when this happened, she would also be waking early. The researcher felt that this was a positive way in which Hayley and Michelle could support each other.

- During this discussion, Hayley spoke about being teased by boys. After a discussion about possible alternatives to stop the teasing, Hayley decided that it was best to ignore the boys.

- Hayley described one of the teachers as "annoying". This specific teacher was keeping a close eye on Hayley due to her having missed school and having been caught smoking. Hayley was unable to find an alternative to deal with the annoying teacher, but remarked that she could maintain her attendance in order to get the teacher "off her back".

- Hayley finally spoke about being overwhelmed at school with her course work. Although alternatives of support for this were discussed, the researcher impressed on Hayley that noted that it was her responsibility to find a way to keep up with her course work.

Although Hayley was reluctant to accept as her own these responsibilities mentioned above, the researcher pointed out that Hayley had taken responsibility for many other things, when she was living with her mother. Hayley agreed, saying that these had included decisions about what to eat for dinner and when to come home at night. In relation to this, waking up in the morning and making time for her course work didn't appear to be too difficult. As to taking responsibility for one's feelings and behaviour Clarkson (2004:93) states that Gestalt theory is based on "… a fundamental assumption that people are responsible for their own feelings and behaviour …" (refer to 3.2.1.9).

In evaluating the session, Hayley and Michelle both agreed that they thought the session to have been helpful, as well as to continue the self-nurturing experiences discussed in the previous session. They also agreed to give feedback to the researcher the following week.

C. *Evaluation*

The researcher felt that the aims of this session were achieved. The researcher continued to build on the therapeutic relationship through a commitment to communication with the respondents in open dialogue where there was commitment to presence in the moment(refer to 3.2.2.1). During this session, there was some reluctance in Hayley to fully accept her responsibilities. In being able to talk about these alternatives openly and with respect, there was an exchange of ideas which supported the gaining of awareness for Hayley(refer to 3.2.1.2). The researcher noticed how contact was made between the respondents and the researcher through dialogue and how this supported the exchange of ideas, which led to observing Hayley being more in contact with her self. Through this contact and dialogue, Hayley was able to gain awareness in relation to her options on how to improve her school attendance (refer to 3.2.1.5). The researcher felt that the session had also helped Hayley to think harder about taking responsibility for herself and her decisions in her behaviour about attending school.

The Schoeman model stresses the importance of the researcher understanding the adolescent's process (refer to 3.3.1.2). In this regard, it was noticed how Hayley's process included a tendency to shift responsibility onto others (Michelle) and how it seems hard for her to manage taking the responsibility for her own actions. The researcher was especially interested in this, as Hayley had taken on a lot of responsibility in other situations (when living with her mother) and yet does not seem able at present to get up in the mornings to go to school. In Hall's theory (in Jackson & Goosens, 2006:14), there is seen to be a polarity within the adolescent's emotions, including the polarity of knowing and doing (refer to 2.3.1.1). The researcher believes that Hayley experiences this polarity through her new responsibility and commitment to attend school versus the inability to wake up to attend school. Zinker (1977:197) points out that some polarities would be acceptable, whilst others are not. This is endemic of what has been noted in Hayley(refer to 3.2.1.10).

4.3.2.4 Session 4

A.   Aims of the session

- To support Hayley and Michelle in their relationship through the use of an experiment.
- To support Michelle and Hayley in any foreground difficulties that might arise in the course of the session.

B.   Content of the session

The researcher welcomed the family and asked how their week had been. Hayley and Michelle both replied that it had been "ok." Hayley's school attendance had continued to improve, and the alternatives mentioned the previous week had helped.

As this study is focusing on the relationship between the carer (Michelle) and adolescent (Hayley), the researcher used an experiment whereby the respondents picked different cards representing both the good and the not so good parts of their relationship. The researcher felt that this experiment was congruent with Hughes's (2004: 61-64) view of therapeutic work being relationship-centred. Michelle commented immediately that their

relationship was going well and that they were not experiencing any difficulties at present.

Michelle decided to share her cards first. She explained that she had chosen these cards as they represented the following;

- Hayley doing well at school and everyone in the family being there to support her, even her mother.
- Michelle was never going to get old, but would remain young and enjoy her immediate family, which included Hayley and her own two children.
- Hayley being happy with some of her friends.
- Michelle being "*over the moon*" because Hayley was doing so well with her life.

Hayley was touched by the cards Michelle had chosen, especially when Michelle spoke of being "*over the moon*" because she was so proud of Hayley.

Hayley then took her turn to share her cards, which included the following;

- A family picture of herself, with Michelle and her children.
- Michelle being the queen of hearts, to which Michelle pinched Hayley's cheek, in affection.
- Michelle climbing Mount Everest to get Hayley to school, and reaching the top.
- Hayley said that the last one was a soppy one, which showed how much she loves Michelle.

In focusing on the positive aspects of their relationship, further opportunities for attunement experiences were made available. In addition, there were moments of emotional awareness made possible through contact and the presence of I-thou moments which the researcher observed (in thier body language) in these attunement experiences (refer to 3.2.1.2). According to Hughes (2004:28), attunement experiences are essential in supporting the attachment between the carer and adolescent. Michelle and Hayley remained resolute in not having any difficulties in their relationship at present. As there were no difficulties on the respondents' foreground that could be explored, the researcher felt that it would be beneficial to use the remainder of the time for the respondents to

focus on their inner selves, where there might be foreground difficulties in which they could support each other.

The researcher requested both respondents to draw a rosebush. Through an imagination exercise, the researcher described many places where a rosebush could live, even within a fantasy realm, and further described the many qualities that a rosebush could possibly hold. This imaginative work supported the importance of sensory awareness noted in the Schoeman model (refer to 3.3.1.2). In this way, the respondents were focused on their senses, allowing their sensory experience to support them through the making of the projection. Hayley and Michelle engaged in this experiment and drew their individual rose bushes.

Michelle was first to describe her picture by mentioning that the different flowers represented different things. Michelle had taken this projection one step further, which the researcher believed was as a result of her being in contact with her emotions and related them to Hayley. Michelle's figure at this moment in time was the making of the projection with Hayley in mind, which was the figure, while the ground was the therapeutic space and the prior experiment discussing the positives in her relationship with Hayley (refer to 3.2.1.5). Michelle explained that the red rose was her love for her family and her niece. Hayley interrupted in a defensive way saying that she was family. Michelle agreed and clarified that this was why she had included her. The yellow rose represented happiness. The purple rose represented some sadness, or loss. Michelle spoke about how sad she would be if Hayley was ever removed from her care. The final flower in her picture, the bird of paradise, represented an individualism and "standing out from the crowd" which is how Michelle saw Hayley. Hayley laughingly pretended to cry in response to hearing this. The researcher clarified that it sounded as if Michelle was describing Hayley as a special individual, to which Michelle agreed. Even though Michelle was not asked to put meaning to the rosebush, as such, the researcher noted that through this experiment she had created another attunement experience for Hayley, (Hughes, 2004:66-70).

The researcher followed the Oaklander model when discussing Hayely's picture with her (refer to 3.3.1.1). She described her picture as herself being embodied in the rosebush, which was tall and had two main colours (red and green). The birds around her liked her, but she didn't like them, as they picked at her branches and were making too much noise. She would like them to leave her alone. She tried to fight the birds off, but the only result of this was that all the thorns had fallen off. She clarified with the researcher that she would prefer to have a busy life, although she preferred for her life to be quieter. She continued to describe her life in a pot in a garden in Tenerife, where the sun is consistently shining. She spoke of the need for more rain. Her root system was small and underdeveloped, so her leaves brought her water. Her roses were a mixture of buds and fully grown flowers. She wished to live in the countryside, where it rained every day and there were no birds. Here she mentioned that she would grow tall and strong. She said that she couldn't complain, because her owner looked after her well, and there were cacti friends growing on either side of her, who would protect her. There were also two daisies which grew with her in her pot, although they were insignificant to her.

When the researcher asked Hayley if any of what she had said as the rosebush had reminded her of her own life, she spoke of having lived in the countryside in the past which she had enjoyed. Further self-awareness was brought about by Michelle's interpretation of Hayley's rosebush projection. According to her, Hayley experienced a busy life from the age of six years. Hayley had to fend for herself when living with her mother. Hayley agreed that she would have preferred if it was quieter, but that she had nevertheless enjoyed the busy lifestyle. Michelle guessed that the birds were similar to the many social workers involved in Hayley's life, by whom she felt scrutinized. The researcher commented on how Hayley's rosebush had grown stronger and taller when she received the correct sustenance. Michelle clarified that she felt that this would be similar for Hayley, growing into a self-sufficient adult as her needs were met. Hayley's body language showed her contemplative agreement with Michelle and the researcher's assessment of her feelings and future.

The researcher noticed that the time had already run out in this session and felt that it was important to remain boundaried, although there seemed to be more aspects which could be discussed in relation to Hayley's rosebush. The researcher therefore remained with the therapeutic process and the importance of ending and remaining boundaried in ending. The researcher felt that Hayley's body language showed that emotionally she was in a good place and therefore to end the session would not impact negatively on her although she could have continued to discuss her rosebush. The researcher mentioned the time to the respondents and explained the importance of boundaries. Michelle and Hayley agreed that they felt that the session was helpful and enjoyable. The researcher briefly reminded the respondents about their self-nurturing time that evening, and ended the session, thanking the family for their input.

C.   *Evaluation*

The researcher considered this session to have achieved its aims. The consistent open, honest and respectful communication enabled the therapeutic relationship to continue to grow in strength, which played a significant part in this goal attainment.

The first experiment in this session highlighted many of the positive aspects of the relationship between Hayley and Michelle. Michelle and Hayley were both able to speak openly about their love for each other. The researcher noted a number of attunement experiences, which coincided with the making of contact and I-thou moments which were observed by the researcher. The researcher considers that this combination of eye-contact, the show of physical affection, and the experience of an 'I-thou' moment all play a part in the making of contact and the attunement experience (refer to 3.4.1.2; 3.2.1.5 & 3.2.1.8). Hughes (2004:28) emphasizes the importance of attunement experiences in supporting the attachment and contact between a carer and adolescent.

There are many interpretations that could be made of the rosebush experiment, but as the researcher is working in a phenomenological way, it is the experience of this process that is important (Clarkson, 2004:15). The researcher noticed how Hayley had enjoyed this experience and how her body language had showed that she was gaining awareness

specifically through her contemplative response to Michelle and the researcher's comments (refer to 3.2.1.2).

4.3.2.5 Session 5

A.   Aims of the session

- To support Hayley and Michelle in their relationship through the use of a projection.
- To assist Hayley and Michelle with any foreground issues that could arise during this session and to support Hayley and Michelle in gaining mastery of their feelings.

B.   Content of the session

The researcher began the session by asking Hayley and Michelle how their week had been. Michelle answered that it had not been a good week for them as Hayley had been having some difficulties with her mother, Matilda.

The researcher noted how Hayley's body language showed unease and wondered whether she was prepared to discuss this matter during the therapy. Hayley replied "It doesn't bother me" and agreed to this being the focus of the session. Hayley made a strange noise, and commented that she was in a "funny mood" today. The researcher acknowledged that she would be ready for strange noises to be a part of the session. Hayley laughed and picked up some play dough. The researcher interpreted this noise as a means of deflection and resistance. Deflection is a disruption to the awareness part of the cycle of organismic self-regulation (refer to 3.2.1.7), where the individual draws away from contact. It appears to the researcher as if discussing the trouble with Matilda would be particularly difficult for Hayley. As a result, her reaching for the play dough appeared to be a means of self-nurturing, as the play dough reminded Hayley of enjoyment in her childhood (refer to session 2). The researcher maintained this playful mood to work within the here-and-now with Hayley, as humour seemed to be able to be a coping mechanism in which Hayley felt safe. Hughes (2004:63) explains how playfulness and empathy in engaging with adolescents can support the defectiveness of the therapist (refer

to 3.4.1.2). In this way, the researcher was able to connect with Hayley during the initial stages of the session. The researcher asked Hayley to participate in making something with the play dough that represented her difficulties with Matilda. In this way the researcher was able to remain directive in her work with Hayley as she moved in and out of contact with the researcher (refer to 3.4.1.1).

Hayley made a "big blue spot with a cow stuck in the middle" with the play dough. The researcher was inquisitive and playful with Hayley in questioning her about the blue spot and the cow. This means of playful, yet carefully empathic way of going about, engaged Hayley through this difficult process without losing contact with her (refer to 3.4.1 & 3.2.1.5). The researcher once again utilized Oaklander's model (refer to 3.3.1.1) in her enquiry about the blue spot and the cow. According to Hayley, the cow represented Matilda. Hayley decided to name Matilda "Cow". Hayley felt comfortable telling cow that she was angry with her. However it seemed very difficult for her to discuss what had occurred, so Michelle filled in the gaps for the researcher, describing the following incident which had occurred over the weekend.

Hayley had gone to visit her mother, and as Matilda was not there Hayley had waited for her. When Matilda did return home, Hayley had asked her for two pounds, which was refused. This set off a fight, whereafter Matilda had hit Hayley, giving her a black eye. Hayley had hit the windscreen of her mother's car instead of hitting her, and said that she could have killed Matilda. Michelle further shared how her family had always looked after Hayley, whilst Matilda had always prioritized her boyfriends and her car above Hayley. Whilst Michelle spoke, Hayley played with the play dough, making a snowball.

The researcher asked Hayley to make some more snowballs, and Matilda once again. Hayley said that she didn't want to make the cow and gave this task to Michelle, instructing her to make "Cow" smaller. The researcher introduced a small experiment and asked Hayley to throw the snowballs at "Cow" with as much anger as she is currently holding. Hayley did this with much vigour and Michelle, with Hayley's permission, followed suit. In this way the researcher was able to incorporate a creative experiment

within the therapy (refer to 3.2.2.3). The researcher asked Hayley and Michelle what they had thought of this brief experiment. Michelle said that it was "mad" but Hayley did not comment. She just placed the play dough of her mother upside down on the table and cut it into pieces. The researcher commented that perhaps "Cow" needed to be cut into small pieces now, after which there was a brief silence, where Michelle joined the researcher in contemplating "Cow's" outcome.

The researcher introduced another experiment and asked Hayley to place the play dough on the empty chair. The researcher explained this empty chair technique and how one could pretend to talk to someone imaginary or someone represented by a piece of play dough more comfortably, than talking to that person in real life (refer to 3.2.2.3). Hayley masked her feelings by means of her humour, and Hayley's laughter stopped her from talking to "Cow". Hayley said that all she wanted to do was to squish the play dough. The researcher accepted that talking to "Cow" was too difficult for Hayley and agreed that the squishing was an alternative if Hayley felt more comfortable with this. The researcher invited Michelle to talk to "Cow". Michelle said "… I think you are a selfish bitch and you don't think of anyone else ..." As Michelle finished talking to Matilda, the researcher invited Hayley to add anything, but she declined. Hayley had resisted throughout this experiment, as it appeared to the researcher that the experiment held the possibility of opening too much unfinished business for Hayley (refer to 3.2.2.1).

The researcher asked if she could also talk to Matilda. Hayley and Michelle agreed to this. The researcher told Matilda that she had let Hayley down and hurt her. As a result Hayley was very angry with her and she asked Matilda to apologize to Hayley. Hayley immediately picked up the play dough which represented Matilda and in a very humourous accent spoke for her, refusing to apologize or speak to the researcher and complained that Hayley had broken her windscreen. The researcher realized that that could be one of the preferred ways in which Matilda would talk or behave. Hayley explained two of these other parts Matilda's personality that Hayley was aware of. These parts included a *"whinging"* part of her and a loving part. According to Hayley, neither of these parts of Matilda were able to apologize, so the researcher explained to Hayley that

she was going to embody a different part of Matilda's personality, which might not have been seen or experienced by Hayley. She explained that this part of Matilda might not even exist, but it was important to the researcher that Hayley receive an apology from her mother in some way. Hayley seemed stunned at this, and was unable to be serious, yet did agree. The researcher wondered if Hayley was unable to be serious, as it was perhaps too difficult to think about. Hayley did not respond, so the researcher continued with the experiment and represented Matilda in the empty chair, apologizing for her aggressive behaviour and accepting that she had hurt Hayley. Michelle then began to speak about the loving part of Matilda's personality and the special times that she had spent with Hayley. At this point in the session, Hayley left to go to the bathroom. The researcher had noticed Hayley's sadness, but did not comment on it, as she felt that this would have left Hayley feeling exposed and unsafe. On Hayley's return to the room, the researcher told Hayley how sad and angry hearing about Matilda's behaviour had made her and Michelle feel. In this way, the researcher was able to maintain the emotional richness in the session (Hughes, 2004:64-66).

The researcher worked through the last few stages of the Schoeman model (refer to 3.3.1.2). She clarified how Hayley possessed an important skill in deflecting her emotions into humour, but felt that it was important for Hayley to keep the play dough to use in any way that will help her to get her to gain mastery of her emotions. The researcher felt that this could be self-nurturing for Hayley. As the session ended, the researcher spoke about how normal it was for Hayley to love her mother, despite the polar feelings of anger that she experienced.

In ending the session, the researcher spoke to Hayley and Michelle about their coping mechanisms in letting out their anger, and alternatives in managing anger were discussed. Thereafter the researcher evaluated the session with the respondents. In connenction with the laughter in the room, Hayley replied that it had been "funny". The researcher thanked the family for their participation and gradually ended the session as they spoke about the snow that had fallen that day. The researcher felt that this was a self-nurturing way in which the researcher was able to support Hayley in her return to reality (refer to 3.3.1.2).

C. *Evaluation*

The researcher felt that the aims of this session were achieved. The argument between Hayley and Matilda had dominated the respondent's foreground. The researcher worked in confluence with this. In the open, committed discussion that took place within the experiments (including the empty chair technique) about this argument, Hayley and Michelle were able to gain some mastery over there angry feelings towards Matilda.

The researcher utilized the engagement techniques discussed by Hughes (2004:63). In this way, the researcher was able to note the pendulum movement between the making and breaking of contact that Hayley experienced throughout the session. This was evident to the researcher, due to Hayley's movement between engaging and resisting while she was involved in the experiments. During this session, the subtle creating and breaking of attunement experiences were present. These were noticeable when Hayley and Michelle agreed on some ideas about her mother, looking at each other in a meaningful way, yet at times this attunement was broken when Michelle spoke badly of Matilda and Hayley left the room, apparently in order to gather her emotions. It thus seemed to the researcher that it was very hard for Hayley to think about her mixed and polar feelings for her mother. The polarities of hating the behaviour that Matilda displayed towards Hayley and the love that Hayley holds for the affectionate part of her mother are at opposite ends of the spectrum of her feelings. Hayley seems aware of these polarities yet it appears to remain a struggle for her to accept the contrast between them (refer to 3.2.10).

In this session, the researcher noticed once again that humour was used as a safe coping mechanism by Hayley. It was also used by the researcher as a way of engaging with Hayley in order to keep her pervasive shame at bay (refer to 3.4.1.2). In addition, the researcher noticed that this coping mechanism of humour was used to deflect the conversation thereby interrupting the cycle of organismic self-regulation (refer to 3.2.1.7).

4.3.2.6 Session 6

A. Aims of the session

- To support Hayley and Michelle in their relationship through the use of a projection.
- To assist Hayley and Michelle with any foreground issues that could arise during the session.
- To support Hayley and Michelle in gaining mastery of their feelings.

B. Content of the session

The researcher began by welcoming the family and asking them how their past two weeks had been, due to the break. Michelle began by stating that Hayley had heard from her father. The researcher noticed Hayley's body language and tentatively asked her views on this. Hayley responded that she wasn't sure, she was still making up her mind about it. Michelle spoke in more detail about her brother (Hayley's father) and that he seemed to be trying to sort himself out. Although they planned to meet within the next month, Hayley said that she wasn't expecting much from him, as he had let her down in the past. It was obvious to the researcher, by observing Hayley's body language, that she had been disappointed by her father in the past and that she was not willing to talk about him on this occasion.

Hayley spoke briefly about her school work and arranging her upcoming work experience. Michelle mentioned some difficulties at school, which Hayley explained were as a result of not being able to concentrate. Michelle stated that she felt that the past weekend had also had an impact on Hayley's ability to concentrate. According to Michelle, the initial shock had been to hear from Hayley's father, and the second shock was an incident that occurred on Hayley's visit to Matilda on the Sunday. Although Michelle remained vague about it, the researcher felt that the respondents would inform her of the details of the incident when they were ready. In order to get the session more, focused, the researcher decided to request that the family make a projection of either of the shocks that had been mentioned. In this way, the foreground difficulties would reveal

themselves. As the family made their projections, the researcher made a figure out of the play dough.

Michelle spoke about her projection of a drawing. She described Hayley having a walk in the park with her father, Greg, catching up on a nice sunny day. Michelle spoke about how she would like for this to happen to Hayley soon. She said that she would like for Hayley to have a new start with her father. The researcher followed the Oaklander model (refer to 3.3.1.1) and asked Michelle to embody her picture. The researcher learnt that Michelle wished for Greg to be open, honest and caring towards Hayley. Michelle also wished that Hayley and Greg could "put the past behind them and look to the future." The researcher commented that it seemed to be a positive picture, to which Michelle agreed that it was the "perfect picture". The researcher spoke about how, at difficult times in the present, it is important to focus on the positive aspects of what the future might hold. At this point, the researcher highlighted the polarities in life, which were reflected in the here-and-now and in Michelle's picture (refer to 3.2.1.10).

The researcher then moved on to Hayley's play dough model and enquired wether she was ready to talk about what she had made. The researcher followed the steps of the Oaklander model (refer to 3.3.1.1). Hayley described her projection as representing a towering skyscraper office block, consisting of a combination of many different colours. In the here-and-now the skyscraper was empty and had been empty for a long time. Each colour represented a different floor of the skyscraper. The researcher utilized her play dough figure (a man) and wondered what he would find, if he were to explore this skyscraper. She thought carefully before saying that she didn't know about what he would discover inside the building, then added that it would take him some time to walk up all the stairs. She placed the person on the roof and wondered what this was like. Hayley was vague, but able to quantify that it was a good view that he was looking at. When the play dough figure returned, the researcher interviewed him about his journey into the skyscraper. He described it as a "boring" journey, because it was a "long mission", despite the fun in starting off. The figurine described that he felt good looking at the view from the top of the skyscraper. He also described the inside of the skyscraper,

saying that the floors were the same height, but differed in size. He said that at times, he would stand still and look below him to see how far he had come.

When discussing the relevance of the skyscraper in Hayley's life, Hayley said that she had been thinking about the incident with Matilda when making the projection. Hayley showed herself able to explain the details of the incident that took place, but allowed Michelle to speak on her behalf. According to Michelle Hayley had walked into the house and found Matilda with her boyfriend Colin high on drugs. Michelle described how this had impacted on Hayley.

Hayley then felt able to join the discussion and explained that her mother had taken less interest in her since Colin had become a part of Matilda's life. She spoke about how his behaviour had overshadowed all mother-daughter time. Colin was reported to be unreliable and inconsistent in his behaviour and relationship with Matilda, taking advantage of her whenever it suited him. Hayley went on to tell how her mother would reject her when she had an argument with Colin, which appeared unjust to Hayley who believed that family was the first priority, not boyfriends. The researcher noticed how angry Hayley's body language and voice had become in talking about Colin. She asked Hayley if she was angry with Colin, to which Hayley responded fiercely that: "Angry's not the word!" The researcher asked Hayley to describe her feelings about Colin, to which Hayley replied that she would like to torture Colin, as killing him would be too humane.

Through the use of a creative experiment, the researcher asked Hayley where she was able to act out her feelings towards Colin (refer to 3.2.2.3). She used play dough and carefully pulled the play dough representing Colin apart into very small pieces. The researcher reminded the family that this type of experiment was the safest way for Hayley to let out some of her feelings, without hurting anyone in reality. Oaklander (1988:53) explains that a therapist supports the adolescent in managing their real life situation, helping them to bring closure to the Gestalt that they have been struggling with in their foreground. Once again, the researcher hadutilized a creative experiment to complete this

task (refer to 3.2.2.3). In evaluating this experiment, Hayley described it as *"ok"*, stating that Colin was now dead and in small pieces. She added that he wasn't able to hurt her or her mother again. The researcher empathized with Hayley, who nodded her agreement. The researcher wondered what Hayley could do to manage her feelings towards Colin. Hayley responded that there was nothing that she could really do about Colin and that she just hoped that Matilda would in the end chose her and not Colin. The researcher empathized with how difficult it must be for Hayley to be aware of this, as she has no control over the situation. Hayley once again seemed quietly contemplative.

The researcher returned to the tower model that Hayley had made. She wondered if this tower was a little bit like Hayley, clarifying that perhaps Hayley's life was full of different parts, of different sizes, and that at times it could be a bit of a struggle. Hayley agreed that the researcher was "sort of right" about the struggle in her life. The researcher evaluated the session with Hayley and Michelle, who had quietly supported Hayley with supportive eye-contact throughout the session. The researcher ended the session, by reminding the family of their agreed ways of self-nurturing that evening. The researcher then ended the session, thanking the family for their honest and full participation.

C.   *Evaluation*

The researcher felt that the aims for this session were achieved. The use of projections and creative experiments were also supportive of the goal of supporting the relationship between Hayley and Michelle. This relationship was also supported through the engagement between the researcher and respondents in a playful, understanding and empathic way. The engagement technique described by Hughes (refer to 3.4.1.2) was utilized by the researcher. The foreground difficulties were individual to each respondent in this session. The researcher considers these to be the past experiences of each respondent which dictated interruptions within their individual cycle of organismic self-regulation. These interruptions in turn impacted on the respondent's individual unfinished business. Each individual respondents foreground difficulty which arose within the session, therefore, was a form of unfinished business which required a completion (refer to 3.2.1.7).

During this session, the researcher once again made use of a projection to highlight the foreground difficulties. The Oaklander model was used to do this. Through the use of curiosity and interest in Michelle's picture and Hayley's tower respectively, the researcher had been able to focus on Michelle's hopes for Hayley's relationship with her father. Hayley seemed sceptical of her father's ability to play a constructive part in her life. This therapeutic exercise drew attention to Michelle's hopes for Hayley's future.

The researcher employed this use of accepting, interested and committed dialogue, which focused on Hayley's struggle in her life owing to her mother and Colin's behaviour. Via the researcher's empathic way of engaging, Hayley was able to acknowledge some of the feelings within her and take responsibility for them. She was able to work through some of her aggressive feelings towards Colin, thereby gaining some mastery over her anger.

The researcher is of the opinion that the behaviour that Matilda has shown towards Hayley, had caused Hayley's feelings of rejection by Matilda. Barrett and Pietromonarco (2000:155) speak of this kind of feeling as a description of an internal working model, as it encapsulates the way in which Hayley would view herself in relation to others(refer to 2.3.2). The researcher believes that these feelings form a part of Hayley's internal working model, and that Hayley struggles with being able to acknowledge and take responsibility for the polarity of her wishes to be loved and her internal working model of believing that she is unlovable as a person. As referred to in 3.2.1.10, Zinker describes the need for acknowledgment and acceptance of polarities within the self. It becomes clear to the researcher why Hayley was moving in and out of contact with her self and with the researcher in such a fluid way during the session, when considering her struggles with this polarity. The making and breaking of contact is related to the cycle of organismic self-regulation and it appeared to the researcher that Hayley continuously broke her cycle of organismic self-regulation, by using humour as a deflection due to the intensity of fully contemplating her inadequacies that make up her internal working model(refer to 3.2.1.7).

Throughout the dialogue regarding Colin's behaviour, Hayley spoke in the first person. This indicates that Hayley takes responsibility for her feelings and thoughts, which are viewed as important within Gestalt theory (refer to 3.2.1.9). The researcher clarified the boundaries prior to the act of torturing "Colin" in the play dough, mentioning how this would not be acceptable in reality. These basic boundaries are important in supporting Hayley's internal and external boundaries and morals that she values. These boundaries, furthermore, support the ongoing building of the therapeutic relationship (refer to 3.2.2.2).

4.3.2.7 Session 7

A.   Aims of the session

- To support Hayley and Michelle in their relationship through the use of projections.
- To assist Hayley and Michelle with any foreground issues that might arise.
- To support Hayley and Michelle in gaining mastery of their feelings.

B.   Content of the session

The researcher welcomed the family again and enquired how their week had been. Michelle and Hayley both spoke openly and happily about having had a good week and enjoying the snow on the way to school. The researcher introduced the sand trays and figurines that she had brought with her. Michelle and Hayley were both inquisitive and playful when they saw the sand trays. Hayley commented that she hadn't played with sand in a very long time. The researcher noticed that the atmosphere became quite playful as the sand trays and figurines were placed on the table.

The researcher asked Michelle and Hayley to partake in a brief sensory exercise. This involved the respondents closing their eyes and paying attention to their senses and breathing. The researcher then asked Michelle and Hayley to each make a scene in the sand, giving them free rein in the making of their projections. In this sense of freedom, they would be able to depict their foreground feelings and any unfinished business into the projections made in the sand (refer to 3.3.1.1).

Michelle had made London Zoo and spoke briefly of how she remembered being taken to London Zoo by her mother. The researcher used the Oaklander model to discuss this projection (refer to 3.3.1.1). Together, Michelle and Hayley embodied different animals, talking between each other and laughing. The researcher observed attunement experiences, consisting of meaningful eye-contact in a playful way(refer to 3.4.1.2). Michelle connected this scene with happy, warm feelings and spoke about wanting a good future for the animals in the zoo. Michelle agreed with the researcher's wondering about Michelle wanting a good future for herself, her children and Hayley.

The researcher then turned to Hayley's projection, where more time was spent discussing the projection, by once more utilizing the Oaklander model (refer to 3.3.1.1). Hayley described her sand scene as a park in Windsor, where there was a scene with a mother and baby horse, a little girl and some tractors. Hayley embodied the foal in the park. The researcher spoke as the mother horse and then changed characters as the dialogue continued. Initially, the foal was further from the mother (Shelly), but as the dialogue continued, the foal (named Nelly) moved closer. Nelly wished that she could have more space, after which a park ranger went to open the gate for Nelly and she went out to play and meet the other horses. One older horse was called Speedy, saying that he could run very fast. Nelly and Speedy then had a race and Nelly won. Nelly was scared of a donkey, but was able to get over this and spoke to him briefly, to find out his name.

Hayley then changed the scene by becoming Nelly the foal, and explained that Speedy and the donkey were going to be put down. She went to tell them this, but they didn't believe her. The park ranger then put Speedy down. Hayley once again changed the scene, and explaining that Shelly had gone to bed and was locked up in the paddock as a result of this. The researcher asked Hayley to change characters and become the little girl. She did this easily and explained to the researcher that she was the park ranger's daughter. She also clarified that Speedy and the new pony, Nelly were both hers. She said that Speedy wasn't put down, just put to sleep, due to being ill. He was reported to be returning to the park the following day. The little girl, who was five years old, mentioned

that the donkey used to be hers too, but that he had become too old to ride. The researcher enquired about Shelly. The little girl explained that it was her mother, the vet's horse. The little girl mentioned that she wished to take over the park one day. The researcher remarked how brave the little girl was and asked if she was ever scared. She only admitted to being scared when Speedy was put to sleep. Hayley once again re-arranged the scene.

The researcher continued to engage with the little girl asking her if she was ever sad. The girl responded that she had been sad when the donkey had become too old for her to ride. The researcher then enquired about the polarity. She replied that she had been happy when Nelly had arrived. Speedy was then returned to the enclosure and the little girl went to see how he was. She was pleased to have Speedy back. Her mother, the vet was checking out the donkey, whilst her father was feeding the other horse. The little girl said that Speedy was her friend, and that he was fast. He was a grumpy horse, and sometimes got angry and would kick out at the other horses. The little girl moved over to the donkey to see how he was. He fell over and the little girl stroked him gently and calmly. All the horses lay down and went to sleep, with her family very close to the horses. The researcher noticed that the story had come to an end and ended the metaphor, returning to the reality of Hayley and Michelle in the room.

According to Hayley, the projection was "long, funny and weird". The researcher asked if there was anything in the story which reminded her of her life. She spoke about visiting a stable full of horses, which a friend of her mother's owned. She used to go there and help care for the horses, which she had enjoyed. Hayley reminisced about the year and a half that she had lived in Windsor as the best time of her life and that she hadn't intended to ever return to London. Hayley further described her return to London as a sad time, but that she had soon become used to life in the city. On this account, the researcher described her interpretation of the sand tray that Hayley had completed by asking Hayley whether there was a possibility that she (Hayley) had the same determination and bravery as the little pony, Nelly. Michelle agreed with this interpretation and spoke about Hayley's improvement in attending school and how proud she was of her and the rewards

which Hayley had received. On this positive note, the researcher felt that this self-nurturing session of finding peace and happiness in Hayley's past had come to a natural end.

The researcher brought the conversation to a close and ended the session. The researcher asked Michelle and Hayley if they had anything to look forward to in the following week, to which they both replied, mentioning a number of different things. In this way, the researcher was able to ground Hayley and Michelle in the reality of their prospective lives. The researcher spoke about the ending of the therapy the following week. Hayley was unsure about how she felt about this, but Michelle agreed that the timing was right. The researcher then ended the session and thanked Michelle and Hayley for their participation in the session, to which Hayley responded that she had enjoyed working with the sand.

C. *Evaluation*

During this session, the researcher was able to use the same variation of the Oaklander model within the Schoeman model (refer to 3.3.1.1 & 3.3.1.2). The engagement process as described by Hughes (2004:63) was utilized in involving Hayley in the discussion of the projection. The respondents' foreground was similarly self-nurturing in reminiscing of the happy times in their pasts. Schoeman (2007:1) suggests that this self-nurturing work supports the adolescent in being able to integrate themselves in the therapeutic process. The researcher therefore focused on the positive guesses of the motivation of Nelly the pony as a way of building this positive process in the session. This session flowed in a more rhythmic way and the researcher observed how Hayley remained in contact with her and the projection throughout the session, and no resistance was detected.

Due to the brief nature of the therapy, and the lack of any unfinished business in this session, the researcher felt the respondents were ready to end the therapy in the following session. The researcher was aware of how many heightened emotions are attached to endings (refer to 3.2.2.3), and with this more positive and self-nurturing session

preceding the ending, the research at felt that Hayley and Michelle were emotionally ready to terminate the therapy. The respondents were prepared for the ending session the following week.

4.3.2.8 Session 8

A. *Aims of the session*

- Evaluation of the therapeutic process.
- Termination of the therapeutic process.

B. *Content of the session*

Prior to this session, there had been a long break due to field issues described above (refer to 4.2.1). The researcher greeted Hayley and asked how she had been over the many weeks since the previous session. She explained that her life had once again changed, but she felt happy with her new circumstances. Matilda was present in the house and was aware of Michelle's presence in the therapy room during the course of the therapy. The researcher initially spoke with Hayley individually, who requested confidentiality regarding previous sessions, yet decided to invite her mother to observe her ending session. The researcher respected Hayley's decision in this.

Hayley described how she and Michelle had been arguing throughout the time that she had been living at her grandmother's home. The researcher was surprised to hear that this had been happening during the time of the therapy. Hayley continued to explain that her grandmother had become unable to tolerate the noise in the house and requested one of them to leave, or the arguing to stop. Hayley said that this was when she had decided to return to live with her mother, and this move was agreed to through the social worker. Since that time, Hayley explained, Michelle had become a different more aggressive person. Michelle has not been contactable by any professionals since the breakdown had occurred. She did however, visit Hayley once, "ranting and raving" about how she was going to wreck Matilda's flat in revenge for Hayley having caused her to lose her previous home. Hayley had called the police and asked for her to be taken away. The researcher reflected that there seem to have been lots of changes, and enquired curiously

how it was living with her mother again. Hayley responded that it had been "brilliant" and less stressful, as she didn't have to be careful to stay out of Michelle's way, or adhere to her many boundaries. Hayley informed the researcher that she was presently not attending school, but that her name was down to attend a new neighborhood school as soon as possible.

The researcher evaluated the therapy sessions with Hayley. She replied that she had enjoyed them and that they were "fun", despite it being a little bit "sissy". The researcher understood "sissy" to indicate that some of the play and talk was somewhat beneath Hayley's age. Hayley agreed that this was true, yet still remarked on how much she had enjoyed the play dough and sand tray work. The researcher asked Hayley to complete an evaluation form for her to help her to see what worked for Hayley and what didn't work. Hayley agreed and completed the form, taking her time to think about her answers (refer to Appendix 4). In this way, the researcher was able to evaluate the work with Hayley (Clarkson, 2004:156).

The researcher then explored how Hayley was with endings in her life. Hayley replied that they had been "ok" although she was not able to elaborate. The researcher was sensitive to this and commented on Hayley's difficult experiences ending in living with Michelle. The researcher remarked that she would like to have a positive ending with Hayley, and explained that she had brought some paints and play dough which Hayley could use to make two projections. One would be for Hayley to keep and remind her of the previous therapy sessions. The second would be for the researcher to have for the purpose of the study. Hayley smiled and agreed that she was happy to do this and felt that it would be a good way in which to end.

Hayley painted a picture of a bumblebee with two flowers, and a rather dark sky. She decided to keep this picture and made a tower with the play dough for the researcher. Hayley explained that the tower represented how far she has come and how far she still has to go. The researcher remembered how hard it had been and how long it had taken to get to the top of the tower, but that the view had been worth the battle. The researcher

asked Hayley where she would put herself on the tower now. Hayley thought carefully and placed herself on the very top of the tower, agreeing with the researcher's guess of Hayley's current happiness in her life. Hayley playfully put the tower on her nose and engaged the researcher in some laughter.

The researcher thanked Hayley, who asked her to make sure that the tower didn't fall apart on the journey home. The researcher assured her that she would take good care of the tower and would take a picture of it to include in this study. Hayley smiled and the researcher ended the session once again by thanking Hayley for her participation and openness in the sessions and reminding her of the self-nurturing that had been a part of the therapy.

C.   *Evaluation*

This ending session included three main parts: catching up, evaluation and termination of the work. As an extended time between session seven and eight had elapsed, the researcher felt it was important to catch up with Hayley on her experiences regarding the breakdown of her placement with Michelle and how this had come about. Through this, Hayley felt heard and a reconnection of the therapeutic relationship occurred (Clarkson, 2004:87).

The researcher was surprised to hear that Hayley and Michelle had argued so much, as this was never raised in the sessions. It appeared to the researcher that there could be two explanations for this, namely: Michelle and Hayley had not been honest regarding their relationship and had kept the arguments private. Alternatively, the researcher could have been involved at a time where the arguments were at a minimum and the relationship had genuinely improved, and then the long break before the final session and possible other field influences could have precipitated the breakdown in relationship and placement. Field theory makes it clear how the external and internal field of the adolescent play a part in the adolescents functioning (refer to 3.2.1.4).

The researcher was sensitive and empathic in the session, in discussing the breakdown of placement with Michelle and enquiring about Hayley's experience of endings. According to Clarkson and Houston (refer to 3.2.2.3), it is important for the therapist to support the adolescent in revisiting the growth of awareness in the self that occurred during the therapy. The researcher also noted the progress in Hayley was depicted within her projection of the tower, where she placed herself at the top, having come such a long way. In the researchers opinion this was a most positive note on which to end the therapy.

4.4 LITERATURE CONTROL AND EVALUTATION OF THE DYADIC BRIEF GESTALT PLAY THERAPEUTIC PROCESS

The aim of this study was to focus on exploring and describing the process of dyadic brief Gestalt therapy with an adolescent living in an unstable long-term foster placement. This aim was based on the research question; "In what way can dyadic brief Gestalt therapy support the relationship between carer and looked after adolescent with attachment difficulties?"

The researcher began answering this question through the purposive sampling in choosing this single case study to work with Hayley and Michelle, enabling a dyadic piece of therapeutic work. Within this therapy, the researcher focused on the respondents' relationship, by attending to attunement experiences and a relationship based way of engaging the respondents (refer to 3.4.1.2). Additionally, the researcher based the work on the Gestalt play therapy theory. Moreover, the researcher limited the therapeutic sessions and brief Gestalt therapy was utilized in this study. In order to validate this study, the researcher provided a literature control review.

4.2.1 The therapeutic relationship

The initial aspect in working in a Gestalt play therapeutic way is to build a therapeutic relationship (refer to 3.2.2.1). Clarkson (2004:87) describes the therapeutic relationship as an open, honest and committed relationship, which fulfils a basic human need. The researcher believes that she was able to engage in a constructive way with Hayley and

Michelle throughout the therapeutic process, during which the therapeutic relationship grew noticeably. Michelle and Hayley were able to share their past experiences and describe their thoughts and feelings in an open way, which formed a strong base for the researcher to revisit the therapeutic relationship after a break in the therapeutic process. Geldard and Geldard (2005: 81-83) describe this revisiting as a need which the adolescent holds in order to gain an example of how to manage other relationships within their field.

4.2.2 Dialogue and the I-thou moment

This building and maintaining of the therapeutic relationship was brought about through active and lively dialogue which occurred during the discussion of each projection (refer to 3.2.1.8). The acceptance and nonjudgmental attitude which is characteristic of the therapeutic relationship, is similarly present in the dialogue, in addition to "… caring, warmth, acceptance and self-responsibility" Yontef (1993:3). The researcher was able to effectively engage Hayley and Michelle in dialogue by being inclusive, committed and present. In addition, the researcher was able to experience the flow of movement between the three people in the room when the dialogue was conducted during the sessions (Yontef, 1993:3).

The researcher was further able to integrate the playfulness, interest, curiosity, acceptance and empathy which Hughes (2004:63) describes as important dialogic ways of engaging a young person. The researcher found that these methods of engaging worked well throughout the sessions and gave further substance to the dialogic exchanges between all three individuals in the room, while also supporting the respondents' comfort in dialogue with the researcher. The researcher observed a number of I-thou moments throughout the therapeutic process. An example of this was an understanding moment of eye-contact in Session 1. The researcher is of the opinion that Hayley and Michelle were able to experience I-thou moments between each other, when discussing projections. The researcher connected these I-thou moments between the respondents with experiences of attunement (refer to 2.3.2). Stern (in Hughes, 2004:12-14) writes that attunement is the

"… intersubjective sharing of affect." The researcher therefore links the experience of attunement with the I-thou moments.

4.2.3 The gaining of awareness and the adolescent's process

Schoeman (2005:1) describes the adolescent's process as the way in which the adolescent is able to become more aware of and learn about her way of functioning. During Sessions 5 and 6, Hayley was able to use Michelle's support in sharing difficult and emotive details, which initially she felt uncomfortable in sharing. In this way, Michelle was able to be Hayley's spokesperson, which left Hayley available to become more aware of her process in the discussion which arose. The gaining of awareness and the learning of the adolescent's process goes hand in hand. Yontef (2005:87) states that awareness involves the senses and is emotional and cognitive in nature. Hayley was able to utilize the thinking about alternatives and gained further awareness in this way.

4.2.4 Contact and attunement

Within the therapeutic process, the researcher noted how the dialogue supported the making of contact(refer to 3.2.1.5) between the respondents and the researcher. The researcher links the making and breaking of contact with the making and breaking of attunement experiences(refer to 2.3.2).

Hughes (2004:61-64) asserts that the therapeutic relationship, as mentioned above, will mirror the mother-child attunement relationship, which will also enhance the adolescent-carer relationship. The researcher was able to focus on this in Sessions 4 and 7 when the researcher centred on the positive aspects of Hayley's personality as an individual and her relationship with Michelle. The researcher acknowledges that the flow of the making and breaking of contact and the making and breaking of attunement experiences (supported within the dialogue) helped Michelle and Hayley to enrich their understanding and gain a fuller awareness of and through each other. The attachment which was present prior to the initiating of the work was the foundation on which this further gaining of awareness was built.

4.2.5 Resistance and the cycle of organismic self-regulation

Despite the good therapeutic relationship and the comfortable dialogue, the researcher noted in Session 2 that there was a complex process involved in Hayley's resistance, which surfaced throughout the work, when discussing feelings of intensity such as anger. According to Perls (in Maurer, 2005:252), "… resistance is creative adjustment to a situation." The researcher noted that the qualities of laughter which Hayley brought to this session, was her way of showing her resistance to talking about a subject. Throughout the process of the therapeutic work, Hayley showed the same forms of resistance.

The researcher realized that Hayley's resistance could also be described as a break in the cycle of organismic self-regulation(refer to 3.2.1.6). This cycle of organismic self-regulation as illustrated by Clarkson (2004:33) who describes an uninterrupted movement of experience, where a need emerges through a sensory experience and is followed through to satisfaction. There are many possible disruptions to this cycle when an individual is too eager to start a new cycle, or one that is left forgotten and unfinished (Clarkson, 2004: 58). The researcher recognized that Hayley deflected from another person by using laughter. This deflection through laughter is noted by the researcher as a disturbance in Hayley's cycle of organismic self-regulation.

4.2.6 Inherent shame and the internal working model

The researcher notes that Hughes (2004:63) describes laughter as incompatible with shame. The researcher believes Hayley is trying to resist, through humour, coming into contact with her inherent shame.

In Sessions 5 and 6 the researcher noted similar situations although Hayley's laughter then was much more elaborate, which the researcher interprets as a more intense difficulty which Hayley has encountered. The researcher also considers this laughter to be resistance and a safeguarding mechanism, as a way to deflect the researcher from making contact with the vulnerability inside Hayley. This part of Hayley relates to her internal working model, which is described by Barrett and Pietromonarco (2000:155) as

the way in which people see themselves in relation to others. The researcher considers Hayley to believe that she is unlovable and that she deserves Matilda's rejection, due to a flaw in her self. In this the researcher believes, lies Hayley's inherent shame (Hughes, 2004:49).

4.2.7 Here-and-now and the respondents' foreground

A further aspect of Gestalt theory is the concept of the "here-and-now"(refer to 3.2.1.3). Clarkson (2004:28) describes the here-and-now as "… the whole person's environment field at any one time." Throughout the therapeutic process, the researcher worked in the here-and-now. In this way, the researcher was able to connect to the foreground difficulties (refer to 3.2.1.5) that arose within Hayely and Michelle. This was most evident in Sessions 5 and 6, where Hayley spoke about difficulties that she had with her mother, Matilda and partner, Colin. The researcher was able to work in confluence with Hayley and Michelle in their concerns, present at that point in time, which in turn supported the gaining of awareness(refer to 3.2.1.2), and Hayley's ability to gain a further understanding of her own process(refer to 3.3.1.2).

The researcher considers that Hayley and Michelle's gaining of awareness occurred as discussed by Yontef (2005:87), who describes awareness as involving the senses and being emotional and cognitive in nature. During Sessions 5 and 6, Hayley became aware of her intense feelings of anger, saying that she would have liked to punch her mother and torture Colin due to their behaviour towards her. During Session 4 and Session 7, Hayley was aware of her happiness and good feelings of having lived in Windsor. The researcher validated these good feelings in the sessions in order to add to Hayley's self-nurturing experiences.

4.2.8 Therapeutic experiments

During Session 5 and 6, the researcher directed each session by using emotionally loaded experiments (refer to 3.2.2.3), in which Hayley and Michelle were able to act out and verbalize their feelings towards Matilda and Colin. Zinker (1977:124-125) explains that the creative experiment is also born out of the experience of the individual, and is used to

support the discovery of awareness and modification of behaviour. The exercises of punching and pulling apart (torturing) the clay, originated from the aggression Hayley expressed towards her mother and Colin. In addition, these were ways in which Hayley's anger towards Matilda and Colin could be expressed, preventing the need for these emotions to build up within Hayley and be expressed in unsafe and unhealthy ways, such as actually assaulting Matilda and Colin in person. The researcher was able to utilize further experiments, such as the rosebush and the empty chair technique, which further supported the respondent's ability of self-expression.

4.2.9 Polarities

In relation to the difference between the feelings of anger and love that Hayley held for her mother, the researcher acknowledged the polarities in which Hayley was struggling in Session 5(refer to 3.2.1.10). Zinker (1977:197) explains that people have polarities of characteristics within themselves as a result of their past experiences. Zinker continues to explain that in the unhealthy individual some of the polarities could be accepted, while there are many which are not. It was the researcher's observation that regardless of Hayley's acknowledgment of the polarities, she was unable to truly get in touch with her intense feelings, thus not accepting some of these polarities in her life.

4.2.10 Gestalt play therapy models and the adolescent's process

The researcher used a combination of the Oaklander and Schoeman play therapy models, which served as a sound framework within which to conduct each session. This process involved the making of a projection, the gaining of awareness through the description of it, and dialogue coming from the exploration of the projection (compare Oaklander, 1988:53; Schoeman, 2007:1).

4.2.11 Brief Gestalt therapy

In addition to using these two models as framework for the sessions, the researcher used brief Gestalt therapy as a framework for the entire therapeutic process. The brief Gestalt therapy model is pliable and can be moulded to the needs of the therapist and client. This model purely consists in a brief therapeutic intervention, with a definite beginning,

middle and end. Within each of these parts, Houston describes different thresholds that should be maintained in order to maintain the briefness of the therapy(refer to 3.2.2).

The researcher began the process in Session 1 by setting goals in consultation with the clients, with obtaining goals and using a scaling technique to begin the work (Houston, 2003:45). The researcher focused on the goals set in Session 2, but by this time there had been changes in the field for both Michelle and Hayley. The researcher then revisited the goals of the therapy in session two, where it was agreed that the researcher would support Hayley and Michelle in their improved relationship status. This was completed throughout the interactions involved in the therapy sessions (refer to 4.2.2 - 4.2.6).

Once again there were many changes occurring prior to Session 8 and the termination of the therapeutic process. In this final session, the researcher was able to discuss a positive ending, in juxtaposition to the difficult ending that Hayley had experienced with Michelle. Hayley was appreciative of the contribution she could make to the research project. She also mentioned how she had enjoyed the experiences of playing again.

4.5 SUMMARY

The empirical data that was collected in the phase reported on in this chapter, shows, in the opinion of the researcher, that it is possible to combine the treatment and parenting model of Hughes with the Gestalt play therapy theory and techniques in therapy, with an adolescent and carer. The researcher feels that the field issues have impacted greatly on this particular process. The researcher believes that the time between sessions was not regular enough to convincingly support this sample, and the relationship building and attachment between the adolescent and carer was therefore not fully effective, so that the placement broke down. However, the researcher was satisfied Michelle and especially Hayley, did benefit from this short-term work and that a significant degree of awareness was gained through the sessions provided.

Chapter 5

Conclusions and Recommendations

5.1 INTRODUCTION

The discussion in Chapter 4 described the empirical data collection, analysis and literature control. Within this discussion it became clear that brief dyadic Gestalt play therapy could be utilized with the adolescent and carer, living in an unstable foster placement. In this chapter the researcher will firstly take a brief look at the aim and objectives set for this study, to evaluate if, and in what manner, they have been achieved and the research questions answered. Secondly, conclusions will be drawn from the data collected in the empirical study. Finally, the researcher will make some recommendations based upon these research findings and discuss possible further research within this field.

5.2 AIM OF THE STUDY

The aim of this research study was to explore and describe the process of brief Gestalt therapy with an adolescent living in an unstable long-term foster placement. In addition to the Gestalt approach, the therapy was dyadic in nature, actively working with the foster carer and adolescent. Within this dyadic Gestalt play therapy, the focus of the study was to increase the adolescent's attunement experiences and to build the relationship between the adolescent and main carer, in addition to supporting the adolescent's emotional wellbeing.

The above aim was achieved through the eight sessions of dyadic short term Gestalt play therapy, which was described in Chapter 4. The end result of these sessions was that Hayley and Michelle were able to gain further support within their relationship, through many different moments of attunement that they experienced. In addition, Hayley was supported in her emotional wellbeing through the therapeutic sessions. This empirical evidence was presented in full in Chapter 4.

5.3 OBJECTIVES OF THE STUDY

The researcher developed objectives for this study, as discussed in 1.5.2, in order to methodically work towards the aim of the study mentioned above. Each individual objectives will be dealt with separately.

- To complete an in depth literature review on:
    - adolescents with attachment difficulties living in foster care;
    - brief Gestalt play therapy and the treatment and parenting model of Hughes.

The researcher has realized this objective through the in depth literature review, which was conducted in relation to these above mentioned topics, and reported on in Chapters 2 and 3.

- To conduct an empirical study, through unstructured interviews, exploring the utilization of brief dyadic Gestalt therapy with an adolescent and foster carer.
    - The data analysis in this study is descriptive in nature.

The empirical study was conducted by the researcher by arranging eight unstructured interviews, in which dyadic Gestalt play therapy sessions were carried out with the respondents. The researcher was able to gather complete and valid empirical evidence through the use of transcribed field notes and observations made by reviewing the unstructured interviews on digital video as agreed upon by the respondents prior to their engagement in the study. Through the use of these data collection methods, the researcher was able to appropriately analyze the empirical evidence. By means of this procedure, as described in Chapter 4, this objective was therefore achieved.

- To draw conclusions from the outcomes of the empirical study, and make some relevant recommendations based upon the research results, in order to present the findings of this study to other professionals and colleagues working within this field.

These conclusions and recommendations as indicated in this objective will be discussed fully in this chapter. In this way, this objective has been realized.

5.4. RESEARCH QUESTION

As this research study was based on a qualitative method (refer to 1.6), the use of a research question supports the emphasis for this type of study, which is based on description. Therefore, the research question for this study was: **In what way can dyadic brief Gestalt play therapy support the relationship between carer and looked after adolescent living in an unstable foster placement?**

Due to the field issues which arose, there were significant changes within the adolescent-carer relationship, which were observed by the researcher. These changes were evident between Sessions 2 and 7, where the major part of the therapeutic work was undertaken. Prior to these changes, the respondents' relationship appeared to be under strain (refer to Session 1 in 4.3.2). However, after these changes it became evident in Session 8 that the relationship had broken down.

The researcher will therefore base her answer to this research question on the main body of the therapeutic work, undertaken between Sessions 2 and 7. When focusing on this part of the therapeutic work, the researcher believes that the combination of brief Gestalt play therapy with the main therapeutic principles of the treatment and parenting model of Hughes ensured working in a meaningful way with the relationship between carer and the adolescent with attachment difficulties.

The dyadic brief Gestalt play therapy appeared to support the relationship between carer and adolescent in the following ways:

- The open communication that occurred within both the therapeutic relationship and the adolescent-carer relationship brought about mutual trust, resulting in a strong basis for the therapy (refer to 4.4.1).
- The I-thou moments between the adolescent and carer confirmed the attunement experiences that the researcher noted in the therapeutic sessions (refer to 4.4.2).

- The researcher noticed that the making and breaking of attunement experiences which occurred in the therapeutic sessions (refer to 4.4.3) coincided with the making and breaking of contact between the respondents. These attunement experiences were supported by the engagement techniques as described by Hughes (refer to 3.4.1), which were used by the researcher.

- The use of brief therapy immediately aligned the carer and adolescent, and a working alliance was established, as they agreed to work towards a common aim (refer to 3.2.2.1). This common aim enabled a more focused therapeutic experience.

- The use of projection techniques in brief Gestalt play therapy proved to be a supportive means in engaging the carer and adolescent. This playful way of operating, through the use of different mediums (such as sand and play dough), brought both respondents onto the same level and thus succeeded in supporting the engagement and contact between them.

- The therapeutic experiments used in the process of the dyadic brief Gestalt play therapy, enabled the respondents to become more aware of their feelings and create new ways of being (refer to 4.4.7).

5.5 CONCLUSIONS

The researcher believes that the utilization of brief dyadic Gestalt play therapy with an adolescent living within an unstable foster placement has been successfully discussed in depth and evaluated. The researcher was able to identify significant and relevant literature in Chapters 2 and 3, which supported the answering of the research question and the validation of this study.

The researcher has come to the following conclusions in relation to the literature validated empirical evidence discussed in Chapter 4:

- It is possible to build a therapeutic relationship with both the adolescent and carer by working in a dyadic way. The therapeutic relationship supports the triangulation of dialogue, facilitating the making and breaking of contact between

the researcher and the respondents. It is this making and breaking of contact which the researcher aligned with the making and breaking of attunement experiences which in turn supported the growth of the attachment. Michelle and Hayley's ability to communicate openly, expressing their thoughts and feelings, formed a strong basis for the therapeutic relationship and for the attunement experiences which occurred whilst they shared experiences from their difficult pasts and thought about their current foreground difficulties.

- The adolescent-carer relationship (and accompanying attachment) is beneficial to adolescents in becoming more aware of their process. Hayley was able to use Michelle's support in sharing difficult and emotive details and hence Michelle became Hayley's spokesperson, which left Hayley free to become more aware of her process while the discussions were taking place. With Michelle's support Hayley also utilized the thinking of alternatives.

- The creative therapeutic experiment also supported Hayley in the gaining of awareness. Her anger was able to be dealt with in a manageable way through the use of creative fantasy and sensory play materials (play dough). Hayley engaged well in these instances where she was able to express her anger in a safe way, by giving free rein to her emotions within the experiment.

- Gestalt play therapeutic techniques and the use of different play materials are able to be successfully used within dyadic therapeutic work. These play based materials support the playful engagement that forms one of the ways of engaging which sustains the creating of attunement experiences.

- The brief Gestalt model supported the therapeutic process by placing boundaries within the time limit of eight sessions. This limitating of the therapeutic service impacted on the working alliance brought about by the energy and motivation of the respondents at the beginning of the therapeutic process. The setting of aims and working with these in mind would have been an integral part of the

therapeutic process, had the positive changes which occurred after the first session not happened.

- By incorporating the therapeutic principles of the treatment and parenting model of Hughes into the brief Gestalt play therapy, these different theories and models became entwined in a way which supported the adolescent and carer in their relationship. In Session 2, the researcher was able to focus on the therapeutic relationship and the adolescent-carer relationship simultaneously. In addition, the researcher was able to focus on the emotions present in the respondent. In this way, the researcher was able to apply Hughes's view that therapy should remain emotionally rich in content. These observations continued throughout the process of the dyadic brief Gestalt play therapy process. Furthermore, in this session, the researcher was able to remain directive and empathic. This directive way of doing, continued throughout the therapeutic process. In Session 4, the researcher used an experiment which focused on the relationship between the respondents. In this way, Hughes's relationship-centred focus in therapy was supported through this experiment within the dyadic brief Gestalt play therapy process. In the session, the researcher noticed I-thou moments and moments of attunement between the respondents, which Hughes regards as important relating for the improvement of the carer-adolescent relationship. Hence, the researcher remained aware of attachment sequences throughout the therapeutic process. In Session 5, the researcher utilized the engagement techniques of playfulness, empathy, curiosity and interest to bring about a connection with the adolescent.

The researcher believes that the field issues involved in this study impacted significantly on the outcome of the therapeutic process subsequent breakdown of the foster placement.

The researcher is also convinced that the changes in the home environment and the many breaks in the therapeutic process caused the most significant changes. The researcher believes that these changes, including the adolescent's move to an emotionally safer environment, with Hayley living once again with Michelle's

mother, played a significant part in improving the relationship between Hayley and Michelle. Despite these positive changes in the home environment, however, the researcher has to acknowledge the relationship breakdown which occurred in the interval between Sessions 7 and 8. In the opinion of the researcher, the many breaks in the course of the therapy impacted negatively on the therapeutic process and therefore also played a part in the breakdown of the relationship between Michelle and Hayley. The researcher believes that a more regular sequence of sessions as originally scheduled, where a focused piece of therapeutic work was carried out, would have supported the relationship further than was possible in this study.

5.6 RECOMMENDATIONS

5.6.1 Recommendations relating to the respondents in this study

In her experience as a play therapist, the researcher feels that it would be appropriate for Hayley to attend individual longer-term therapeutic input. The researcher reached this conclusion because of the complexity of emotional difficulties that Hayley holds regarding her early experiences and lack of parenting by Matilda, as revealed in this study. The researcher believes that Hayley's early experiences was the main cause to her internal working model (refer to 4.4.6) and the inherent shame that she lives with on a daily basis.

5.6.2 Recommendations relating to this study

The researcher makes the following recommendations in relation to dyadic brief Gestalt play therapy with an adolescent living in an unstable foster placement:

- That further literature be published in respect of supporting the attachment of the carer and adolescent living in an unstable foster placement.
- That additional research is undertaken on combining the treatment and parenting model of Hughes with Gestalt play therapy, with a view to supporting and improving the relationship between the carer and adolescent living in an unstable long-term foster care.

- Further research into the specific creative Gestalt experiments and techniques that would support the advancement of attachment between the adolescent and carer living in an unstable foster placement.

- That further research supporting the relationship between the carer and adolescent living in an unstable long-term foster placement be carried out in conjunction with inclusive individual Gestalt play therapeutic sessions for the adolescent. In addition, individual adult sessions which support the carer should be included. In this way, both respondents would receive individual support as well as joint relationship building therapeutic support.

5.7 FINAL REMARKS

Adolescents living in unstable foster placement usually struggle to manage their often traumatic pasts, in which some suffered a lack of attachment experiences in their infancy. Additionally, these adolescents find themselves in a foster placement where they have little investment in a relationship with their carer. This study has shown that there are supportive therapeutic ways in which both the adolescent and carer are able to improve in their attachment, specifically through the use of dyadic Gestalt play therapy. This therapy may be brief in nature, like this study, or longer-term support with the added individual adult and adolescent therapeutic sessions as recommended above.

With the therapeutic support discussed in this study, adolescents living within an unstable foster placement will be supported in their ability to attach to their caregivers, thereby opening up the possibility for gaining further awareness of the self and developing a healthy and sound relationship between carer and adolescent.

BIBLIOGRAPHY

The American Heritage® Dictionary of the English Language, Fourth Edition Copyright © 2004, 2000 by Houghton Mifflin Company. Published by Houghton Mifflin Company. All rights reserved.

http://www.answers.com/dyadic&r=67

Accessed on 13/2/06

The American Heritage® Stedman's Medical Dictionary Copyright © 2002, 2001, 1995 by Houghton Mifflin Company.

http://www.answers.com/Gestalt+therapy&r=67

Accessed on 4/4/06

Archer, C. & Burnell, A. 2004 *Attachment, Trauma and Family Permanence.* London: British Association for Adoption & Fostering.

Attachment Styles, Psychology About. [0] Available:

http://psychology.about.com/od/loveandattraction/ss/attachmentstyle_7.htm

Accessed on 8/8/06

Babbie, E. 1998. *The Practice of Social Research*, Eighth Edition. USA:Wadsworth Publishing Company.

Barrett L.F. & Pietromonarco P.R. *The internal working models.*

2004. [0], Available:

http://www2.bc.edu/~barretli/pubs/2000/PietromonacoFB2000.pdf

Accessed on 6/6/07

Berrier, S. *The effects of grief and loss on children in foster care.*

2001. [0], Available:

http://ssw.unc.edu/fcrp/fp/fp_vol6no1/effects_griefloss_children.htm

Accessed on 7/10/06

Berridge, D. 2000. *The Importance of Stability*, Quality Protects Research Briefing No 2. DOH, Research in Practice.

http://www.rip.org.uk/publications/documents/QPB/QPRB2.asp#5

Accessed on 3/4/06

Blaxter, L., Hughes, C. & Tight, M. 2004. *How to Research. 2nd Edition.* United Kingdom: Open University Press.

Blum, H.P. *Separation-Individuation Theory and Attachment Theory.*

[0]. Available:

http://www.apsa.org/Portals/1/docs/JAPA/522/Blum-535-553.pdf

Accessed 18/9/07

Browne, D. 2002. Coping Alone: Examining the Prospects of Adolescent Victims of Child Abuse Placed in Foster Care. *The Journal of Youth & Adolescence,* 31(1): 52-66.

Brownwell, P. 2003. Gestalt! Gestalt Global's Gestalt Therapy Construct Library: Constructs from "A" through "C". [0]. Available:

http://www.g-gej.org/7-1/a-c.html

Accessed on 17/7/07

British Association of Play Therapy. [0]. Available:

http://www.bapt.info/whatispt.htm#bm6

Accessed on 30/3/08

Children's Act Report. 2003. [0]. Available:

http://www.dfes.gov.uk/publications/childrenactreport/docs/TCA2003.pdf

Accessed on 6/2/06

Clarkson, P. 2004. *Gestalt Counselling in Action. 3rd Edition*. London:Sage Publications Ltd.

Cox, E. 2001. *Psychology for A2*. Oxford: Oxford University Press.

Craig, G.C. 1996. *Human Development*. New Jersey: Simon & Schuster.

Dallos, R. & Vetere, A. 2005. *Researching Psychotherapy and Counselling*. England: Open University Press.

Delport, C.S & de Vos, A.H. 2005. Professional Research and Professional Practice. In De Vos, A.S. et al. 2005. *Research at Grass Roots: for the social sciences and human service professions.* Third Edition. Van Schaik Publishers: Pretoria.

De Vos, A.S. et al. 2005. *Research at Grass Roots: for the social sciences and human service professions.* 3rd Edition. Van Schaik Publishers: Pretoria.

Encyclopedia of Children's Health. 2006. [0]. Available:
http://www.healthofchildren.com/E-F/Foster-Care.html
Accessed on 13/2/06

Farmer, E., Moyers, S. & Lipscombe, J. [0]. Available:
http://www.bristol.ac.uk/sps/downloads/Hadley/adolescents.doc
Accessed on 13/2/06

Fahlburg, V. I. 2004. *A Child's Journey Through Placement. UK Edition*. London: British Association for Adoption & Fostering.

Fouché, C.B. 2005. Writing the Proposal. In de Vos, A.S. et al. 2005. *Research at Grass Roots: for the social sciences and human service professions.* 3rd Edition. Van Schaik Publishers: Pretoria.

Fraley, C. R. *A Brief Overview of Adult Attachment Theory and Research.* [0]. Available:
http://www.psych.uiuc.edu/~rcfraley/attachment.htm
Accessed on 5/8/06

The Free Dictionary, *Dyadic*. 2008. [0] Available:
http://www.thefreedictionary.com/dyadic
Accessed on 20/5/08

Gallagher, K. *Child Guidance Centre: Children and Trauma*. [0]. Available:
http://www.centraliowachildcare.org/healthconsulting/trauma905kg.doc
Accessed on 27/9/07

Geldard, K. & Geldard, D. 2004. *Counselling Adolescents.* London: Sage Publications.

Gestalt Therapy [0] Available:
http://www.metta.org.uk/therap/psychotherapy/Gestalt.asp
Accessed on 20/5/2008

Gross, R. & Rolls, G. 2004. Essential A2 Psychology for AQA (A). London:Hodder & Stoughton.

Grossman, K. E.; Grossman, K. & Waters, E. 2005. Attachment From Infancy to Adulthood: The Major Longitudinal Studies. UK: Guildford Press.

Harden, B. J. 2004. Safety and Stability for Foster Children: A Developmental Perspective. *The Future of Children: Children, Families and Foster Care.* 14 (1) 31-47.

Houston, G. 2003. *Brief Gestalt Therapy.* London: Sage Publications Ltd.

Hughes, D. 2004. *Building the Bonds of Attachment*. Oxford: First Rowman & Littlefield Publishers, Inc.

Hughes, D. 2004. *Facilitating Developmental Attachment*. Oxford: First Rowman & Littlefield Publishers, Inc.

Hughes, D. 2004. *An Attachment-Based Treatment of Maltreated Children and Young People: Attachment & Human Development.* 6: 263-278.

Hughes, D. 2002. *Treatment and Parenting Model*. [0]. Available:
http://danielahughes.homestead.com/Model.html
Accessed on 6/2/06

Houston, G. 2003. *Brief Gestalt Therapy*. London: Sage Publications.

International Attachment Network. 2002. *A bit about attachment*. [0]. Available:
http://www.attachmentnetwork.org/about.html
Accessed on 20/5/08

Jackson, S. & Goosens, L. 2006. H*andbook of Adolescent Development.* Sussex: Psychology Press, Sussex, Great Britain.

Joyce, P. & Sills, C. 2007. *Skills in Gestalt Counselling and Psychotherapy*. London: Sage Publications.

Kirtchner, M. 2003. *Gestalt Therapy Theory: An Overview*. [0]. Available:
http://www.g-gej.org/4-3/theoryoverview.html
Accessed on 6/2/2006

Lichtenberg, P. & Gray, C. 2006. Awareness, Contacting and the Promotion of Democratic-Egalitarian Social Life*. British Gestalt Journal,* 15(2):20-27.

Moshman, D. *Adolescent Psychological Development*. [0]. Available:

http://www.questia.com/PM.qst?a=o&d=25978427

Accessed on 5/5/08

Oaklander, V. 2006. *A Brief Biographical Summary of Violet Oaklander PhD.*
[0]. Available:

http://www.violetoaklander.com/bio.html

Accessed on 6/2/06

Ocasio, J. & Knight, J. 2003. *Rediscovery of Trust: Erickson, Kaplan & the Myth of Foster Care.* Opinion Papers. Educational Resource Information Centre.

Philpot, J. 2002. *Attorney at Law*. [0]. Available:

http://www.dphilpotlaw.com/html/glossary.html

Accessed on: 13/2/06

Phillipson, Peter. *A Map of Gestalt Therapy.* [0]. Available:

http://www.123webpages.co.uk/user/index.php?user=mgc&pn=10702

Accessed: 19/11/06

Poems of Fear: Broken Promises. [0]. Available:

http://www.xecu.net/fantasy/p/pof.shtml

Accessed on 6/2/06

Rayment, W. J. 2008. *Jean Piaget and Child Development*. [0]. Available:

http://www.indepthinfo.com/articles/piaget-developmental-psychology.shtml

Accessed on 8/5/08

Roget's II: The New Thesaurus, 3rd Edition by the Editors of the American Heritage® Dictionary Copyright © 1995 by Houghton Mifflin Company. Published by Houghton Mifflin Company. [0] Available:

http://www.answers.com/topic/unstable#copyright

Accessed on 13/2/06

Rubin, D. M. et al. 2004. Placement Stability and Mental Health Costs for Children in Foster Care, 113 (5): 1336. [0]. Available:

http://pediatrics.aappublications.org/cgi/reprint/113/5/1336

Accessed on: 12/7/07

Rudestam, K.E. & Newton, R.R. 2001. *Surviving Your Dissertation: A Comprehensive Guide to Content and Process.* London: Sage Publications.

Sainsbury, M. 2004. Social Care Institute for Excellence. *Practice Guide 3 Fostering.* [0]. Available:

http://www.scie.org.uk/publications/practiceguides/fostering/files/pg3.pdf

Accessed on 3/4/06

Schoeman, J.P., 2004. Advanced Course in Play Therapy. Class notes. Gansbaai: Centre for Play Therapy and Training.

Schoeman, J.P. & van der Merwe, M. 1996. *Entering the Child's World: A Play Therapy Approach.* Pretoria: Kagiso Publishers.

Social Care Institute for Excellence. 2005. *Practice Guide to Fostering. Placement Stability.* [0]. Available:

http://www.scie.org.uk/publications/practiceguides/fostering/Placement/

Shefler, G. 2000. Time-Limited Psychotherapy with Adolescents. *Journal of psychotherapy Practice Res*. 9:88-99.

Spagnuolo Lobb, M. 2005. In Classical Gestalt Therapy Theory. In Woldt, A.L. & Toman, A.M. 2005. Gestalt Therapy: History, Theory and Practice. London: Sage Publications.

Strang, R. Professor Of Education, Teacher's College, Columbia University.
The Adolescent views himself: A Psychology of Adolescence. [0]. Available:
http://www.questia.com/PM.qst?a=o&d=24208810
Accessed on 19/12/07

Strydom, H. & Delport, C.S.L. 2005. Sampling and pilot study in qualitative research. In de Vos, A.S., et al.2005. *Research at Grass Roots: for the social sciences and human service professions.* 3rd Edition. Pretoria: Van Schaik Publishers.

Strydom, H. 2005. Ethical aspects of research in the social sciences and human service professions. In de Vos, A.S., et al. 2005. *Research at Grass Roots: for the social sciences and human service professions.* 3rd Edition. Pretoria: Van Schaik Publishers.

The Child and Adolescent Centre for Anxiety & Related Disorders. [0]. Available:
http://www.bu.edu/anxiety/adolescent.html
Accessed on 5/5/08

Van Wagner, K. *Attachment Styles,* Psychology About. [0].Available:
http://psychology.about.com/od/loveandattraction/ss/attachmentstyle_7.htm
Accessed on 8/8/06

Wikopedia 2006
http://www.answers.com/topic/child
Accessed on: 13/2/06

Wikopedia 2006

http://www.answers.com/topic/brief-therapy?method=22

Accessed on 4/4/6

Woldt, A.L. & Toman, A.M. 2005. Gestalt Therapy: History, Theory and Practice. London: Sage Publications.

Zeeman, J. & Gale, T. 1998. *Emotional expressivity in adolescence.* [0]. Available:
http://www.healthline.com/galecontent/emotional-development/3#
Accessed 29/7/06

Zinker, J. 2001. *Sketches*, Cambridge MA: The Gestalt Press.

Appendix 1

<u>Informed consent agreement</u>

- The undersigned hereby unreservedly agrees to be a voluntary participant in this research study. Participants will receive therapeutic support, without further incentive.

- The undersigned hereby agrees to participate in therapeutic sessions where personal information would be shared. The researcher undertakes to keep this information confidential throughout the study.

- Participants will be free to end their involvement at any stage of the research study, without any blame being attached to them.

- Participants agree to these sessions being videotaped. This will assist in providing the researcher with an accurate account of the content of the sessions that will take place with the participants.

- These videotapes will be kept in a locked safe place in the researcher's home and will be destroyed after completion of the study.

- The video's will only be viewed by the researcher and, if necessary, by the supervisor who is involved with this study.

I agree to participate in this research study submitting to the conditions stated above.

_____ Hayley
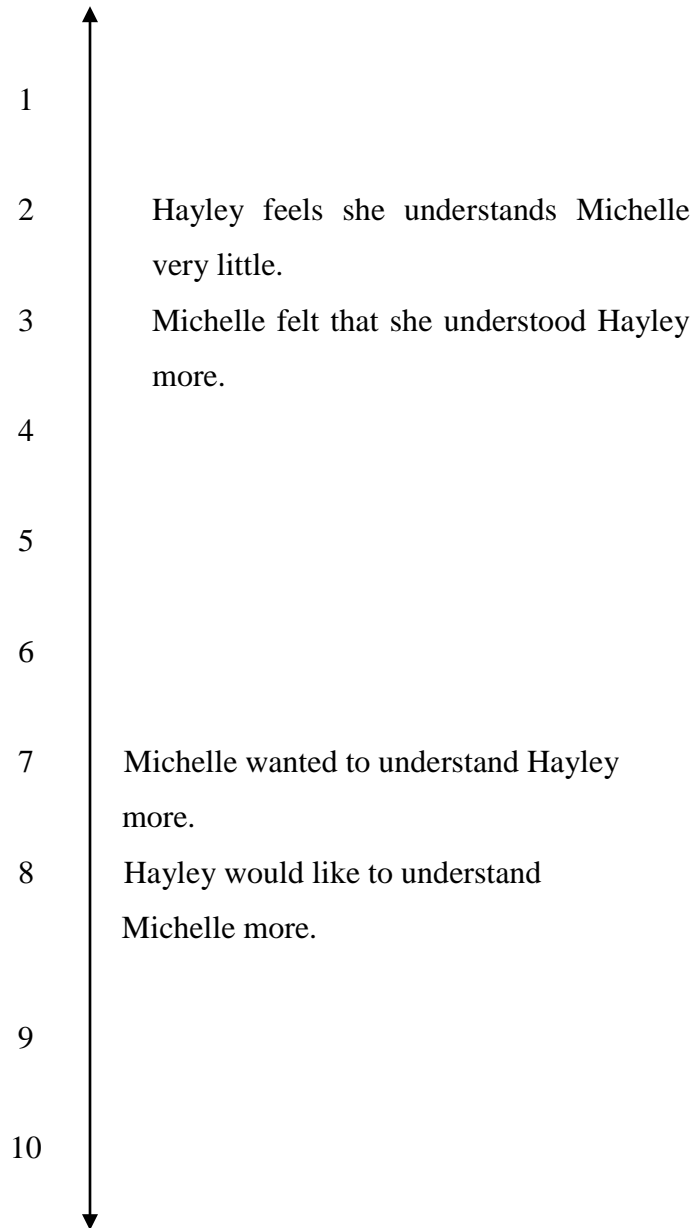
_____ Michelle

_____ Social Worker

_____ Researcher

Date: _____

Appendix 2

<u>Scaling exercise 1</u>

Scaling exercise with Hayley and Michelle concerning thier understanding of each other.

1

2   Hayley feels she understands Michelle very little.

3   Michelle felt that she understood Hayley more.

4

5

6

7   Michelle wanted to understand Hayley more.

8   Hayley would like to understand Michelle more.

9

10

Appendix 3

Scaling exercise 2

Scaling exercise with Hayley and Michelle about how they would like to change.

1

2

3   Michelle was only prepared
            to change a small amount.

4   Hayley was prepared at present to
            change only a little.

5

6

7

8   Hayley and Michelle both wanted to
          be able to change more.

9

10
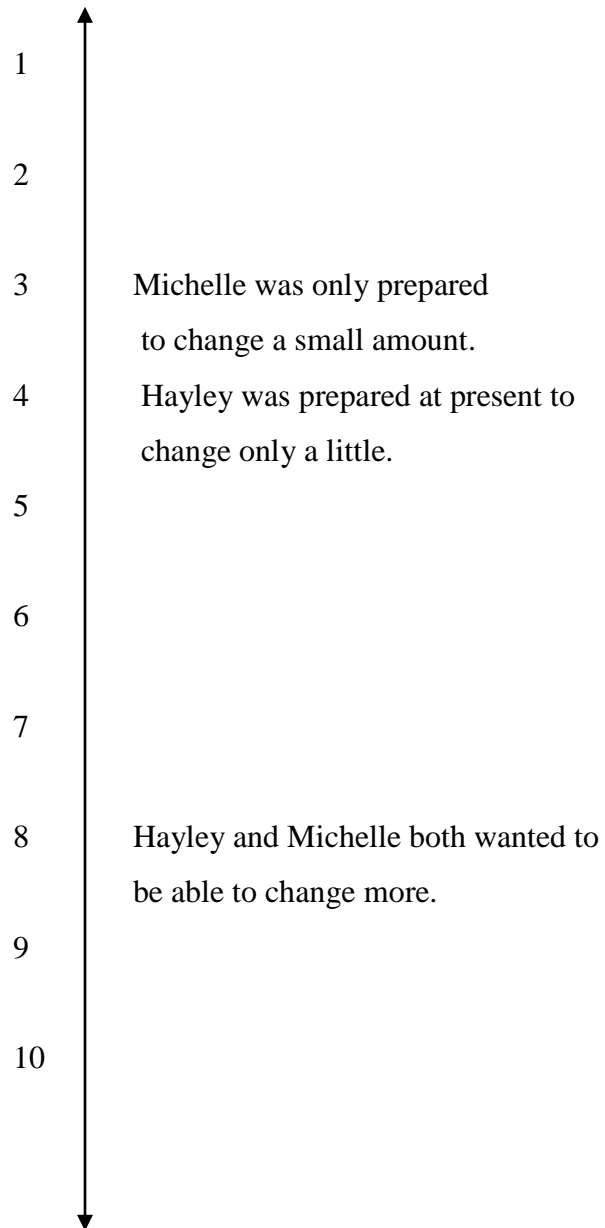
Evaluation

1. What did you like and not like about our time together?

I liked the farm animals and sand, and playing with the play dough.
I didn't like the sensory relaxation exercises.

2. How did you find me coming to your house?

It was more comfortable, because you're in your own surroundings.

3. What did you think of us all talking together?

It was ok.

4. Would you have preferred it if Michelle wasn't in the room with you?

YES!

5. Would you access therapy in the future, if you were given the chance?

Maybe, but it depends on the time.

6. If we did it again:

- What do you think I could have done differently?

More games.

- What would you have liked to stay the same?

Play dough, paint and games.

7. What will you take away / remember from our experience together?

Playing games, even if it's for children.

8. Is there anything else you would like to tell me?

No.

THANK YOU!