

**INVESTIGATING EXCESSIVE AGGRESSION
DURING THE PRESCHOOL YEARS
THROUGH MULTIPLE DATA SOURCES**

by

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DECLARATION

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I declare that the dissertation *Investigating excessive aggression during the preschool years through multiple data sources* is my own work and all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

Signature

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Date

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SUMMARY

Although aggression as social phenomenon is widely researched, this research study aimed to illuminate the importance of early identification of excessively aggressive children specifically. The aim was to explore and gain an in-depth understanding of excessive aggressive behaviour during the preschool years. A qualitative research methodology was employed consisting of a parent interview, observations of the research participant and numerous play sessions consisting of various activities including free drawings; 'Draw-a-Person', a family drawing; the 'Children's Apperception Test', and free play activities. The study explored various factors possibly leading to the onset and continuation of excessive aggressive behaviour. It seems clear that no single factor is responsible for the display of excessive aggression, but rather, multiple factors contribute to the problem of aggression as a whole. Play therapy is suggested as an effective method in the assessment and counselling of excessive aggressive behaviour in preschool children.

Key terms: (excessive) aggression, anger, preschool child, play therapy, qualitative research, instrumental case study, developmental dynamics, media exposure to violence, biopsychosocial approach to aggression, projection

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CHAPTER 1

INTRODUCTION

Imagine a four- or five-year-old child who is so angry and aggressive that he/she has to be restrained physically to prevent him from harming himself/herself, others or objects. Why does this child display such aggression? A natural assumption would be that the child finds it difficult to control his impulses. This kind of aggressive behaviour may well be an unconscious attempt to communicate to adults that the child is unhappy. The adult, whether teacher, parent or therapist, must recognise this cry for help, and try to uncover the relating and contributing factors to the child's aggression.

Aggression is fairly common among preschool children. Aggression is not necessarily a cause for concern, and should be viewed in the light of a child's age and circumstances. However, the overly or inappropriately aggressive behaviour of a preschool child should be seen as a serious matter. Not only does the child's excessive aggressive behaviour indicate that he/she is experiencing a problem, but it also hinders optimal learning and prevents him/her from reaching his/her full potential – the inherent and latent but unrealised ability and capacity for growth and development that every child possess (American Heritage Dictionary, 2000). According to Davenport and Bourgeois (2008, p. 2) research has shown that “preschool children displaying high levels of externalising behaviour are at significant risk for future social and emotional problems”. This research study endeavours to investigate the many factors that could be responsible for the onset and continuation of a child's inappropriate aggression during the preschool years.

Since play is the most natural way in which children communicate, it makes sense to use play in therapy when working with children. The assessment and treatment of excessive aggression through the use of play therapy techniques will be explored in this study.

1.1 Brief overview of aggression

Aggressive behaviour in the early years of life can develop into antisocial behaviour and violence if not dealt with effectively. Early intervention with the aggressive child is therefore crucial (Cavell, 2000). The aggressive preschool child can be helped, firstly, by investigating where the behaviour stems from and exploring possible factors in the child's life that relate to this behaviour. Through the use of play therapy, the child may acquire skills and techniques that can be used to control his/her anger and aggression.

1.1.1 Definition of aggression

There seems to be no single, acceptable definition of aggression. Instead, there are a number of factors whose presence is considered necessary for an act to be labelled aggressive. Three definitions will be explored in an attempt to formulate a working definition of aggression, namely the definitions by Dollard, Buss and Bandura. One aspect that is considered a vital element of aggression is the intent to harm someone. This notion of intent can be found in a definition by Dollard (cited in Geen, 2001), stating that aggression is an act where the goal response is to injure another. The term 'goal response' indicates motivation, with aggression resulting in a deliberate series of actions.

Another important aspect of aggression is the motivation of the victim. For an act to be seen as aggressive, the victim has to be motivated to escape or avoid being attacked. A definition that includes these aspects can be found in Geen (2001, p. 3): "Aggression is the delivery of an aversive stimulus from one person to another, with intent to harm and with an expectation of causing such harm, when the other person is motivated to escape or avoid the stimulus". This definition does not account for other variables involved in aggression, such as the role of emotions in aggressive actions or the complex cognitive judgements that precede aggression (Geen, 2001).

Buss (in Durkin, 1995, p. 393) defined aggression as follows: "Aggression involves delivery of noxious stimuli by one party to other organisms or objects, under conditions in which the actor intends to harm the target and the actor expects the noxious stimuli to have their intended effect". This is an intentional definition of aggression, which implies that an aggressive act is any form of behaviour designed to harm or injure another living being who is motivated to avoid such treatment. Buss's definition therefore classifies all acts where harm is intended but not necessarily executed as aggressive behaviour. This excludes all behaviour leading to accidental injuries or activities (such as rough and tumble play among children) in which participants are enjoying themselves with no harmful intent (Shaffer, 1994).

According to Bandura (in Grusec & Lytton, 1988, p. 305): "Aggression is an injurious behaviour that is socially defined as aggressive depending on a number of facts that reside both in the judge of the behaviour as well as the performer of the behaviour". Bandura argues that aggression is a social label that we apply to various acts, depending on how

we judge the meaning of those acts for us. Our interpretation of an act as aggressive or non-aggressive will depend on a variety of social, personal and situational factors, such as our beliefs about aggression, which vary as a function of our gender, culture, social class and prior experiences, the context in which the response occurs, the intensity of the response and the identities and reactions of the people involved (Shaffer, 1994).

It therefore seems clear that aggression can be thought of as behaviour that is intended to harm, frustrate, injure or deprive someone, but we must recognise that the basis for inferring whether someone has a harmful intent can vary dramatically among perceivers, perpetrators and victims and across contexts and situations. For this reason people will often disagree about what has happened and whether specific behaviour qualifies as aggressive behaviour (Shaffer, 1994).

1.1.2 Types of aggression

A distinction can be drawn between reactive and proactive aggression. Reactive aggression refers to aggression where the chief aim is to harm an intended victim and where the behaviour was provoked and the aggression might be a defensive reaction (Shaffer, 1994). Reactive aggression may be overt or relational: When it takes the form of physical or verbal injury (e.g. insults) or the destruction and damaging of property, it is referred to as overt aggression. The more indirect form of aggression that includes social exclusion and rumour spreading about others is called relational aggression.

In behaviours where the aggressor has a broader aim which entails hurting someone in order to reach a non-aggressive goal, it is referred to as proactive aggression. In this case, the aggressive behaviour was initiated without provocation from the victim. Young children often resort to proactive aggression, for example by grabbing another's child's toy. Bullying on the part of children falls under this type of aggression (Durkin, 1995).

1.1.3 The preschool child

The term 'child' or 'children', as used in this study, refers to children of preschool age. In this study, a 'preschool child' refers to a child between the ages of two and six years (Botha, Van Ede, Louw, Louw & Ferns, 1998).

1.1.4 The aggressive preschool child

Aggressive behaviour is quite common among children in the preschool years. Temper tantrums, a tendency to retaliate in response to an attack or to frustration, as well as aggressive behaviour when adults exert authority, are all commonly found among preschool children (Shaffer, 1994). Shaffer notes that aggression takes a different form as children mature. Whereas younger children tend to be more physically aggressive, older children become more verbally aggressive once they have acquired the language skills to do so.

When a child displays what seems inappropriate or overly aggressive behaviour, it should be taken seriously. Shaffer (1994) refers to research done by Cummings et al. which

indicates that aggression is a reasonably stable attribute and that aggressive behaviour during early childhood is more than likely to persist into adulthood. According to research by Loeber (cited in Cavell, 2000), childhood aggression seems to be a good predictor of later criminal and antisocial behaviour during later developmental stages. Loeber further states that aggression during early childhood seems more durable and that the likelihood of change weakens over time. This is undoubtedly a point of concern. Overly aggressive children need therefore to be identified early and appropriate intervention is essential in order to prevent these children from leading antisocial lives in adulthood.

1.2 **Play and play therapy**

The importance of play has been acknowledged since the time of Plato (429-347 B.C). Friedrich Fröbel in his book *The Education of Man* published in 1903 (Kernan, 2007), emphasised the importance of symbolism in play by stating that play is the highest development in childhood. He observed that play is the free expression of what is in the child's soul and that it is full of meaning and significance. The first documented case describing the therapeutic use of play was Sigmund Freud's case *Little Hans* in 1909. This was the first case where a child's difficulties were related to emotional factors (Pehrsson & Aguilera, 2007).

Play therapy is a form of counselling and can also be used as a tool of diagnosis. This research study made use of certain play therapy techniques in the assessment of aggression during the preschool years.

1.2.1 Defining play

As with aggression, there is no single, acceptable definition of play available in the literature and the boundaries between play and other activities such as work, exploration and learning are not always clear. According to Hughes (1991), a number of elements can, however, be identified which are seen as typical of play. It is said that before an activity can be described as play, it must include five essential characteristics. Play is

- always intrinsically motivated – it is an end in itself;
- freely chosen by participants involved;
- pleasurable to all parties involved – the experience must be enjoyed;
- non-literal; it involves a certain element of make-believe (as in symbolic play);
- something the players engage in actively by being involved physically and/or mentally.

1.2.2 Defining play therapy

According to Guerney (cited in Hughes, 1991), all schools of thought within psychology share a common belief, namely that the use of play or a play setting is an essential and key feature in the diagnosis and treatment of children in therapy. Hughes cites several reasons why psychologists consider the above belief to be true:

- Play allows children to communicate and express their feelings effectively and it is a natural way for the child to do so.
- Play allows adults to enter into the child's world without being intrusive and threatening and adults gain a better understanding of the child.

- Play is enjoyable and allows the child to relax, thereby reducing anxiety and defensiveness.
- Play gives children an opportunity to express feelings which might be difficult to express otherwise.
- Through play, children develop their social skills and play provides an opportunity for them to try out new roles and experiment with a variety of problem-solving strategies in a safe setting.

Play is natural to children and gives them a sense of comfort and security so that they can be themselves. Essentially, play serves as the main mode of communication between a therapist and a child during play therapy (Schaeffer & Drewes, 2010).

1.3 **Research rationale**

As noted previously, it is essential to undertake intervention with children who seem inappropriately aggressive and violent. Parents and teachers are often at a loss when trying to deal with such aggressive children. Aggressive preschoolers need to learn how to adopt healthy conflict handling skills, impulse control and social skills in order for them to control their anger and aggression. If these children are not helped, they will possibly not experience a happy and carefree childhood and will most likely never reach their full potential. According to Dodge (cited in Larson & Lochman, 2002) aggressive children are prone to cognitive distortions when encoding social information or interpreting social situations as well as the intentions of others. They also have difficulty in finding other, more appropriate solutions to perceived problems – aggression is used to solve all social

problems. All these factors often cause aggressive children to be labelled and rejected by peers. Aggressive children often have a low self esteem and they compensate for this by pretending to be tough, often bullying others because it makes them feel in control, counteracting their deeper feelings of inadequacy and ultimately causing their low self esteem.

Durkin (1995) states that the most influential setting where children learn about aggression, is the family environment. Aggressive children most often come from aggressive family settings where parents model aggressive behaviour as a means to solve conflicts. Various studies done by Bandura, Loeber and Dishion, MacKinnon-Lewis et al., Montagner et al., Olweus, Patterson and Strauss et al. (cited in Durkin, 1995) found associations between characteristics of the family, such as parenting styles, and aggression in children. According to Davenport and Bourgeois (2008) there exists an agreement among researchers that the strongest and most significant influences on a child's life and developmental path towards problematic and atypical behaviours during early childhood, is that of parenting and the child's home environment. It can be assumed that children reared in aggressive and hostile homes are very often unhappy children.

Children's aggressive interactions often seem to decrease after the age of six years, but it has been demonstrated that when preschoolers are labelled as excessively or overly aggressive, their outbursts tend to become even more hostile with age (Shaffer, 1994). Aggression is shown by research done by Cummings and his associates (cited in Shaffer, 1994) to be a reasonably stable attribute. Aggressive toddlers are likely to become aggressive preschoolers and later on aggressive adolescents. Mark Cummings's studies

(cited in Shaffer, 1994), indicate that the amount of verbal and physical aggression a child between the ages of six and twelve reveals is a fairly good predictor of the child's tendency to be aggressive in adolescence.

This study addresses aggression among preschool children and how play therapy seems to be the most efficient manner in helping these children. Thomas (1982) describes play as the manner in which children learn how to learn. Through play, children discover their world. Roles and expectations are rehearsed and children learn what society regards as appropriate and inappropriate behaviour (Hughes, 1991). Play is used to communicate with the therapist on their own level. Landreth (2002) is of the opinion that a child can gain a sense of control over life events or situations that might seem uncontrollable through symbolic play. He further states that children are often unable to verbally express their feelings and thoughts and that's when toys serve as their words and play as their language (Schaeffer & Drewes, 2010). Within a play environment, children are granted safety and freedom to truly be themselves.

1.3.1 The research problem

Several factors can lead to the onset and continuation of aggression. According to Bandura's social learning theory, it is assumed that a person's genetic and biological blueprint creates the potential for aggression, while specifics of aggressive behaviour such as the form, frequency, provoking situations and so forth are acquired through social learning and experience (Geen, 2001). Aggression is therefore often genetically caused and learned from the child's immediate environment.

An important factor in the environment in this regard is reinforcement. Aggressive behaviour in children is often reinforced, either by parents who always give in to the child to avoid conflict, or by aggressive children who see aggression as an effective means to gain what they want from peers – the successful results of their aggressive behaviour reinforces further aggressive behaviour and aggression is therefore maintained. According to Shaffer (1994), when aggressive behaviour is displayed by the child, and reinforced, he/she is likely to use aggression again in the future as means to attain a goal. Aggressive children have therefore learned that the use of aggression is an effective means of getting what they want and they have positive expectations regarding the outcome of their aggressive behaviour. This is referred to as a self-reinforcement system (where the child's aggressive behaviour becomes a source of personal pride) by Bandura (cited in Shaffer, 1994). These children tend to be friends with other children who behave aggressively towards their peers, where their behaviour is again encouraged and reinforced.

The following research question was formulated: *What factors can lead to and/or contribute to the onset and maintenance of excessive aggressive behaviour among preschool children?*

The factors that might be responsible for a child's overly or inappropriate aggressive behaviour will be explored in depth in this research study keeping in mind that single factors are rarely responsible for excessively aggressive behaviour in children. Instead, multiple factors all contribute to the problem of aggression as a whole. Watson and his colleagues (2004) state that researchers have learned that no single risk factor lead to or is the cause of severe aggression but that multiple antecedent factors usually combine to

shape aggressive behaviour. No single factor can be adequate in explaining the development and onset of aggression in children (Reebye, 2005).

This research also attempt to illustrate that play therapy is an effective approach when working with aggressive children. It was noted above that play is a child's innate mode of communication and the use of play in therapy helps children to lower their guard (Schaeffer & Drewes, 2010). Using play makes therapy less intrusive and threatening to the child, and issues can be confronted within a safe environment. In this research study, the researcher made use of certain play therapy techniques in the assessment of aggression (under the supervision of a registered and qualified psychologist as well as the acting supervisors of the study) rather than engaging in play therapy as a form of counselling with the involved research participant.

1.3.2 Purpose of this study

An aim or goal can be defined as the end result one is attempting to achieve. It refers to what the research study plans to investigate (Van der Riet & Durrheim, 2006).

The main goal of this research study is to investigate possible factors that lead to and contribute to the onset and maintenance of excessive aggressive behaviour in a preschool child.

1.3.3 Motivation for this study

As a practising counsellor and teacher, I often encounter aggressive preschool children. I have noticed the inability of most teachers and parents to relate to and help these children. These children are often labelled by others as aggressive and naughty and are often outsiders who are not accepted by their peers. This observation serves as motivation for this research study. One specific boy (the research participant observed during the study whom will be referred to as Tshepo) is particularly responsible for motivating this study. When I first met him I asked myself what could possibly be causing this boy to behave so aggressively and seem so out of control. I realised that his aggression could not be attributed to a single factor, but that there would be numerous factors contributing to his poor impulse control and aggressive behaviour.

The excessive and inappropriate aggression in preschool children should be viewed as a social issue. Aggression seems to be a stable attribute – the strongest predictor of aggression in late adolescence and adulthood (Cavell, 2000; Shaffer, 1994; Watson et al., 2004) being the level of aggressive behaviour displayed during early childhood. Aggressive adolescents and adults often lead antisocial lives. It is the task of the parent, teacher and counsellor/psychologist to identify overly aggressive children in order to intervene and help these children learn more appropriate ways of expressing themselves and solving conflicts. Even though there is ample research available on the topic of aggression, the researcher is of the opinion that this research study, by putting the emphasis on the problem of aggression, will motivate others to view the excessive and

inappropriate aggressive behaviour of preschool children as a serious matter in need of intervention.

1.4 Chapter outline

Chapter 1 is devoted to the general orientation of the research study including the goals of the research, the nature of the research and the course of the study.

Chapter 2 consists of a literature study in which the concept of aggression is investigated including defining aggression, theories of aggression, and the characteristics of an aggressive preschool child.

Chapter 3 consists of a literature study in which the developmental dynamics of the preschool child and its relation to aggressive behaviour is investigated. Normal development during the preschool years is comprehensively explored, as well as how certain factors may lead to the onset and/or maintenance of aggressive behaviour.

In chapter 4 the concept of play and the method of play therapy are investigated. This chapter includes the rationale for using play therapy, as well as insight into the play therapy process.

Chapter 5 contains details of the empirical investigation and includes information regarding the research design and strategies, methods of data collection and analysis.

Chapter 6 contains the research findings and interpretations of the researcher as gained from the interviews, observations and projective measures used.

Chapter 7 consists of conclusions drawn by the researcher regarding all the research findings of the study. It also investigates the limitations of the study and the contribution of the research study.

1.5 **Conclusion**

This chapter sets out to provide a general orientation to the research study conducted. It attempts to provide insight into the value of the research topic for the researcher as well as the field of psychology. The researcher is strongly of the opinion that aggressive behaviour among preschool children, which is not age-appropriate, needs to be viewed in a serious light. The social issue of aggression and its manifestation during the preschool years will be discussed in the following chapter.

CHAPTER 2

THE AGGRESSIVE PRESCHOOL CHILD

2.1 Introduction

Aggression is a common issue in preschool children and to some extent is quite normal (Krahé, 2001; Moeller, 2001). Preschoolers are, as Coie and Dodge said (cited in Moeller, 2001) the most aggressive human beings with respect to frequency of aggressive behaviour. There are, however, cases where the frequency and intensity of the aggressive behaviour crosses the border between normal and problematic. These overly aggressive children are the primary focus of this research project. According to Hudley (1994) among other authors, excessive displays of aggression in children merit the attention of research and practice because of the developmental continuity and stableness in patterns of aggressive behaviour.

The normal occurrence of aggression among preschool children will be discussed in order to gain a more comprehensive understanding of when aggression in the preschool years becomes problematic. It is not an easy task to identify and isolate the reasons why a certain child is behaving aggressively. There are many factors that could have an influence on whether a child will or will not behave aggressively in a specific situation. This chapter looks at the various possible causes of aggression in children and tries to explain why certain children and not others behave aggressively. The researcher will consider various definitions of aggression and explain certain theories regarding the onset and development of aggression.

It is important for teachers, psychologists and other professionals working with children to take note of the possible causes of aggression and to try to ascertain why certain children and not others behave aggressively. It is furthermore important for these professionals to define aggression accurately so that they can decide whether a child's behaviour is problematic or not.

2.2 Defining aggression

Before the various definitions of aggression can be considered, it is necessary to briefly investigate the emotional state of anger and how it is related to aggression.

Anger is a basic and normal human emotion. Anger can be a healthy feeling in some instances, but it can also be negative. However, it is not the emotion of anger itself which is negative or unhealthy but rather what we do when we feel angry that can bring on negative consequences (Davis, 2004). Anger expressed in a healthy manner can be beneficial, but if anger becomes a constant state of being or gets out of control, it can affect an individual's life negatively. Anger expressed in a socially acceptable manner that allows a person to share his or her feelings regarding a certain situation or experience and when the anger can help change a situation or solve a problem, it can be seen as healthy (Furlong & Smith, 1994). Healthy aggression thus facilitates competence in social assertiveness (Connor, 2002). Adaptive aggression (aggression that can be seen as adaptive, beneficial and being assertive) can be viewed as necessary for a child's optimal development (Moeller, 2001). Anger not appropriately expressed or dealt with, may lead to suppressed anger which, can be an underlying cause of anxiety and/or depression.

Chronic anger has also been linked to various health issues such as high blood pressure, heart problems and headaches to name a few (Furlong & Smith, 1994). Maladaptive aggression, as described by Moeller (2001) is more frequent, of greater intensity and of longer duration than that of normal aggression displayed by children. Maladaptive aggression also appears to be unregulated and uninhibited according to Connor (2002) and when it occurs it appears to result from an inability of internal mechanisms to function such as emotion regulation and impulse control. Children are not born with the natural ability and maturity to regulate and control their anger or even to know why exactly it is that they feel angry. They learn to control and regulate their anger (as with other emotions) in numerous ways, for example through processes such as socialisation and modelling (Davis, 2004).

Anger and aggression are not similar to each other. Simply put, anger refers to a feeling and aggression refers to a specific kind of behaviour. Some children act aggressively when they become angry, which is quite common and age appropriate (from the age of one- to two years up to age six) (Louw et al., 1998). But to act aggressively is not the only nor the healthiest way to respond when one is feeling angry or frustrated. As mentioned earlier, it is not feelings of anger which are negative but rather the way we respond to that anger. Thought processes play a crucial role in how we perceive situations and others' actions as well as how we respond to them. How we perceive others' actions towards us determines whether we will respond with anger and/or aggression (Davis, 2004).

In the instance where anger is aroused, it can be maladaptive when there is an imbalance between the strength of the aggressive impulse and the capacity for restraint, when it is

disproportionate to the provocation and when its expression is poorly regulated (Groff, Kolko, Mammen & Pilkonis, 2007). According to Wolfe (2007) emotion regulation refers to the manner in which a child learns to identify and regulate emotional reactions, including anger, from an early age, relying on caregivers and the environment to provide the necessary guidance and control. A lack in emotion regulation is therefore a key concept in understanding an individual's pattern of poor management of anger.

Defining aggression is, however, not as simple and straight forward as defining anger. There are numerous definitions of aggression and huge debates among social theorists and psychologists on how to define this concept. Aggression cannot purely be defined as behaviour; other elements also need to be added in order to arrive at an acceptable operational definition. One element that is considered necessary for a definition of aggression is the aggressor's intent to harm someone else. This notion of harmful intent can be found in a definition of aggression by Dollard (cited in Geen, 2001), according to which aggression is an act with the aim of injury to another organism, thereby indicating motivation for aggression which results in a deliberate series of actions (Geen, 2001).

It is important to consider whether an act can also be classified as aggressive when someone harms someone else unintentionally or by accident. Dollard and his colleagues (cited in Geen, 2001) rule out the possibility that aggression can be accidental because it lacks the intent to harm. Not all researchers agree with the view that aggression contains construct of intent to harm but most seems to consider this as important in the classification or definition of certain behaviours as aggressive (Geen, 2001). Note that we can observe an aggressive act but we can only infer the intention or expectation of the aggressor. This

is obviously important in terms of determining when it is accurate to label a particular act or set of actions as aggressive.

Another important characteristic of aggression is the motivation of the victim. For an act to be regarded as aggressive, the victim has to have a motivation to escape or avoid being targeted. A definition that includes these two factors can be found in Geen (2001, p. 3): “Aggression is the delivery of an aversive stimulus from one person to another, with intent to harm and with an expectation of causing such harm, when the other person is motivated to escape or avoid the stimulus”. As with most definitions of aggression, however, this definition does not account for all the variables involved in aggression, for instance the role of emotions in aggressive actions or the complex cognitive judgements that precede aggression.

A further definition of aggression put forward by Buss (cited in Berkowitz, 1993; Durkin, 1995; Krahe, 2001) emphasises the consequences of an aggressive action rather than the intentions of the aggressor. According to Buss (cited in Durkin, 1995, p. 393) “aggression involves delivery of noxious stimuli by one party to other organisms or objects, under conditions in which the actor intends to harm the target and the actor expects the noxious stimuli to have their intended effect”. This definition by Buss requires that inferences be made about events preceding the aggressive act. These inferences are usually based on the act itself and this gives rise to numerous issues; we cannot know for certainty that the ‘aggressor’ had an intent or expectancy to harm another, this can only be inferred. As said before, it is difficult to make reliable deductions about someone’s intentions as the intentions are not observable.

Most researchers and theorists use an intentional definition of aggression, which regards aggressive acts as any form of behaviour designed to harm or injure another living being who is motivated to avoid such treatment. This definition thus classifies all acts in which harm is intended but not necessarily done while excluding accidental injuries or activities (such as rough and tumble play among children) in which participants are enjoying themselves with no harmful intent (Shaffer, 1994).

Another approach to defining aggression involves the outcome of the aggressive act. According to the definition by Buss (cited in Durkin, 1995), aggression involves the delivery of noxious stimuli in an interpersonal context, however, there are numerous situations where the delivery of noxious stimuli would not be considered as aggressive; an example would be when one has to endure a painful procedure at the doctor or dentist. Therefore this definition also fails to take into account the situation where the injury is accidental or unintentional.

It should be realised that the phenomenon of aggression cannot be considered solely in terms of its objective, observable properties. It also involves social judgements made by observers. Bandura (cited in Bandura, 1983; Grusec & Lytton, 1988) states that a clear understanding of aggression is only possible when we understand why people label some behaviours as aggressive and others not. Various factors determine these judgements, including not only the perceived intention of the actor but also the form, intensity, and consequences of the response, the role and status of both the aggressor and the recipient of the injury as well as the values of the labeller. According to Bandura (cited in Grusec & Lytton, 1988, p. 305) "aggression is an injurious behaviour that is socially defined as

aggression, depending on a number of facts that reside both in the judge of the behaviour, as well as the performer of the behaviour". Bandura therefore argues that aggression is a social label that we apply to various acts on the basis of our judgements about the meaning of those acts for us. Our interpretation of an act as aggressive or non-aggressive will depend on a variety of social, personal and situational factors, such as our beliefs about aggression, which vary as a function of our gender, culture, social class and prior experiences, the context in which the response occurs, the intensity of the response and the identities and reactions of the people involved (Bandura, 1983; Shaffer, 1994).

Aggression can therefore be regarded as behaviour that is intended to harm, frustrate, injure or deprive someone. It must be recognised that the basis for inferring whether an aggressor has a harmful intention can vary dramatically across perceivers, perpetrators, victims, contexts and situations, thereby ensuring that people will often disagree about what has happened and whether an act qualifies as an aggressive act (Bandura, 1973; 1983; Shaffer, 1994).

2.2.1 Types of aggression

Two types of aggression can be distinguished, namely reactive or hostile aggression and proactive or instrumental aggression. With reactive aggression, the main goal or motive is to harm or injure the intended victim, whether physically, verbally or by destroying or damaging property. The aggression itself is the goal but it can also be a defensive reaction to a perceived threat (Shaffer, 1994). Reactive aggression is usually an aggressive response to provocation, like an attack or an insult. It is manifested in both self-defence

and angry actions. A great deal of anger is usually experienced by parties involved and a good example of reactive aggression is when two children fight about something. Reactive aggression is always accompanied by strong emotions, typically anger, and is therefore sometimes referred to as affective aggression (Geen, 2001).

Reactive (or hostile) aggression can be divided into overt aggression, which entails physical aggression or a threat to injure (both verbally and physically) and relational aggression, which includes amongst others social exclusion and rumour spreading and is therefore a much more indirect form of aggression than overt aggression (Crick & Grotpeter, 1995; Geen, 2001). Underwood (cited in Vaillancourt, 2005, p. 159) describes this as social aggression which is “directed towards damaging another’s self-esteem, social status or both”. Vaillancourt (2005) claims that relational and social aggression are two distinct types of aggression; the latter involving damaging either a person’s self-esteem or social status and the former involves damaging a person’s peer relations.

Proactive (or instrumental) aggression refers to behaviour in contexts where the aggressor has a broader goal which entails hurting another in order to reach a goal (Durkin, 1995). The aggressor, therefore, harms another as a means to a non-aggressive end, such as when a child hurts another child in order to get his/her toy from him/her (Crick & Grotpeter, 1995; Shaffer, 1994). Proactive aggression is initiated without apparent provocation, such as in bullying behaviour among children. The behaviour is not provoked by anger, hostility or the need to defend oneself, but by other motives that relate to obtaining goods, asserting power or assuring approval. Proactive aggression is deliberate and is not accompanied by strong emotions (Geen, 2001).

The classification of an aggressive act as either reactive/hostile or proactive/instrumental depends on circumstances. It is, however, not always possible to make a clear classification as an aggressive act can be both reactive and proactive at the same time (Shaffer, 1994).

Children first bite, hit, push and kick and then gradually, as they mature, they may choose other more indirect and socially oriented forms of aggression (reactive aggression) (Caplan, Vespo, Pederson & Hay, 1991; Shaffer, 1994; Tremblay, Japel, Pérusse, Boivin, Zoccolillo, Montplaisir & McDuff, 1999). Instrumental aggression seems to be more common in early childhood but shows a clear decline over time (Hay, 2005). Longitudinal research done by Vitaro and colleagues in 1998 (cited in Hay, 2005) suggested that proactive aggression in early childhood is a predictor of later violence and delinquency in late adolescence and adulthood.

2.3 Theories relating to the onset and development of aggression

Several theories aim to explain the onset and development of aggression, each with its own definition of aggression and viewpoints as to when and why individuals act aggressively. These theories are normally divided into two broad categories, namely instinct theories and learning theories.

2.3.1 Instinct theories

a) Freud's psychoanalytical theory of aggression

Freud's psychoanalytical theory of aggression (Krahé, 2001; Mizen & Morris, 2007; Moeller, 2001; Shaffer, 1994) states that we are all born with two basic instinctual drives: an instinct to survive and a death instinct. The death instinct is what underlies all acts of violence and destruction. Freud believed that energy in the body converts into aggressive energy and these aggressive urges must be discharged regularly in order to prevent them from building up to dangerously high levels. These aggressive urges can be discharged in various socially acceptable ways, for instance through exercise or sport. Freud's explanation for self-punishment, self-mutilation or even suicide is that these aggressive urges are occasionally turned inward (Krahé, 2001; Shaffer, 1994).

b) Lorenz's ethological theory of aggression

A further instinct theory of aggression is Lorenz's ethological theory. Konrad Lorenz (cited in Shaffer, 1994) argues that humans and animals have a basic fighting, aggressive instinct directed against their own species. Like Freud, he also believed that aggression produces its own energy and that these aggressive urges continue to build up until relieved by an appropriate releasing stimulus. According to Lorenz, all instincts, including aggression, serve a basic evolutionary purpose, namely to ensure the survival of the individual and the species. Aggression assists most species to survive because they have evolved various 'instinctual inhibitions' that prevent them from killing their own kind. According to Lorenz,

humans kill members of their own species because their aggressive instinct is poorly controlled. In prehistoric times humans lacked the innate equipment to kill, such as claws or fangs, and there was therefore little need for the evolution of instinctual inhibitions against killing other humans. But humans did evolve intellectually, developed weapons of destruction and showed little reluctance in using these weapons on other humans (Krahé, 2001; Shaffer, 1994).

The most important points of criticism against these instinct theories are that these theories of aggression are of limited explanatory value. Firstly, the notion that all aggression stems from inborn, instinctual forces cannot adequately explain why some societies are more aggressive than others. Secondly, there is no neurophysiological evidence that the body generates or accumulates aggressive energy. As noted in Shaffer (1994), Scott believes that the instigation of aggression derives from external rather than internal forces. Another point of criticism is that even if humans were instinctively aggressive, it is likely that an individual's aggressive inclinations would be affected by social experiences. It furthermore appears that aggressive responses that are often labelled as instinctive can be substantially modified or even eliminated through social learning (Shaffer, 1994).

2.3.2 Learning theories

a) The frustration-aggression hypothesis of Dollard

The frustration-aggression hypothesis states that frustration always produces some kind of aggression and that aggression always leads to frustration. It is not clear whether this

frustration-aggression relationship is innate or learned. Sears (cited in Shaffer, 1994) believed that the connection between frustration and aggression is learned. He concluded that what does seem to be innate is the relationship between frustration and anger. Sears (cited in Shaffer, 1994) and Bandura (1983), among other theorists, believed that even though frustration can certainly lead to aggression, it does not invariably do so. Individuals react differently to frustration: they may cry or laugh, become depressed, avoid the problem or just try harder (Durkin, 1995). All aggressive acts are therefore not always instigated by some form of frustration and although aggression is likely in some instances, it is not an inevitable consequence of frustration (Krahé, 2001). Some people behave aggressively in the absence of frustration. Dollard's hypothesis that frustration and aggression are always linked to one another is what led to the first major empirical studies on aggression (Coie, Dodge & Lynam, 2006).

b) Berkowitz's revised frustration-aggression hypothesis

Berkowitz (Geen, 2001; Moeller, 2001) added many new elements to the frustration-aggression hypothesis. He believed that frustration prepares the ground for aggression. He further argued that frustration leads to aggression by initiating negative affect, which is then linked to aggression. Negative affect refers to the unpleasant feelings we experience, elicited by aversive conditions, when we feel angry. The unpleasant experience is then linked to a variety of cognitions, emotions and motor responses through experience and learning, and the result is two immediate and simultaneous tendencies. One is to respond with aggression and the other is to flee from the situation. If the person's tendency towards aggression is stronger, he or she will react aggressively, but when the flight tendency is

stronger, this will inhibit aggressive behaviour. The initial reaction to frustration is therefore affective. Berkowitz (1993; Geen, 2001) also pointed out that there are higher cognitive processes such as attributions and judgements that may intervene in the facilitation or inhibition of aggression. A very important argument raised by Berkowitz was that an angry person, who is ready to display aggression, will not necessarily commit an aggressive act. According to Berkowitz there must be suitable cues present. These cues evoke aggressive responses from a person who is primed to make them.

Berkowitz's revised frustration-aggression hypothesis views aggressive behaviour as stemming from a combination of internal forces (anger) and external stimuli (aggressive cues). It offers little explanation of how stimuli become aggressive cues. It also does not explain aggressive acts committed as means to non-aggressive ends, when aggressive acts are not committed out of anger or outrage (Shaffer, 1994).

c) Bandura's social learning theory

Bandura's social learning theory is the first theory to emphasise cognitive influences on and processes related to aggression. His theory assumes that a person's genetic and biological blueprint creates a potential for aggression, while the specifics of aggressive behaviour (its form and frequency, the situations that evoke it and the targets towards which it is directed) are acquired through social learning and experience (Bandura, 1983; Geen, 2001). According to Bandura (in Bandura, 1983; Coie et al., 2006), aggression is a set of social behaviours that are acquired through similar processes to those by which any other type of social behaviour is acquired. All aggression is therefore learned through

social learning processes. His theory examines how aggressive behaviours are acquired and maintained rather than merely looking at what causes aggression (Shaffer, 1994).

According to Bandura's social learning theory, there are mainly two ways to acquire aggressive responses, firstly through observational learning and secondly through direct experience and reinforcement. Observational learning refers to a cognitive process by which children observe aggressive behaviours by other people and subsequently store these behaviours in their memory and therefore **learn** these aggressive responses they have witnessed (Bandura, 1973; Krahe, 2001; Shaffer, 1994). This also refers to modelling of aggressive behaviour. Modelling can include the acquisition of new patterns of behaviour or the inhibition of previously learned behaviour as well as the social facilitation of behaviour (Durkin, 1995). Observation of an aggressive behaviour is, however, not sufficient in itself. Memory mechanisms must also be employed and the aggressive behaviour must be rehearsed in order to be retained. There are three primary ways in which an individual can acquire aggression through modelling:

- within the family, for example if parents use severe physical punishment, children are shown that aggression is an appropriate way to deal with others;
- within the subculture in which the person lives, that is to say when children grow up in a neighbourhood where acting aggressively helps them gain status or where aggression is encouraged, they are likely to act aggressively;
- through the media, where exposure to a range of violent acts helps increase the variety of aggressive acts that are learned and thus increases the possibility of aggression in the individual (Durkin, 1995; Renfrew, 1997)).

Aggressive responses or behaviours can also be acquired or learned through direct experience. When a child displays aggressive behaviour and is reinforced for this aggressive behaviour, he will be more likely to resort to aggression in future. Shaffer (1994) notes that numerous studies done by Bandura, Crowley and Lovaas, have been done with children to test this idea and most of these studies support the theory that reinforcing aggressive actions leads to more aggression. Bandura's theory (1983; Krahé, 2001; Shaffer, 1994) states that aggressive behaviour is mostly maintained or becomes habitual when it is instrumental in producing benefits for the aggressor or satisfying his/her objectives. Aggressive children have therefore learned that the use of aggression is an effective means to their ends. These children have positive expectations about the outcomes of their aggressive behaviour. They are confident in their use of aggression because they know they will achieve their goals. These aggressive children also feel proud of their ability to get what they want from their peers by acting aggressively and this feeling of satisfaction reinforces the aggression and leads to aggression being used again. Bandura calls this a self-reinforcement system where the child's aggressive behaviour becomes a source of personal pride. These children tend to be friends with other children who behave aggressively towards their peers, where their behaviour is again encouraged and reinforced.

Bandura (in Shaffer, 1994) argues that internal states such as instincts, frustration or anger, do indeed facilitate aggression but are not prerequisites for the occurrence of aggression. Internal arousal simply increases the probability that someone will commit an aggressive act in situations where aggressive cues are present. Any form of arousal can lead to aggressive behaviour as long as the individual interprets this arousal as frustration

or anger. Some studies undertaken by Bryant and Zillman as well as Rule and his colleagues (cited in Shaffer, 1994) where people who were not aroused were compared to those who had experienced arousal from various sources unrelated to aggression, such as loud noise or music and exercise, have shown that these people aroused by means of these non-aggressive sources, are likely to reinterpret the arousal they felt as anger and to display more aggression when exposed to insults or other provocations.

Bandura (1983; Renfrew, 1997) argues that aggressive habits can be controlled by eliminating the conditions and factors that are maintaining and reinforcing the aggressive behaviours. Principles for conditioning and learning can serve to reduce aggressive behaviour as well as increase it. This is no easy task for anyone, which is why it is crucial to intervene as early as possible in the young aggressive child's life. It is extremely difficult to change the aggressive behaviour of the overly aggressive child if he or she has learned to rely on aggression and force as a means of attaining goals and maintaining or enhancing self-esteem.

d) Dodge's social information processing theory of aggression

Social information-processing theorists believe that a child's reactions to frustration, anger or any other provocation and social cues present in a situation are not what determine whether the child will respond aggressively. Rather, whether or not the child will respond with aggression depends on how the child processes and interprets these cues (Chan, 1994; Dodge, 1986; Shaffer, 1994). In Dodge's social information-processing theory of aggression (cited in Semrud-Clikeman, 2007) he assumes that children enter a social

situation with a database of past experiences and a goal of some sort, for example making friends or staying out of trouble. Children's memories of previous learning and social experiences involve emotional and physiological components which, in turn, influence the way they respond to the current situation. When an event suddenly occurs which requires explanation, for example tripping over someone's foot, Dodge states that the child's response to the situation and the social cues it provides will depend on the outcomes of six cognitive steps. These steps are depicted in figure 2.1.

The first step is the encoding phase in which a child gathers information and relevant social cues about the event from the surrounding environment. What is the child whose foot he tripped over doing – is he laughing, looking worried or looking away? The relevant information gathered from the environment will affect the child's responses. The next step is the interpretation phase which follows after looking at situational cues and gathering information. The child will integrate information gathered with information about similar events from the past. He will also consider the goals he entered the situation with, and then try to decide whether this act was accidental or intentional. All the factors mentioned above will influence his/her perception of the situation. After the child has interpreted the situation, social goals will be identified; he/she will decide what he/she wants from the interaction (for example to avoid trouble or to make friends). The next step is generating possible solutions to the perceived problem when the experience is compared with similar situations from the past. Reactions in those situations as well as the result of those interactions are recalled. Then those solutions will be evaluated and possible responses selected. Responses are chosen on the basis of the perception of the event and skills in the child's repertoire. The child also weighs up the advantages and disadvantages of

various response options and selects the best for the current situation. The last phase is when the child enacts his chosen response. The success of the act is evaluated and feedback regarding the response used is stored (Chan, 1994; Dodge, 1986; Semrud-Clikeman, 2007).

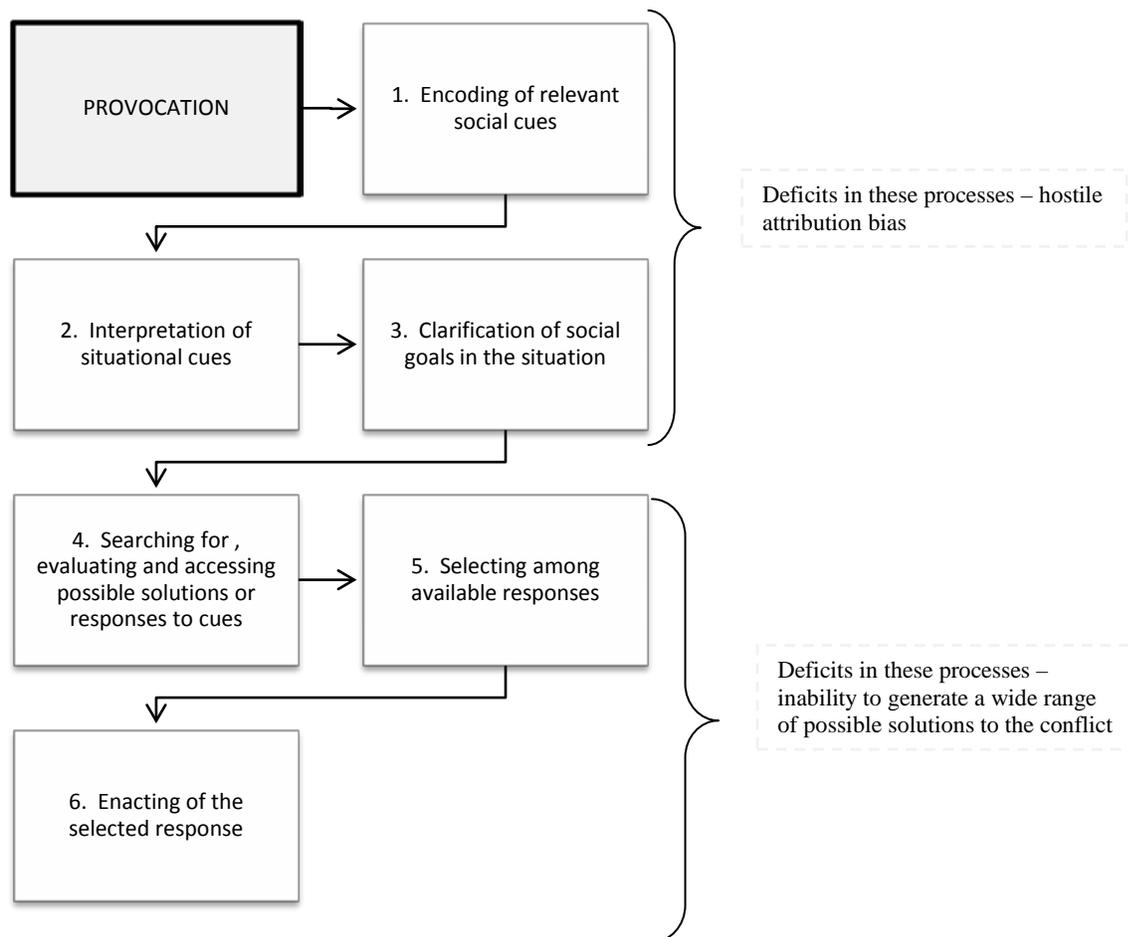


Figure 2.1 Cognitive steps in the social information processing theory described by Dodge (adapted from Geen, 2001, p. 51)

Dodge's theory anticipates individual differences in aggression, because children's past experiences and memory stores differ, as well as their information processing skills. Dodge (in Krahe, 2001; Semrud-Clikeman, 2007) believes that highly aggressive children who have a history of being aggressive are likely to carry an expectancy that other people

are often hostile. Thus, whenever aggressive children are harmed, they may be predisposed to search for social cues that would confirm this expectancy. If they pick up ambiguous cues from the situation (for instance when they have been tripped but there is no clear evidence that it was intentional), these aggressive children are more likely than non-aggressive children to attribute hostile intent to the 'aggressor' and thus predisposing them to behave aggressively. The aggressive child's hostile reaction may then trigger counter-aggression from his victim, which in turn reinforces the aggressive child's impression that others' are hostile, thus starting the cycle all over again (Krahé, 2001; Shaffer, 1994). It can be concluded that children's behavioural responses to provocations depend much more on their perceptions of the aggressor's intent than on the actual intentions of the aggressor. This tendency to see hostility in the behaviour of others when the cues from the situation are either absent or ambiguous is called hostile attribution bias. Deficits in the ability to process information both cognitively and socially reduce the ability to adapt behaviour appropriately when faced with frustration. According to Dodge's research (cited in Larson & Lochman, 2002) aggressive children have been found to have difficulties with each of the social information-processing stages. They are prone to cognitive distortions when encoding social information as well as when interpreting social events and the intentions of others. They also show deficiencies in generating alternative adaptive solutions for perceived problems, and in evaluating the consequences of different solutions (Larson & Lochman, 2002). Kingston and Prior (cited in Krahé, 2001) states that aggressive children show deficits in affective regulation and impulse control, thus making it more likely to develop and sustain aggressive behaviour patterns. Aggressive children see aggression as a way to solve social problems (Semrud-Clikeman, 2007).

Although Dodge's social information-processing theory states that there are many variations in aggressive and non-aggressive children's information processing skills, it does not state how these children came to be aggressive or non-aggressive or why they have different information processing biases in the first place. Dodge's theory also ignores how various emotional reactions, like anger, might colour children's interpretations of social cues or influence their behavioural reactions (Hudley, 1994; Shaffer, 1994).

2.4 Characteristics of the aggressive preschool child

The characteristics of the aggressive preschool child will be discussed. Reference is made to three studies quoted in Shaffer (1994) namely to the study by Florence Goodenough in 1931, to that by Mark Cummings and his associates in 1989 and lastly, to the study by Willard Hartup in 1974.

Florence Goodenough (cited in Shaffer, 1994) asked mothers of two- to five-year-olds to keep diaries recording each angry outburst by their children, including the causes and consequences of the behaviour. Cummings and his associates (cited in Shaffer, 1994) observed the arguments of preschoolers at play at the age of two and again at the age of five. Hartup's observational study (cited in Shaffer, 1994) analysed the causes and consequences of aggressive acts that occurred over a five-week period in groups of four- to five-year-olds as well as six- to seven-year-olds. According to Shaffer (1994), all these studies taken together seem to indicate the following points regarding aggression in preschoolers:

- Unfocused temper tantrums seem to diminish during the preschool years and appear to be uncommon after the age of four.
- The tendency to retaliate in response to an attack or frustration seems to increase dramatically from the age of three onwards.
- Two- to three-year-old children were most often aggressive after their parents had angered them by exerting authority.

The above-mentioned studies found that the form of aggression children display changes over time: children of two- to three years tend to be more physical, hitting or kicking adversaries when angered. As children mature, they tend to show less physical aggression but become more verbally aggressive towards others, teasing, calling names and telling tales to get others into trouble. Most conflicts between preschoolers concern toys or possessions and thus their aggression tends to be instrumental in character. Children's aggressive interactions seem to decline after the age of six years but it has been demonstrated that in preschoolers labelled as more aggressive, outbursts tend to become more hostile as they get older – their main objective being to harm the other child (Shaffer, 1994).

According to Landy and Peters (1992, p. 2) the aggressive behaviour and conduct problems in preschool children have typically been described through research as a collection of antisocial behavioural symptoms “including extreme tantrums and aggressiveness, chronic noncompliance, argumentativeness and stubbornness, intense reactions to limit setting, and immature expression and control of emotions”.

Excessive levels of aggression in childhood have been found to be a reasonably stable attribute. Aggressive toddlers are likely to become aggressive preschoolers and adolescents (Archer & Côté, 2005; Hudley, 1994; Krahé, 2001; Shaffer, 1994; Tremblay et al., 1999). Cummings' studies referred to in Shaffer (1994) indicate that the amount of verbal and physical aggression a child shows at ages six to twelve is a fairly good predictor of the child's tendency to be aggressive in adolescence. Recent longitudinal studies (cited in Archer & Côté, 2005) indicate that children become less aggressive and violent over time – physical aggression especially declines in middle childhood. The majority of children at risk for later aggressive and violent behaviour in adulthood were shown in studies to be on a high trajectory of physical aggression in preschool already (Broidy et al., 2003; Nagin & Tremblay, 1999).

In extreme cases, highly aggressive children typically meet the criteria for a diagnosis of conduct disorder as laid down in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) (American Psychiatric Association [DSM-IV-TR], 2000). This disorder is characterised by a repetitive and persistent pattern of behaviour where the basic rights of others or societal norms and rules are violated (Cavell, 2000). Young children, whose levels of aggression and antisocial behaviour are not severe enough to meet the criteria for conduct disorder, usually fit the diagnosis of oppositional defiant disorder. In Cavell (2000), it is stated that a diagnosis of oppositional defiant disorder is often seen as a developmental precursor to conduct disorder.

According to Cavell (2000) research has indicated that many adults who commit violent and criminal acts have a history of early childhood aggression and that aggression that

starts during the childhood years is a very good predictor of later criminal behaviour. Childhood aggression also seems to predict other forms of adult maladjustment such as substance abuse, employment difficulties and marital dysfunction.

Self-esteem has long been considered as an important factor in explaining a child's aggressive behaviour. Several studies (cited in Krahé, 2001) support the claim that low self-esteem would precipitate aggressive behaviour and that negative feelings about the self would make a child more likely to use aggression against others. Baumeister and Boden (cited in Krahé, 2001) proposed a link between high self-esteem and aggression. They argue that having an inflated and unstable self-esteem seems to make an individual more prone to behaving aggressively, particularly in response to stimuli perceived as a threat to their high self-esteem.

2.5 The influence of the media on the onset and development of aggression among young children

The effect of violence in the media, especially on television, on children is a well-known subject for research. Children worldwide watch television containing a great deal of aggressive content. Numerous research studies (Anderson et al., 2003; Anderson & Bushman, 2002; Bushman & Huesmann, 2001; Frost, Wortham & Reifel, 2001; Huesmann, Moise-Titus, Podolski & Eron, 2003) have demonstrated that exposure to high levels of violence in the media, especially television and computer or video games, can lead to higher levels and increased probability of aggression in children. Because of their inability to distinguish fantasy from reality, preschool children and young schoolchildren are more

likely to imitate the violence and aggression they see on television. As they watch more television, they become increasingly likely to resort to hostile and aggressive ways to solve problems (Berk, 2003). Seeing violence and aggression on television may spark hostile and aggressive thoughts and behaviour in aggressive as well as non-aggressive children. Thus, observing violence makes children more tolerant of aggression in others and their environment. In a study Webb and her colleagues (University of California, 2007) took a sample of 77 movies all rated PG 13 and recorded a total of 2,251 violent actions, with almost half resulting in death. All the sampled movies were among the 100 top grossing films between 1999 and 2000. Each violent act was coded in the context in which it was represented – whether violence was viewed in a good or bad light, the motivation for the violence, the presence of weapons, the consequences of the violence and the degree of realism. They concluded that it was clear that media depictions of violence can contribute to the teaching of violence to our children.

Another view from researchers suggest that performing violent acts in video games, rather than passively watching violent and aggressive acts on television, may be more contributing to children's aggressive behaviour. It is thought that the more children practice violent and aggressive acts, the more likely they are to perform violent and aggressive acts (Thompkins, 2003). A study done by Anderson and Dill (2000) suggests that violent video games may be more harmful than violent television and films because of the fact that they are interactive, requiring the player to identify with the aggressor and acting out violent and aggressive scenes.

Children have to decode symbolically represented material they see in the media in order to process the content. Calvert (2006) refers to three major models that describe how children learn from the media.

2.5.1 Imitation and modelling

The first approach involves imitation, the process in which infants and young children see another person behave in a certain manner and then copy the behaviour into their own behavioural repertoire. Bandura (cited in Calvert, 2006) stated that learning takes place through the observation of models – whether they are live or symbolically represented – as on television. It is said that children who view aggressive behaviours are likely to imitate the aggression they have seen (Anderson et al., 2003; Anderson & Bushman, 2002; Bushman & Huesmann, 2001; Calvert, 2006). By the time a child reaches the age of three, he or she can imitate what is seen on television. In an experimental study by Bandura in 1965 (one of the earliest and most well-known studies done on the topic) (cited in Calvert, 2006), children of preschool age were shown a video in which a model was rewarded, punished or incurred no consequences for aggressive and violent behaviour. After the video, the children (particularly the boys), who saw the model being rewarded for aggressive behaviour were more likely to imitate the aggressive behaviour spontaneously than were those who saw the model being punished. When the children were offered rewards to reproduce the aggressive behaviour, most could do so. Bandura found that there was a difference between learning and performance and he concluded that children learned the aggressive behaviour and stored the information for possible use later (Calvert, 2006). In another study by Bandura and his colleagues in the early 1960s, they observed

the effects of observing live and filmed models committing aggressive acts on children's behaviour. Preschool children were shown a model behaving aggressively towards an inflatable "Bobo" doll – some children watched a real live adult behave aggressively towards the doll while others saw a model dressed up as a cartoon cat. They reasoned that the further away from reality the model was, the less likely the children were to imitate the behaviour. There were two other scenarios, one where there was no model at all and the other where the model behaved non-aggressively. Children in all the experimental groups were mildly frustrated and then placed in a room with the "Bobo" doll. Children in the no model and non-aggressive model groups showed a certain amount of aggression, but children in the other groups showed more aggression. Bandura found that not only did the children show aggression but they showed aggression in the same way as they had observed the model displaying. As the researchers predicted, children directly imitated the live model to a greater extent, followed by the filmed model and then the cat. It has been noted that the processes of observational learning are powerful, and Bandura's studies are among those that have demonstrated this (Durkin, 1995).

Bandura's "Bobo" doll experiment has been revised and evolved in recent years and the findings still support the notion that there is a causal relationship between the exposure to violent and aggressive media and social learning processes.

Calvert (2006) states that the early identification with media characters and investment in television content, as measured by talking about television and using television themes in play during early childhood, are linked to later aggression during high school and adulthood. It may therefore be asked whether imitation is the initial mechanism that allows

young children to understand televised and video game models. Young children are especially susceptible to the influences of violence in the media because they do not understand the intention as well as older children and they do not connect aggressive behaviour to consequences when there are commercial breaks between aggressive scenes and its subsequent punishment.

2.5.2 The exploration-to-search model

This perspective describes a shift from an early interest in and exploration of information associated with perceptually leading stimuli like movement, to a later interest in stimuli like dialogue, where more informative content is found. These shifts occur as a result of maturation and experience (Calvert, 2006).

2.5.3 The comprehensibility model

The third perspective referred to by Calvert (2006) focuses on how well children are able to understand the language used in presentations, which in turn, guides their attention to content that they think they can understand. While it seems that the observational learning of behaviour, specifically aggression, can be induced in children through the media in certain circumstances, there is some disagreement over the implications of this finding for actual behaviour outside the laboratory.

In Grusec and Lytton (1988) reference is made to a study done by Friedrich and Stein in 1973 that found little evidence supporting the idea that exposure to violence in the media

contributes to aggressive behaviour in children. During this study nursery children watched a violent, a neutral or a pro-social television programme. Neither the violent nor the pro-social programmes produced any change in measures of aggression on the playground. There were only minor differences among children who were initially high or low in aggression. This might be due to specific socialisation processes and experiences, exposure to the effects of their behaviour on others, discussion with parents and so forth (Durkin, 1995). It is, however, clear that more research is needed on this topic. Further studies (cited in Durkin, 1995), report correlational findings between the amount of viewing and the amount of aggression and suggest that this relationship could be explained in terms of aggressive people choosing to watch more aggressive shows. Goldstein (1998) supports this notion that violent, aggressive people are more attracted to violent media, but states that this relationship seems to be bi-directional. He refers to a 1992 field study where researchers asked moviegoers at a theatre to fill out the Buss-Durkee hostility inventory either before or after watching the film they themselves selected to watch. Findings of the study showed that both males and females who had chosen a violent film to watch were initially more hostile than those who selected to watch a non-violent film. It was also found that the levels of hostility became higher after watching the violent film but remained at the same low level after watching the non-violent film (Black & Bevan, 1992; Goldstein, 1998).

In addition to increasing a viewer's aggression, there has also been evidence supporting the idea that television violence makes viewers more willing to tolerate violence and aggression; desensitising them. Desensitisation "is a psychological process by which an emotional response is repeatedly evoked in situations in which the action tendency that

arises out of the emotion proves irrelevant” (Cantor, 2000, p. 2). It is said that exposure to media violence, either through television or film or computer and video games, initially induces an intense emotional reaction in those who watch it, however, over time and with repeated exposure, there seems to be a decrease in the emotional as well as physiological responses to the depiction of violence and aggression (Bandura, 1983; Cantor, 2000; Molitor & Hirsch, 1994; Mullin & Linz, 1995). According to Durkin (1995) it does appear that young children are less likely to intervene when they observe aggressive interaction in others. Violent television teaches that violence is a fact of life and thus it is acceptable.

There seems to be evidence that media violence has short term effects on arousal, thoughts, and emotions, increasing the likelihood of aggressive behaviour as indicated by the studies above (Browne & Hamilton-Giachritsis, 2005). The evidence for long term outcomes for children exposed to media violence seems to be more controversial mainly due to the methodological difficulties in correlating behaviour with past viewing. It seems a stronger influence of media violence have been predicted for those with a predisposition for aggressive behaviour that is attributable to personality, situational factors or both (Huesmann et al., 2003; Johnson et al., 2002).

2.5.4 Theoretical model for long term effects of media violence exposure

Anderson and his colleagues (Gentile, Lindor & Walsh, 2003) developed the General Aggression Model (GAM) to explain theoretical links between media violence exposure and aggressive cognitions, attitudes and behaviours. The GAM takes into account how aggression depends on cognitive factors within the individual – personality (temperament,

aggressive personality) and situational (provocation) factors that may lead to aggressive behaviour (DeWall & Anderson, 2011; Gentile et al., 2003). The GAM suggests that long term exposure to media violence may result in the development and reinforcement of aggression-related knowledge structures. People construct knowledge structures from their experience and these structures include an awareness of enemies and the hostile attribution bias (attributing hostile intent onto others) and expectations that others will behave aggressively, positive attitudes towards use of violence and the belief that violent solutions are effective and appropriate. Repeated exposure to violence and aggression seems to have a desensitising effect and long term repeated exposure to media violence seems to predict people who become more aggressive in their outlook, attitudes, beliefs and behaviour than they were before (Gentile et al., 2003).

2.6 Differences in aggressive behaviour between boys and girls

It is a common belief that men are more aggressive than women (Krahé, 2001). Maccoby and Jacklin (in Geen, 2001) found the following in their studies:

- Men are generally more aggressive than women in almost all cultures.
- Men are more aggressive from early on in life – prior to influences of socialisation.
- Male primates are more aggressive than females.
- Aggression is related to sex hormones and can be influenced by the administration of these hormones.

In Geen (2001) it is stated that men and women differ in their appraisals of, reactions to and situational conditions regarding aggressive behaviour. Conditions that provoke anger

and aggression in women seem to differ from the conditions that provoke the same emotions in men. Harris (in Geen, 2001) found that women are more easily angered by insensitive or condescending behaviour from men and by verbal abuse from other women, whereas men are more easily angered by physical attacks from other men. Bettencourt and Miller (in Geen, 2001) found that men were more aggressive than women when physical aggression was the method made available to them, but not more aggressive than women when verbal or written aggression was used.

For both girls and boys, aggression is most prevalent during the toddler years. Most children learn that aggressive strategies to resolve disputes are not adaptive and they acquire language and the necessary social skills to learn other more acceptable behaviour strategies. Some children's aggressive behavioural style is reinforced by parenting influences and negative peer interactions. During infancy and toddlerhood there are few differences between the rates of aggression among boys and girls. According to Pepler and Craig (2005) girls' aggression tends to decrease rapidly around the age of four. By the time children go to school, there are noticeable stable gender differences with regards to aggression. Craig and Pepler (2005) note that girls are more advanced than boys in making the developmental transition from physical aggression to verbal and other social forms of aggression. They further state that girls exhibit less physical aggression than boys and exhibit more indirect forms of aggression, such as relational aggression (Archer & Côté, 2005).

The biological view of sex differences in aggression stems from the suggestion that males are more aggressive owing to their higher levels of androgen and testosterone. These

hormones are said to increase activity and make males more quick-tempered and predisposed to behave aggressively. There is convincing evidence for this in animal studies, as noted in Shaffer (1994). In human studies, the evidence is less clear. Male sex hormones could be either a cause or an effect of aggressive behaviour. They could either cause someone to act aggressively or explain sex differences in aggression.

From a social viewpoint it is noted that very young boys are not always more aggressive than girls. Caplan and her associates (in Shaffer, 1994) found that aggressive solutions to disputes about toys were actually more frequent among playgroups dominated by girls (aged one). It seems that only at age three can sex differences in aggression be more reliably found and by then various social influences have steered boys and girls in different directions. There are, however, several other social influences that drive boys to behave more aggressively than girls. Parents tend to play more roughly with boys than with girls and they react more negatively when girls behave aggressively than when boys do. All the toys boys play with – guns, tanks and swords – encourage the enactment of violent and aggressive themes in play, which can actually promote aggressive behaviour in boys (Archer & Côté, 2005; Shaffer, 1994).

2.6.1 The family setting

The family setting in which a child is raised plays an important role and can explain why some children are more aggressive than others. According to Shaffer (1994) there is definitely truth to the assumption that cold and rejecting parents who are power-assertive in their discipline and who use physical punishment in an inconsistent and erratic manner and

permit their children to express aggressive impulses are likely to raise hostile, aggressive children. By ignoring their child's aggressive behaviour, they are legitimising it and thus failing to teach the child to control his or her aggression. When these parents use physical punishment to discipline a child who is behaving aggressively, they model aggressive behaviour to the child and are therefore reinforcing the behaviour (Krahé, 2001; Shaffer, 1994). Patterson (in Shaffer, 1994) observed the patterns within the families of highly aggressive children. The families of these aggressive children were compared to families of the same socioeconomic status and size without aggressive children. He found that aggressive children often live in a setting where approval and affection are not expressed and where family members are constantly in conflict. There is no positive conversation between family members but instead they fight, threaten, argue and annoy each other. Patterson called these coercive home environments and said that negative reinforcement maintained these coercive interactions.

Both the biological and the social viewpoint regarding sex differences in aggression are able to contribute some valid points. An interactive viewpoint is therefore needed – biology interacts with social environmental influences to promote sex differences in aggression (Shaffer, 1994).

It is clear that aggression occurs in both boys and girls and that it is only the type of aggression and the triggers that differ. Every child is unique and therefore there are various factors that can influence the aggressive behaviour of a child.

2.7 Conclusion

It is no easy task to define aggression. Many factors need to be included in order to reach an acceptable operational definition of this concept. It seems, however, apparent that if excessive aggression in the preschool child is not treated, this could lead to a maladjusted and unhappy adolescent and adult.

Various theories attempt to explain the onset and development of aggression. Each theory has its own principles and beliefs as to where aggression stems from, and each advances valid and legitimate arguments. However, most of the theories do not provide a comprehensive examination of all the factors relating to the onset and development of aggression. We therefore need to formulate an integrated view of all theories, being aware of each theory's shortcomings. Bandura's social learning theory seems to be the most comprehensive in this regard to date. Bandura postulates that a person is born with a genetic blueprint that creates a potential for aggression but that aggressive behaviour is mostly acquired through social learning and experience.

It has been noted that aggression is a reasonably stable attribute and that aggressive toddlers are likely to become aggressive preschoolers and adolescents. This is clearly a concern and is reason enough to intervene in aggressive children's lives.

The media certainly have an impact on the young minds of our children. Even though there are studies that are ambivalent regarding the influence of violence in the media on children, it is an area where more research could be done in order to gain an understanding of the true effect of harmful viewing (e.g. violence on television) on children.

There are some gender differences in aggression – girls tend to resort to indirect aggression and boys to physical aggression, although both boys and girls can be quite aggressive towards others in the toddler years. Any young child behaving excessively aggressively beyond the age of around four, whether a boy or a girl, has to be helped to learn to control their aggression. Play therapy can be helpful to the child and the parents, in that it helps them learn necessary skills and acquire the ability to change negative interaction patterns and learn more effective self control and problem-solving techniques. It is extremely important to help aggressive children in the early years. This does not imply that all aggressive children have conduct disorder or oppositional defiant disorder, but aggression could lead to one of those disorders if it is not dealt with. A child's aggression stems from somewhere, and there are a multitude of factors that contribute to the development and continuation of aggression in children. It is imperative that we find the causes of children's aggression and help them deal with their aggression.

CHAPTER 3

DEVELOPMENTAL DYNAMICS OF PRESCHOOL CHILDREN AND THEIR RELATION TO AGGRESSION

3.1 Introduction

The nature of preschool children's development could be linked to the reasons why certain children behave aggressively. Various aspects related to physical, cognitive, emotional and social development can contribute to the onset and development of aggression. In order to understand the relationship between a child's development and the onset of aggression, normal child development needs to be investigated.

3.2 Physical development

3.2.1 The nature of physical development during the preschool years

Physical development slows down during the preschool phase, in contrast to the rapid development during infancy. The preschool child grows taller, the chest grows larger and the stomach flattens as stomach muscles develop. There is also an increase in muscle and skeletal growth. This is mostly due to the increase in activities such as running, jumping, climbing, picking up objects and carrying them around. By the time a child reaches the age of four, the birth length has doubled. The average weight gain during the preschool years is two kilograms a year and the increase in length about five to eight centimetres a year (Botha et al., 1998).

The child's brain has reached 75% of its adult weight by the age of three and about 90% by age five. Hemispheric/cerebral lateralisation develops and brain functions such as hand preference and dominance are established. According to Thatcher, Walker and Giudice (cited in Botha et al., 1998), the two hemispheres in the brain seem to develop at different rates. The left hemisphere shows rapid growth between the ages of three and six years, after which growth slows down. The right hemisphere seems to grow somewhat more slowly during the preschool years, with a rapid growth phase between the ages of eight and ten years. The left hemisphere of the brain plays an important role in verbal functions such as speech, reading and writing and the right hemisphere of the brain is more dominant in functions such as visual recognition, musical ability and emotional expression. Connections between different neurons in the brain increase during this period. Perceptual development, the ability to interpret information gained from the environment through the senses, also continues to develop (Botha et al., 1998).

Gross motor abilities, which involve the use of the large muscles used to run, climb and jump, increase steadily. Eye-hand coordination improves somewhat, enabling a four-year-old to catch a ball with both hands and learn how to ride a bicycle. Physical play outside is important for preschool children in order to exercise their muscles, so that they can get to know their bodies and learn what they are capable of. Fine motor ability (the use of smaller muscles in the hands and fingers in order to cut, colour or paint) develops at a slower pace than gross motor skills. Bilateral coordination, the coordination of the two halves of the body, improves during the preschool years (Botha et al., 1998).

3.2.2 The relation between biological development and aggression

There are numerous biological determinants of aggression. These characteristics do not affect aggression in a direct way but they do affect outcomes such as individual size, activity level and responsiveness to stimulation. These characteristics, which mediate between biology and aggressive behaviour, make aggressive behaviour more or less likely to occur (Grusec & Lytton, 1988).

Physical size and strength correlate with successful aggression and therefore with the continuation of aggression. Thus, if a big, strong boy successfully bullies smaller children, he is most likely to continue using aggression to achieve his goals. A person who is bigger, stronger or taller than the average individual is more likely to be successful in the use of aggression or coercion against others (Grusec & Lytton, 1988).

Hormones appear to affect aggression in two different ways. Their presence or absence early in development has an effect on later aggression as they activate behaviour. Testosterone is the hormone most widely studied in relation to aggression. The general belief is that the higher an individual's testosterone levels, the more aggressive he or she will be. This is seen as the reason why men are often found to be more aggressive than women. Research done (cited in Grusec & Lytton, 1988) on this topic has produced mixed results. In a longitudinal study which followed boys from beginning to end of puberty, done by Halpern et al. in 1993 (as cited in Krahé, 2001), a co-variation of testosterone and aggression were not found. If a relationship does exist between hormones and behaviour, it seems to be bi-directional. Thus, aggression can cause increases in testosterone levels,

and testosterone increases during acts of aggression (Grusec & Lytton, 1988). According to Berkowitz (1993), evidence suggests that testosterone might raise the probability of aggression but does not necessarily activate aggression. More research is needed on this topic as suggested by Moeller (2001).

Neurotransmitters, particularly serotonin, have been widely studied in relation to aggression and other antisocial behaviour. Serotonin is found in the limbic system and seems to serve as an inhibitor of emotional behaviour and sympathetic nervous system activity. There have been numerous animal and human studies done, as indicated in Coie, Dodge and Lynam (2006), all indicating that the central serotonergic system is involved in the regulation of impulsive aggressive behaviour. Decreased serotonergic functioning has been found in adults with past histories of aggressive behaviour (Coie et al., 2006). Lahey, Kruesi and colleagues as well as Raine (cited in Moeller, 2001), all found that the serotonin level of antisocial and aggressive children seems to be relatively low in comparison to non-aggressive children.

According to Renfrew (cited in Moeller, 2001) empirical findings that indicate that animals can be bred for aggressive behaviour suggests the importance of genetically characteristics. Mason and Frick (cited in Moeller, 2001) claim that research indicates that children's externalising behaviours seems to be, in part, due to genetics and that aggressive behaviour might even be more heritable than other externalising behaviours. They also claim that the exact degree of the genetic effect remain unclear – although genetics might predispose children toward aggressive behaviour, a certain level of environmental risk must also be present in order to produce behavioural aggression.

3.3 Cognitive development

Numerous theories relate to the cognitive development of children. Two of the most influential theories are Piaget's theories, depicting four stages of cognitive development and Vygotsky's socio-cultural theory.

The cognitive theorist, Jean Piaget (cited in Johnson, Slater & Hocking, 2011; Mitchell & Ziegler, 2007), saw children as active in their own development, their behaviour and development largely being motivated intrinsically rather than extrinsically. Children learn to adapt to their environment and as a result of their cognitive adaptations they become better able to understand their environment. Piaget identified the building blocks of thinking as mental units he referred to as schemes: "a mental operation that guides action or allows us to work through a problem in a principled way" (Mitchell & Ziegler, 2007, p. 25). Infants innately possess a set of action schemes which develop and multiply, the descendants of which those early schemes come to form intelligent thought processes (Mitchell & Ziegler, 2007). Piaget believed that children move through four stages of development – namely sensorimotor, preoperational, concrete operational and formal operational stages. During these four stages the exploratory behaviour of infants is transformed into the abstract, logical intelligence of adolescence and adulthood. Piaget emphasised that individual differences in genetic and environmental factors affect the tempo with which children move through these stages but the order of progressing through the stages is invariant with each stage based on the development of the previous stage.

For the purposes of this study, the second stage of Piaget's four stages of development - namely the preoperational stage which spans from two to seven years, is discussed. During this stage, there are extraordinary increases in mental representations of the child's surroundings (Berk, 2003; Durkin, 1995; Johnson et al., 2011; Mitchell & Ziegler, 2007). This is seen in children's re-creations of experiences in make believe play, drawings and paintings. Make believe play is deemed essential. Piaget believed that through pretending, children practise and strengthen newly acquired representational schemes – thereby making sense of experiences. As they create imaginary situations and follow the rules of the make believe scene, they learn to act in accordance with internal ideas rather than on impulse (Berk, 2003). Piaget proposed that there are limitations to children's thinking during the preoperational stage – they tend to be egocentric and unable to see things from another's perspective (Defeyter, 2011; Durkin, 1995). They also display animism in their thinking; attributing life and lifelike qualities to inanimate objects (Defeyter, 2011; Grusec & Lytton, 1988; Johnson et al., 2011; Mitchell & Ziegler, 2007).

Where Piaget's theory emphasised the biological side of cognitive development, Vygotsky saw the most important source of cognition as the child him/herself. Just as Piaget, Vygotsky (in Berk, 2003; Johnson et al., 2011) believed that children are active seekers of knowledge and their social and cultural contexts also affect the development of their cognition. Vygotsky believed that all higher cognitive processes develop from social interaction and that language plays a vital role in children's cognition. According to Vygotsky's socio-cultural theory, language development broadens preschoolers' participation in dialogues with more knowledgeable individuals (adults), who encourage them to master certain tasks. These social experiences transform basic mental capacities

into higher cognitive processes. He was the first to recognise the importance of knowledgeable adults in the child's development as well the fundamental role of social interaction in cognitive development (Johnson et al., 2011). As adults assist children with tasks, children integrate these dialogues into their private speech and use them to organise their independent thoughts. As children mature and find tasks easier, they internalise private speech, which they call on for self-guidance and direction. As the use of language is mastered, it is used as a means of communication as well as to guide their thoughts and behaviour (Berk, 2003; Johnson et al., 2011).

While Piaget emphasised the role of the individual and ignored the role of culture in a child's cognitive development, Vygotsky emphasised the role of social and cultural factors (Johnson et al., 2011). According to Mitchell and Ziegler (2007) some of Piaget's findings have been questioned but most seem to ring true. Children seem to be more competent in their thinking as what Piaget believed and he underestimated the role of language not only as a tool of thought but as a driving force in their cognitive development (Grusec & Lytton, 1988; Mitchell & Ziegler, 2007).

3.3.1 The nature of cognitive development in the preschool child

a) Memory

Memory refers to the ability "to store, retain, and recall experiences" (Ceci et al., 2011, p. 420). As preschoolers grow, their memory improves and they are able to process more information in less time and remember more of the information. Memory span refers to the

largest number of items a person can remember and recall in the correct order after the items have only been seen or heard once. Botha et al. (1998) state that the memory span of a five-year-old is four items and that of a six-year-old five items. Semantic memory refers to knowledge of the meaning of words, concepts and rules. General knowledge forms part of the semantic memory along with domain-specific knowledge, which is information about a certain subject. As preschoolers mature, their semantic memory and general knowledge improve and they can relate new information about specific objects or subjects to existing information (Botha et al., 1998).

b) Numerical ability

Older preschoolers, from the age of four years onwards, show a degree of numerical understanding. They know each number has its own name and when counting objects, you are not allowed to skip a number or count an object more than once. They show an understanding of the principle that the number last counted are the number of items there are in total. From as young as three years, children seem to have a good understanding that it doesn't make a difference which item is counted first, you will end up with the same number (Botha et al., 1998).

c) Meta-cognition

Meta-cognition refers to knowledge of cognition and our control of cognition. This includes, being familiar with strong and weak points in relation to numerous cognitive tasks and to have knowledge of cognitive tasks and strategies that can be applied when executing

cognitive tasks. As children mature, they become more and more aware of their own cognitive processes (Johnson, Christie & Yawkey, 1999). Botha et al. (1998) state that older preschoolers, from around the age of five, already show a degree of meta-cognition.

d) Preschoolers' drawings

The development of a young child's ability to draw pictures is closely related to his/her development of motor and cognitive skills. Children's drawings contain a great deal of information regarding their level of cognitive ability. This development of the ability to draw seems to follow a pattern in preschool years as indicated by research. By the age of two, children start to scribble, drawing lines and marks in no particular order. By the end of age two and the beginning of age three, drawings become more symbolic. A big milestone is reached at around age four, when children start to draw the outlines of the object they are drawing. Between ages four and five, they start to draw recognisable figures. As their fine motor skills improve, their pictures become more realistic, more complex and differentiated (Cox, 1992; Malchiodi, 1991; Mortensen, 1991). Children's drawings are a rich source of information which psychologists and schools often draw on to gain insight into the child's emotional state of being, their past and present experiences as well as to gain information on the child's cognitive abilities and school readiness (Botha et al., 1998). When drawings are used as a projective test, it can be seen as a reflection of the child's personality – his/her subjective experience (Mortensen, 1991).

e) Language development

Language development is a crucial part of children's development as it influences their cognitive development, the development of their personality and their social development. During the preschool years, there is significant improvement in language ability. Preschoolers build on their vocabulary daily and start learning the different sounds that words consist of as well as rules on how to use language. With maturation, language becomes more complex. Children start out by only uttering words accompanied by simple gestures such as pointing to an object – these are called *holophrases*; later two-word sentences are formed – usually consisting of a verb and a noun, for example, “give doll” – this is called *telegraphic speech* (Botha et al., 1998; Mitchell & Ziegler, 2007). In time, these two-word sentences become more elaborate and complex.

Preschoolers tend to talk to themselves, especially around the ages of four and five years. This is called private speech. Vygotsky (cited in Berk, 2003) believed that a child's private speech plays a vital role in their cognitive development and indicates the onset of social communication. Private speech is internalised as more experience is gained in tasks and as children mature and become a mediating plan for their thinking and planning (Defeyter, 2011).

f) Intelligence

There is no single explanation of what intelligence entails. Rather, intelligence consists of various attributes and characteristics. Young children's intelligence can be measured

through standardised tests. It is not known, however, how accurate the scores that are gained from these tests are and whether any valid predictions can be made in terms of future intelligence and scholastic performance. Intelligence is usually measured by means of IQ tests such as the *Wechsler Intelligence Scale for Children*. In Berk (2003), it is stated that various research and longitudinal studies, research done by Hayslip and Humphreys respectively, have been done and researchers have concluded that the older the child was at the time of testing, the better the prediction of the child's later IQ. Thus, preschool IQ scores do not predict later IQ scores accurately. In addition to IQ, home background, personal motivation, personality and education can all contribute to academic success and success in life (Berk, 2003; Mitchell & Ziegler, 2007).

IQ tests for young children are not recommended. Rather, school readiness tests are usually performed just before children enter their first year at school to indicate whether a child has reached a specific level of physical, linguistic, cognitive, emotional and social development that will enable him or her to meet the requirements of formal schooling (Botha et al., 1998).

3.3.2 The relation between cognitive development and aggression

The relation between cognition and aggression is demonstrated by the social information processing theory discussed in the previous chapter. Children whose cognitive development and functioning is below average and who do not possess good problem-solving skills, or who cannot take the perspective of others into account, will have difficulty in dealing with situations that are prone to arouse aggression. This is due to deficits in how

they process and interpret information in social situations. Dodge's social information processing theory (as discussed in chapter two) explains these deficits in social information processing of aggressive children (Berkowitz, 1993). According to Dodge, Pettit, McClaskey, Brown and Lochman (cited in Moeller, 2001), aggressive children have been found to attend to fewer relevant interpersonal cues when attempting to interpret the behaviour of others. Also, it is said the lower intellectual and verbal abilities found in aggressive children also serve as a problem in the process. Numerous studies (cited in Moeller, 2001) indicate that aggressive children possess a hostile attribution bias – leading them to attribute hostile intent to the behaviour of others, whether their intentions were hostile or not or ambiguous.

According to Coie et al. (2006), there is also strong evidence that antisocial and aggressive children, adolescents and adults show deficits in verbal ability and executive functioning. Verbal deficits have been found in aggressive preschoolers, children with conduct disorder as well as delinquent adolescents and criminal adults as found by numerous research studies such as those conducted by Moffitt et al. and Lahey et al. (cited in Coie et al., 2006). Antisocial behaviour (including aggression) has also been associated with deficiencies in the brain's self-control and executive functions, including operations such as attention and concentration sustainment, abstract reasoning abilities, goal formulation, anticipation and planning abilities as well as the inhibition of unsuccessful, inappropriate and/or impulsive behaviours. Numerous studies, such as those conducted by Aronowitz et al., Moffitt et al., and Lynam and Henry, (cited in Coie et al., 2006) have confirmed this link between antisocial behaviour and executive functions deficiencies

3.4 Temperament and emotional development

3.4.1 The nature of the emotional development of the preschool child

a) Emotions

Basic emotions such as happiness, interest, surprise, fear, anger, sadness and disgust are universal. Daily events generate certain emotions which, in turn, prepare the individual for action (Berk, 2003). Thus, the overall function of emotion is to prompt action in pursuit of personal goals. Our emotional reactions to situations are therefore important. For example, feeling very anxious before a big test, can affect your performance. Very high or very low anxiety impairs thinking, but moderate anxiety can actually have a positive effect on performance. Emotions have an important effect on memory. Highly stressed and upset children will remember going to the doctor to be immunised very clearly, whereas children who were not feeling upset and stressed when they visited the doctor will not (Berk, 2003).

Children's emotional behaviour, smiling and crying, affects others' behaviour and emotional reactions, which in turn regulates the social behaviour of children. A mother's smiling face encourages an infant to smile back and this, in turn, reinforces the mother's smiling. From a young age children possess the ability to read other's emotions from their facial expressions as well as at talking about emotions. Their understanding of the complexities of human emotion continues to develop throughout their school years and adulthood (Meins, 2011; Schaffer, 2011).

Besides the above discussed basic emotions, humans are also capable of more complex, higher-order emotions such as shame, embarrassment, guilt, envy and pride (Berk, 2003; Botha et al., 1998). These are referred to as self-conscious emotions because they involve injury to or the enhancement of our sense of self. These emotions start appearing by the time the child reaches age three and the sense of self emerges. By the age of three years, self-conscious emotions are clearly linked to self-evaluation. Preschoolers show much more pride when success with difficult tasks is felt and much more shame when failure is experienced. Parents' behaviour and reactions or feedback influence these early self-evaluative reactions of children (Berk, 2003; Botha et al., 1998; Lawrenson, 2011).

Emotional self-regulation, referring to the strategies we use to adjust our emotional state to a comfortable level of intensity in order to accomplish our goals, is a very important task that must be mastered during the preschool years. It requires several cognitive abilities that the preschool child needs to learn – namely attention focusing and shifting as well as the ability to inhibit thoughts and behaviour. After the age of two, children frequently talk about what they are feeling and actively try to control these feelings with the help of adults. By the age of three or four, they verbalise a variety of emotional self-regulation strategies. They know they can cover their eyes or ears in order to block out an unpleasant sound or sight; they can reassure themselves by talking, for example by saying that their friend just wants to scare them when told a scary story or changing their goals or, when excluded from a game, deciding they don't want to play with those friends anyway because they are mean (Berk, 2003; Botha et al., 1998). Parents and other adults' behaviour have a huge influence on children's attempt and success at self-regulation. Children learn through modelling and the feedback they receive from adults. A parent that cannot control his or

her anger and frequently reacts aggressively models that this is appropriate and what the child learns is that anger does not have to be regulated or inhibited (Berk, 2003). Most children have an adaptive set of techniques for managing their emotions by the age of ten.

b) Temperament

Temperament refers to stable individual differences in quality and intensity of emotional reaction, activity level, attention and emotional self-regulation (Moeller, 2001). The collection of behavioural tendencies that make up temperament is thought to have some biological basis as well as a certain degree of continuity over the life span (Grolnick et al., 1999). The most comprehensive longitudinal study to date regarding the influence of a child's temperament on emotional development was carried out in 1956 by Alexander Thomas and Stella Chess (cited in Berk, 2003; Moeller, 2001). One hundred- and forty-one children were observed from early infancy into adulthood. Results showed that temperament increases the chances that a child will experience psychological problems or, conversely, will be protected from the effects of a highly stressful home. It was also found that parenting practices can modify children's emotional styles.

Temperament is defined by Buss and Plomin (cited in Coie et al., 2006, p. 734) as "inherited personality traits present in early childhood". Original work on temperament by Thomas, Chess and Birch in 1968 identified nine separable dimensions: 1) activity level; 2) threshold; 3) mood; 4) rhythmicity; 5) approach/withdrawal; 6) intensity; 7) adaptability; 8) distractibility; 9) attention span/persistence. They identified three constellations of these

dimensions: 1) difficult temperament; 2) easy temperament; 3) slow-to-warm-up temperament (Coie et al., 2006; Moeller, 2001).

Children with a 'difficult temperament' are erratic in their behaviour, tend to withdraw from novel situations are slow to adapt to environmental change, react intensely and experience a predominantly irritable and negative mood (Coie et al., 2006; Moeller, 2001). Children with an easy temperament are those who are quick to establish regular routines in infancy are generally cheerful and adapt easily to new experiences. The slow-to-warm-up child is inactive, shows mild, low-key reactions to environmental stimuli, is negative in mood, they initially react warily to new situations and adjusts slowly to new experiences (Berk, 2003; Moeller, 2001).

Emotions affect cognitive and social functioning and temperament represents an individual's emotional style. The temperamental traits of interest and persistence are related to learning and cognition (Berk, 2003). If the infant or young child shows interest in new experiences or stimuli and is persistent in pursuing new experiences and actively participating, the result is learning from these experiences and the environment. In a school setting, interest and persistence lead to good academic performance. In contrast, distractibility and high activity levels are associated with poor school achievement, for obvious reasons (e.g. not being able to concentrate on the task at hand and being unable to sit still and focus). Temperament is also a predictor of social behaviours in the child. Active preschoolers are usually very sociable with peers, while shy, inhibited children often only watch their peers play and engage in behaviours that discourage interaction, such as hovering about on the playground. Sometimes social behaviour can be a direct result of

temperament, as is seen in shy children, and other times behaviour is the result of the way others respond to the child's emotional style and temperament. Active and more irritable children are often the targets of negative interaction, which leads to conflict (Berk, 2003).

Children with difficult temperaments appear to receive the most attention in the literature (Coie et al., 2006) since this type of temperament places children at high risk for adjustment problems in early and middle childhood. Several studies (cited in Coie et al., 2006; Moeller, 2001) found that an early detected difficult temperament is predictive of later antisocial behaviour and aggression. Loeber and colleagues (cited in Moeller, 2001) found that children displaying a difficult temperament during the preschool years, was predicted to display aggression at ages ten to sixteen. There is also evidence for interaction between temperament and socialisation, especially features of parenting. Studies done by Coon, Carey, Corley and Fulker (cited in Coie et al., 2006) found that among young children with a difficult temperament, only those with conjoint maladaptive parenting were at risk for later conduct-disordered behaviour.

Compared to difficult children, Thomas and Chess's research (cited in Berk, 2003) has shown that slow-to-warm-up children present with fewer behavioural problems. They tend to show excessive fearfulness, however, and slow, constricted behaviour in late preschool and school years when they are expected to respond actively.

3.4.2 The relationship between emotional development and aggression

Emotional regulation is a vital skill young children need to acquire. Once emotions can be successfully regulated, the tendency for emotional outbursts (for instance tantrums) will be reduced (Bohnert, Crnic & Lim, 2003). According to Bohnert and his colleagues (2003) emotional regulation refers to the ability to control one's emotions.

Poor emotion regulation (especially anger) and limited insight into one's emotions seem to be related to aggression. Children with higher levels of aggressive behaviour tend to find it difficult to identify and understand their emotions, in comparison with children displaying lower levels of aggressive behaviour (Bohnert et al., 2003).

3.5 Social development

The social development of children in their preschool years involves the ongoing development of attachment to caregivers and others, the widening of the child's interpersonal contact with others and the development of relationships outside the home (Botha et al., 1998).

Sociability refers to the tendency to seek the company of others. According to Flanagan (1999), both infants and adults seem to be innately programmed to be sociable. An infant's facial features, smiles, cries and emotional sensitivity contribute to the formation of early relationships and attachments – these innate tendencies are influenced by experience, including the positive and negative reinforcements and imitation of behaviour of others.

Socialisation refers to the process by which children learn to adhere to moral standards, role expectations and requirements for appropriate behaviour in their community and culture. Parents play a key role in the socialisation of their children. In the first year of life, parents mostly play a physical nurturing role, providing for a baby's physical needs. From the second year of life and onwards parents become 'teachers', where children are guided to behave appropriately, achieve greater independence and take more responsibility for their own actions. Parents teach children the appropriate social roles and behaviour expected of them in the outside world. They influence their children's behaviour mainly in three ways. Firstly, they socialise children through direct teaching by showing them how to eat or get dressed. Secondly, parents act as role models in their interaction with their children, treating others as well as their children with respect. Lastly, parents control certain aspects of their children's social lives that could have an influence on their social development, for example controlling when and where and with whom they spend time with. Children learn which behaviours are appropriate and which are not through discipline. It is important that parents discipline children appropriately and set clear and consistent boundaries. All this forms part of the socialisation process, through which children learn how to behave in the world (Botha et al., 1998; Flanagan, 1999).

3.5.1 Role of the parents regarding social development and the parent-child relationship

a) Attachment

Attachment theory involves various factors, including biological or behavioural components, emotional and social components, all of which address issues of communication and

interpersonal interaction. Biologically it is said that babies are pre-programmed to develop in a socially cooperative manner, and therefore a baby responds, learns and becomes attached to the aspect of the environment that will ensure survival. Pickover (2002) states that the emotional basis of attachment is based on an affectionate, specific bond that one person forms with another person.

Attachment was defined by Schaffer and Emerson (cited in Flanagan, 1999, p. 39) as “a tendency of the young to seek the proximity of certain members of their species”. In 1980, Maccoby (cited in Flanagan, 1999) identified four characteristic behaviours of attachment: seeking proximity to the primary caregiver; experiencing of distress on separation from the primary caregiver; experiencing pleasure and happiness when reunited with the primary caregiver and lastly the general orientation of behaviour towards the primary caregiver. Two key aspects of attachment are proximity and the fact that attachment is interactive in nature. Parents are usually the primary caregivers of their children and therefore the first people the child builds a relationship with. Freud (cited in Belsky, 1999; Berk, 2003) was the first to suggest that an infant’s emotional tie with the mother provides the foundation for all later relationships.

- Theories of attachment

According to Freud’s psychoanalytical theory (cited in Durkin, 1995) human development proceeds through a series of psychosexual stages, the first, of which is the oral stage. Freud states that the first and most basic experience of pleasure is feeding and the satisfaction of hunger. The natural provider of this pleasure is the mother and so the baby

will 'attach' and bond to the mother, thus making her the primary attachment figure. Because the mother is the first and strongest attachment figure in the baby's life, this relationship serves as a prototype for all later relations in life (Durkin, 1995; Mitchell, 1992).

A further theory regarding attachment that falls within the scope of psychoanalytical theory is that of Erikson. According to Erikson's stage theory (cited in Durkin, 1995; Moeller, 2001), the first year of a baby's life is concerned with the establishment of basic trust. Again, the mother plays the key role in the achievement of this, mainly because she is the main provider for the baby. Erikson believed that it is of vital importance that the baby experiences regular satisfaction of needs in order to build a trusting relationship with the primary caregiver and the environment. Babies whose needs are not met regularly experience mistrust in the world around them and thus never experiences secure attachment (Durkin, 1995).

The most widely known theory to explain attachment between infants and caregivers is that of John Bowlby. Bowlby's ethological theory of attachment views the infant's emotional tie to familiar caregivers as an evolved response that promotes survival by ensuring both safety and competence (Berk, 2003; Meins, 2011). Bowlby's theory included Freud's psychoanalytical idea that quality of attachment to the caregiver has profound implications for the child's feelings of security and capacity to form trusting relationships. Bowlby's theory owes credit to Konrad Lorenz's studies of imprinting. Lorenz believed that the human infant, like young animals, is born with a set of built-in behaviours that help keep the parent nearby to protect the infant from danger and to provide support in exploring and mastering the environment (Berk, 2003; Flanagan, 1999; Mitchell, 1992). Bowlby believed

that if a baby is prevented from forming an attachment bond, or if the bond is disrupted (by separating from the primary attachment figure), the individual will suffer problems related to social attachment in later years (Bowlby, 1984; Mitchell & Ziegler, 2007).

According to Bowlby's theory (cited in Berk, 2003; Meins, 2011), attachment develops in four phases. The **pre-attachment** phase (from birth to six weeks) includes built-in signals such as grasping, smiling, crying and gazing into the adult's eyes that help bring newborn babies into close contact with other humans. The **attachment in the making** phase (from six weeks to between six and eight months) is when infants start to react differently to familiar caregivers than to unfamiliar adults. Babies of this age recognise parents but do not protest when they are separated from them (Berk, 2003). In the **clear-cut attachment** phase (between six and eight months and ending between eighteen months and two years), attachment to familiar adults is clear. Babies of this age often start to display what is called separation anxiety. This means that they become quite upset when their familiar caregiver or parent leaves them. The final phase of attachment is the **formation of a reciprocal relationship** (from eighteen months and two years and onwards). Infants begin to understand some of the factors that influence their parents' comings and goings and they can predict their return (Berk, 2003; Meins, 2011).

According to Bowlby (cited in Berk, 2003), experiences in these four phases enable children to build a lasting affectional bond with their caregiver which is used as a secure base in the caregiver's absence. This inner bond becomes an integral part of their personality, serving as a set of expectations regarding the availability of attachment figures,

and the likelihood that they will provide support when needed. These expectations become the model for all future close relationships (Berk, 2003; Meins, 2011).

- Types of attachment

The quality of the attachment relationship differs between children. Some infants are secure in the absence of caregivers while others become anxious. A widely used technique to test the quality of attachment between one and two years of age was designed by Mary Ainsworth (a student of Bowlby's) and her colleagues (cited in Belsky, 1999; Berk, 2003; Flanagan, 1999; Meins, 2011; Moeller, 2001), called the "Strange Situation Technique". Their reasoning is that if the development of attachment has gone well, infants and toddlers should use the parent as a secure base from which to explore an unfamiliar playroom. When the parent leaves the unfamiliar setting, an unfamiliar adult should be less comforting than the parent. This experiment consists of eight short episodes, where there are brief separations from and reunions with the parent. By observing the response of infants to these brief separations and reunions, four patterns of attachment have been identified – a secure attachment pattern and three patterns of insecurity. Ainsworth's research (cited in Belsky, 1999; Berk, 2003) revealed that it is in fact the behaviour displayed when reunited with the parent that mainly reflects the quality of the infant's attachment to the parent.

Secure attachment characterises infants who use the parent as a secure base. When these infants are separated from the parent, they may or may not cry on account of the parent's absence and they prefer the parent's company to that of the stranger. When the

parent returns, they actively seek contact and crying is immediately reduced (Belsky, 1999; Berk, 2003; Flanagan, 1999; Meins, 2011; Mitchell & Ziegler, 2007; Moeller, 2001). This is the optimal type of attachment.

The insecure attachment pattern of **avoidant attachment** is characterised by infants who seem unresponsive to the parent when she is present. They usually don't seem distressed when the parent leaves and react to the stranger in much the same manner as to the parent. When reunited with the parent, they avoid contact or are slow to make contact (Belsky, 1999; Berk, 2003; Flanagan, 1999; Meins, 2011; Mitchell & Ziegler, 2007; Moeller, 2001).

The second insecure attachment pattern, **resistant attachment**, characterises infants who often seek closeness to the parent before separation and fail to explore. When the parent returns, they seem angry and resist the parent's interaction, often pushing or hitting them away. Many cry and cannot be comforted easily (Belsky, 1999; Berk, 2003; Flanagan, 1999; Meins, 2011; Mitchell & Ziegler, 2007; Moeller, 2001).

The last insecure attachment pattern, established by Main and Solomon (cited in Berk, 2003; Meins, 2011; Mitchell & Ziegler, 2007; Moeller, 2001) is that of **disorganised or disoriented attachment**. This pattern reflects the greatest insecurity. When infants are reunited with parents, they seem confused and show contradictory behaviour. They might look away when held and talked to, or approach the parent with flat emotion. They have dazed facial expressions and sometimes display odd frozen postures. Studies done by Fearon and colleagues as well as Ijzendoorn and colleagues (cited in Meins, 2011),

indicated that disorganised attachment has been identified as a risk factor for later psychopathology.

Bowlby's theory is the most comprehensive in its approach to attachment. Research has shown that securely attached babies more often maintain their attachment status than do insecure babies (Berk 2003).

There are numerous influences on infants' security and the quality of attachment between infants and parents. The four most important influences as indicated by research (Berk, 2003) seem to be the opportunity to establish a close relationship with the parent, the quality of care giving experienced by the child, the infant's characteristics and temperament and the family context as well as the parents' own history of attachment experiences (Berk, 2003).

- Attachment and aggression

Moeller (2001) claims that if attachment is important in the development of children's pro-social behaviour, we may assume that problems in attachment might also affect children's antisocial and aggressive behaviour. Research findings regarding attachment and aggression seem to produce mixed results. Moeller (2001) indicates that there are some studies that found insecure attachment to be related to aggression, but others have not. The Minnesota High Risk study conducted in the early 1980's by Erikson and his colleagues (cited in Moeller, 2001) found that insecurely attached children tended to be more impulsive and aggressive than securely attached children. Lyons-Ruth and

colleagues (cited in Moeller, 2001) found that insecure and disorganised attachment at eighteen months predicted hostile aggression toward peers among low-income preschool children.

Emotion regulation processes seem to be more efficient in securely attached children. Cassidy (cited in Meins, 2011) claimed that secure attachment is characterised by the openness in which caregivers recognise and discuss the entire range of emotions with their children and this in turn teaches children that emotions do not need to be suppressed but can be dealt with effectively.

According to Fonagy and colleagues (cited in Moeller, 2001) not all children with insecure forms of attachment develop aggressive or antisocial behaviours and many with secure forms of attachment display later behavioural problems. Thus, attachment deficiencies are not likely to directly cause a child's aggressive behavioural problems. Attachment is therefore considered an important risk factor, but not a necessary or sufficient cause for aggressive and antisocial behaviour later in life (Moeller, 2001).

b) Parenting styles

Disciplining children is an essential duty parents have towards their children. Each person is a unique individual and people do things differently. This goes for parents' discipline and parenting styles as well. A parenting style can be described as the parent's general pattern of care giving and child-rearing behaviours (Latouf, 2008). It essentially refers to the way in which parents are raising their child. Parents' parenting styles can play an important part

in the development of the child. The most widely known and used model of parenting styles is that of Baumrind (cited in Berk, 2003; Bukowski et al., 2011; Louw et al., 1998). She distinguished between three parenting styles; namely the authoritarian, the authoritative and the permissive styles. Maccoby and Martin proposed a fourth parenting style, the uninvolved parent (cited in Bukowski, 2011; Louw et al., 1998).

- Authoritarian parenting style

With the authoritarian parenting style, the parent is in complete control and always in the position of power. These parents are very strict and demand uncompromising obedience from their children at all times. Strict rules are enforced and there is strict punishment if rules are not adhered to. There is often a lack of respect for the child as his or her own person. There is little or no reasoning, negotiation or explanation regarding rules, behaviour and punishment (Berk, 2003; Berkowitz, 1993; Bukowski et al., 2011; Latouf, 2008; Mitchell & Ziegler, 2007). Parents often adopt this parenting style because of their own experiences as children. These parents do care for and love their children, but believe that negative behaviour should be dealt with immediately and effectively in order to prevent the behaviour the next time. This parenting style can result in serious anger and rebellion in the child. Children usually show low motivation and achievement as well as low self-assertion – they are only used to following rules and being allowed no spontaneity or independence. Sometimes they can withdraw socially because of a lack of social skills and general ability to communicate in relationships. Children can perceive parents as not loving them and harbour feelings of rejection, which may lead to anger, low self-esteem and resentment towards parents (Grolnick et al., 1999; Latouf, 2008; Mitchell & Ziegler,

2007). These children often become very aggressive outside the home – Baumrind found that especially boys tend to show high rates of anger, aggression and defiance (Berk, 2003; Louw et al., 1998). According to Mitchell and Ziegler (2007) children from these households tend to have underdeveloped morality and are likely to act or not act according to anticipated reward and punishment from authority figures – the child will not act in a way based on principles concerned with right and wrong.

- Permissive parenting style

Parents using a permissive parenting style have little interest in their children's emotions and actions. Very few (if any) restrictions are imposed on children, with little or no enforcement thereof. Permissive parents are very liberal and relaxed in relating to their children's behaviour and discipline. Few or no behavioural boundaries exist. The parents tend to avoid confrontation and therefore children are mostly left to do whatever they please, whenever they please. Children are generally well looked after in terms of their physical requirements (such as clothes, food, toys). Children from permissive parents often have problems with accepting authority outside the home; they are used to being in control of themselves (Berk, 2003; Bukowski et al., 2011; Latouf, 2008; Mitchell & Ziegler, 2007). Latouf further states that a parent is acting permissively when the child takes control of the situation and demands to have things his or her own way, and where the parent willingly complies with these demands in order to avoid either conflict, embarrassment or resentment on the side of the children. These children often lack self-control, usually because they have never learned to impose any kind of impulse control. There is little respect and consideration for others and a lack of creativity and motivation,

often resulting in low achievement at school (Berkowitz, 1993; Grolnick et al., 1999; Latouf, 2008; Mitchell & Ziegler, 2007). According to Baumrind's findings (as cited in Berk, 2003) the relationship between permissive parenting and dependent and non-achieving behaviour is higher for boys. These children tend to have short tempers and behave very aggressively outside the home, where their manipulation often doesn't work (Louw et al., 1998; Mitchell & Ziegler, 2007).

- Authoritative parenting style

Authoritative parenting falls somewhere between authoritarian and permissive parenting. Authoritative parents listen to their children's thoughts and are aware of their children's feelings and decisions are made with consideration of the needs of the child. Clear and consistent limits and boundaries are set, which makes children feel secure. Clear standards of behaviour are set which take into account the child's capabilities and needs and the child is treated as a capable individual. Mutual respect between parent and child as well as two-way communication, exist (Berk, 2003; Berkowitz, 1993; Bukowski et al., 2011; Latouf, 2008; Mitchell & Ziegler, 2007). These parents tend to use reason to guide and protect the child. Parents are more flexible in their approach to discipline and always show the children warmth and acceptance. This parenting style promotes children's independence, self reliance, responsibility and motivation. Children reared in these households are usually emotionally and socially well adjusted, cooperative, self-reliant and friendly (Berk, 2003; Berkowitz, 1993; Grolnick et al., 1999; Latouf, 2008). This approach to parenting is proven to have an all-round positive influence on the child and leads to

healthy development because of the appropriate balance between restrictiveness and autonomy it provides (Bukowski et al., 2011; Louw et al., 1998).

- Uninvolved/rejecting parenting style

The fourth parenting style is that of the uninvolved or rejecting/negligent parent. These parents do not require anything from the children and displays rejection towards them. Uninvolved parents only do the minimum in terms of what is expected from them as parents. This mostly includes only fulfilling physical and basic needs (food, warmth and comfort). The household is primarily parent-centred and revolves around the parents' needs and interests (Berk, 2003; Bukowski et al., 2011). Children of uninvolved parents exhibit disturbed relationships with others, mostly because of a complete lack of social skills and knowledge about how to relate to others. They often tend to be impulsive and show antisocial behaviour. There is low motivation to achieve at school, with very little or no self-esteem. This parenting style is said to disrupt almost all aspects of development (Berk, 2003). It is assumed that parents adopt this parenting style because of either a complete lack of interest in their children or because of their own underlying psychological stress or disorders (Louw et al., 1998). Uninvolved parenting at its extreme is a form of child maltreatment and neglect (Berk, 2003).

3.5.2 Role of the parents in the development of aggression

The parenting style parents adopt has a major impact on the social and emotional development of children, but it is also important to remember that the parenting style is not

the only factor influencing children's development. This is true of attachment as well. Several factors need to be considered when children's aggressive behaviour is investigated. It is most often a combination of factors that results in the phenomenon of excessive aggression.

The most influential setting where children learn about aggression is the home, within the family setting. As indicated in Durkin (1995) and Moeller (2001), numerous studies have found associations between the characteristics of the family (such as parenting styles) and aggression in children. Research findings (cited in Durkin, 1995; Landy & Dev. Peters, 1992) indicate that cold, punishment-oriented, rejecting parents who lack of parental affection, tend to have children who display higher than average levels of aggression. The relationship between parent and child has bi-directional influences. Olweus (cited in Durkin, 1995) states that children who bully others at school tend to have more punitive parents. Violent punishment by parents provides a model of a particular means of resolving problems and conflicts. The parent thus models to the child that using violence and aggression is an effective and appropriate manner to deal with frustrations. The recurrence of violence in the family setting, whether it is directed at the child or not, is stressful to the child. Arousal from the exposure to violence can provoke aggression in the child. Children growing up in a violent, aggressive climate can learn to view aggressive behaviour as normative and quite appropriate to use. Furthermore, some parents seem more tolerant of their children's aggressive behaviour and sometimes even encourage it – teaching their children that if someone hurts them they should hurt them back. Such children generally display higher levels of aggression towards others (Durkin, 1995; Moeller, 2001).

Gerald Patterson (cited in Durkin, 1995; Moeller, 2001) has done extensive research on the coercive interactions within the aggressive family. He observed that within families' with a high incidence of aggression and coercive behaviour, these behaviours are initiated by both parents and children. When parents in these families initiate conflict and aggression, the children are more likely to counterattack than children reared in non-aggressive families. Within aggressive families, aggression is frequent and seems to last longer than in non-aggressive families. It also tends to escalate in intensity quite quickly. Parents in aggressive families tend to be more inconsistent in their use of punishment, which in turn teaches children to be persistent because the parent will eventually comply (Grusec & Lytton, 1988; Moeller, 2001). Children, therefore learn a pattern of coercive behaviour (Moeller, 2001). According to Patterson (cited in Durkin, 1995) the small increases in intensity of one person's attack are matched by increased efforts to enforce compliance. When this happens, both persons are reinforced, one by compliance and the other by the cessation of aversive behaviour. An example of this type of interaction is found in Grusec and Lytton (1988). A mother is ignoring her child's requests for attention; the child becomes more demanding by either screaming or yelling. Eventually the mother gives in and pays attention to the child (who is the coercive member in this dyad). The child is then reinforced by the mother's attention and the mother is in turn reinforced by the cessation of the child's aversive behaviour. In sum, Patterson (in Moeller, 2001) hypothesised that when conflicts arise (with an aggressive child), parents typically respond inadequately and as a result the child learns coercive behaviours and the parent learns child management behaviours that are only effective short term but ineffective in long term. In Durkin (1995) it is stated that Patterson also found that aggressive children are less responsive to social stimuli, including social reinforcement and social punishment. All this illustrates the

interactive nature of the parent-child relationship in the development of excessive aggression. Below is a diagram (Figure 3.1) illustrating the communication between parent and child in a coercive relationship.

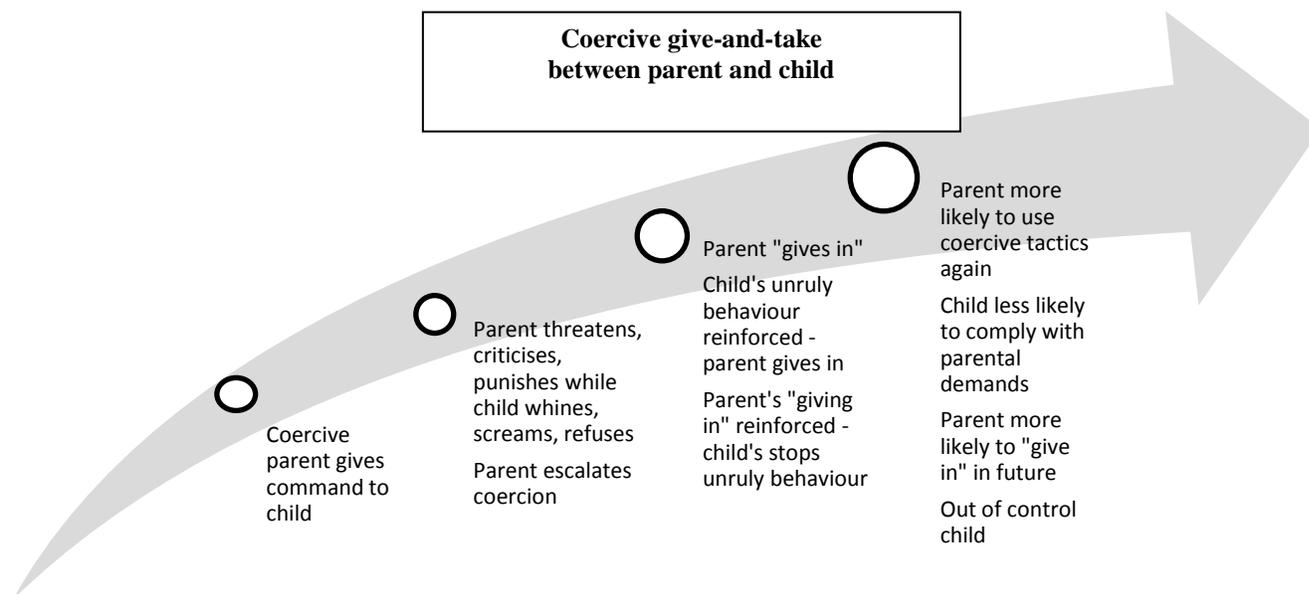


Figure 3.1 Pattern of a coercive relationship between parent and child (adapted from Berk, 2003, p. 509)

Moeller (2001) states that parents of aggressive children fail to promote and reinforce pro-social behaviour in their children. He further states that research shows that the parental failure to insist that children behave in pro-social ways and impose appropriate negative consequences for antisocial behaviour, is positively related to aggression.

Moeller (2001) claims that antisocial and aggressive behaviour seems to be more likely when parents model such behaviour, when parents are overly harsh and punitive, and when coercive behaviour is reinforced in children.

3.5.3 The preschool child and his/her peer group

During the preschool years, children learn a great deal about relationships as they build relationships with others outside the home environment. Between the ages of two and three years, interaction with peers increases and friendships are built. The definition of a friend for a preschool child is quite simplistic – someone that you like to play with and who likes you too and you are willing to share your toys with (Botha et al., 1998). Friends are very influential with preschool children and you will often find a normally well-behaved child misbehaving because his friend did so and said he should too. Parent and peer relations seem to complement each other. While parents provide affection and guidance, giving children security and equipping them with the social skills they need, peer interaction allows children to expand their social skills further (Berk, 2003).

Play is one of the most important ways in which children engage in social interaction with peers. Play is always fun, is usually spontaneous and requires active participation from the players involved. Play is internally motivated and attention is focused on the activity itself rather than the outcome thereof (Botha et al., 1998). Through play, children escape the real world and for this reason (among others), play is the preferred method in which children are assessed and counselled by psychologists and therapists.

a) Types of play among children

Berk (2003) and Smith (2011) reports that in 1932, Mildred Parten, while observing two-to five-year-olds playing, concluded that social development proceeds in a three-step

sequence. She stated that it begins with non-social activity. This is classified by unoccupied, onlooker behaviour and solitary play. It then moves into a limited social participation called parallel play where the child plays near other children but without trying to influence the other's behaviour or play. Two forms of true social interaction follow: associative play and cooperative play. Associative play is when children engage in separate activities but toys are exchanged and comments are made on others' behaviour and actions. Cooperative play is a more advanced type of interaction, where children orient themselves towards a common goal, such as playing together in acting out a make-believe theme of princesses and kings. As stated in Berk (2003), recent longitudinal studies indicate that these play forms emerge in the order suggested by Parten, but they do not form a developmental sequence. Instead, all these types coexist in the preschool years.

Rubin, Fein and Van den Berg (cited in Botha et al., 1998; Smith, 2011) considered social as well as cognitive complexity in play. They were of the opinion that play becomes more advanced cognitively and socially as children develop and mature. They identified the following four types of play, namely:

- Functional play that consists of simple, repetitive motor movements with or without objects and is especially common during the first two years of life (Berk, 2003; Botha et al., 1998; Smith, 2011). Examples would be jumping up and down or shaking a rattle repeatedly.

- Constructive play that involves the manipulation of objects in order to create or construct something. This is common between the ages of three and six years.

Examples are building a house of blocks or putting a puzzle together (Berk, 2003; Botha et al., 1998; Smith, 2011).

- In make-believe play children use their imaginations in the acting out of everyday situations and imaginary roles. They pretend they are mothers or teachers and so forth. This is especially common between the ages of two and six years (Berk, 2003). In socio-dramatic play, children play out roles of familiar characters such as parents or doctors while in thematic fantasy play, other roles that fall outside our everyday situations, such as being a princess or pirate are played out. Thematic fantasy play is said to be cognitively more advanced than socio-dramatic play because it requires much more imagination (Berk, 2003; Botha et al., 1998; Smith, 2011).

- Games with rules involve games which require children to understand and follow rules. This type of play involves board games, cards or sports with rules (Berk, 2003; Botha et al., 1998; Smith, 2011).

b) Functions of play

Play has numerous functions. It aids physical development and promotes fine and gross motor development. Cognitive development is advanced through play (Botha et al., 1998; Smith, 2011). Play helps children to develop problem-solving skills and aids their understanding of language and their ability to express themselves to others. Through play, children learn about their environment, enabling them to explore and experiment. Through

play they are exposed to new situations and experiences. It therefore provides a stage on which they can practise all the new skills they have learned (Botha et al., 1998; Johnson et al., 1999). It provides a safe place for children to explore their own abilities. When success is achieved (by building a big house with blocks for example), it leads to a feeling of self-worth and confidence. Strengths and weaknesses are realised. Emotional development is advanced through play. Play gives children the freedom to truly be themselves. Through play children learn social rules are learnt and they are given opportunities to practise these behaviours and rules (Botha et al., 1998; Johnson et al., 1999; Smith, 2011).

c) Aggression and peer rejection

According to Moeller (2001) highly aggressive children tend to be rejected by their peers. Research done by Coie et al. as well as Dodge et al. (cited in Moeller, 2001) indicate that the most consistent predictor of peer rejection is unprovoked aggression intended to dominate, manipulate and control other children. According to research (cited in Moeller, 2001), rejected aggressive children are most at risk for later antisocial behaviours. One should ask whether the aggression is a cause or effect of peer rejection. Most research seems to support the view that aggressive children are rejected by their peers because of their aggression. Olson (1992) carried out a research project with preschool children for one year regarding the rejection of aggressive children by their peers. He found that at the start of the new academic year, aggressive children were not initially rejected by their peers, but as the year progressed, their peers began to reject the aggressive children. Olson (1992) also found that peers reacted more aggressively toward the aggressive

children – their behaviour in turn provoking even more aggression from the aggressive rejected children. Aggressive rejected children as well as their peers seem to both contribute towards the maintenance of the aggressive children's aggressive behaviour. Coie and Dodge (cited in Hart et al., 2011) found that peer rejection increases aggressive behaviour and that the experience of rejection leads children to expect hostility in others and this, in turn, has the effect of priming children to behave aggressively. According to Smith (2011) the most common reason for children to reject others, seems to be because of aggressive and disruptive behaviour.

3.5.4 The development of the preschool child's self-concept and the prevalence of aggression

A person's self-concept refers to the way a person views himself or herself, one's conception and evaluation of oneself including physical and psychological characteristics, qualities and skills (APA Dictionary of Psychology, 2007). A child's self-development begins with the development of self-awareness in infancy and gradually develops into a rich, multifaceted, organised view of the characteristics and abilities of the self (Berk, 2003). During early childhood, children begin to construct a self-concept, which is the set of attributes, abilities, attitudes and values which define an individual for he or she is. At first, young children can only express physical and basic observations on themselves, such as observations about their appearance, possessions and everyday behaviour, their self-concepts being very concrete. Later on, children are able to describe themselves in terms of their name, gender, age, possessions, skills and abilities. Preschoolers can also describe themselves in terms of their feelings, attitudes and thoughts. Preschool children's

self-concepts are often related to what they possess. This is evident from the way preschoolers argue over toys – whose toy it is or who had it first. This is said to be a sign of their need to define boundaries between themselves and others, rather than a sign of selfishness (Botha et al., 1998). As children mature, they form certain perceptions about themselves. As their social network widens and they start to interact more with peers, they start comparing themselves to others. They often compare themselves by evaluating whether they are socially accepted and whether their peers like them, as well as in terms of their abilities, what they can do in comparison to others. However, preschoolers often tend to have a high self-esteem in general, believing they can do everything well, even if the opposite is true. Berk (2003) indicates that this is necessary for preschoolers in order to help them adjust to new situations where they need to learn new abilities on a daily basis. Their high self-esteem helps them to develop their initiative. The degree to which children accept themselves is of vital importance for optimal development. Children with negative self-concepts and self-worth are usually anxious and not socially well adjusted. Children with positive self-concepts tend to be more successful academically, have more self-confidence and are socially well adjusted.

Another important component of the self-concept is our self-esteem. This involves the judgements we make about our own worth as well as the feelings associated with those judgements. As stated in Berk (2003), self-esteem is one of the most important aspects of self-development, since the evaluations of our own competencies affect our emotional experiences, future behaviour as well as long-term psychological adjustment. Children with warm and accepting parents who have reasonable expectations of their children feel accepted and loved, competent and worthwhile, and attain high self-esteem in

consequence. If the parents have firm and appropriate expectations and set boundaries while providing explanations this helps the children to make sensible choices and evaluate themselves against reasonable, attainable standards (Berk, 2003). Parents who always make decisions for their children (instead of aiding them), and who behave in an excessively controlling manner communicate a sense of inadequacy to their children. Through their over-controlling behaviour they are telling their children that they are incompetent and unable to do things for themselves and thus these children often have low self-esteem (Berk, 2003).

Krahé (2001) and Perez and colleagues (2001) note that research indicate that individuals with high self-esteem seem to be more prone to aggressive behaviour, especially in response to negative stimuli such as negative feedback regarding themselves and provocation from others – this is seen as a threat to their high self-esteem.

Geen (2001) notes that provocation by others, seem to threaten and/or weaken the self-esteem and that retaliation helps restore it. He also claims that the protection and restoration of self-esteem has been indicated as a cause of aggression by many researchers. It is not clear however whether high or low self-esteem is most seriously threatened by threats.

Low self-esteem is often seen as related to causing aggression in children. Kaplan (cited in Moeller, 2001) argued that children with low self-esteem seem to be unable to acquire recognition from peers through socially conventional ways (e.g. being academically strong, performing well in sports or other extracurricular activities), they thus turn to antisocial and

aggressive behaviours in order to get the recognition they need from others. According to Moeller (2001) some research suggests that low self-esteem might cause aggression whilst other suggests that aggression might cause poor self-esteem. According to Oaklander and Christie-Mizell respectively (cited in Van Niekerk, 2005), the aggressive child often have a very low opinion of him/herself and that a low self-concept predict higher levels of aggressive and antisocial behaviour.

Other researchers such as Baumeister and colleagues (cited in Moeller, 2001) suggest that high self-esteem might cause aggression (Baumeister, Boden & Smart, 1996). According to Baumeister, aggressive children have an overly inflated view of themselves and when this view is threatened, they react with aggression. Research done by Baumeister and colleagues indicate that aggressive children tend to have an inflated sense of self-esteem. In a study done by Perez and colleagues (2001) indicated that children with low and high self-esteem were rejected by their peers (in comparison with the group who displayed a moderate self-esteem). More research on this topic seems to be necessary.

3.6 Moral development

The social interactions of human beings are guided by elaborate sets of rules and regulations. These criteria for conduct govern our daily social behaviour and form a moral code which is considered fundamental to human functioning. Moral codes consist of values that are strongly upheld and need no justification for their being – they pertain to what ought to be and not to what is. Adherence to moral prohibitions is universally accepted and applauded (Grusec & Lytton, 1988). The problem of defining the nature of

morality, of what is good or bad, right or wrong, has been around for centuries. Discussions of the nature of morality usually revolve around the issues of justice, fairness and equity. It appears that the principle that all individuals should be treated justly and fairly guides moral conduct among humans. Lawrence Kohlberg (cited in Grusec & Lytton, 1988) is of the opinion that justice is a principle rather than a rule and that a principle is a guide for choosing desirable behaviour. There are always exceptions to rules but not to principles. For example, it may be moral to cheat, steal or lie if it contributes to justice, as in the case of Robin Hood who steals from the rich to give to the poor (Grusec & Lytton, 1988).

Two major approaches address the question of how we become moral beings whose behaviour is guided by principles of justice, fairness and equity. One approach emphasises that moral principles are transmitted from one generation to the next through socialisation and that moral values are learnt. The other approach emphasises that morality is acquired as developing organisms become more capable of logical thought and of making sense of social interactions. Thus, morality is acquired through an individual's own construction, experiences in social interaction with others, and cognitive capacity (Grusec & Lytton, 1988). Morality is, however, acquired through both socialisation and our own construction of morality through personal experience. This makes the acquisition of morality a social and cognitive process. Parents actively attempt to teach children moral behaviour – the difference between right and wrong (Grusec & Lytton, 1988). Social learning theory claims moral behaviour is acquired in the same manner as other behaviours, that is through modelling and reinforcement of behaviour. Effective models of moral behaviour are warm and display consistency between words and actions whereas

harsh punishment from parents does not promote moral internalisation and socially desirable behaviour. Rather, it provides children with aggressive models (Berk, 2003).

Children around the age of three begin to react with distress to aggressive actions by others or actions that endangers their own welfare as well as that of others. Around the age of two, there seems to be a gradual emergence of a conscience – children start to use words such as ‘good’ and ‘bad’ to evaluate their own and others’ behaviour. Children start to become moral beings as their cognition and language develop and as they are better able to express their moral thoughts which are often accompanied by intense emotion (Berk, 2003; Latouf, 2008). Moral development as a matter of internalisation refers to the process of adopting societal standards and norms for good conduct. As stated in Berk (2003), there are a few factors that affect a child’s willingness to adopt the social standards of his or her social group. Internalisation results from a combination of influences within the child and his or her rearing environment.

The contributions of two psychologists, namely Jean Piaget and Lawrence Kohlberg, are mainly responsible for what we know of children’s moral development.

3.6.1 Piaget’s theory of moral development

Jean Piaget’s cognitive-developmental perspective (Murray, n.d.) assumes that morality develops through construction, through actively thinking about multiple aspects of situations in which social conflicts arise and deriving new moral understandings. Piaget studied children playing games in order to learn more about their beliefs regarding right

and wrong. According to Piaget, all development emerges from action – we construct and reconstruct our knowledge of the world as a result of interactions with our environment. Piaget identified two stages of moral understanding – namely heteronomous morality and autonomous morality.

Heteronomous morality applies to children who view moral rules in terms of realism and as fixed – rules have to be obeyed at all times. Autonomous morality applies to children basing fairness on ideal reciprocity and regarding rules as flexible (Berk, 2003). Children younger than eleven years – normally display heteronomous moral thinking. They believe rules are handed down by adults or God and that these rules are fixed and absolute. Their thinking is essentially egocentric and they are unable to consider anyone else's perspective (Mitchell & Ziegler, 2007). Their egocentrism leads them to project their own thoughts and wishes onto others. They tend to value the letter of the law above the purpose of the law. Piaget also found that younger children's moral judgements seem to be based more on consequences of actions than on the intentions of the person committing the act. Their expectation is that punishment automatically follows misconduct (Murray, n.d.).

Children older than eleven years normally display more autonomous moral thinking, understanding that it is permissible to change rules. Children show more moral flexibility in their thinking, they have the ability to consider rules critically and selectively apply these rules, based on a goal of mutual respect and cooperation (Louw et al., 1998). According to Piaget, there is a shift in the child's cognitive structure from egocentrism to perspective taking (Murray, n.d.). Reaching this phase of moral thinking, enables the child to behave in pro-social manners (Van Niekerk, 2005).

3.6.2 Kohlberg's stages of moral development

The psychologist Lawrence Kohlberg modified and expanded upon Jean Piaget's work on moral development (Hart et al., 2011; Mitchell & Ziegler, 2007). His theory of moral development outlines six stages within three different levels and proposes that moral development is a continual process that occurs throughout life. Kohlberg contended that the process of moral development was principally concerned with justice and he based his theory on research and interviews with groups of young children. He presented the children with a series of moral dilemmas. The "Heinz Dilemma" is an example of one of the dilemmas Kohlberg presented. In short, the scenario entails Heinz's wife being on her deathbed from a special kind of cancer (Louw et al., 1998). The only drug that can save her is fairly expensive. Heinz has asked everyone he knows to lend him money in order to buy the drug for his sick wife but he has only been able to get together half the money. The druggist refuses to sell the drug to Heinz for less or let him pay the rest later. Heinz then decides to steal the drug. Kohlberg assessed the reasoning behind the children's judgements of the scenario rather than their answer as to whether Heinz was wrong to steal the drug for his wife (Cherry, 2010; Mitchell & Ziegler, 2007).

Kohlberg proposed that children form ways of thinking through their experiences and understandings of moral concepts such as justice, rights, equality and human welfare.

Each level in Kohlberg's theory represents a fundamental shift in the social-moral perspective of an individual. Individuals move one single stage at a time and regression to previous stages is rare (Hart et al., 2011; Louw et al., 1998). Each stage provides a new and necessary perspective which is more comprehensive and differentiated than the

previous stage but is nevertheless integrated with it (Murray, n.d.). The development of moral thinking, according to Kohlberg, is viewed as part of a sequence that includes the development of logical thinking and the ability to take the perspective of others into account. He is of the opinion that logical thinking takes priority and that advanced moral reasoning is not possible without advanced logical reasoning (Grusec & Lytton, 1988).

The three levels Kohlberg distinguishes are the pre-conventional level, the conventional level and the post-conventional level.

a) Pre-conventional level

At this level an individual's moral judgements are characterised by a concrete, individual perspective. This level is especially common in children from age five to middle childhood. The morality of an action is judged by the direct consequences of the act. This level consists of the first and second stages of moral development and is solely concerned with the self in an egocentric manner. The child behaves according to anticipation of reward or punishment while the moral righteousness of the act is not recognised (Mitchell & Ziegler, 2007). Children with pre-conventional morality have not yet adopted or internalised society's standards and norms regarding what is right or wrong and, instead, focus largely on the external consequences of actions (Louw et al., 1998; Mitchell & Ziegler, 2007).

In stage one, the **obedience and punishment orientation**, individuals focus on the direct consequences of their actions for themselves. An action is perceived as morally wrong because the perpetrator is punished. This is rather egocentric and fails to take others'

points of view into account and recognise that they are different from our own opinions (Lapsley, 1996; Murray, n.d.). Children see morality as something external to themselves.

In stage two, the **instrumental purpose orientation**, there is an early emergence of moral reciprocity. Here reciprocity takes the form of 'a favour for a favour'. The rule is that if someone hits you, you should hit them back – an eye for an eye. Rules are followed only when it is in someone's immediate interests and right behaviour is defined by whatever is in the individual's best interests (Lapsley, 1996; Mitchell & Ziegler, 2007; Murray, n.d.). There is a limited interest in the needs of others. Punishment is merely viewed as a risk that one wants to avoid and there is no identification with the values of society (Crain, 1985).

b) Conventional level

This level of moral reasoning is typical of adolescents and adults. Moral behaviour is judged by comparing it to the views and expectations of society and is characterised by an acceptance of society's ideas of right and wrong. Rules are obeyed and norms of society followed even when there are no consequences for either obedience or disobedience. Rules are followed rigidly and their appropriateness or fairness is seldom questioned.

Stage three, regarding **interpersonal relationships**, refers to an individual fulfilling his or her social roles in society. We attempt to be 'good' and live up to the expectations of the various social roles that society expects us to fulfill. In this stage, children are highly

conformist and try their best to be a 'good' boy or girl (Mitchell & Ziegler, 2007). The intentions behind an action start to play a bigger role.

Stage four, the **orientation towards maintaining social order**, involves obeying laws and maintaining social order. According to Kohlberg, stage four marks a shift from defining what is right in terms of local norms and role expectations to defining right in terms of the laws and norms established by society at large. Obeying the law and respecting authority is necessary in order to maintain the system of laws of society (Cherry, 2010; Mitchell & Ziegler, 2007). A perspective of 'us', all as members of society is acquired (Lapsley, 1996).

c) Post-conventional level

At this level there is a gradual realisation that an individual is separate from society as a whole and that an individual's perspective may take precedence over society's perspective. Thus, rules may be disobeyed if they are inconsistent with our personal principles. Rules are viewed as useful but not fixed. They maintain social order and protect human rights, but are not absolute (Lapsley, 1996; Mitchell & Ziegler, 2007).

In stage five, the **social contract orientation**, individuals are concerned with individual rights and social contracts. The world is seen as consisting of individuals all holding different opinions and views, different rights and values, and these different perspectives should be mutually respected.

Stage six, the **universal ethical principle orientation**, is referred to as a 'theoretical stage'. It involves a clearer and broader conception of universal principles, such as justice and individual rights, but Kohlberg feels that his interview dilemmas have failed to draw out this broader understanding (Crain, 1985).

Stage five has received substantial empirical support in research findings but stage six has not (Cherry, 2010). Kohlberg believes that there must be a stage six which defines the principles by which we achieve justice. Moral reasoning is based on abstract reasoning using universal ethical principles. Laws are valid only if they are grounded in justice. An individual acts because it is right to do so and not because it is legal or expected of him or her.

Kohlberg states that his stages are not the product of mere maturation nor are they a product of socialisation. Moral reasoning is not taught by socialising agents such as parents and teachers. The stages of morality emerge from our own thinking about moral dilemmas. Social experiences stimulate our mental processes by making us question our views as we think about moral dilemmas and enter discussions with others (Crain, 1985). Stages cannot be skipped. Progressing to a higher stage involves encountering a moral dilemma and finding our current level of moral reasoning inadequate, which guides us to think in new ways about the dilemma. Thus, realising the limitations of the current stage of thinking is the motivation behind moral development. It is a constructive process initiated by the conscious construction of the individual's thinking.

d) Criticisms

Some argue that Kohlberg's theory is culturally biased. He does not consider the fact that other cultures might have different moral outlooks. Kohlberg states that although other cultures might have different beliefs, his stages correspond to underlying modes of moral reasoning rather than to beliefs.

3.6.3 Influence of parents and peers on the preschool child's moral development

It was noted above that moral development according to Kohlberg is not due to maturation or socialisation. But both Piaget and Kohlberg did suggest that peer interactions can contribute to children's moral reasoning. In Berk (2003) it is stated that research supports Piaget's belief that interaction with peers can promote moral development and understanding among children. It is suggested that peer conflicts contribute to gains in moral reasoning by making children aware of the perspectives of others. Conflict resolution rather than the conflict itself is what seems to stimulate cognitive development – moral and non-moral. As children negotiate and compromise with each other, they learn that life can be based on cooperation between equals. It is said that the mutuality and intimacy of friendship, which foster decisions based on consensual agreement, may contribute to moral development. Piaget and Kohlberg (cited in Hart et al., 2011, p. 507) also claimed that the "equality of peer relationships allows for mutual negotiation for the resolution of moral problems", more so than the adult authority that often dominates parent-child relationships.

Berk (2003) notes that research done by Boyes and Allen as well as Parikh also reveals that parents who facilitate moral understanding are verbal, rational and affectionate and promote a cooperative style of family life. Parents, who listen to their children and ask clarifying questions, present higher-level reasoning and use praise, have children who gain more moral understanding and develop a pro-social personality as they grow (Berk, 2003; Hart et al., 2011; Van Niekerk, 2005).

3.6.4 The relationship between moral development and aggression: The development of self-control

Almost all individuals know what the right and moral thing is to do, but one's good intentions are not always sufficient. Whether we act in accordance with our moral beliefs depends in part on our self-control. In Berk (2003, p. 502) it is stated that "self-control in the moral domain involves inhibiting an impulse to engage in behaviour that violates a moral standard". Children's ability to control themselves depends on their ability to resist temptation. Young children are naturally impulsive, they cannot always carry out long sequences of actions and work toward distant goals. It is hard for them to resist temptation and they cannot always control their emotions and feel stressed when they have to wait for something.

Self-control is essentially the ability to restrain or inhibit one's impulses (APA Dictionary of Psychology, 2007). The beginning of self-control emerges around the age of two, when children start to realise that they are separate, autonomous beings who can direct and control their own actions. Around the age of two-and-half years children are able to delay

gratification for short periods of time (Moeller, 2001). Children have to learn and acquire the skills needed to control their emotions, to resist temptation and to be patient in waiting for something. Thus, self-control has to be learned in some way. Some children take longer or have difficulty in acquiring the skills needed for self-control, resulting in behavioural problems such as aggression (Grusec & Lytton, 1988; Krahé, 2001). Aggression is essentially a serious form of lack of self-control. Olson and Hoza (cited in Moeller, 2001) found a significant negative correlation in their studies in 1993 between the ability to delay gratification in preschoolers and children's conduct problems in middle childhood. The first sign of self-control appears in the form of compliance, or voluntary obedience to the requests and commands of parents. Children between twelve and eighteen months display the ability to understand and obey simple requests from parents and meet their expectations (Berk, 2003). The ability of children to control themselves and resist temptation gradually improves with maturation and sensitive guidance from parents plays an important role. As children gain in cognitive development, attention and mental representation, they are able to use a variety of self-instructional strategies to resist temptation.

There are mainly two processes involved in the development of self-control and regulation (Grusec & Lytton, 1988). Firstly, the child needs to internalise a norm which stresses the value of self-control. They must learn to value delayed gratification, impulse control, resisting temptation, setting high standards and goals for achievement and non-aggressive reactions to frustration. Reward, punishment, modelling behaviour of caregivers, and a warm, secure relationship with parents are all important in promoting the acceptance and internalisation of society's standards and norms in dealing with self-control. Secondly, the

skills which enable children to adhere to their internalised standards of behaviour must then be acquired. A person may value certain behaviours but still find it difficult to display them. A good example that many will identify with is physical fitness. If physical fitness is valued as important to us, it does not mean that it is easy for us to act in a manner that is consistent with it, for instance going to gym and exercising and eating healthily. There are various techniques that can be learned in order to make the execution of self-control easier (Grusec & Lytton, 1988). Children, owing to their level of maturity, use more primitive and basic mechanisms in order to control their behaviour, or attempt to control their behaviour. These mechanisms can include verbal attempts (guiding themselves by talking themselves through a situation); the formulation of plans (the ability to think of a plan in a specific situation); and the employment of effective attentional strategies (Grusec & Lytton, 1988).

Two major tasks children face in their acquisition of self-control is to resist temptation and to learn how to delay gratification. Cognitive development and gains in attention and mental representation specifically allow children to use a variety of effective self-instructional strategies in order to resist temptation. Walter Mischel (cited in Berk, 2003) studied children's ways of resisting temptation and their ability to delay gratification. In this study conducted by Mischel, preschoolers were shown two rewards, one being a highly desirable one they would have to wait for and the other a less desirable one that they could have anytime. The children who chose the more desirable reward were left alone in a room with the reward; they could press a buzzer at any time if they changed their minds. Mischel found that children used a variety of techniques in order to resist the reward – some singing or talking to themselves. It was found that having the reward with them was informational as well as motivational for the child. It reminded them of the pleasant thing

awaiting them but it was also frustrating to the children, making it more difficult to wait. Children who displayed better self-control and who could delay gratification successfully were possibly thinking about rewards in terms of how to obtain them rather than in terms of actually having them. Thus, their attention was on achieving rather than enjoying the goal (Grusec & Lytton, 1988).

Hirschi and Gottfredson (cited in Moeller, 2001) developed a self-control theory of delinquency. They are of the opinion that antisocial, aggressive individuals ignore the long-term negative consequences of their antisocial behaviour. At the same time, these individuals are unusually sensitive to the immediate pleasures their antisocial behaviour produces. An example of this (cited in Moeller, 2001) would be a child cheating on a test, the child is lacking self-control because he is unable to resist an act that is immediately rewarding but will have lasting negative consequences. Hirschi and Gottfredson view self-control as a personality trait that becomes more stable throughout childhood and adolescence. Thus, children who lack this trait will only focus on the present instead of long-term consequences their antisocial and aggressive behaviour might have.

Self-control is a skill that children have to learn, which makes mastery of self-control an achievement. Thus, efforts at self-control can result in either success or failure. As with other behaviours, the manner in which the adults react to the success or failure of the child's attempts at self-control affects the child's expectations about future efforts. This in turn influences the child's motivation to initiate and maintain future efforts to control his or her behaviour. When children believe that their efforts to control their behaviour will fail, they will not try to make an effort, even if they are quite capable in doing so. Because of

the child's negative feelings and beliefs regarding his or her self-efficacy, he or she might respond with anger to the frustration felt and could ultimately turn aggressive (Grusec & Lytton, 1988).

Below is a diagram (Figure 3.2) outlining the development of self-control as the child mature.

| | Self-control | Aggression |
|-----------------------|--|---|
| 1½ to 5 years | <ul style="list-style-type: none"> • Compliance emerges • Delay of gratification improves | <ul style="list-style-type: none"> • Instrumental aggression declines • Physical aggression gradually replaced by verbal aggression • Hostile aggression increases (overt aggression in boys and relational aggression in girls) |
| 6 to 11 years | <ul style="list-style-type: none"> • Strategies for self-control improve • Awareness of ideation that transforms rewards and arousal state emerges • Flexible capacity for moral self-regulation is present | <ul style="list-style-type: none"> • Hostile aggression continues to increase |
| 12 to 20 years | <ul style="list-style-type: none"> • Moral self-regulation continues to improve | <ul style="list-style-type: none"> • Teacher and peer aggression declines • Delinquent acts increase and then decline at the end of this period |

Figure 3.2 Development of self-control and aggression (Adapted from Berk, 2003, p. 506)

All children display some aggression at some point, especially as interactions with siblings and peers increase. Aggression is a normal part of growing up and at times can serve a

pro-social end. The large majority of human aggression is antisocial, however, and if children are not taught to control their aggression this can lead to disastrous effects. Some children display abnormally high levels of hostility and aggression towards others, with little or no provocation. If these children are left to behave in this manner, it can lead to lasting delays in the acquisition of self-control and moral development, and the child may end up as an antisocial adult (Berk, 2003). Impulsive, overactive children are at risk for high aggression, but whether or not they become aggressive and hostile adults depends on child-rearing practices and conditions. Power-assertive and inconsistent discipline promotes self-perpetuating cycles of aggressive behaviour and children who grow up in these family environments develop social-cognitive deficits and distortions that add to the long-term maintenance of aggression. Training parents in providing consistent discipline and teaching children alternative ways of resolving conflicts and controlling their impulses are ways to help children deal with their aggression (Berk, 2003).

3.7 Biopsychosocial approaches to aggression

There are multiple pathways to the development of excessive aggression and conduct problems in children (Berman, McCloskey & Broman-Fulks, 2003; Landy & Dev. Peters, 1992). There seems to be little doubt that early interactions with parents are very important in the development and maintenance of aggressive behaviour. Both parent and child are responding to numerous factors that impact on their ability to engage in mutually pleasant and sensitive interactions. Parents own experiences as children, being parented, have an influence on their interactions with their own children. Available social support and life stressors will also have a considerable impact on the energy and emotional availability of

parents to their children and this in turn will have an impact on early interactions between parent and child (Landy & Dev. Peters, 1992). The child also brings numerous individual characteristics into the early relationship with the parent(s), such as temperament, responsiveness and degree of predictability.

A biopsychosocial approach to aggression suggests a complex interplay of biological, psychological and contextual factors in the development and maintenance of aggression in humans. It involves the investigation of how these multiple factors operate together in a systematic and integrated manner (Berman et al., 2003). Berman and colleagues (2003) suggest a biopsychosocial approach to aggression for the following three reasons, namely; (1) aggressive behaviour is defined as a complex psychosocial construct; (2) very few human behaviours are caused by a single factor or pathway; (3) numerous biological, psychological and social variables have been linked with aggressive behaviour.

3.8 Conclusion

It is clear how aggressive children's development, especially socially and emotionally, can contribute to the onset and maintenance of their aggression. Parenting styles and the interaction between parent and child often play an integral part in the aggression of children. Interaction patterns within the home of an aggressive child are often dysfunctional. Children need to learn from an early age how to regulate and control their emotions. They learn this on their own in a way, but still need guidance from adults, especially where the control of inappropriate behaviour is concerned, aggression being an example. A child's aggression can often lead to conduct disorder or oppositional defiant

disorder if the aggression is not dealt with correctly and timely. Children are vulnerable and it is imperative that adults guide and lead them in all that they do and learn.

CHAPTER 4

PLAY THERAPY AS METHOD OF INTERVENTION AND ASSESSMENT OF AGGRESSIVE PRESCHOOL CHILDREN

4.1 Introduction

In this chapter, play therapy will be discussed in general, as well as the use of play therapy with the aggressive preschool child in particular. Play therapy is broadly discussed and an overview in the form of a table presenting the different theories or models of play therapy will be given. In this study, play therapy or play was used as a diagnostic tool rather than a therapeutic tool. The researcher felt that the value of play therapy as a therapeutic tool should be discussed even though not used as a therapeutic measure in this particular study. In chapter two, the various types and functions of play were discussed. Play is described as the way in which children learn to learn, discover how to come to terms with the world, cope with the tasks life brings and master various skills. Through play, children gain confidence in themselves and their ability to relate to the environment as they perceive it to be. Play can also be seen as the process of revealing personality development within the child, where children learn and rehearse new skills and abilities by constantly exploring and manipulating objects and situations in their world (Crenshaw & Mordock, 2005; Lee, 1991; Schaefer & Drewes, 2010; Thomas, 1982).

From infancy, play forms an integral part of children's lives. At first, play is quite dependent on participation by an adult who holds toys in front of a baby, talks or sings to the baby or swings him or her around. As babies grow and mature, they gain the ability to play more

independently by themselves. This is mostly due to physical and mental development which enables children to learn the skills they need to grasp, manipulate and play with toys.

The therapeutic environment is an important aspect in play therapy and it may vary. At times it may be necessary to enrich or simplify the therapeutic milieu according to the child's needs. Children younger than four years often need a very basic setting for therapeutic inputs to prevent their attention from wandering (Schoeman, 1996).

4.2 Play and the use of play in therapy

4.2.1 Definition and function of play

No real definition of play is available in the literature and the boundaries between play and other activities such as work, exploration and learning are not always clear. According to Smith (2011, p. 457) “play refers to behaviour which is enjoyable, done for its own sake, but which does not have any obvious, immediate purpose”. A number of the elements identified by Hughes (1991) are seen as typical of play. Before an activity can be described as play, it must contain five essential characteristics. Firstly, play is always intrinsically motivated – it is an end in itself. Secondly, play must be freely chosen by its participants. Thirdly, it must be pleasurable to all parties involved – the experience must be enjoyed. Fourthly, play is non-literal; it involves a certain element of make-believe (as in symbolic play), the internal reality takes precedence over the external reality. Lastly, play is actively engaged in by the players. Players are involved physically and/or mentally (Hughes, 1991). These elements will be regarded as defining play.

Smilansky (cited in Smith, 2011) popularised the idea of how important socio-dramatic play is in 1968. Socio-dramatic play (sometimes called pretend play, make-believe play or symbolic play) referring to pretend play that involves social role playing in the acting out of a story (Smith, 2011). Through socio-dramatic play, children are encouraged to focus on the general social rules that underlie their play, making them aware that certain social rules underlie all social interactions in life. They learn about the general rules of dialogue and conversation with one another, including the ability to listen, to take turns to speak and to make comments that are appropriate and related to those made by the person they are speaking to (Berk, 2003; Hughes, 1991). Social play helps children to learn how to cooperate with others. Children must learn how to see beyond their self-centred perspectives and try to put themselves in another's shoes. This ability to assume the roles and viewpoints of others is a necessary ability to acquire in order to become a functional social human being. Children practise all this as well by playing out various themes and roles in make-believe play. Hughes (1991) further states that there is a correlation between play and attachment and that play may facilitate the attachment process itself during the first year of life, helping to establish the parent-child relationship. At times, children may use play as a way of relating to their past as well as reorienting themselves to the present. Past experiences are rehearsed and re-experienced emotionally and therefore assimilated into new perceptions and patterns through which children relate to their environment. When there are early experiences that obstruct this assimilation of perceptions because they are either too painful or too difficult to manage or recall, children's emotional growth and maturation are influenced negatively (Russ, 2004; Schaeffer & Drewes, 2010; Thomas, 1982). According to Waelder (cited in Russ, 2004)

children need this re-experiencing of traumatic events in order to digest the event and resolve whatever conflict occurred.

Smilansky (cited in Smith, 2011) argued that socio-dramatic play was crucial for the child's normal development and intervention is imperative to encourage such play in preschool children if there seems this seems to be deficient.

4.2.2 Definition of and the rationale for play therapy

According to Hall, Kaduson and Schaefer (2002, p. 515) play therapy is defined as “an interpersonal process wherein a trained therapist systematically applies the curative powers of play to help the clients resolve their current psychological difficulties and help prevent future ones”. Play therapy is essentially a technique where a child's natural means of expression, play, is used as a therapeutic method to help the child cope with trauma or emotional stress or troubling feelings he/she might be experiencing (McIntyre, 2011; Russ, 2004; Schaeffer & Drewes, 2010). It is a counselling technique where toys, games, drawings, and other mediums as well as the child's symbolic meanings attached to his/her play are used in order to understand and communicate with the child and to help the child express or ‘play out’ what he/she is experiencing – their thoughts, feelings, wishes and needs (APA Dictionary of Psychology, 2007; Encyclopedia of Mental Disorders, 2011; Russ, 2004; Schaeffer & Drewes, 2010).

It seems that (cited in Hall et al., 2002; Hughes, 1991), regardless of one's approach or orientation to play therapy, all schools of thought share a common belief namely that the

use of play or a play setting is an essential and key feature in the diagnosis and treatment of children in play therapy. According to Hall, Kaduson and Schaefer (2002) as well as Schaeffer and Drewes (2010) play therapy has been a well-established method of child treatment and counselling in practice. They further state that the use of play therapy is particularly useful with children because they have not yet developed abstract reasoning abilities and verbal skills that are necessary in order to accurately portray their thought, feelings and behaviour. Thus, toys are their words and play their conversation with the therapist (Hall et al., 2002; Johnson & Chuck, 2001; Russ, 2004; Schaeffer & Drewes, 2010). Play is the child's natural mode of expression and communication. According to Crenshaw and Mordock (2005), this makes it more appropriate and successful than other types of therapy with children. Landreth (cited in Johnson & Chuck, 2001) states that play empowers children to gradually risk the disclosure of threatening issues – enabling them to release their most inner feelings of anxiety, disappointment, fear, aggression and insecurity.

Several reasons are noted (Axline, 1969; Hughes, 1991; Oaklander, 1988; Richardson, 2007; Russ, 2004; Schaefer, 1987; Schoeman, 1996; Smith, 2011) as to why psychologists consider the above belief to be true namely:

- Play allows children to communicate and express their feelings effectively and it is a natural way for them to do so.
- Play allows adults to enter into the child's world without being intrusive and threatening, enabling adults to gain a better understanding of the child.
- Play is enjoyable and enables the child to relax, so that anxiety and defensiveness are lowered.

- Play provides an opportunity to express feelings which might be difficult to express otherwise.
- Children develop their social skills through play and are given an opportunity to try out new roles and experiment in a safe setting with a variety of problem-solving strategies.

The primary aim of play therapy is mainly to decrease behavioural and emotional difficulties that seem to be interfering with a child's normal functioning (Encyclopedia of Mental Disorders, 2011; Schaeffer & Drewes, 2010).

Play in therapy can be divided into five main categories (cited in Schoeman, 1996), namely;

- Relaxation play aims to reduce the child's tension enabling the child to be open to therapy and the building of a therapeutic relationship. Common materials used are musical instruments, tapes, puzzles, pets, games and finger paints.
- Assessment play is used to examine the child's social skills, determine which phase of development he or she is in, and assess emotional maturity and verbal skills. For this form of play, materials like games (cluedo, chess and dominoes), incomplete sentences and pictures, wooden blocks and other building toys are used.
- Dramatic play has various functions, such as the remodeling of family life, the expression of aggression or regression, the playing out of feelings, replay or working through traumatic situations, and preparation for anticipated difficulties. To help in achieving these aims, a variety of play material for fantasy play are needed.

- Creative play is aimed at ventilating feelings. For this, clay, sand, water, paper, wooden blocks and mud may be used. There are numerous activities to do on paper.
- Biblio-play leads to the development of insight and the working through of feelings. Materials used are books, comics, magazines, diaries, life books, photos, paper, calendars, maps (Schoeman, 1996).

Play therapy is not only a form of counselling or therapy but can also be used as a tool of diagnosis. Through observing a child at play, the child can be assessed by the psychologist through the use of various drawing tests, projection tests and role-and-theme play activities. Objects and patterns of play as well as the willingness of the child to interact with the therapist, can all be useful in the attempt to understand the underlying rationale and reasons for the specific behaviour a child might be displaying, for instance excessive aggression (Axline, 1969; Oaklander, 1988).

The therapeutic environment is an important aspect in play therapy and it may vary. At times it may be necessary to enrich or simplify the therapeutic milieu according to the child's needs. Children younger than four years often need a very basic setting to prevent their attention from wandering (Schoeman, 1996).

Play material is an essential part of play therapy. Materials used in play therapy with each child are determined according to the child's personality, his/her problems and needs, the plans for intervention and the form of play. The approach of the therapist, actively participating in play with the child or being a passive observer, is an important factor,

especially the degree of direction given by the therapist (Schoeman, 1996). At times the child might be allowed to choose between a selection of pre-selected toys by the therapist or any toy he/she wishes (which is characteristic of a more structured approach to play therapy). At times the play session will be lead by the child while the therapist observes (as with an unstructured or non-directive approach) while other times, the therapist will facilitate the play session by leading the child in a specific play scenario. Unstructured play materials that encourage the child to engage in symbolic/pretend play and fantasy are ideal (Russ, 2004).

4.2.3 Theories of play therapy

There are three general approaches to the use of play in therapy which will be discussed briefly namely the psychoanalytical approach, the relationship approach and the structured approach (Hughes, 1991; Johnson et al., 1999).

- The **psychoanalytical approach** views play as an activity that helps children to cope with objective and instinctual anxieties. Freud (cited in Hughes, 1991; Johnson et al., 1999; Louw et al., 1998; Russ, 2004) said that through play children are allowed to repeat or relive and work through specific life experiences that were too threatening, overwhelming or difficult to assimilate when they first occurred. Psychoanalytical theory views children with externalising disorders (including antisocial and acting out behaviour and conduct disorders) as having major developmental problems. These children have not developed the skill for delaying gratification and self-control (Russ, 2004). General psychoanalytical principles in therapy are difficult to apply to children who lack the self-

awareness and verbal skills necessary for free association as practised by adults. Melanie Klein (cited in Hughes, 1991) used play extensively to explore the child's unconscious mind. She was of the opinion that children divulge all their secrets and feelings about the significant people in their lives, their likes and dislikes, fears, joys and so forth through play. The most important contribution she made to the use of play in therapy is her belief, that play is the language in which children express themselves. Anna Freud (cited in Hughes, 199) also believed that play can contribute to the psychoanalytical treatment of children. She felt it allowed her to obtain useful information about the child. Play therapy is quite passive in psychoanalytical therapy as toys are provided but the therapist does not specify which toys the child should play with or how. The child is free to include or exclude the therapist (Hughes, 1991).

- The **relationship approach** to play therapy made its appearance during the 1940's and the approach is mostly inspired by the psychotherapist Carl Rogers (Hughes, 1991). Great emphasis is placed on the quality of the interaction between therapist and child. An atmosphere of total acceptance is the goal in therapy; the child is never criticised or forced in a specific direction. Therapy is totally child-centred and the goal is the achievement of self-awareness and self-direction on the part of the child. Children should discover the reasons for certain feelings for themselves, and this is achieved through the therapist's unconditional positive regard for the child, something which is not often available in the child's everyday life, and empathic understanding (Russ, 2004). Virginia Axline (Axline, 1969; Hughes, 1991) used this approach in her non-directive play therapy with children.

- The psychoanalytical approach and the relationship approach almost seem to be at two opposite ends regarding their approach to using play as therapy. Hughes (1991) suggests that a trend in the use of play therapy has developed that represents a compromise between the above two approaches. According to Russ (2004), therapists need to consider combining treatment approaches and intervention techniques for optimal results in play therapy. Psychologists and therapists should use a variety of forms of play and techniques in their approaches to treatment (cited in Hall et al., 2002). The tendency should be to avoid both the excessive interpretation that was characteristic of early psychoanalytical therapists and the extremely permissive atmosphere preferred by relationship therapists. Therapists today should adapt treatment to the needs of the individual child. The amount of structure provided by the therapist, the extent of limits, the toys used and activities suggested, are all dependent on the child's level of development and characteristics, as well as on specific goals of the therapy (Hughes, 1991; Russ, 2004).

The therapist guides the play, labels thoughts and feelings, makes interpretations in order to facilitate conflict resolution and the 'working through' of all these thoughts and emotions and conflicts throughout the play therapy process (Russ, 2004).

Below is a table (Figure 4.1) depicting the major models of play therapy illustrated through a timeline indicating the development of play therapy through the years.

- 1909** Freud's case study "Little Hans" is the first recorded use of play in therapy
- 1921** Hermine Hug-Hellmuth formalised the play therapy process by providing children with play materials to express themselves and emphasized the use of play to analyse the child
- 1925** Anna Freud uses play to better understand her child patients' unconscious motivations
- 1937** Melanie Klein uses play therapy helping children bring the unconscious into consciousness
- 1933/34** Taft and later Allen created Relationship Play Therapy where past events were de-emphasized and focus was on present relationships to facilitate healing
- 1938** Levy created Release Therapy, the structured approach where children engage in free play to re-enact stressful situations bringing about release of troubling emotions
- 1940** Carl Rogers developed Nondirective Therapy or the Person Centered Therapy
- 1950** Virginia Axline expands on Rogers Nondirective therapy approach and is considered the mother of play therapy and the pioneer of Nondirective or Child Centered Play Therapy
- 1955** Hambridge expanded on Levy's work developing Structured Play therapy: a directive approach where anxiety producing situations will be recreated and then played out with free play
- 1961** Ginott advocates the widespread use of play
- 1964** The Guerneys developed Filial Therapy, a structured time-limited form of therapy focused on teaching parents effective ways of working and playing with their children
- 1969** Jernberg creates Theraplay (foundation of Theraplay established) based on work of Des Lauriers and Brody of engaging children actively in the present in an intimate environment and creating a nurturing relationship between child and therapist
- 1978** Oaklander develops the structured play therapy approach of Gestalt play therapy where a variety of techniques are used to guide children directly or indirectly into areas of play which will enable children and therapists to work on particular areas of children's experiences.
- 1983-2001** Schaefer and O'Connor advanced play therapy beyond initial child-centered perspectives. Schaefer contributing to the variations of creative applications in therapy and O'Connor creating increased awareness of systemic issues
- 1993** Knell refined Cognitive Behavioural Play Therapy (CBPT) which combines play strategies with adaptive thoughts and behaviours to develop coping strategies
- 1997** Kaduson, Schaefer and Cangelosi recommend the use of multiple constructs and approaches
- 2000** O'Connor developed Ecosystemic Play Therapy (EPT) being a structured approach examining subsystems including the family, the school environment and peer groups in children's lives
- 2001** Kottman developed Adlerian play therapy that combines the practical elements of play therapy with the philosophical tenets of Individual Psychology based on the works of Alfred Adler
- 2005** Gill and Drewes (among others) have expanded play therapy initiatives that consider multicultural and diversity domains propelling the use of play therapy worldwide

Figure 4.1 Timeline of the development of major models of play therapy (adapted

from Davies, 2007, p. 129; Jernberg, 1979; Pehrsson & Aguilera, 2007)

4.3 Play therapy with the aggressive child

Play therapy with aggressive children is often difficult and can be disheartening at first as these children have often been betrayed and hurt by adults in some way and have no sense of security. The therapist firstly needs to gain the child's trust. Aggressive children are always on guard, forever scanning their environment for possible threats – often misperceiving the well-intended actions of others and generally take to aggression very easily, which is one of the reasons why they are in therapy (Crenshaw & Mordock, 2005). Aggressive children often shower the therapist with hostile and aggressive comments or actions, often to elicit a response or urge to retaliate from the therapist. The child's problems can never be attributed only to the child him/herself; they often stem from wider family relationships that may be dysfunctional. The child is at the centre of the play therapy process, but for the therapy to be successful, the interaction patterns within the family need to be assessed and/or changed as aggressive children's homes are often filled with tension and anxiety. According to Crenshaw and Mordock (2005) aggressive children also use the therapeutic relationship to test and sometimes discard old internalised images of the self (which is most often negative self images) and the self in relation to others. New and positive images of the self and of intimate relationships can then be built, which will enable the aggressive child to behave in more adaptive and constructive ways.

Mostly, aggressive children have been poorly socialised; they have learned that behaving aggressively is often effective. Many aggressive children have been neglected, abused or rejected by parents – these kinds of parents are often absent, ill or unavailable. As a result, these children grow up with a poor view of themselves, low self-esteem and little

confidence in themselves, mistrusting others and their environment. All these are issues that will be addressed in the play therapy process.

According to Crenshaw and Mordock (2005) a few typical themes may arise in therapy when dealing with an aggressive child. Control, dominance and power make up one such theme. Most aggressive children harbour strong feelings of anxiety and they sometimes display a strong need to be in control due to the anxiety they experience. They feel they cannot control what has happened to them or what is happening, therefore, they try to control other things – attempting to manipulate and take control of situations by being aggressive – and this in turn helps them feel less anxious. Their need for control can clearly be seen in the relationship with the therapist when they try to exert control by shouting instructions or demands. This is especially apparent in the early stages of therapy where a trusting relationship has not yet been established. As therapy continues, their need for control will be transferred from the therapist to the play materials and toys – shouting at the dolls, telling them what to do and so forth. One way to play along with this need for control is by letting the child chooses the play materials. Most aggressive children enjoy playing out scenes where a powerful creature dominates and destroys weaker creatures. This allows the child to exercise power and thereby counteracting the feelings of powerlessness and helplessness they may be experiencing (Crenshaw & Mordock, 2005).

Another typical theme that is often found in therapy situations is that of abandonment or rejection by parents. Children acting out abandonment and rejection in play situations have suffered from or fear being abandoned or rejected by their parents or others

(Crenshaw & Mordock, 2005). Children often behave aggressively as a means of coping with these fears and play therapy can help children work through and cope with these feelings.

Themes of separation and loss can also emerge in therapy with aggressive children. As noted, the loss of a parent (literally through death or figuratively through divorce) is a major event for a child and the child may not be able to cope with this. As a result he might start acting out and become aggressive (Crenshaw & Mordock, 2005).

With the aggressive child, antisocial behaviour has been adopted to combat overwhelming feelings of helplessness, inadequacy and/or rejection. Behaving wildly and aggressively or violently is often the only outlet for these feelings. It can be difficult to work past these behaviours in a therapeutic environment. These children are often very difficult to establish rapport with and attempts by the therapist to reach out to them is uncared for but through play, these children are able to project these emotions, experiences and fears and thus have the opportunity to gain control over their emotions and fears.

Three factors (cited in Crenshaw & Mordock, 2005) are important in the early stages of therapy with aggressive children. These include attending to the child's invisible wounds, conveying respect and lastly, highlighting their strengths. Underneath every aggressive child's hard and hostile exterior is a hurt and wounded child. In order to gain entry into a child's invisible domain of pain, one sometimes needs to attend to physical pain first. Crenshaw claims that aggressive children tend to have physical ailments, sleep disturbances, headaches and some even display self-injurious behaviour or are being or

have been abused by others. All children are more likely to verbalise their physical concerns rather than emotional concerns. Children need to feel respected and worthwhile and that they are important to the therapist. Respect can be conveyed to children by verbalising positive comments. One aspect that needs to be addressed in therapy is the child's poor self-image. The child needs help in order to identify all his/her strengths and talents – an ability that aggressive children often lack (Crenshaw & Mordock, 2005).

According to Oaklander (cited in Schoeman, 1996), children need to be provided with opportunities to express their anger – their anger need to be experienced. Children need to be given a chance to talk about their anger, what it is that makes them angry, how they behave when they feel angry (e.g. acting out aggressively) as well as the consequences of their aggressive behaviour.

Schoeman (1996) proposes the following steps in working with the aggressive child, namely;

- Awareness of the child's anger, talk about the feelings of anger that is experienced.
- Listen to the child, keeping in mind that there is a reason why the child is behaving aggressively.
- Grant the child opportunity during therapy to express their anger appropriately (for example by ripping a newspaper to shreds, or knocking down objects with a toy/plastic hammer and so forth).
- The therapist needs to acknowledge the child's anger and this acknowledgement on the part of the therapist needs to be shown to the child (for example telling the child "I understand why you feel angry").

- The therapist needs to apologise to the child for all the pain and heartache the child might be experiencing/have experienced by empathising (for example telling the child “I am sorry that he hurt you”).
- The therapist needs to agree with the anger the child is experiencing, this helps the child feel encouraged to truly feel, experience and express his/her anger.

4.3.1 Stages of play therapy with the aggressive child

There are four stages aggressive children is said to move through during the play therapy process (cited in Johnson & Chuck, 2001).

The first stage entails the establishment of the therapeutic relationship. The therapist needs to set a secure and accepting environment – it is imperative that the child feels safe. This is also gained by setting clear and consistent limits and boundaries for the child. The aggressive child usually goes through a phase where all limits imposed are tested and boundaries set by the therapist pushed; this is the second stage of the process. The child will test the therapist’s acceptance and will engage in behaviours that are less tolerated in the child’s family environment. It is said (Johnson & Chuck, 2001) that the child unconsciously tests whether or not the therapist will continue being accepting of the child regardless of his/her hostile and aggressive behaviour. When the child experiences unconditional acceptance from the therapist regardless of his/her aggressive behaviour, the child’s defences weaken and he/she sees that it is safe to trust the therapist. The third stage comprises of working on personal needs of the child. A wide variety of techniques should be used by the therapist in working through the child’s inner conflicts and issues.

Anger and aggression should be appropriately expressed and dealt with. The final stage includes consolidation and termination of therapy. The child's aggressive behaviour will have typically declined and the child will show progress in exhibiting more confidence and improved interpersonal skills.

The termination process should be regarded as important by the therapist and the issue should be discussed duly with the child.

4.4 Goals and principles of play therapy with aggressive preschool children

Specific goals of treatment with any child or adult are individualised as every person has his/her own unique needs. General goals are set at the beginning of therapy. Aims of therapy (Crenshaw & Mordock, 2005) include increasing the child's capacity for sound judgement which involves the therapist showing the child that his or her views of others are distorted as well as the way in which they misperceive their own emotions, intentions and abilities. Aggressive children generally have a low view of their own abilities and this need to be addressed. A further aim of therapy is to help children to become aware of and identify the feelings they experience. Identifying a specific feeling is a means of processing it and understanding where it stems from. Through play therapy, early traumatic experiences can be brought to consciousness in order for the child to work through these experiences in a safe environment (Crenshaw & Mordock, 2005). The child's understanding of the choices they make as well as the consequences needs to be improved – he or she has to learn to control their actions and to know that whatever behaviour they choose, will have specific consequences. The child needs to think about

how he or she is behaving, what alternatives are available and ultimately consider consequences before acting.

Therapy aims to build stronger relationships between the child and caregivers. This is often where parents come into play in the therapeutic process. Parents and children's interaction patterns often escalate and maintain problem behaviours in the child (Davenport & Bourgeois, 2008). Aggressive children and their parents need to work on their relationship, finding new and positive ways to relate to each other. This can often only be done with the facilitation of a therapist. These relationships (between parent and child) can be quite dysfunctional and parents most often need help to change their attitude and behaviour in the relationship with their aggressive child. Parents also need help to understand and cope with their aggressive and defiant child. The child needs to be shown that there is a hopeful future for him. The child's inner strengths need to be discovered (Crenshaw & Mordock, 2005).

Therapists need to follow basic principles in play therapy. Firstly, a warm and friendly relationship between the therapist and the child needs to be established. Children should enjoy and feel comfortable with their therapist and being in the play room. Children need to be given the opportunity to be themselves completely and to be accepted this way. At times the child should be able to play freely with whatever he or she feels like, but some guidance or structure can be applied at times in terms of what play materials will be played with or what activities will be done and in what manner. Therapists might choose specific toys in order to guide a session in a specific direction. Some commenting, probing or asking of questions is appropriate at times, but at other times children should be left alone

– they will share their thoughts and feelings when they are ready. Limitations are important in therapy. Reflection is an integral part of the therapy process. It is important to recognise the child's feelings and reflect them back to the child as they come to the fore. This helps children gain insight into what they are feeling (Crenshaw & Mordock, 2005; Hughes, 1991).

4.5 The play therapy process

4.5.1 Building a relationship

It is crucial that a positive relationship be established between therapist and child – this is seen as fundamental in the therapy process (Axline, 1969; Blom, 2004). This can be difficult with aggressive children as they often enter therapy with a distrusting and negative attitude. The therapist must therefore be seen by the child as trustworthy. This relationship should motivate the aggressive child to become involved in healthy, corrective emotional experiences. The relationship should enable the child to strive for further therapeutic growth such as the development of his self-image (Schoeman, 1996). The expression of aggression becomes less as the therapeutic relationship grows. As negative feelings are released, they become less severe and are thus easier to manage for the child (Johnson & Chuck, 2001).

4.5.2 The expression of aggression and techniques used

Various causes might be responsible for a child behaving aggressively (more aggressively than is perceived to be normal and functional). Sometimes aggressive behaviour can be displayed due to a lack of discipline and a dysfunctional relationship between parent and child where no clear boundaries are set. At other times it might be due to the experience of trauma, for example physical or sexual abuse, abandonment, neglect or rejection by parents or the death of a parent(s). Excessive aggressive behaviour in a child might be due to life-altering events such as the birth of a new sibling, moving to a new and foreign place or having to adjust to a new stepmother or stepfather. Wherever a child's aggressive behaviour stems from, the child needs to be given an opportunity to express his/her anger (and sometimes rage) in a safe environment. A number of techniques can be used in therapy in order to achieve this (Blom, 2004; Landreth, 2002; Oaklander, 1988).

Many aggressive children find it difficult to play imaginatively in the play therapy sessions. They often experience high levels of aggression and rage, which make it necessary to give them an opportunity to vent these feelings. As it is not always possible to kick, jump or run while indoors there are other techniques to help children express their anger. Children should also not be allowed to break toys or be destructive in the play therapy room. If the therapist has such an aggressive and violent child in therapy, he/she should be given a way and means to express his/her feelings in an acceptable manner.

Techniques that can be used as suggested by Oaklander (cited in Blom, 2004), Crenshaw and Mordock (2005), and Landreth (2002) to aid in the expression of anger and aggression, are the following:

- tearing a newspaper to shreds (impose a time limit and see how many newspapers can be torn);
- hitting an inflatable doll;
- clay can be used in various ways; children can make something or someone and destroy it; they can roll balls and smash them flat with their hands or with a wooden hammer;
- 'stress balls' in therapy can be useful, it keeps hands busy and can help relieve anxiety and tension;
- children can make a big drawing of a specific person they are angry with, put it up on a wall and throw clay balls at it;
- the therapist and child can build a tower of blocks together, and as each block is placed something that makes the child angry should be named, when the tower is complete, the child can knock it down.
- Play animals can be useful in the expression of aggression towards specific family members – using animals instead of dolls gives a child necessary distance and allows the child the freedom to act out.

Several drawing techniques can be used to express anger. Putting feelings down on paper allows emotions to be managed creatively and symbolically, making these feelings easier to face. An example of such a drawing technique is volcano or storm pictures. The degree of a child's anger can be revealed in these drawings – it helps them vent their anger and it

can be a clear indication to the therapist of the degree of anger experienced (Crenshaw & Mordock, 2005; Oaklander, 1988).

Children need to wind down after expressing their anger. A more relaxed activity, such as listening to a relaxing song or doing a breathing exercise to relax, is recommended at the end of a session. This can be an activity or exercise which might be done in all sessions in preparation for the end of a session.

4.5.3 Projective techniques used to assess factors relating to aggressive behaviour in the preschool child in addition to observation of play

A variety of techniques are designed to aid therapists in assessing a child's current state of being. These techniques can help pinpoint factors relating to their aggression as well as serve a therapeutic function, which can aid in the expression and reflection of feelings within the child (Axline, 1969; Schoeman, 1996).

Projective techniques with children should be used with care, as it is easy to over-interpret a drawing or action performed by the child. Many psychologists are of the opinion that projective techniques are unreliable and there seems to be ample research supporting this (as indicated by Jolley, 2010), but psychologists and therapists still seem to deem these projective techniques tests and techniques quite useful in assessment (as indicated by research done by Watkins et al. and Cashel cited in Jolley, 2010) and in helping children deal with their feelings (Jolley, 2010; Schoeman, 1996).

There are verbal projective techniques as well as nonverbal techniques. When using multiple techniques during play therapy, it is possible to identify specific recurrent themes in therapy. Nonverbal communication and projection seems especially prominent in the child and surfaces through play. Simply by observing the child's play and nonverbal behaviour, either playing alone in the play room or with others, can convey useful information. Perspective might be gained regarding the child's state of functioning simply by observing the child playing out a scene with dolls or figurines (Schoeman, 1996).

Several techniques or variations of a single technique are available to therapists in play therapy. A few popular techniques will be discussed as well as those techniques used in this study (under the supervision of a qualified psychologist and the assigned supervisors of this study).

a) Projection

Projection is a defence mechanism that not only children use, but adults as well. Feelings and experiences are projected as belonging to others, because it is believed that one should not or cannot feel or experience certain things. Projection is an unconscious mechanism, not necessarily negative. Projection gives a child/adult space to deal with confronting issues. It is an attempt to dismiss things which cannot be dealt with presently and thus, offers an escape (Schoeman, 1996). As an example, when a child is asked to draw his family he might arrange or draw the family members in other positions than they actually fulfil, or he might leave someone out. The child subconsciously isolates important aspects of the environment through projection. He might feel an inability to own his

feelings (for instance anger), and project this onto something else (Schoeman, 1996). Blom (2004) claims that projection implies that the child in therapy does not accept responsibility for their own emotions or actions, instead, others are held responsible. In play therapy, projection can be used in a constructive manner by attempting to help the child become aware of and own his/her emotions and actions (Blom, 2004).

Adults and children make use of projections to help work through the traumas they have experienced. Like adults, children are also forced to behave in a certain manner. They may feel that they are not allowed to talk about a specific trauma or event that has occurred, thinking this will solve the matter – pretending it did not happen. This is true for aggression as well (Schoeman, 1996). Projection in play therapy with the aggressive child is used to help the child become aware of his/her true feelings and thoughts as well as providing important information to the therapist regarding the child's inner feelings and thoughts.

b) Drawings

Drawing is recognised as one of the most important ways in which children express themselves. Children's drawings are said to reflect their inner thoughts and feelings, conveying information regarding their psychological status and interpersonal style. Children use drawings to explore, solve problems and visualise ideas and observations. Furthermore, drawings contain conscious as well as unconscious meaning that represents many different aspects of the child's life (Jolley, 2010; Malchiodi, 1998; Oster & Crone, 2004) and, therefore, drawings are a non-threatening, popular and useful technique in

therapy with children. Oster and Crone (2004) state that using drawings in assessment, assists therapists to establish the cognitive and emotional functioning of the child as well as aiding the therapist in overcoming resistance and establishing opportunities for increased dialogue. Children's pictures could take the form of free drawing or the child could be asked to draw something specific. Oster and Crone are of the opinion that freely created drawings are more likely to reflect a person's underlying characteristics accurately. Drawing has verbal as well as nonverbal qualities. The drawing of a child can be discussed with him/her and can provide valuable information concerning the child's state of mind, ideas, level of cognitive functioning, feelings about a certain situation or person(s) and so forth. The child's nonverbal attitude and process of drawing can also convey useful information to the therapist.

The concept of 'projective drawing' dates from around the year 1940, when it was first surmised that drawings could be used to determine emotional aspects and personality (Jolley, 2010; Malchiodi, 1998). Drawing tests were developed based on the belief that drawings represent inner psychological realities and subjective experiences. Projective techniques included not only drawings but also other tests like the 'Thematic Apperception Test' (TAT), and later the 'Children's Apperception Test' (CAT), sentence completion exercises, picture tests such as the Rorschach and word association tests (Malchiodi, 1998). Drawing is thought to offer an alternative to self-expression, presenting an easier way for children to communicate and often conveying more than words alone could. Therefore, in play therapy the use of projective measures and techniques are used, including children's drawings, in order to help children become aware of their inner feelings

and thoughts, give expression to their emotions and to help the therapist gain valuable insight into the child's inner world.

- Drawing tests

Popular drawing techniques used by psychologists and play therapists are 'Human Figure Drawings' (HFD's) such as the 'Draw a Person' (DAP) test (by Machover, Koppitz or the 'Goodenough-Harris test'); the 'House-Tree-Person' test (by Buck); and the 'Kinetic Family Drawing' (KFD) (by Burns and Kaufman), or the child could simply be asked to draw his or her family. Jolley (2010) and McNeish and Naglieri (1993) refers to research done by numerous researchers (such as Archer et al., Watkins et al., Camara et al., Cashel, Cummings, and Kennedy et al.) that indicates the popularity and frequent use of drawings tests among clinical psychologists despite negative research evidence on the use of projective drawing tests in therapy.

The most widely known and used projective drawing test is the 'Draw-a-Person' test (such as the test by Machover, Koppitz or 'Goodenough-Harris'). Machover (cited in Malchiodi, 1998) believed that a human figure drawn by someone who is instructed to do so relates intimately to the impulses, anxieties, conflicts and personality characteristics of that individual. She attached specific symbolic meanings to specific parts of the human figure as well as other details included in the drawing. Koppitz (cited in Jolley, 2010) claimed that children's drawings reflected their emotions, anxieties, concerns and attitudes. Koppitz's test examined a child's drawing for the presence or absence of certain emotional indicators (thirty to be exact). She was especially concerned with omissions of certain body parts or

features. The 'Goodenough-Harris' Draw-a-Man test measured cognitive ability and intelligence in children. A child's drawing of a man was scored according to a number of details present from a list of fifty-one items. Naglieri and colleagues published a revised and more recent standardised drawing test – 'Draw a Person Screening Procedure for Emotional Disturbance' (DAP: SPED), based on the 'Goodenough-Harris' test, designed to help identify children or adolescents that may have emotional and behavioural problems (Brooke, 2004). Drawing tests measuring intelligence in children seem to have acceptable reliability but they have insufficiently low correlations with other standardised and widely used intelligence tests, such as the 'Wechsler Intelligence Scale for Children – Revised' (WISC-R) (Jolley, 2010). According to Abell and his colleagues (cited in Jolley, 2010), drawing IQ tests seems to be useful as a quick screening device to rule out low intelligence for children who might be unwilling or unable to perform other, more accepted psychometric intelligence tests.

It is generally believed by psychologists, theorists and therapists that the human figure a child draws is a reflection of the child's inner representation of self (Brooke, 2004; Malchiodi, 1998).

Buck's projective drawing test, the 'House-Tree-Person' (HTP) test, consists of the child drawing the three objects mentioned and was designed to provide information regarding the child's personality. Buck (Brooke, 2004; Malchiodi, 1998) felt that these three objects encouraged conscious as well as unconscious associations: the house conveying information relating to the child's home situation and its inhabitants; the tree being representative of the child's psychological development and feelings about his

environment. Evaluations of the house, tree and persons in the drawing are based on the presence or absence of features, details, proportions and perspectives as well as the use of colour (Malchiodi, 1998).

By asking children to draw their family valuable information about their interpersonal relationships with family members can be conveyed. Some therapists use the 'Kinetic Family Drawing' (KFD) test, where children are asked to draw everyone in their family (including themselves), doing something. The assumption is that the child's emotional attitudes towards various family members are displayed and this might help therapists to gain insight into the family dynamics from the child's point of view (Brooke, 2004; Burns & Kaufman, 1971; Jolley, 2010; Malchiodi, 1998).

Further drawing techniques include techniques such as the 'Colour your life' technique. This technique was developed by Kevin O'Connor (cited in Crenshaw & Mordock, 2005) and requires children to pair feelings with colours. Children are asked to colour a page according to how much they experienced each of the feelings in their lives at this point. In this way information can be gained as to what the child's main affective state is.

Children's art expressions are unique and individual, just like the children who draw them, and this must always be considered within the broader context of their developmental, emotional, social and cultural experiences (Malchiodi, 1998). It is essential to add drawings to therapy and assessment as a way of solving problems, expressing feelings and perceptions, working through memories and the experiences troubling the children. Drawings can be utilised as diagnostic evaluation measures as well as a modality for

allowing children to relate their experiences in an age-appropriate manner. As mentioned before, children's drawings must be used in addition to other material, such as behavioural observations and other psychological assessments.

- Stages of drawing

When drawings are used in therapy, what is regarded as age-appropriate for the child in terms of his or her development needs to be considered. For example, the drawing of a three-year-old would not be as detailed as that of a six-year-old. This is mainly due to the cognitive development of the child.

Children appear to go through specific, predictable stages of artistic development, beginning at an early age (from around eighteen months) and continuing throughout adolescence. Although various names are given for these stages, the six stages described by Gardner (cited in Malchiodi, 1998) will be discussed.

The first stage, namely scribbling, occurs approximately between the ages of eighteen months and three years. The child's drawings consist of unsystematic and disorganised scribbles which are linear and later circular – becoming more controlled. These scribbles are nonetheless important even if they do not seem to be representing anything in particular. The child is practising gross and fine motor skills and finds this activity quite enjoyable. Between the ages of two and three years, children begin to consider and use the space available on the paper; they recognise where the edges of the paper are and position their scribbles better on the page (Cox, 1993; Malchiodi, 1998; Mortensen, 1991).

Between ages three and four, the second stage of artistic development namely basic forms, emerges. Children begin to attach meaning to their scribbles and forms, making up stories around their drawings. They begin to draw basic forms representing figures, objects and animals, using shapes and lines (Malchiodi, 1998).

Between the ages of four and seven years, the third stage of human forms and the beginnings of schemata emerge. This stage includes increased symbolic thought and the ability to see relationships. Human figures emerge, often resembling tadpoles. They are quite primitive but nonetheless identifiable. Human figures often only consist of a head (a circle) and two legs (two lines emerging from the circle) and later possibly two arms (two lines emerging from each side of the circle). Children begin to associate colour they use in their drawings with their environment – grass is coloured green (instead of for example blue or pink). There might not be any regard for position or the logical positioning of objects. Toward the end of this stage, children's drawings will contain more detail – maybe fingers and toes, mouths and noses, a separate trunk and head. They also develop a schema for houses and other objects and will start drawing flowers, a sun, trees and so forth (Cox, 1993; Malchiodi, 1998; Mortensen, 1991).

In the fourth stage, namely the development of visual schemata, children's drawings become more organised. Between the ages of six and nine years, children's artistic abilities progress rapidly and a discovery of the relationship between colour and objects is clear. The tadpole figure is replaced by a human figure with a head, trunk and additional details. The figure usually sits on a baseline (drawn at the bottom). In addition to the baseline on which objects sit, there may also be a skyline at the top of the drawing

representing the sky and often including a sun and blue clouds. Size might be exaggerated or over-emphasised.

In the stage of realism (between the ages nine and twelve years), children continue to move away from egocentric thinking. They begin to consider the feelings, thoughts and opinions of others. Drawings also become more realistic, containing more details about the world around them. There is a more accurate depiction of colour and the human figure is more detailed and differentiated in gender characteristics. Children become more critical of their drawings and might not include some features because of the belief that they cannot draw them properly (for instance, the child might draw primitive hands because he/she feels he/she cannot draw proper hands). Not all children are still drawing at the end of this stage, either because they are starting to concentrate more on academic schoolwork, or because they feel discouraged about drawing because they believe they are no good at it (Malchiodi, 1998).

In the final stage, during adolescence, more abstract concepts and images are produced. Creative adolescents continue to draw and become quite skilled in style and content (Malchiodi, 1998).

c) Further projective techniques

- Three wishes

Drawing is, however, not the only projective technique used in play therapy. A popular verbal projective technique used in play therapy is the 'Three wishes' technique where the child is told that he/she has been granted three wishes by a magic fairy/genie. The child can wish for anything by which valuable information pertaining to inner desires or needs can be acquired. This technique requires some verbal ability and might therefore not be appropriate for children who have not yet acquired language and necessary verbal skills (Nereo & Hinton, 2003).

- Children's apperception test

Another widely used projective technique in play therapy (that can be quite useful with aggressive children) is the 'Children's Apperception Test' (CAT). This technique is also used in this research study. The purpose of this test is to investigate personality by studying the meaningfulness of an individual's perception of standard stimuli (e.g. the pictures). This test is suitable for children between the ages of three and ten years. The test is derived from the TAT (Thematic Apperception Test for adults). It consists of ten pictures of various animals performing specific actions. During therapy, or as part of an assessment measure, pictures are shown to the child, one by one, and the child is asked to tell a story about each picture. Questions may be asked in order to elaborate on certain

aspects of the story, but care should be taken not to make suggestive comments that might influence the child's responses (Abrams & Bellak, 1997).

The CAT was designed to improve understanding of the child's relationship with important figures and of the child's inner needs and motivations. Test pictures were specifically designed to obtain responses to eating problems, investigate sibling rivalry, illuminate the child's attitude towards parental figures and how these figures are perceived, and to learn more about the relationship between parents from the perspective of the child. Children's fantasies about aggression, acceptance and rejection are projected into the stories they tell. Information regarding defence mechanisms used and the child's individual and unique ways of reacting to and handling of problems, is gained. After the original responses have been given by the child, the various scenarios can be played out during play in order to make further interpretations. The CAT is relatively culture free because of the use of animal pictures. Research (cited in Abrams & Bellak, 1997) has revealed that a lack of familiarity with some of the animals depicted in the test does not seem to pose a problem with regards to the interpretation of the picture they see and the stories they tell. Children merely replace these animals with ones they are familiar with.

The CATH (human figures) is also available. It is the same test but with pictures of human figures instead of animals. It has been suggested that some children seem to perform better with animal stimuli, and some with human stimuli. These preferences may be associated with specific personality variables. The CAT (animal stimuli) was used in this study with the research participant, Tshepo, under the supervision of a qualified psychologist as well as the assigned supervisors. As mentioned above, using the animal

pictures makes this test relatively culture free, which was important as the participant in this study is an African boy. It is not necessary to use all ten pictures in the test if the therapist has some indications as to what the child's problems are related to; certain pictures that are most likely to shed light on the specific problem may be selected (the manual can be of help in selecting specific pictures) (Abrams & Bellak, 1997). There is no particular reason why one of the pictures was omitted during the session with the participant in this study. The participant did not want to participate readily and had to be prompted. As the pictures were not shown to the participant in specific order, the omitted picture was simply the last picture when the participant stated that he did not want to continue.

Abrams and Bellak (1997) state that there is a good deal of evidence in the literature that supports the theory that children identify more readily with animals. Blum and Hunt (cited in Abrams & Bellak, 1997, p. 283) are also quoted as saying that human figures might be "too close to home" for the child and the use of animal figures overcomes the child's resistance. The CATS is also available and contains supplementary pictures which can be used in addition to the CAT.

4.5.4 The setting of limits

Children need a clear indication of what is acceptable and what is unacceptable behaviour. This is also true in play therapy. Even though different rules apply in different settings and situations, children generally know what rules apply; they know what is usually allowed and what not and it is not always necessary for the therapist to go through all the rules and limits. Aggressive children are often a different matter as they often go out of their way to

break rules and test limits. Crenshaw and Mordock (2005) state that aggressive children usually prefer physical play and action, therefore, they are often seen running, jumping or throwing things. Limits set by the therapist during play therapy sessions should be absolute rather than conditional – if something is not allowed, it is never allowed.

Limits in the play therapy setting are essential in order for play to be a safe mode of expression for the child (Russ, 2004). Clear boundaries and consistent discipline give children a sense of security. By setting clear limits in play therapy, not only is the therapist ensuring that the playroom will stay intact, but the therapist is also providing the child with a sense of security, which aggressive children undeniably need. Children's behaviour needs to be guided and having clear boundaries and limits conveys a sense that they are cared for, providing physical as well as emotional safety (Schoeman, 1996). Because aggressive children often do not have clear boundaries and consistent discipline at home, they are used to doing as they please. By refusing to follow the rules that apply in other areas of their lives (e.g. school, therapy situation), they receive the attention which they desperately seek.

Limits provide structure to the therapeutic relationship and build up the child's self-control by making the child aware of his/her responsibilities towards the therapist, playroom and him/herself. When working with aggressive or violent children, it is necessary to limit destructive behaviours in play therapy. The breaking or destruction of any objects or toys, pencils or crayons should not be allowed. Gary Landreth's steps regarding the use of limits are outlined below (Crenshaw & Mordock, 2005; Johnson & Chuck, 2001):

- when a limit is ignored, the child's feelings, desires and wishes must be acknowledged;
- thereafter, the limit should be communicated again;
- acceptable alternatives should then be pointed out – the therapist could simply state that he/she dislikes the drawing;
- lastly, the therapist should state the final choice if the child continues to break the rule (take the crayons the child is breaking and say that this is not allowed and he/she will not be allowed to use the crayons if he/she cannot follow the rules);
- the therapist should provide an alternative action, such as breaking blocks apart.

Sometimes (when not part of a venting activity facilitated by the therapist) aggressive behaviour needs to be limited by physically restraining the child. When a child has an outburst of rage or aggression and starts to behave violently towards him/herself, the therapist or any objects in the room, he/she might have to be physically restrained (held) until he/she is calm. It is important to verbalise to the child why he/she is being restrained (Crenshaw & Mordock, 2005). The therapist needs to remain calm if such an incident should occur. It is easy to become angry when the child is not complying or being disrespectful towards you. Getting the therapist to lose his or her temper with the child is often exactly the type of reaction he/she is looking for. Crenshaw and Mordock (2005) states that angry children expect others to be in the same frame of mind – always angry, and when others do not appear so, they will try their best to elicit anger, thereby protecting their view of the outside world. It is the therapist's responsibility to uphold the limits set in therapy. The child's sense of security within the relationship might be threatened if limits are not enforced consistently (Schoeman, 1996).

There is often a concern as to whether and when limits should be discussed: at the beginning of therapy or when the need arises. The problem with discussing limits and restrictions during the first session is that children (especially aggressive children) will often regard this as a challenge (breaking rules intentionally to get a reaction from the therapist). Axline (Axline, 1969; cited in Schoeman, 1996) is of the opinion that limits should rather be discussed as and when the need arises. She is of the opinion that children experience the same or similar limitations in their everyday life (at school or at home) and therefore already have an understanding of the general rules that apply.

Certain limitations need to be discussed during the first session, however, such as time limits. Children need to have an idea how long each session will last and allocated time limits should preferably always be adhered to (Axline, 1969; Schoeman, 1996). By doing this, unrealistic expectations and disappointment are avoided.

The use of limitations in therapy can be therapeutic (Schoeman, 1996). In agreement with Schoeman, Landreth (2002) claims that limits seem to facilitate the attainment of psychological principles of growth, such as self-control.

4.5.5 Termination of therapy

Therapeutic treatment might be fairly brief but in some cases it might last for a year or longer. This depends on the client's individual situation and needs. However, therapy needs to end at some point and this is not always an easy task for the therapist. When therapy is ended, it does not necessarily mean the child has overcome all difficulties or that

behaviour has been 'fixed'. Usually, however, children have been taught (but not necessarily mastered) all the skills they need to deal and cope with life situations. They should have a better understanding of the emotions they experience. At some point they need to go and practice what they've learned in the outside world as they are often still symptomatic (Crenshaw & Mordock, 2005). According to Blom (2004), once a child reaches a certain plateau, or when the child can experiment with newly acquired skills outside of therapy, it is time to end therapy.

Gruber (cited in Crenshaw & Mordock, 2005) suggests that a child's functioning in three areas needs to be evaluated in order to assess improvement in therapy. These three areas are control of drive activity, reality testing and identifications. She states that children with better control over drive activity can accept other means of gratification and they show longer time delays between frustration and response. They also have the ability to use words instead of actions and their thinking is less disorganised. Improved reality testing refers to the ability of the children to talk before acting and to know the difference between reality and fantasy. If a child has gained the ability to identify with healthy individuals, he/she begins to behave more cooperatively, playing with them instead of imitating them or trying to control their play. Children who have shown improvement behave in a more socially accepted and appropriate manner (Crenshaw & Mordock, 2005). At times regression can occur when therapy is ended. This is mainly because the child feels anxious about not seeing the therapist anymore as the child has come to trust and rely on the therapist and has often enjoyed the time they spent together. These setbacks are usually only temporary. It is however important to realise that the issue of terminating therapy can be quite sensitive and the child should be prepared for it.

Crenshaw, Mordock and Brown (Crenshaw & Mordock, 2005) compiled a list of behaviours that should be displayed by aggressive children at the end of therapy:

- There should be fewer power struggles with adults and the child should be more compliant with authority.
- The child may still be verbally defiant but should have less unrealistic expectations of others and be better able to handle emotional conflict.
- The child should appear more playful and be better able to play with others.
- The child should be accomplishing more at school and home due to better behaviour and should be finishing tasks.
- He/she should seem happier with more positive expectations of him/herself and show more interest in hobbies and friends.
- He or she should have become less selfish and be able to see beyond his/her own needs and recognise and appreciate the needs of others, realising that they may differ from his/her own.

Preschool children usually have a poor sense of time and it might be helpful if a calendar is used and the remaining sessions before termination of therapy are marked. This will aid the child in understanding that termination is imminent. There are many specific techniques that can be used to help children to deal with the issue of ending the therapy. The method used is, however, irrelevant. The main idea is to include some kind of activity that the therapist and child can do together in order to say goodbye. This helps the child gain greater perspective on the therapeutic experience. Several such techniques include making something together which the child can take home in order to remember all he/she has learned and all the fun shared. Sometimes children can be allowed to choose to play

their favourite games or activities in the last few sessions. By doing this, children are given a sense of control and are made to feel they have some say in how the ending takes place. This might counteract children's feelings of loss and helplessness (Blom, 2004; Crenshaw & Mordock, 2005).

An important component of termination is making the children aware of all they have gained in therapy and giving them credit for their progress. This often provides a boost of confidence and helps them feel less anxious about not longer coming to therapy. Children can also be helped to identify others in their lives that they can trust to talk to if they should feel they need someone to listen or help. One such activity is the 'Helping Hand' (Crenshaw & Mordock, 2005). This exercise helps children to identify other available resources. The child traces his/her hand and on each finger writes a name of someone he/she can trust.

4.6 Conclusion

Preschool children displaying excessive aggressive behaviour (as noted in chapter two) has been noted to be at risk for numerous social and emotional problems as well as continued antisocial and aggressive behaviour in adulthood (Davenport & Bourgeois, 2008).

Play therapy is seen as an effective method in working with not only aggressive children, but all children in therapy. The rationale for the use of play therapy is mainly built on three themes, namely; play provides children a way of communicating their thoughts and feelings as well as processing important life events they experience. It also facilitates development

of necessary social, emotional, physical and cognitive skills. Lastly, play serves as (cited in Davenport & Bourgeois, 2008, p. 10) “a unique interactional context” where an adult and child can interact, building a healthy, secure relationship. Young children are often not yet sufficiently verbally skilled or emotionally mature to share their feelings and thoughts with others through talking about it (Johnson & Chuck, 2001). They might need help in labelling a specific feeling they are experiencing – labelling a specific emotion make it less overwhelming and more understandable, thus, making it easier to cope with (Russ, 2004; Schaeffer & Drewes, 2010). Children are sometimes guarded and find it difficult to talk to the therapist; play provides the perfect way for the therapist to build a relationship with the child and to learn more about his/her cognitive, emotional and social functioning. Even though play is a natural ability and way of communication for a child, this does not imply that the play therapy process is without challenges. Especially with the aggressive child, it can be quite difficult to establish rapport and get the child to cooperate. It should always be remembered that the aggressive behaviour of a child is often a cry for help.

Both the therapist and the child are unique and therefore goals of the therapy and approaches to the child and therapy will be unique. Many different techniques are used to enable children to express their anger as well as to assess their current state of being. Projection is a valuable technique to use to gain insight into what the cause of a child’s aggression might be. Care should be taken not to over-interpret drawings or actions, but various projection techniques should be used in order to identify a recurring theme in therapy.

The therapist should adhere to certain goals and principles for example establishing a secure and healthy relationship with the child as well as setting consistent boundaries in the play therapy setting. Clear and consistent limits are imperative and provide the child with a sense of security which is needed to establish a positive therapeutic relationship between therapist and child.

The termination of therapy should be dealt with appropriately and children need to be prepared for this. In conclusion, therapy should be mostly enjoyable for the child and time spent with the therapist should be comfortable and productive, something the child looks forward to.

CHAPTER 5

RESEARCH METHODOLOGY

5.1 Introduction

The aim of this chapter is to provide an overview of the research approach and strategies used in conducting this research study.

Through this study, the researcher aimed to gain insight into and to understand the social issue of excessive aggression in preschool children, as well as how play therapy can assist these children with their aggression. A qualitative approach was used in this study as it is an interpretative and descriptive approach, aimed at gaining insight into the phenomenon of aggression.

The methods of data collection and analysis used, as well as the ethical considerations that applied to this study, will be discussed.

5.2 Research approach and design

5.2.1 Qualitative research

A qualitative approach was used for the purposes of this study. This is a holistic, interpretive approach, the aim of which is to understand the social lives of people as well

as the meanings they attach to their social lives (Fouché & Delport, 2002). A qualitative approach entails research regarding experiences and perceptions from participants' daily lives and involves identifying beliefs and values underlying particular social phenomena, consequently producing descriptive data. Research conducted in the qualitative paradigm is mainly concerned with "understanding phenomena rather than explaining it, naturalistic observation rather than controlled measurements and the subjective exploration of reality with the perspective of an insider" (Fouché & Delport, 2002, p. 79). A naturalistic approach was followed in this study. A naturalistic approach implies that the researcher seeks to understand phenomena in context-specific settings, in other words, real-world situations where no attempt is made to manipulate any variables or factors within the situation (Golafshani, 2003). According to Strauss and Corbin (cited in Golafshani, 2003, p. 600) qualitative research entails "any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification". Hoepfl (cited in Golafshani, 2003) states that whereas quantitative researchers seek causal determination, prediction and to generalise findings, qualitative researchers rather seek enlightenment and understanding to similar situations. The research design within qualitative research is flexible, unique and grows throughout the research process. It follows no concrete or linear steps and therefore cannot easily be repeated. This is in contrast to quantitative research, which is standardised according to a specific procedure, thus making it easy to repeat and to generalise findings. Qualitative researchers are primarily concerned with the process rather than the outcomes. Marshall and Rossman (1980) argue that behaviour is significantly influenced by the setting in which it occurs and that therefore it makes sense to study behaviour within the setting and the situation in which it occurs. Human behaviour

cannot be understood without understanding the framework within which subjects interpret their thoughts, feelings and actions.

In many respects, quantitative research appears to be the opposite of qualitative research and each result in a different kind of knowledge. Quantitative research employs experimental methods and quantitative measures to test hypothetical generalisations and measure and analyse causal relationships (Golafshani, 2003). Quantitative research allows the researcher to familiarise himself/herself with the problem or concept that is to be studied and generate hypotheses that will be tested. Within this paradigm the emphasis is on facts and causes of behaviour (Golafshani, 2003). The information gathered is in the form of numbers that can be quantified and summarised. This numeric data undergoes statistical analysis and the final result is expressed statistically. Quantitative researchers regard the world as being made up of observable and measurable facts. According to Glesne and Peshkin (cited in Golafshani, 2003), the assumption made in quantitative research that social facts have an objective reality and that variables can be identified and relationships measured is problematic. According to Winter (cited in Golafshani, 2003), the quantitative researcher attempts to fragment and delimit phenomena into common and measurable categories that can be applied to broader and similar situations. Within this attempt, the researcher's methods involve using standardised measures so that people's varying perspectives and experiences can fit into a limited number of predetermined response categories to which a number is assigned.

Posavac and Carey (cited in De Vos, 2002b) state that although researchers from both the qualitative and the quantitative paradigms would probably object, the best approach is to

combine qualitative and quantitative methods, but there are few practical guidelines on how to do this. Because these two paradigms rest on different assumptions regarding the world, they require different instruments and procedures to find the type of data they desire. Glesne and Peshkin (1992) argue that this does not mean that the quantitative research approach never uses an interview or that the qualitative paradigm never uses a survey. When these methods are used in these approaches, however, they are supplementary rather than dominant. Different approaches allow us to know and understand different aspects of the world better. A dominant quantitative or qualitative approach to research can be used but methods belonging to the other approach can be employed as supplementary to the research – thereby reaping the rewards of both the verbal and the numerical approaches (Glesne & Peshkin, 1992).

In Figure 5.1 the main aspects of qualitative and quantitative research are compared.

| | Qualitative research | Quantitative research |
|------------------------|---|--|
| Assumptions | <ul style="list-style-type: none"> • Reality is socially constructed • Realities are multiple, constructed and holistic • Variables are complex, interwoven and difficult to measure • From an insider's perspective | <ul style="list-style-type: none"> • Social facts have an objective reality • Reality is single, tangible and fragmentable • Variables can be identified and relationships measured • From an outsider's perspective |
| Purpose | <ul style="list-style-type: none"> • Contextualisation • Interpretation • Understand subjective perspectives | <ul style="list-style-type: none"> • Generalisability • Prediction • Causal explanations |
| Approach | <ul style="list-style-type: none"> • Subjective: Describes a problem or condition from the point of view of those experiencing it • Ends with hypotheses and grounded theory • The researcher is the primary instrument • Naturalistic • Inductive process used to formulate theory • Searches for patterns and themes • Researcher is personally involved • Empathic understanding | <ul style="list-style-type: none"> • Objective: Provides observed effects of a program on a problem or condition • Begins with hypotheses and theories • Formal, standardised instruments are used • Experimentation • Deductive process is used to test pre-specified concepts, constructs and hypotheses that make up a theory • Researcher detached and impartial |
| Data collection | <ul style="list-style-type: none"> • Unstructured / semi-structured techniques (include focus groups, in-depth interviews reviews, naturalistic observation) • Rich detailed information from multiple sources • Data is text-based (pictures, words, objects) | <ul style="list-style-type: none"> • Structured techniques such as surveys and questionnaires • Fixed response options and statistical instruments • Data is number-based (in the form of numbers and statistics) |
| Sample | <ul style="list-style-type: none"> • Usually a small number of cases is used • Cases are selected through relevancy and availability | <ul style="list-style-type: none"> • A large number of cases representing the majority of the population is used • Cases are randomly selected |
| Data analysis | <ul style="list-style-type: none"> • Non statistical analysis, interpretive techniques • Trying to gain in-depth insight into subjective experiences of phenomena | <ul style="list-style-type: none"> • Statistical analysis • Focused on generalising findings |

Figure 5.1 Comparison between qualitative and quantitative research (Adapted from Creswell, 1994; Glesne & Peshkin, 1992; Marshall & Rossman, 1980; Neill, 2007)

5.2.2 Type of research

a) Applied research

Research can be categorised as either applied or basic. Basic research seeks empirical observations that can be used to create or refine theory. It is concerned with extending the knowledge base of the discipline (Fouché, 2002a). For the purposes of this study, applied research was used: research which has immediate practical application (Louw & Edwards, 1997). Fouché (2002a) describes applied research as research that attempts to solve specific problems in practice. In this study, the researcher aims to study the phenomenon of excessive aggression in preschool children in order to identify factors that may lead to and contribute to their aggression. The researcher also explores play therapy as an effective means of helping these children.

b) Descriptive research

Apart from being categorised as applied or basic, research can also be exploratory (to gain insight into a situation, phenomenon, community or individual), explanatory (to explain why and find cause-effect relationships), correlational (to detect the existence of a relationship between variables), evaluative (to assess the design, implementation and applicability of social interventions), or descriptive (Fouché, 2002a). The present research study is mainly of a descriptive nature, with exploratory elements. Neuman (cited in Fouché, 2002a) states that descriptive research attempts to provide specific details of a specific situation, setting or relationship, and that therefore it aims to describe phenomena by asking **how** and **why**

questions (Van der Riet & Durrheim, 2006). This kind of research begins with a well-defined subject and then attempts to describe it accurately. It can therefore be referred to as an in-depth investigation of phenomena and their deeper meanings (Fouché, 2002a). This study attempts to describe the social phenomena of excessive aggression experienced by preschool children, factors leading to and/or contributing to this aggression, and how this aggression affects their lives and the lives of those around them.

5.2.3 Research strategy

Mouton (cited in Fouché & De Vos, 2002, p. 137) defines the research strategy or design as “a plan or blueprint of how one intends to conduct the research”. Huysamen (cited in Fouché & De Vos, 2002, p. 137) notes that this “blueprint” includes methods of collecting and analysing data.

In quantitative research the chosen design or strategy determines the researcher’s choices and actions, but it works the other way around in qualitative research – the researcher’s choices and actions determine the research design or strategy.

The research strategy chosen for this study was a single, instrumental case study. According to Creswell (cited in Fouché, 2002b, p. 275), a case study is regarded as “an exploration or in-depth analysis of a bounded system or a single or a multiple case, over a period of time”. As indicated by Babbie (cited in Fouché, 2002b), ‘case study’ can refer to a process, activity, event, programme or individual or multiple individuals. The attempted

in-depth analysis of the case study includes collecting detailed information from multiple sources, which include observations, interviews, documents and even archival records.

Mark (in Fouché, 2002b) refers to three types of case study, namely the intrinsic, the collective and the instrumental case study. The **intrinsic** case study focuses mainly on gaining a better understanding of individual cases. Understanding the broader social issue is not of concern; instead the aim is to describe the specific case being studied. The **collective** case study enables the researcher to understand a specific social issue or population. A group of cases are selected and comparisons are made between cases. The aim is to extend and validate theory. In this research study, an **instrumental** case study method was implemented. This type of case study is used to elaborate on theory or to gain better insight into a specific social issue (aggression among preschool children in this case).

5.2.4 Description of the sample (participant) and sampling technique

This study made use of a single participant, a five-year-old African boy. He showed excessively high levels of aggression and often had violent outbursts. This boy's behaviour is what inspired the topic of the research project and what motivated this study. The researcher was aware of the cultural differences between her and the participant throughout the study even though no cultural issues were prevalent during the study as language and communication was not hindered. An attempt was made by the researcher to identify other children presenting similar, inappropriate or excessive levels of aggressive behaviour. In spite of contacting numerous preschools and receiving some referrals, no

other possible candidates could be identified. Possible candidates refer to candidates displaying abnormally high levels of aggression that is not age-appropriate. Candidates referred by preschools displayed mostly age-appropriate aggression. One referral, who displayed abnormal aggression, was already in therapy with a psychologist and the researcher did not want to interfere. Another referral, who seemed an ideal candidate (displaying violent outbursts as noted by his teacher), did not agree to participate in the study – or rather his parents did not consent. The researcher believes that the fact that this study was confined to a single candidate does not indicate that the social issue of aggressive behaviour among preschool children is unworthy of investigation though.

a) Sampling method

The participant was selected by means of non-probability, purposive sampling. Singleton (Strydom & Venter, 2002) describes this type of sample as consisting of elements that include the most characteristic, representative and typical attributes of the population being studied. Selection of the sample is based on the judgement of the researcher. In probability sampling, in contrast, selection of participants is random and all have the same known probability of being selected (Strydom & Venter, 2002). In this study, the participant, (for whom the pseudonym Tshepo is used) was chosen because he displayed characteristics identified by the researcher as particularly informative on the topic being researched. Tshepo showed high levels of aggression that is not age-appropriate.

The participant, Tshepo, met the following criteria:

- He was between the ages of three and seven (preschool age).

- He often showed high levels of aggression that did not seem age-appropriate and could not be ascribed to normal development.
- He was accessible to the researcher, which allowed her to work with the participant and gain valuable information regarding his circumstances.
- He understood and spoke English at an appropriate level (as this is not his first language) and had the ability to communicate adequately with the researcher.

5.2.5 Description of play and assessment sessions with participant and procedure followed

When the research participant, Tshepo was identified, consent (see Appendix A) was obtained from his mother for his participation in the research study. Consent forms were signed after the research process had been explained to Tshepo's mother (who was present at the interview). A parent interview was conducted and the mother was asked numerous questions pertaining to all aspects of Tshepo's life (the father did not want to participate in the interview). Tshepo was then observed daily at school in the classroom as well as on the playground among his peers. All aggressive incidents were noted and a diary of these observations was kept for nine weeks. Good rapport was established between the researcher and the participant, Tshepo. Assessment sessions commenced with Tshepo on a weekly basis. The duration of the assessment and research procedure was six weeks. Each session was planned ahead of time and entailed numerous play activities and assessment measures. Notes were made during each session regarding the child's behaviour as well as the researcher's thoughts and experiences during the session.

5.3 **Methods of data collection**

Qualitative researchers want to make sense of people's subjective realities – their feelings, experiences, social situations and phenomena as they occur in the real world. It therefore makes sense to investigate these issues in their natural setting (Kelly, 2006).

The use of a single case study includes the collection of detailed information from various sources. Interviews, observations and other information (gathered from measures used, other documents and so forth) from a variety of informants are needed in order to build up a detailed picture of the participant (Tshepo), as well as to produce valid and reliable information. The method of triangulation; “which entails the collecting of material in as many ways and from as many diverse sources as possible” (Kelly, 2006 p. 287) was used in this research study. The researcher gathered information from multiple sources relating either directly or indirectly to the participant.

Data collection methods, as well as the data collected, were qualitative in nature. Data were collected either directly or indirectly from Tshepo or were related to him. Although all the results gained from the methods used in this research study (referring to the 'Draw-a-Person', 'How do I feel' activity, free drawings, family drawing, 'Children's Apperception Test' and the free play activities) produce qualitative and interpretative information, no information was used in isolation. The information gathered from the various methods used was considered as a whole by identifying patterns and the recurrence of themes throughout and finally allowing the researcher to build up a comprehensive description of Tshepo.

5.3.1 Semi-structured interview with parent

An interview appears to be a more natural way to interact with people than the administration of a questionnaire. Although an interview may appear to be a simple conversation, Kelly (2006) states that it is also in fact a highly skilled activity.

An in-depth interview was held with Tshepo's mother. The researcher made use of an interview sheet with questions pertaining to all aspects of Tshepo's life. Answers to questions were discussed and the mother was asked to elaborate on all points. All the ethical considerations were discussed with the mother and the consent form was signed. As mentioned above, the father was not interested in attending the meeting but did not have any objections to Tshepo's taking part in this study.

5.3.2 Observation of the research participant

Observations made by interpretive and qualitative researchers are naturalistic. An unstructured approach is followed – the researcher notes what he/she sees as it happens (Kelly, 2006).

Observations were made of the research participant, Tshepo, in his natural environment and a diary of these observations was kept for the first term of the school year (about nine weeks). Violent outbursts and the events that triggered them were noted. The fact that the researcher was also the participant's teacher gave the researcher the opportunity to spend most of every day with him, making notes and observations regarding his behaviour.

Observations in the course of assessment sessions were also noted, and notes were made on Tshepo's behaviour and the thoughts of the researcher.

5.3.3 Projective instruments used

Information was gained from the following assessments: the 'Draw a Person' test (DAP), the 'Children's Apperception Test' (CAT), a family drawing, the feelings template from the 'Children's Self-Report Projective Inventory' (CSRPI), the three wishes technique, as well as free drawing and free play.

The DAP test is used to identify any emotional issues. It is said that when a child is asked to draw a human figure, it serves as a self-portrait, conveying the inner self of the child (Brooke, 2004).

Tshepo was asked to draw a person, after which questions were asked pertaining to the figure drawn. General drawing analysis techniques were applied to the drawing, using research by various authors/theorists such as Cox (1992; 1993), Koppitz (1968), Leibowitz (1999), Machover (1949) and Mortensen (1991). Both the administering of the drawing a person activity as well as analysis of the drawing were performed under the supervision of a qualified psychologist and the assigned supervisors of the study.

The principal function of the CAT is to gain a better understanding of the participant's relationships with significant others as well as to test the occurrence of aggression (Bellak & Abrams, 1997). Nine of the ten pictures in this test were shown to Tshepo and he was

asked to tell a short story about each picture. The CAT manual (Bellak & Abrams, 1998) was used to analyse the stories told and the results were viewed in the light of the other information gathered on Tshepo's functioning. The facilitation of the CAT as well as the analysis of the measure was performed under the supervision and guidance of a qualified psychologist and the assigned supervisors of the study.

The function of the family drawing is to gain information about the child's self-concept and the quality of interpersonal relationships. Information can be gathered regarding family dynamics and functioning within the home (Brooke, 2004). Tshepo was asked to draw a picture of his family, after which general drawing analysis (based on research by Cox (1992; 1993), Koppitz (1968), Leibowitz (1999), Machover (1949) and Mortensen (1991)) was applied in the analysis of the drawing (under the guidance of a qualified psychologist and the assigned supervisors of the study).

The feelings template from the 'Children's Self-Report and Projective Inventory' (CSRPI) is designed to provide the therapist (or researcher in the case of this study) with an idea of the general emotional state the child is in, of how he or she mostly feels (PAR, 2011). This task includes colouring in a blank outline of a person. Appropriate colours in association with the feelings on the template were chosen by the Tshepo. He then coloured the template in the colours provided.

With the three wishes technique, Tshepo was asked to make three wishes. There are no rules regarding the wishes; anything can be wished for. These wishes are seen as an expression of inner feelings and desires and can be used to gain an understanding of a

child's psychological state and personality. This technique is often used with children and it is commonly believed that it provides a 'window' into the child's emotional experience or insight into difficult issues that the child may be experiencing (Nereo & Hinton, 2003).

Free drawings help therapists to discover different aspects of cognitive and emotional functioning in the child. Drawing is also a valuable tool for overcoming resistance in therapy and can open up topics for discussion with a client who might not be very talkative. With children especially, verbal communication alone is often not sufficient. Drawings provide an opportunity to gain insight into the child's inner world in a non-threatening manner (Jolley, 2010; Malchiodi, 1998; Oster & Crone, 2004). Free drawing allows the child to express himself.

Free play is used in play therapy as a diagnostic tool as well as a form of counselling. Free play was used mainly to provide the researcher with observation opportunities and to assess aggression in the participant's play, rather than therapeutically. Play was described in earlier chapters as the innate language of children and, therefore, the use of play in therapy (play therapy) is an effective and non-threatening manner by which to learn more about the child's inner thoughts and feelings. In the course of a free play activity within a play therapy session (or assessment or observation session in the case of this study), the therapist or researcher observes a child playing with various play materials or playing with other children. The objects, patterns of play and willingness to engage in play and interact with the therapist or researcher are all assessed in order to gain insight into the underlying reasons for the child's disturbed behaviour. Play can also be seen as a self-help mechanism where children are allowed, through free play, to express themselves, practise

social skills or act out feelings and experiences. The participant in this research study (Tshepo) was allowed many opportunities to engage in free play during the play sessions while the researcher observed and gained valuable insight regarding his thoughts and feelings.

5.3.4 Other information sources

Further data regarding Tshepo includes a school report from the previous preschool he attended.

5.4 **Method of data analysis**

De Vos (2002a) describes the analysis of data as a very time-consuming, laborious and creative process. “Data analysis is the process of bringing order, structure and meaning to the mass of collected data” (De Vos, 2002a, p. 339). It does not follow a linear pattern, but is rather circular in nature. Data is worked through numerous times in a search for general patterns and themes within the data.

Data analysis consists in the qualitative interpretation of notes of observations made by the researcher during a semi-structured interview with Tshepo’s mother as well as the analysis of data from specific measures used (mentioned in the section above). In this research study all data collected from these sources include the qualitative and subjective perspectives and experiences of the parent and the researcher. Interviews were transcribed; field notes on observations were worked through and presented logically along

with notes pertaining to the researcher's feelings and ideas at the time. General patterns and recurring themes were identified in the data obtained from the various sources (De Vos, 2002a). The qualitative analysis of the CAT was performed with the manual (Bellak & Abrams, 1998) at hand as well as in light of all the added information received (all performed under the supervision and guidance of a qualified psychologist and the assigned supervisors of the study).

As noted by De Vos (2002a), the collection and analysis of data are inseparable aspects of the research process. As data is being gathered, analysis takes place concurrently.

5.5 Reliability and validity

Both quantitative and qualitative researchers need to be able to demonstrate that their studies are credible. When quantitative researchers refer to research that is credible, they include the concepts of reliability and validity. In contrast, the credibility of qualitative research depends on the ability and efforts of the researcher (Golafshani, 2003). In the place of the concepts of reliability and validity, terms such as dependability, transferability and trustworthiness are used in qualitative research. The quality of a research study is considered important in qualitative research. According to Stenbacka (as cited in Golafshani, 2003), in quantitative research, the aim of the concept of reliability is to evaluate the quality of the study and determine whether it fulfils an explanatory function, while the quality concept in qualitative research has the purpose of generating understanding. Healy and Perry (as cited in Golafshani, 2003) state that the quality of a research study should be judged within its own paradigm: reliability and validity are

essential criteria for quality in quantitative research while in qualitative research terms such as credibility, dependability, applicability and transferability are to be seen as essential criteria for quality. Strauss and Corbin (in Golafshani, 2003) state that the concepts of reliability and validity need to be redefined in order to fit into the qualitative paradigm.

5.5.1 Reliability/dependability

Reliability refers to the degree to which results obtained from a research study are replicable. It refers to results being consistent over time. This is difficult to achieve in the qualitative research paradigm because qualitative researchers do not investigate a stable, unchanging reality. Instead, they investigate individuals, groups and social phenomena in the natural settings in which they occur (subjective reality). For this reason, qualitative studies can never really be replicated exactly and findings will differ (Van der Riet & Durrheim, 2006). According to Golafshani (2003), the term 'reliability' is a concept used in quantitative research. Instead of research being described as reliable in qualitative research, it is argued that it would be better to ask whether the research is dependable. Dependability "refers to the degree to which the reader can be convinced that the findings did indeed occur as the researcher says it did" (Van der Riet & Durrheim, 2006, p. 93). This is achieved mainly through rich and detailed descriptions of observations, actions and accounts in the research. Stenbacka (cited in Golafshani, 2003) states that if reliability is a criterion adhered to in a qualitative study, the study is no good because results cannot be replicable as in quantitative research, where variables are controlled and manipulated. Stenbacka (cited in Golafshani, 2003) argues that since reliability issues in research

concern measurements, reliability has no place or relevance within the qualitative research paradigm.

5.5.2 Validity/credibility

According to Golafshani (2003, p. 599) “validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are”. In qualitative research, the issue with reference to validity is again the quality of the research study. Stenbacka (as cited in Golafshani, 2003) is of the opinion that the term validity should be redefined for qualitative research and that the term ‘trustworthy’ is preferable. Qualitative researchers suggest that research should preferably be evaluated according to its credibility (Van der Riet & Durrheim, 2006). Research that is seen as credible refers to research findings that are both convincing and believable. The credibility of qualitative research is established during the research process in the course of which researchers constantly look for evidence that is discrepant to the hypotheses they are developing as a means of creating a detailed and credible account of the phenomenon studied (Van der Riet & Durrheim, 2006).

5.5.3 Generalisability/transferability

Generalisability refers to the “extent to which it is possible to generalise from the data and context of the research study to broader populations and settings” (Van der Riet & Durrheim, 2006, p. 91). As human accounts and subjective realities regarding social phenomena vary, it is not always possible to generalise findings in qualitative research.

Instead, it is argued that research findings should be transferable. Transferability is achieved mainly by producing detailed, rich descriptions of the contexts and samples studied. This process provides detailed descriptions of meanings developed in the specific contexts studied; these understandings can then be transferred to new contexts. The result is the creation of a framework for further studies, which are then able to shed light on previous findings (Van der Riet & Durrheim, 2006).

When using a single case study or multiple case studies in qualitative research, it is not possible to generalise findings. Merriam (1985) is of the opinion that the case study method should not be criticised for being ungeneralisable and she further argues that a method cannot be criticised for not being able to do something which it was never intended to do originally. Triangulation is one method of improving a research study's validity and credibility. Triangulation refers to the use of multiple methods of data collection and/or analysis and could include using both quantitative and qualitative approaches. In this instance, triangulation is defined by Creswell and Miller (as cited in Golafshani, 2003, p. 604) as "a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study".

In conclusion, reliability and validity, as relevant qualitative research concepts, have to be redefined in order to reflect the numerous ways of establishing the truth (Golafshani, 2003).

In this study, dependability was pursued through the provision of rich and detailed descriptions of observations and meetings with the participant, Tshepo, and was also a function of the thinking and insights of the researcher. Because of the use of a single case

study, results and research findings cannot be generalised, but because of the insight and in-depth understanding the researcher gained from the study, results can be transferred to other contexts and samples and further studies can be undertaken to further investigate the social phenomenon of excessive aggression in preschool children.

5.6 Ethical considerations

All practising psychologists, counsellors, therapists and psychometrists must be registered with the Health Professions Council of South Africa and follow the rules of conduct of the Council at all times. These ethical rules of conduct guide and protect both therapist and client. When working with children in play therapy, the same rules of conduct apply.

Ethical concerns that were taken into consideration during this study will be discussed.

5.6.1 Informed consent

Before research starts, participants should be provided with detailed, clear and factual information regarding the research, methods to be used and risks involved, if any (Wassenaar, 2006). All information regarding the goals and procedures of the research study must be adequately conveyed to participants. If any participants are children, consent must be obtained from parents or guardians. This ensures the full knowledge and cooperation of participants, and also removes any possible tension or insecurity they may be experiencing (Strydom, 2002).

The standard components of consent as outlined by Wassenaar (2006) are:

- the provision of appropriate information regarding the study
- the participant's competence and understanding of the information provided
- the participant's voluntary participation in the research, along with freedom to withdraw from the research at any time
- the formalising of the consent (putting it in writing)

The purpose of the study (to gain insight into abnormally high levels of aggression which is not age-appropriate in the preschool years) was explained to Tshepo's mother. The research process was explained in detail. Firstly, an in-depth semi-structured interview was conducted with her; the participant was observed at school during the day; and the researcher had six sessions with Tshepo, investigating and assessing his problem of excessive aggression. It was explained where, why and how the research will be conducted as well as how the information gathered will be used. This was an investigative research study into the problem of excessive aggression rather than attempting to provide therapy or counselling to the parties involved.

5.6.2 Nonmaleficence

No harm should come to the participants – physically or emotionally, directly or indirectly – in consequence of the research study. Participants should be thoroughly informed beforehand about the potential impact the study might have on them. This gives participants the option to withdraw from the research study any time they wish (Strydom, 2002). The participant in this research study was not harmed physically or emotionally in

any way and the researcher always had his best interests at heart. The participant was referred for therapy with a qualified professional at the conclusion of the assessment sessions as the short time spent with the participant was in no way aimed at providing therapy or counselling to him, but rather aimed at gaining an in-depth understanding of his problem of excessive aggression.

5.6.3 Confidentiality/anonymity/privacy

All information obtained from participants should be handled in a confidential manner. In this research study Tshepo's privacy was respected and all information gathered was treated in confidence. The participant's name is not mentioned anywhere in the study, instead, he is given the pseudonym of 'Tshepo' or is referred to as 'the participant' throughout to maintain anonymity. Information gathered from the research study was not used in any manner other than for the purposes of this academic dissertation.

5.7 Conclusion

A qualitative research approach, which is applied and descriptive in nature, was used in this study. The researcher followed an interpretive approach, aiming to investigate and describe the social phenomenon of inappropriate and abnormally high levels of aggression in the preschool child. Using an instrumental case study in this research study gave the researcher an opportunity to gain an in-depth understanding of the social phenomenon of excessive aggression in a preschool child. Through the use of the method of triangulation, the researcher aims to produce dependable and trustworthy findings. Findings generated

from qualitative studies can never really be replicated, therefore the aim is to achieve dependability, credibility and trustworthiness, rather than reliability and validity. This is mainly achieved by providing rich and detailed information and descriptions of the data obtained; research is viewed as credible when research findings are both convincing and believable.

Generalising is often not possible in qualitative research, especially if the study makes use of the case study method. It is argued that research findings in qualitative research should be transferable instead. This is achieved by providing detailed and rich descriptions of the samples and contexts studied. Understanding gained from the research findings can then be transferred to other contexts and further studies can be undertaken, reflecting on previous findings (Van der Riet & Durrheim, 2006).

Data were analysed by repeatedly working through all the information acquired and identifying recurrent themes and patterns with the guidance of a qualified psychologist and supervisors of this study.

Great care was taken to respect ethical considerations and Tshepo was always seen as the focal point of the research study. The researcher ensured the privacy and confidentiality of information gathered by making certain that the participant remained anonymous.

CHAPTER 6

RESEARCH FINDINGS

6.1 Introduction

Recurring themes identified in the data gathered from various sources are discussed in this chapter. The sources from which the acquired data were generated include the following: an interview with the mother of the research participant, Tshepo; numerous observations of his behaviour among his peers (in the classroom and on the playground); and six, weekly play and/or assessment sessions. During the six play sessions the following activities were performed: two free drawings (one drawn during class time at school and the other during a play and/or assessment session; identification of various emotions (the activity included a chart of various emotions aimed at testing awareness); the 'How do I feel' activity (from the Children's Self Report and Projective Inventory); three free play activities during which Tshepo could freely choose toys to play with; the 'Draw-a-Person' projective drawing technique; the three wishes technique; an activity during which aggression is expressed (blow-up/punching doll activity); the 'Children's Apperception Test' (CAT); a family projective drawing technique; and an anger resolution play activity (playing out an anger-provoking scenario with toys). The sixth and final session with the participant was mainly a concluding and closing session with the participant.

The observations were made over a period of nine weeks (starting on the first day of school and excluding weekends) during which notes were made (not necessarily every day) on aggressive outbursts by Tshepo and any other significant events that may have

triggered his aggressive outbursts and other behaviours such as the display of his low self-esteem. The play and/or assessment sessions commenced after the (nine week) observation phase.

6.2 Significant events and life experiences

Based on the interview with the participant's mother, a number of experiences which appear to be significant in the development and maintenance of Tshepo's excessively aggressive behaviour have been identified.

- During the interview Tshepo's mother stated that he had had numerous changes in his school and home environments. The school Tshepo was currently attending was the fourth school he had attended in a period of only six years. According to Tshepo's mother, this had been mainly due to changing job opportunities but also partly to the fact that his aggressive behaviour had become a problem at school. After living with his aunt for four years he had moved back in with his mother and father. Moving house and/or changing schools might be an exciting event for some children, but it is quite traumatic for others. Going to a new school include making new friends, getting used to a new teacher, adapting to new surroundings and a new way of doing things. This does not mean that a child should never have to move house or change schools or that he or she will inevitably experience distress when this does happen. Children do seem to have the ability to adapt easily and these events can be exciting and in many instances they are simply a normal manifestation of moving through all the different life stages. Some examples are when a child is promoted from Grade R and is leaving the nursery

school to attend 'big school', or when a child is promoted to high school. It is generally accepted that a child needs stability in his/her life. If children's home environment is stable, a place where they feel secure and safe, they develop a feeling of trust in others and in their environment and this effects their upbringing and personality. Stable, consistent and predictable nurturance is necessary for children as it enables optimal growth – cognitively, socially and personally (Committee on early childhood, adoption & dependent care, 2000; Harden, 2004). Children experiencing stable home environments experience secure attachment to their primary caregiver and they can become autonomous – feeling safe and competent in exploring their environments on their own (Harden, 2004). This attitude of trust and security is transferred to the school environment, giving children the confidence to further explore and learn and thereby broaden their horizons. Tshepo did not appear to have experienced a stable school environment or a stable home environment. This point is discussed in the following section.

- Tshepo lived with his aunt and two cousins (one being his age and the other two years older) for a period of four years while his mother was working away from home. According to his mother, this began when Tshepo was around the age of two and lasted until shortly before his fifth birthday. He only saw his mother at weekends, when she returned from work to visit him. At the moment, Tshepo and his cousins are attending the same school and since he has lived with them for such a long period of time, might explain why they are such good friends. It could be presumed that this does not reflect a stable home environment for a young child – not living in his own home and living without his own mother. Although it is not clear what the living arrangement were like

with his aunt (it might have been a fairly stable environment), and while it is admitted that living with his biological mother is not necessarily better for a child; living with his aunt could possibly have played a big role in Tshepo's development and contributed to his feelings of rejection by his parents and subsequently his excessive aggression. The reason why Tshepo and his mother do not have a close emotional relationship (as she stated in the parent interview) might lie in the fact that he was essentially cared for and brought up by someone else. In chapter three, the role of attachment in a young child's life was discussed, as along with the importance of forming secure attachment bonds with one's parents or other caregivers. One could assume that Tshepo had not formed a secure attachment bond with either of his parents as they were distant (physically and emotionally) and/or absent for long periods of time. The quality of Tshepo's relationship with his aunt is unclear. Tshepo and his mother were living together at the time of the study and therefore had the opportunity to work on strengthening their relationship. There was no clear information regarding what specific neighbourhood or community he was living in except that it was in a residential/suburban area and not a rural area.

- Another important life experience that could have played a role in Tshepo's development is the fact that his father was often absent from home for long periods of time. It is clear from the information gathered from the parent interview that Tshepo's father rarely spent any time with his children (Tshepo and his younger sister who was two years old at the time of the study) and did not appear to be involved in their lives. Tshepo's father was neither available nor interested in participating in this research study. Tshepo's mother stated that when the children's father comes home from his job as a police investigator it is usually late in the evening when the children are already in

bed. There are occasions when he does not return home at all resulting in the event that the children often only see him at the weekends, provided that he is not working then as well.

- Tshepo's mother indicated that their parenting style lacks clear and consistent boundaries and that discipline is most often inconsistent. She further stated that she does attempt to be consistent in her approach to discipline and that she is fairly strict with Tshepo. Tshepo's father, on the other hand, appears to be more permissive, not being strict and consistent in his discipline and easily gives in to demands at the slightest display of defiance from Tshepo. It is appropriate to refer to the CAT picture card depicting the lion and the mouse – the father being represented by the lion being the 'crownless king' to the participant, mostly absent and not really an authority figure in his life. It might be assumed that due to the father's absence from home, forming a cohesive parental unit and providing consistent discipline might be difficult. Tshepo's father's permissive attitude towards discipline might be caused by feelings of guilt because he does not participate more actively in his children's lives. In the family drawing, the mother figure was drawn almost as tall as the participant (Tshepo), possibly symbolising that she is seen as his equal rather than an authority figure or parent – for four years she had adopted a more 'playful' role, not being involved in the day-to-day discipline and laying down of rules as she had only seen him on weekend visits. This was also illustrated in the first CAT picture card' story told by the participant which reflected no nurturance and rejection by the parents. The mother might also have been experiencing guilt feelings because of her long absence during the early years of Tshepo's life, causing her to behave more like a 'friend' than a parent, thereby

interfering with her attempts to discipline him and leading to her complying with his demands instead. When he moved back in with his mother again, she suddenly had to exert authority and control and resume her role as parent (which she had handed over to his aunt to some extent while he was living there). This could have lead to frustration on the participant's part which, in turn, could have lead to his aggression.

The two main methods of discipline apparently used by Tshepo's mother include corporal or physical punishment and the withholding or removal of items or activities enjoyed by Tshepo. As corporal and physical punishment is a model of aggression in itself, it does not seem to be an effective method of discipline, especially with aggressive children. During the interview, the mother mentioned more than once that Tshepo is quite manipulative in getting his own way, indicating insufficient respect for his parents as well as other authority figures. This might be because his parents do not seem to follow a consistent approach to either discipline, or his aggressive behaviour, often giving in to his demands and adopting a more permissive parenting style. He had learned that when he turns aggressive they will give in to his requests, and therefore behaving aggressively is a good way of achieving his goals and getting what he wants. In chapter three, this 'learned' use of aggression is explained in more detail. When aggressive behaviour is displayed by the child in an attempt to make the parent(s) comply with some demand and the parent gives in, both parties are reinforced – one by compliance and the other by the cessation of the aggressive and aversive behaviour (i.e. screaming, hitting or breaking of objects). According to Patterson (cited in Durkin, 1995; Moeller, 2001) when conflicts arise between an aggressive child and his/or her parents, parents typically react inadequately to their child's aggressive behaviour (by complying with demands, for example) and as a result the child learns coercive

behaviours while the parent learns effective short-term ways of handling child's aggressive behaviour, but ultimately ineffective ways of dealing with the aggression in the long run (Durkin, 1995; Moeller, 2001).

- From information gathered during the interview with Tshepo's mother and her admission of the fact that discipline provided in the home is inconsistent not only from her side but from both parental figures as a unit, it appears that she has accepted that her son is a difficult child. Here the term 'difficult' refers to his general defiance and moodiness, as pointed out during the interview. As illustrated by her general approach to his excessively aggressive behaviour, this has been accepted as a fact and as simply the way he is. Whenever concern is expressed and communicated to her regarding the nature and severity of Tshepo's excessively aggressive behaviour, she apparently fails to see the gravity of the issue. This attitude was evident during the parent interview when she spoke of Tshepo's displaying an antagonistic mood and saying that he was unable to accept authority. She said that everything seems to be a struggle with him, that he often becomes violent at home and even in public when he does not get his way, and that their relationship is strained because of his behaviour. There seems to be a constant 'power struggle' between Tshepo and his mother due to the poor role definition and boundaries which seems to be mainly a result of her guilt feelings. It seems that her attitude is not due to denial regarding his excessively aggressive behaviour, but rather to the fact that she had accepted his excessive aggression and has adopted an attitude of compliance towards it. She prefers to give in and comply with whatever he demands than to battle to try to enforce discipline. Tshepo's father has appeared to have adopted the same approach to Tshepo's aggressive behaviour.

It may be assumed that his father is seldom in a position to exercise authority over him and therefore does not experience Tshepo's violent outbursts as frequently as the mother.

- It is evident from the information provided by Tshepo's mother as well as from observations of Tshepo himself, that he spends a great deal of time watching television programmes. The impact of the exposure to media violence and aggression is discussed in chapter two. It is clear that Tshepo not only watches the programmes on the Cartoon Network channel (which contains a great deal of aggression) but he also watches programmes such as the WWE wrestling programmes and movies containing violence and aggression. The wrestling (pretending to be a wrestler and performing wrestling actions) as well as other actions (such as sword-fighting as seen in movies) were imitated and enacted by him during some of the free play activities.

All the above-mentioned events and life experiences seem to reflect instability in one form or another – an unstable home environment (living with relatives for four years, which is not necessarily but could be regarded as instability in some way, and an almost absent father) as well as an unstable school environment (he has attended numerous schools and it seems he lashes out aggressively in order to compensate for his insecurities). Children need to have stability in order to develop a positive and secure view of themselves and the world around them. It could be assumed from the information provided above that Tshepo's first few years of life do not seem to reflect reasonable stability.

6.3 Themes

A number of themes have been identified from the data and information gathered during the research, namely themes relating to aggression (including awareness of aggression); themes relating to impulsivity, hyperactivity and immaturity; themes relating to insecurity (including low self-esteem and insecurity as manifested by inability to control aggressive impulses as well as inflated self-esteem); and themes relating to anxiety, loneliness and rejection. These will be discussed in the following sections.

6.3.1 Aggression and defiance

Certain subthemes regarding Tshepo's excessive display of aggression were identified and will be discussed as follows: defiance when expected to comply with instructions or requests, the display of excessively aggressive behaviour, and his awareness of the excessive aggression and anger experienced.

a) Defiance

Tshepo displays a general mood of antagonism and defiance. This is evident from information gained from Tshepo's mother and from observations of Tshepo within his school environment, as well as during the play and/or assessment sessions. Tshepo seemed to display more defiance during the initial phases of establishing rapport, but defiance became less frequent later during the play sessions when good rapport already existed. Tshepo's

mother mentioned that he generally displays an antagonistic mood and said that he often challenges and tests her authority. According to her, everything always seems to be a struggle with him and her only wish was for him to listen and follow instructions. This was the researcher's experience during the initial phases of the research study as well. An instruction, such as to line up at the door or to tidy the classroom and pack toys away, often had to be repeated numerous times before Tshepo complied. He also seemed to have a general attitude of defiance towards rules enforced in the classroom, and displayed difficulty in accepting authority from teachers. Tshepo's disposition very easily and quickly switched to intense anger and aggression with either very little or no provocation. Examples include instances when someone accidentally bumped into him – he would become very upset even though he was not hurt and was apologised to. Another example are in instances when the children all participated in a friendly game, Tshepo would be laughing one moment but in an instant become angry and lash out because the others did not want to follow his instructions. These characteristics (his general defiance and sudden mood swings) were also indicated in the school report from Tshepo's previous school. In this report he is described as generally non-compliant and prone to aggressive outbursts.

Descriptions of defiant acts can be found in notes made during observations of Tshepo. These include: Tshepo not being willing to put toys away, hitting a child instead of apologising for hitting her in the first place, refusing and/or running away when it was time to go to swimming class, deliberately making a noise in order to get attention, being difficult in class and refusing to complete a given task (building a puzzle, for example), grabbing toys from others and refusing to return them, and waiting until the last minute to comply with an instruction.

Tshepo also showed excessive defiance when he was asked to colour the 'How do I feel' template as well as when he needed to complete the task of telling stories for the purposes of the 'Children's Apperception Test'. This could possibly be due to a low frustration tolerance and an experienced need to defend himself when feeling uncomfortable in new and unpredictable situations.

b) Aggression

During the observation phase of the research process, numerous instances of aggressive behaviour and outbursts were documented. Tshepo's mother also disclosed that he often displayed violent behaviour at home as well as in public places in the form of aggressive tantrums and outbursts. It is clear that the display of excessively aggressive behaviour forms part of Tshepo's everyday repertoire of behaviours and seems to be a common occurrence both at home and at school.

Eleven aggressive outbursts and displays of hostility were documented during the observation phase of the research process. In some instances an excessive amount of aggressive and violent behaviour was observed while other behaviours were milder, nevertheless displaying aggression and defiance. Aggressive outbursts ranged from violently kicking, throwing objects and hurting others as well as screaming and shouting profanities to teachers; to loathsome stares and general defiance in the compliance of requests and demands.

Aggression was reflected in Tshepo's two free drawings (crayons being the medium) included in the study as well as in the 'Draw-a-Person' activity (the medium used being coloured felt tip pens). Using the concept of projective drawing analysis (from various original sources such as Machover (1949) and Koppitz (1968), who could be considered the founders of projective drawing analysis and interpretation) Tshepo's free drawings, 'Draw-a-Person' and family drawing were interpreted (under the guidance of a qualified psychologist and the assigned supervisors) on the premise that Tshepo was projecting and reflecting his own feelings, thoughts and experiences, through the drawing process, onto the figures. It is important to note that the researcher considered the participant's age during the analysis of all drawings and that the drawings were found mostly age appropriate. Aggressive scenes and behaviour were also displayed during the free play activities as well as within his stories he told during the 'Children's Apperception Test' as discussed in the following sections.

- Aggression reflected in projective drawings

Two free drawings are included in the research study, one of them being drawn individually during the first play session and the other drawn following an instruction to the class as a whole during school time (before the play and/or assessment sessions commenced). The instruction for both drawings was to draw anything he wished. Numerous aspects of aggression were reflected in Tshepo's free drawings, which are discussed in the following sections.

It seems that both drawings portrayed an overall feeling of aggression, taking into consideration the structural and formal aspects of the drawings as well as the tone and emotion displayed through the figures' facial expressions. According to Machover's original work on projective drawing analysis (1949), the facial expression depicted in a figure is said to be unconsciously setting a tone for the drawing. The facial expressions of figures drawn in both of Tshepo's free drawings seemed to portray anger and aggression. In the free drawing in class, all the facial features of the main figure, namely slanted eyebrows that were drawn thick and heavy, the heavy line representing the mouth (associated with being verbally aggressive) as well as the overall use of heavy jagged lines indicating anger and tension, indicate an aggressive attitude (Leibowitz, 1999; Machover, 1949).

In both drawings the aggressive figure is drawn as the main and central focal point. According to Leibowitz (1999), it is said that the central point of a picture signifies what is central in the child's life. In both free drawings, as well as in the 'Draw-a-Person' drawing, the main figures were quite large. This might indicate aggression and immaturity, according to Cox (1992) and Koppitz (1968) or aggressive bullying behaviour (Noqamza, 2002) and is seen as an emotional indicator by Koppitz (1968), who found that aggressive children usually tend to draw large figures. Koppitz developed a series of thirty emotional indicators that she found to be rare in children's drawings and the presence or absence of these features seemed to indicate emotional and/or behavioural problems. These emotional indicators are seen as clinical signs revealing underlying characteristics of the child's personality (Frick, Barry & Kamphaus, 2010). Most of these features (emotional indicators) are also included in other theorist's interpretive systems of drawing analysis,

such as the size of the figure drawn considered as an indicator of a child's self-esteem. The underlying analysis of a specific emotional indicator depends on the child and the situation and should therefore be considered in unison with other information gathered regarding the child's personality and circumstances (Frick et al., 2010).

Both the free drawings and the 'Draw-a-Person' show a poor integration of lines, which might be associated with instability, poor coordination and/or impulsivity and is also regarded as an emotional indicator by Koppitz (1968). Poor integration of lines is often found in the drawings of overtly aggressive children. As noted above, Tshepo's life reflects instability to a degree – the moving to different homes and changing schools, not living with his mother for four years, together with his father being almost absent from his life. Further contributing factors to his instability are inconsistent discipline and lack of clear boundaries.

The shading or colouring of features within the drawing is regarded as a manifestation of anxiety and the shading or colouring of the body and/or limbs is considered to be an emotional indicator (Koppitz, 1968; Machover, 1949). Scribbling and colouring, especially as presented in the free drawings, could indicate a discharge and concealment of aggression (Machover, 1949). The discharge of aggression is evident in the free drawing done during the play session as it includes a whip, which could be seen as a type of weapon or object used for committing aggressive acts (e.g. hitting). According to Leibowitz (1999), the drawing of a weapon and descriptions of violent activity often convey feelings of aggression and hostility as well as difficulties with impulse control, all of which are relevant in terms of Tshepo's behaviour. Colouring all over the main figure's face and limbs could

be interpreted as an attempt to conceal the figure's portrayal of aggression (Leibowitz, 1999).

Tshepo took a different approach regarding the drawing of arms in the two free drawings. In one drawing, he omitted to draw arms on the main figure and in the other drawing, his figures have disproportionately long arms. According to several sources, such as Leibowitz (1999) and Koppitz (1968), the presence of both these features can be regarded as an indication of aggression. Long arms indicate aggressiveness and are often associated with aggressive reaching out into the environment, which reflects externally directed aggressive needs (according to Hammer and Levy as cited in Koppitz, 1968). Along with the disproportionately long arms, Tshepo drew disproportionately large hands on the figure. This depiction of the hands is also associated with aggressive and acting out behaviour and points towards a tendency to act out aggressive impulses with one's hands (Koppitz, 1968). This is applicable to Tshepo who often behaves aggressively and uses his hands in most instances as the instruments of his aggression. The features of long arms and big hands (which are disproportionate to the rest of the body) as well as the omission of arms (all included in Tshepo's drawings) are considered emotional indicators according to Koppitz (1968) and commonly feature in the drawings of overtly aggressive children.

- Aggression reflected during free play activities

Tshepo not only showed a preference for aggressive toys (e.g. guns and swords) but also acted most of the scenarios out during the free play activities (when he had free choice of the toys he wanted to play with), exhibiting distinct aggression.

In the second play session, the researcher and participant engaged in a game with plastic toy animals. The story line consisted of some of the animals playing a game of soccer. The two animals represented by Tshepo (the lion and the tiger) were verbally aggressive towards the other animals, calling them hurtful names. Tshepo's verbal aggression escalated when the lion killed the elephant purely because the elephant hypothetically called the lion 'fatty' (the derogatory name lion/Tshepo called the elephant in the story).

In the third play session, during the expression of aggressive energy activity, Tshepo was allowed to punch or kick a blow-up, punching doll that pops back up when hit. He enjoyed this activity and became quite aggressive, forgetting the initial instruction to name something or someone that angers him before he punched or kicked the doll.

The first item Tshepo noticed and played with during the fourth play session were the cowboy guns. He played out a violent scene where he killed everyone (he referred to them as 'bad ones who steal things') and regarded his actions as just, even chuckling about them. After everyone had been killed, he moved on to the next scene, which involved slaying a vicious-sounding dragon who wanted to kill him. His story became quite graphic when he said that the dragon's blood was 'coming out' and spraying on everything,

including me, the researcher. Another scene that was played out by Tshepo, concerned a dog who was living on the streets and who approached the family and their doll's house, only wanting food but being chased away. Tshepo was laughing about this.

During the free play activity in the fifth play session Tshepo again acted out aggressive content in his play scenarios, in which two pirates displayed marked aggression towards a family living in a doll's house. The pirates essentially threatened and attacked the family by shooting at them and subsequently taking their house from them by literally throwing them out. No compassion was shown by the pirates when the father figure begged them not to hurt him or his family. After the pirates' successful 'battle', Tshepo moved on to playing with the sword, pretending to fight some invisible enemy while talking about someone engaged in a sword fight he had recently seen in a movie on television.

- Aggression reflected during the Children's Apperception Test

Aggressive content was displayed in many of Tshepo's stories in the 'Children's Apperception Test', including pictures 1, 2, 7, 8, 9 and 10: In story 1, he referred to wrestling, which is an aggressive sport; in story 2 he told a story about a struggle or competition between the bears, which could be seen as aggressive as they were fighting and a distinction was made between the two 'teams'; in story 7 Tshepo referred to a monkey that was chased and eaten by a tiger; in story 8 he told about a sister figure who displayed aggression and defiance by breaking a picture that was on the wall; in story 9 he referred to a stranger who took his sister away; and lastly, in story 10, he described an older figure breaking the toilet on purpose.

c) Awareness (of anger and aggression)

Not only did Tshepo display excessively aggressive behaviour during observations and the play sessions, he also demonstrated an awareness of his anger and aggression, his acting-out behaviour and the consequences of his aggressive behaviour.

This awareness on the part of the participant, Tshepo, is reflected in the observations made by the researcher when Tshepo approached the researcher/teacher (as she fulfilled both these roles) to tell her that he had not fought with anyone during that particular day. During the first play session, when he was required to look at a chart depicting various emotions, he demonstrated adequate awareness of all the emotions depicted (happiness, sadness, surprise, shock, fear, anger and rage) and was able to identify most of them correctly. During the second play session, while completing the 'How do I feel' template, as well as during the sixth and final play session, Tshepo showed an awareness of his anger as well as the consequences of his aggressive behaviour towards others by stating that others do not want to play with you if you are nasty to them.

6.3.2 Impulsivity

An impulsive person can be described as someone prone to acting on impulse rather than with forethought or reflection and being unable to curb his/her immediate reactions and without consideration of consequences of actions for the self and others (APA Dictionary of Psychology, 2007; The Online Dictionary, 2011). Tshepo's aggressive behaviour tends to be impulsive. Even though he is aware of the fact that his aggressive behaviour is

problematic, he does not seem able to control his aggressive impulses when angered or when feeling insecure. Tshepo's mother used the word 'impulsive' when describing his personality. Impulsivity can be associated with a lack of control or, as in the case of the participant, a lack of control of aggressive impulses. This is illustrated by many occurrences observed in the classroom or on the playground, when Tshepo would simply grab and throw the nearest object. During one of his aggressive outbursts, for example, he threw all the papers off my (the researcher's) desk because he did not get a reward for good behaviour. Further examples illustrating Tshepo's impulsivity would be when he pushed another boy (to whom he had just lost a friendly game) so hard that he fell onto other children who were standing next to him or when he used to shout out answers in class even when instructed specifically not to do so.

Certain features of his drawings appear to symbolise impulsivity or lack of control. In the free drawing done in class the angry figure had an overly long neck (out of proportion to the body) which could be interpreted (according to Leibowitz, 1999) as a need to have distance between thoughts and actions because of anxiety with regard to the possibility of impulsive behaviour and insufficient self-control. In addition to this, the neck was drawn as a single line, which, according to Luscher (cited in Leibowitz, 1999), indicates that the person feels unable to control his/her aggressive impulses successfully.

Tshepo's impulsivity seems to be closely linked to two other factors, namely his perceived hyperactivity and immaturity. Being excessively active and busy add to the inability to control aggressive impulses by giving even less time for the consideration of one's behaviour (i.e. to think before acting). Immaturity can also be said to possibly add to

Tshepo's inability to control aggressive impulses in the sense of not yet acquired necessary skills in order to control behaviour. These two features of hyperactivity and immaturity are discussed in the following sections.

a) Hyperactivity

Hyperactivity can be defined as being highly or excessively active and busy, displaying a higher than normal level of activity or restlessness that is excessive for the age of the individual (APA Dictionary of Psychology, 2007; The Online Dictionary, 2011). There seems to be signs present that Tshepo might be hyperactive (in the medical sense of the word referring to Attention Deficit and Hyperactivity Disorder) such as poor concentration being easily distracted, being unusually busy and active and poor impulse control. However, Tshepo's hyperactivity is not mentioned in order to diagnose him with ADHD, but is mentioned as one element of his behaviour that could be significant in the expression and lack of control regarding his excessive aggressive behaviour. Hyperactivity is thus referred to in the sense of Tshepo being an overly active and busy child (more so in comparison with his peers).

During the parent interview Tshepo is described as being restless, impatient and always busy. Similar experiences were reported at school. On many occasions, as noted during the observation phase of the research process, the participant appeared to be excessively 'hyped-up' and energetic. At the time of the study he was a very active child and did not spend too long on a single activity. This was characterised by his 'jumping' from one activity to the next. During free play sessions he would not play with one toy for longer

than five to ten minutes before he got bored and found something else to play with. In class (as noted during observations) when he was busy with written work (for example doing simple worksheets or drawing or colouring), he was easily distracted, and always wanted to be the first to finish. He rarely remained seated when busy with an activity at the desk as he seemed to prefer to stand and move around. He showed poor concentration on a task at hand and usually gave up before completing the task. Behaviours such as always shouting out answers, grabbing the crayons and the behaviour displayed during the punching/expression of aggression activity (during play session 3) could be a reflection of his hyperactivity. During the parent interview Tshepo's mother said that he had attended a few occupational therapy sessions in the past (the mother could not give a clear indication of how many sessions or of the exact dates) and the therapist stated that Tshepo seems to be hyperactive and should be prescribed medicine. The mother could also not produce an assessment report from the occupational therapist. She did not investigate the issue any further at the time.

b) Immaturity

At times, Tshepo's behaviour appeared inappropriate for his age. This perceived immature behaviour included his aggressive outbursts and being unable to control his aggressive impulses; loud screaming and excessively loud crying (when angered or when he fell and got hurt); running away when trying to avoid reprimanding or to avoid the need to comply with an instruction; covering his ears when angered or upset or had just had a tantrum and was approached by someone wanting to talk to him, being such a 'bad loser' and becoming aggressive when faced with failure; thumb-sucking and excessive sulking when things did

not go according to plan for him as well as his general attention-seeking behaviours. These behaviours were documented numerous times during the observation phase of the research process.

6.3.3 Themes reflecting insecurity

Recurring themes reflecting insecurity are consistently evident in Tshepo's behaviour from information gathered from all the various sources. These themes reflecting insecurity can be divided into the following three subcategories, namely felt insecurities regarding his own ability to cope with stresses from the environment, indicating low self-esteem and poor self-confidence; insecurity regarding the ability to control aggressive impulses experienced; and lastly, the appearance of an inflated self-esteem displayed by the participant, as way of compensating for felt inadequacy and insecurities.

a) Low self-esteem (insecurity within himself and his environment)

Tshepo was described by his mother as having a low self-esteem and being a fearful child in general. Tshepo especially seemed unsure of himself when exposed to new and/or unfamiliar situations where he was unsure of what was going to happen or what would be expected of him. His low self-esteem and feelings of insecurity were illustrated on numerous occasions during the observation process as well as in the play and assessment sessions.

During the first week of school there were two incidents when Tshepo behaved so violently that he had to be physically restrained. The main reason for this was that he did not want to follow instructions. This may have happened because he was new at the school and it was therefore an unfamiliar environment for him. During the following few weeks Tshepo was exposed to other 'new' and unfamiliar situations, including swimming lessons at school (as part of their physical education syllabus) as well as hymn singing (as part of their religious education) to which he also did not take kindly at first. At school Tshepo showed a distinct fear of the swimming pool and usually refused to attend swimming lessons with the rest of the class. This often triggered an aggressive outburst in itself (as documented on numerous occasions). His fear of the swimming pool is obviously due to him not being familiar with a swimming pool and the fact that he cannot swim. None of the children, however, can swim, but they regard this activity as fun and recognise the fact that the teacher is with them and that they will therefore be safe (safe to explore and accept the new challenge).

When the class was told that they would be going to hymn singing for the first time he immediately started sulking and said he did not want to go. He spent the whole period sitting with his thumb in his mouth without any attempt to learn the song the teacher was teaching them. After a few weeks (once the novelty had worn off) he seemed to relax and participated more.

On another occasion the school had, as an educational lesson, arranged for an animal sanctuary to bring some wild animals that lived in captivity at the sanctuary to school. All the grade R and grade 1 children attended the lesson in the school hall and all of them sat

in a big circle. Among the animals were white lion cubs, a bush-baby and porcupines – all tame animals. While most of the children were a little hesitant at first, almost all touched the animals later on and especially enjoyed playing with the lion cubs, which they petted. From the time I told the children where we were going and what we would be doing, Tshepo seemed hesitant and said he was scared. He refused to participate and when the animal keeper attempted to show him that there was nothing to be afraid of by holding an animal for him to pet, he started to scream loudly and ran away. He sat in the far corner of the hall looking on from a distance while sucking his thumb for the remainder of the time. Apart from the fact that Tshepo appeared to feel insecure in any novel situation, his low self-esteem was also demonstrated numerous times in class and during the play and assessment sessions with the researcher. During observations and in class he would often start on an activity and give up half way through, claiming that it was too difficult or that he could not do it otherwise he would rush through an activity in order to finish first. This would often trigger an aggressive outburst or else he would withdraw from the situation and not participate. When he did complete a task on occasion, he would often say afterwards that even though he had completed it, “it is not nice”. Tshepo often asked for reassurance during the play and assessment sessions in the sense of checking whether he was doing it right and whether I approved.

- Insecurity reflected in projective drawings analysis

Numerous aspects of insecurity and reflections of low self-esteem were reflected in Tshepo’s projective drawings. As mentioned before, the research study included two free

drawings (done on different occasions and in different settings – one in class and the other during a play session) as well as ‘Draw-a-Person’ figure drawing and a family drawing.

It is said that certain structural elements such as placement of a drawing on a page might convey information regarding the child’s confidence or self-esteem (Albertyn, Gillespie & Kaufman & Wohl as cited in Noqamza, 2002). It seems that placing a figure on the bottom left part of a page might indicate insecurity, inadequacy or inferiority as with the smaller figure from the free drawing picture done during the first play session (Cox, 1993; Noqamza, 2002). It is also stated by Cox (1992) and Koppitz (1968) that a large figure placed in the centre of a page as in the case of the main figure of Tshepo’s drawings in the free drawings and the ‘Draw-a-Person’ drawing could indicate both aggressiveness and immaturity (Cox, 1992; Koppitz, 1968). These two elements regarding the placement of the figures are both relevant to Tshepo – the one reflecting his feelings of insecurity and the other his aggressive tendencies. Machover (1949) is of the opinion that a large figure could also be seen as that the individual (drawer) has a high fantasy self-esteem. The researcher found this to be true with regard to the participant and this will be discussed as a subcategory under the theme of insecurity.

Theorists such as Albertyn, Kaufman and Wohl, Jones, and Dileo (cited in Noqamza, 2002) state that whenever two figures are drawn in a single drawing and one is clearly smaller in size than the other, the smaller figure usually indicates insecurity and low self-esteem as well as feelings of inadequacy on the part of the drawer (Cox, 1993). This seems to be relevant to Tshepo’s drawing, with the secondary figure being distinctly smaller than the more aggressive main figure. While the main figure in the free drawing done during the

first play session clearly seems to portray aggression, the smaller figure, in contrast, seems to indicate insecurity.

Elements of the smaller figure indicating insecurity and feelings of inadequacy (featuring in the free drawing done during the first play session) include the following: the placement on the page (noted above), omission of hands as well as long arms, hands drawn as single lines, the trunk with the legs emerging directly from the head, and the omission of shoulders (Koppitz, 1968; Leibowitz, 1999; Noqamza, 2002). It appears that Tshepo has projected himself onto both figures in this free drawing – the main figure, which shows his aggressive nature and tendencies, and the smaller figure underneath the aggressive exterior, a boy feeling unsure and insecure within himself and the environment.

In addition to long arms indicating aggression, Leibowitz (1999) states that in context long arms may also convey a sense of overcompensation for feelings of inadequacy with regard to being able to connect with the environment. This is also indicated by the drawing of the arms as single lines (as drawn on the smaller figure in the free drawing done in the first play session). In addition to this, Leibowitz (1999) states that outstretched arms might point to someone who is over-eager for interconnectedness with others. It appears that Tshepo feels that he always has to be the best and he has to do better than everyone else. In adopting this approach he often sets himself up for failure (when he does not outshine others in a specific activity or situation), thus reinforcing his feelings of inadequacy and insecurity. Another indication of insecurity and feelings of inadequacy, according to Luscher (cited in Leibowitz, 1999), is the omission of arms in the drawing as with the free drawing done in class.

Another element mentioned on the smaller figure in the free drawing made during the first play session, namely the legs emerging directly from the head, conveys regression and having no sense of one's inner strengths (Koppitz, 1968; Leibowitz, 1999). He seems to be aware only of his weaknesses and has no sense of his inner strengths. This is illustrated by the fact that he is always commenting on how ugly his pictures are or saying "I can't" even without really trying.

The omission of feet as featured in both Tshepo's free drawings is considered an emotional indicator by Koppitz (1968) and reflects a general sense of insecurity and/or helplessness.

The main figure in one of the drawings (free drawing done in class) is slanting or leaning to the left. According to Leibowitz (1999), a slanting figure conveys a sense of uncertainty and insecurity about one's identity, suggesting a general instability and lack of balance. It is also considered to be an emotional indicator and is commonly found in the drawings of aggressive children (Koppitz, 1968).

The figure in the 'Draw-a-Person' drawing portrays a very sad and lonely person. Tshepo also included clouds and rain in both the 'Draw-a-Person' and the family drawing. The drawing of clouds, rain or snow is considered to be an emotional indicator by Koppitz (1968) and is commonly found in depressed children's drawings as well as drawings by children who feel threatened by the adult world and their parents. The clouds and rain drawn by Tshepo certainly reflect the sad and depressing feeling that the story of the figure communicates. Even though the figure has a smile on her face, when looking at the whole face and facial expression of the figure, it almost makes the smile appear false or forced –

an attempt to hide and mask actual feelings. Machover (1949) states that the mouth drawn as an upward curving line might be interpreted as an effort to win approval, forced congeniality or even inappropriate affect if it is consistent with other features in the drawing. When taken in conjunction with the story of the figure in the picture and the eyes drawn as two blue dots that almost appear hollow, the smile displayed does not seem to be due to a feeling of happiness, but rather reflects the masking of true feelings and may even be seen as an effort to win approval from others (the figure seems to be alone and somewhat of an outsider). This could be relevant to what Tshepo was experiencing – feeling alone, rejected by his peers because of his aggressive behaviour and wanting to win their approval. He appears to have projected something of himself onto the figure in the drawing. He even stated that the figure does not like to hit or bite people, indicating that she (the figure in the drawing) does this or has done this to someone – just like him. This seems to have been the main reason why Tshepo is rejected by his peers – because of his excessively aggressive behaviour and terrible temper they are wary of him and preferred to avoid him rather than include him in their activities.

- Insecurity reflected in the Children's Apperception Test

A number of themes of insecurity were identified in the stories in the 'Children's Apperception Test' (stories 2, 3 and 7). In story 2 (the bears pulling on a rope), Tshepo's story could be interpreted as a struggle or competition since no distinction was made between the bears in terms of their size: all bears were seen as equal (his peers). Tshepo appears to have identified with the solitary bear who he claims does not have a team (as on the other side). If interpreted as a struggle, the rope-pulling could symbolise his

struggle to win the acceptance and approval of his peers as he is constantly being rejected by his peers because of his aggressive behaviour. The situation could also be interpreted as a competition as Tshepo is very competitive and is always trying to prove himself (as noted during observations and play and assessment sessions), ultimately compensating for his feelings of insecurity.

In story 3 (the lion and the mouse) the story told by Tshepo described a hopeless situation with no happy ending in sight. The mouse wanted to please the old lion by making him a crown because he did not have one, but his attempt was inadequate – he had no paper. It seems that the mouse just gave up without trying very hard. Tshepo said that it was sad and that the mouse was worried. It could be assumed that Tshepo identified with the mouse. The mouse seems to have entered the situation with some insecurity in the sense that it was not very confident about facing the problem of having no paper in the first place. Tshepo was also experiencing insecurity and is not very confident within himself when he was expected to complete a task (although at times he is over-confident, thus displaying an unstable self-esteem) which is evident from the information gathered from the various sources used in the study. The mouse failed in the end and is therefore seen as inadequate. The lion is a very passive figure, merely sitting on his chair, making no attempt to make a crown for himself or to help the mouse. The lion figure may symbolise Tshepo's father, with the mouse wanting to please him and seek approval by making him a crown but failing, so that he will be rejected (Tshepo might have been experiencing some feelings of rejection by his father and might desperately want his approval and acceptance).

In story 7 (the tiger chasing and eating the monkey) Tshepo's story had the feel of a game or competition between the monkey and the tiger (even though the aggression was apparent). It is ultimately a fight for survival during which aggression is needed – one cannot be weak or be perceived as weak and insecure by others. Tshepo could have identified with both of the animals in a sense, each reflecting a different aspect of his character (which is consistent with other information gathered). Identifying with the tiger would be indicative of Tshepo displaying an inflated self-esteem (in compensation for his insecurities), as discussed later (in the section on inflated self-esteem). The tiger is the stronger of the two animals, that is the fiercest and the one that ultimately wins and can therefore be seen as successful – which is how Tshepo always tries to portray himself to others. Identifying with the monkey could reflect his feelings of insecurity and low self-esteem – the monkey being inadequate, the weaker one and failing to outsmart the tiger in the end.

b) Insecurity regarding the ability to control aggressive impulses

It is the opinion of the researcher that Tshepo was experiencing feelings of insecurity regarding his ability to control his aggressive impulses. This was demonstrated by his withdrawal behaviour following an aggressive outburst (as documented during the observation phase of the research study). After an aggressive outburst he would usually walk about the playground or classroom sucking his thumb and not interacting with anyone – keeping his distance. This might be because he was unsure of how to behave (after the display of such inappropriate aggression) and because he felt unsure of how he would be received by the other children. His withdrawal could also have been the result of feelings

of guilt because he had behaved so inappropriately. He might have been feeling embarrassed and shy about his inappropriate behaviour because everyone (being children) used to stare at him with wide eyes when he behaved aggressively.

The inability to control aggressive impulses is also reflected in Tshepo's free drawing as well as the 'Draw-a-Person' drawing. Lüscher (cited in Leibowitz, 1999) claims that too few fingers (as on the smaller figure in the free drawing and the 'Draw-a-Person') indicates a sense of perceived inadequacy with regard to achieving control. In the 'Draw-a-Person' picture the figure's fingers are also drawn as emerging straight from the arm (no palm area) and are drawn round and fat, which also indicates a lack of control.

c) Inflated self-esteem (as a means of compensating for felt insecurity)

There were a few instances where Tshepo tried to give the impression that he was smarter, stronger, faster and better than anyone else – either he was the best or he had the best. During the observation phase Tshepo was often observed displaying what could be called an 'inflated self-esteem' (being overly confident regarding his abilities and when this overly confident belief in his abilities are questioned or when he is faced with failure, he acts out aggressively) (Baumeister, Boden & Smart, 1996). It was noted that during the morning discussion in class, when the children were allowed to share their 'news' with the rest of the class, Tshepo would always try to outshine whoever was sharing their story. In one such instance a girl was sharing her delight in the fact that she had received a new puppy at home. She was still busy sharing her story when Tshepo interrupted by telling the class that he owned three dogs and two cats (which was not the case according to his

mother, who stated in the parent interview that they did not own any pets and had never done so because he is afraid of them). On another occasion, when a boy shared with the class that his father was going to take him to the Spur restaurant over the coming weekend, Tshepo claimed that he was going to the Spur restaurant in Durban. It was also noted, in observing Tshepo, that he was quite competitive with the other boys, often turning an ordinary task or activity into a competition and getting quite upset when he loses. There appeared to be one boy in particular, a very strong learner overall, who he always tried to outshine and it almost seemed as if he was trying to prove himself (in order to compensate for his perceived insecurity and/or in order to win approval from others). Machover (1949) is of the opinion that a large figure (as drawn in the free drawings and 'Draw-a-Person') could also be seen as the individual (drawer) having a high fantasy self-esteem.

Tshepo displayed an inflated self-esteem during the free play sessions as well. In the second play session (free play activity 1), when we played with the plastic toy animals, he immediately chose the two strongest and fiercest animals, namely the lion and the tiger. In the story's plot Tshepo's animals get the goal during the game of soccer; they were the 'cooler' ones and were better overall than the other animals and did not need anyone. This competitive behaviour and impression that they were striving to be the best are reminiscent of Tshepo's behaviour and serve as a means of compensating for his low self-esteem. He (lion and tiger) is verbally aggressive toward the other animals, calling the elephant fat and saying that he is not welcome to play soccer with them, calling him 'fatty' and chasing him away, and saying that the giraffe will only look funny with her long neck. When asked how he (the lion) would feel if he were called nasty names like 'fatty' he claimed that he would not be bothered and that he would simply kill whoever did that. Subsequently he fought

with and killed the elephant. This is typical bullying behaviour and this is how Tshepo often related to his peers. He always seemed to be trying to portray himself as being stronger, smarter and better in order to compensate for his feelings of inadequacy as well as to win approval and acceptance from others while at the same time pushing them away with his excessively aggressive behaviour and thereby reinforcing his low self-esteem and sense that he was being rejected by his peers. His perceived need to win the approval and acceptance of others could stem from his experience of rejection by his parents, whose behaviour he might have been interpreting as rejection (mother 'abandoning' him in a sense by working and living away from him for four years and his father not being present and being uninvolved in his life).

During the free play activity in the fourth play session Tshepo again portrayed himself as the hero, the fastest shooter and the person who killed all the bad guys instantly. In another scenario he was again the strong hero who overcame a fierce dragon who was trying to kill him. When he was asked to put the toys away at the end of the session he was defiant and claimed that he had better toys at home anyway and he did not need my toys.

6.3.4 Further themes

a) Anxiety

The information gathered regarding the participant Tshepo suggested that he might be experiencing some anxiety. Tshepo's living arrangements and behaviour were described

previously but this information is placed in the context of anxiety in the following discussion. It has been noted that Tshepo has moved house and changed schools numerous times. He lived with his aunt for four years, during which time he only saw his mother on weekends. It would be safe to assume that this could cause anxiety in any child. The fact that Tshepo's father was absent most of the time added to his experienced anxiety. The participant Tshepo (as described by his mother as well as noted in observations) appeared to be a fearful child, which could mean that he was experiencing anxiety.

Because of Tshepo's low self-esteem and poor self-confidence, he appears to be experiencing anxiety in terms of his insecurities and – when he is exposed to a new situation where he is unsure of what would be expected of him or when asked to complete a task which he is unsure of or when he fails to deliver – he use to lash out aggressively because of an inability to cope with the anxiety he was feeling.

In Tshepo's free drawings as well as the 'Draw-a-Person' there are features that are shaded. As stated above, the appearance of shading is said by various sources (Koppitz, 1968; Leibowitz, 1999; Machover, 1949; Noqamza, 2002) to represent the manifestation of anxiety and is said to be an emotional indicator. The trunk of the main figure in the free drawing done during class was partly shaded/scribbled in white, which could be interpreted as rather interesting. It seems that shading or colouring representing anxiety is applicable to Tshepo. He seems to experience a great deal of anxiety regarding his insecurities and feelings of inadequacy in relation to himself and his environment, in addition to experiencing anxiety regarding his perceived inability to control his aggressive impulses. This is also portrayed in his drawings (as will be discussed). The use of white to

scribble/colour the trunk of the figure could have been a conscious or unconscious decision and could symbolise an attempt to hide his feelings of anxiety as one cannot really see the colour white drawn on white paper (as has been explained many times in class when drawing activities are done). In the 'Draw-a-Person' drawing the figures' arms are coloured (no other element is coloured), which, according to Koppitz (1968) and Machover (1949), might reflect guilt feelings for aggressive impulses and hostility. The omission of arms is also said to reflect guilt over feelings of aggressiveness and hostility (Machover, 1949; Noqamza, 2002). This seems to be applicable to Tshepo as portrayed in other information gathered during the observation phase of the study. After every aggressive outburst, Tshepo tends to withdraw from the situation and environment, often resorting to immature habits (i.e. sucking his thumb), which indicates a sense of embarrassment. When one feels embarrassed because of one's own behaviours or actions this can be seen as an acknowledgement that one's behaviour has been inappropriate and/or wrongful, and the result may be feelings of guilt about behaving inappropriately and/or wrongfully. It is quite possible that Tshepo is experiencing guilt over his feelings of aggression and the excessively aggressive behaviour he displays towards others.

In the family drawing, all the figures' arms are shaded. This might symbolise tension and anxiety in the home, possibly tension between the parents. The fact that the father was away most of the time and mother was left to cope with the children might have been the cause of tension between them. There may have been tension and anxiety between Tshepo and his mother because they do not have a close relationship and are always fighting, and, there may be anxiety as a result of the insecurity Tshepo experiences regarding his father.

During the second play and assessment session, specifically the 'How do I feel activity' Tshepo avoided the question when asked to identify something that was worrying him. He asked about the toys I had brought to play with and exclaimed that he did not know. This might project a denial of issues that he is worrying about, such as the fact that he often feels angry, that he is rejected by his peers, that they do not want to play with him and general worry and anxiety regarding the insecurities he is experiencing regarding himself (e.g. worry that he could not draw nicely or complete a big puzzle).

b) Loneliness

The figure drawn in the 'Draw-a-Person' picture seems quite sad as the figure is alone and seems to be somewhat of an outsider without a home, friends or family. It could therefore be said that Tshepo may also be feeling lonely, being rejected by his peers because of his aggressive behaviour. He may even have been feeling rejected by his parents. He appears to have only one true friend, namely his cousin, who is in the same class as the participant at school.

Loneliness appears in some of the stories told from the 'Children's Apperception Test'. In story 1, Tshepo is the only one who does not like wrestling. He is therefore the outsider as everyone else likes wrestling. This could symbolise his feelings of loneliness and being left out of the interaction. In story 2, he had no team to help him pull the rope compared to the other side and therefore he was alone in the struggle. In story 3, the lion was portrayed as sitting alone passively and the mouse also seemed to be alone, with no one to turn to for help when trying to make a crown. Both appeared to be alone and helpless. In story 4 he

identified with the boy on his bicycle. No reference was made to family or friends and the other figures in the picture were seen as strangers. In story 9, the rabbit was alone, his sister had been abducted and there seemed to be no parents to help deal with the stranger who abducted his sister or to help find his missing sister. He slept alone and there was no one to help when he was scared of the dark, wanted to go to the bathroom or to lock his door to keep the strangers out.

c) Rejection

- Peers

It has been mentioned that Tshepo does not have many friends and is rejected by his peers because of his excessively aggressive behaviour as they are wary of him and see him as a bully. The typical behaviour he displays towards his peers is illustrated during the free play activity in session two – being nasty to others and adopting an attitude of superiority.

In the 'Draw-a-Person' activity (also noted above) the figure's smile could symbolise Tshepo's desire for approval and acceptance from others. The figure also said that she did not like to hit and bite other people (just like the participant). This pointed to the reason why she (the figure) might not be accepted by others and felt alone – the story displayed similarities between the figure and Tshepo's situation.

Story 2 of the 'Children's Apperception Test' might also symbolise Tshepo's feelings of rejection as he was alone on one side, pulling against others on the other side. This might symbolise a struggle for their approval and acceptance while at the same time reflecting his aggressive behaviour.

- Parents

In Tshepo's family drawing the father figure was not drawn next to him (the participant); the mother was between them. This could symbolise that the father was 'far away'. The fact that Tshepo's father was absent most of the time may have been experienced as rejection by Tshepo. He may also have experienced rejection as a result of his mother having left him with his aunt for four years, only visiting him over weekends. During this time he did not know his mother as his primary caregiver; she did not feed him, put him to bed, play with him or play a role in all of his development – all the things that create a bond between parent and child. This might be the primary reason why they did not have a close relationship with each other at the time of the study.

It is interesting that parental figures featured in only two (of nine) of the stories told during the 'Children's Apperception Test'. In story 5 there was a vague reference to a 'big bear' watching television and the only clear reference to a mother was in story 8. The vague reference to a parental figure in story 5 (watching television) sounds like a reference to his father, who was there but also not there, or seemingly 'far away'. The reason there were so few references to parental figures in his stories (although there were many pictures with figures that could easily have been identified as parental figures) could have been because

his parents were not a constant factor in his life (up to the time of the study). They had not always been there, and Tshepo had no reason to expect that they would always be there in the future.

6.4 Summary of findings

To summarise, the following factors as indicated by the information and findings discussed in this chapter could be related to the onset and maintenance of the participant excessive aggressive behaviour:

6.4.1 Instability in the home

- Inconsistent discipline and boundaries (referring to what is allowed and what not) were present in the home: Tshepo's mother was trying to be consistent in her approach to discipline but not succeeding and found it hard to exert authority and control; Tshepo's father was permissive and gave in to the participant's demands. This is based on information gathered from Tshepo's mother as his father was not present during the interview.
- Tshepo appeared to have poor relationships with both parental figures as the father was not playing any significant role in his life and he had not lived with his mother for four years. With Tshepo and his mother living together again, they have the opportunity to rekindle and work on their relationship. Even though they have been living together for a while, they still seem to be struggling to adjust.

- Tshepo's general home circumstances during his life thus far also reflected instability because he had moved numerous times and changed schools frequently – not living with either parent for four years of his life, seeing his mother only on weekends and not knowing when he would see his father. As mentioned (in section 6.2), the change associated with the moving of house or school is not necessarily traumatic or stressful to a child and can even be an exciting event. It is the opinion of the researcher that this, in the instance of Tshepo and considered in conjunction with other information regarding his circumstances, could possibly play a role in feelings of insecurity regarding himself and his environment.
- Because the participant's environment was unstable, instead of adapting to change, he might have adopted an attitude of expecting everyone to adapt to him - he would rather do as he pleased (which might be a means of compensating for his insecurities, trying to exert confidence through his aggressive behaviour when he actually felt unsure of himself and his environment).
- Tshepo experienced peer rejection because his excessively aggressive behaviour had led to feelings of loneliness (his only friend being his cousin) and a need to present himself as 'better' than others (as demonstrated by his inflated and unstable self-esteem). A cycle of aggression came into being when Tshepo's excessively aggressive behaviour led to his being rejected by his peers and the peer rejection he experienced led to more aggressive behaviour, which could be seen as an attempt by the participant to exert control through overconfident behaviour (in order to hide/compensate for insecurities) and also in an attempt to gain acceptance from his peers. The peer

rejection led to more aggression, which added to his feelings of insecurity and low self-esteem.

- Tshepo was frequently exposed to media violence as he spent a lot of time watching television programmes at home. In chapter two, it was stated that research (Cantor, 2000; Durkin, 1995; Bandura, 1983; Molitor & Hirsch, 1994; Mullin & Linz, 1995) shows that aggressive viewing can make a difference to children's aggressive tendencies and behaviour as well as make them more tolerant of aggression and aggressive acts.

6.4.2 Insecurity within himself

- Tshepo appeared to display an inflated self-esteem and acts over-confident at times and his aggression may have been used as a coping mechanism, as he did not know how else to behave when feeling uncertain or unsure of himself. His excessively aggressive behaviour might also have been an attempt to gain 'control' of the situation – he wants to dictate the games and activities played with friends, he wants to do as he pleases and not what the teacher (for instance) expects of him.
- Tshepo often used to lash out aggressively when feeling unsure of himself or when he was in an unfamiliar situation where he was uncertain of what would happen and what would be expected of him. This may be a reflection of his low self-esteem, poor self-confidence and feelings of inadequacy.

- Tshepo displayed an apparent inability to control his aggressive impulses and may possibly have been experiencing guilt feelings (as he showed awareness of his problem/excessive aggression) and resultant anxiety because of his inability to curb his aggressive behaviour.
- Tshepo appeared to be impulsive in his aggressive behaviour and showed inappropriately immature behaviour (compared to his peers of the same age and ethnic/cultural background), which illustrates an inability to control or difficulty in controlling aggressive impulses. These immature behaviours include behaviours (as noted in the observations) such as his excessive sulking and thumb-sucking for example (see section on immaturity).
- Tshepo appeared to be hyperactive (in the sense of being overly active and busy compared to his peers) which contributed to his inability to control his aggressive impulses and often acted without thinking or considering the consequences of his actions.
- Tshepo was an average learner academically and found it difficult to concentrate in class. He had difficulties in some areas, specifically in written work, (compared to his peers in the class) and this gave rise to and contributed to his feelings of inadequacy.

- The participant apparently believed he needed to be the best at everything (he is always telling others that he can run faster, build a bigger puzzle or throw the ball further) and must at all times to be in control and confident (in an attempt to hide and cope with his felt insecurities). This attitude might have been the result of his feelings of rejection by his parents. He tried to win the approval and acceptance of others by behaving the way he believed he should and being the best, strongest and most confident (not weak and insecure as he actually perceived himself to be). He believed he needed to prove himself to others but this might also have been an attempt to prove to himself that he did not need anyone to care for him or to get by.

The major factors triggering aggressive outbursts seem to have been instances where Tshepo felt insecure within himself (when he showed poor confidence in his own abilities and believed he would fail or when failure was predicted) or his environment (when exposed to a new, unfamiliar situation). Tshepo showed defiance and aggression when adults exerted authority and he did not want to comply with requests from others in general.

The use of the various play therapy techniques utilised with the participant in this study had the following effects:

- It created awareness in the participant of his excessively aggressive behaviour and anger and it helped him to become aware of the consequences of his aggressive behaviour (i.e. getting into trouble when hurting others verbally or physically and not having any friends to play with because you are mean to them).

- It provided an opportunity for Tshepo to express and vent his excessive feelings of anger and aggression in a safe environment through activities that are non-threatening and fun (this refers to the blow up/punching doll exercise).
- It gave the participant the opportunity to act out alternative solutions to conflicts and find an alternative to aggressive behaviour.
- The use of play therapy techniques and unstructured play during the play and assessment sessions provided the opportunity to assess the participant's aggressive tendencies and also his overall well-being.

6.5 Conclusion

The information (observations, parent interview, drawings, CAT stories and free play sessions) gathered on the participant, Tshepo, seems to provide consistent information as a whole. In all of the information, themes of aggression and insecurity can be found. Tshepo's home situation in the past as well as the present, might not have reflected stability although he did live with family and was provided for in the least and might have build some sort of secure relationship with his aunt. Many children live away from their parents or have absent fathers, thus, these factors alone might not constitute a problem and lead to the development of disruptive and aggressive behaviour or feelings of rejection. Any one of these factors mentioned in this chapter might not necessarily be responsible for the onset and maintenance of a child's behavioural or emotional problems, but taken together as a whole, each may contribute to Tshepo's overall problem of aggression which ultimately serves a function in terms of coping with his felt insecurity.

CHAPTER 7

CONCLUSION

7.1 Introduction

In this concluding chapter the research process will be evaluated and reflected upon. The strengths and limitations of the study will be looked at and recommendations will be made for future research on the topic of excessive aggression during the preschool years and the use of play therapy.

7.2 Reflection on the research process

The researcher aimed to gain an in-depth understanding of the possible factors relating to the onset and maintenance of excessive aggression in a preschool child and specifically factors related to the excessively aggressive behaviour of the participant (Tshepo) involved in the study. Through daily interaction with and observation of Tshepo, the parent interview and the play and assessment sessions using unstructured play and various play therapy techniques, the researcher was able to establish a relationship with the participant and became fairly well acquainted with the participant's circumstances, which have probably contributed to his excessively aggressive behaviour. The fact that the researcher was the participant's teacher as well, was considered an added benefit with regards to the established relationship between the participant and the researcher and added value to the information gathered.

This research study also attempted to illustrate the fact that play therapy seems to be a suitable and effective approach when dealing with aggressive children. Play is said to be a child's innate mode of communication and play therapy is essentially a technique through which a child's natural means of expression (play) is used as a therapeutic method to help the child cope with trauma, emotional stress or troubling feelings and behaviour he/she might be experiencing (McIntyre, 2011; Russ, 2004). The toys used in play therapy may be seen as the children's words, and play as their conversation with the therapist (Hall, Kaduson & Schaefer 2002; Johnson & Chuck, 2001; Russ, 2004). Play therapy therefore provides a non-threatening mode of interaction with children, making it easier for them to learn how to cope and deal with whatever stresses they may be experiencing. The research study made use of unstructured play and several play therapy techniques in the investigation and assessment of the participant's excessive aggression and was not used as a therapeutic method as such.

The research participant in this study is an example of a preschool child who reveals excessively aggressive behaviour which cannot be regarded as suitable for his age. By using various play therapy techniques to assess and deal with his excessively aggressive tendencies, the researcher was able to become well acquainted with Tshepo and to see the fragile, vulnerable child underneath the aggression he displayed. In no way is it claimed that Tshepo has been 'cured' of from his overly aggressive impulses and behaviour – he will still need to work hard in order to cope with his insecurities as well as to learn alternative ways to relate to others and acquire more efficient conflict resolution and social skills. It was strongly recommended to the participant's mother that he needed to

see a professional and qualified therapist in order to help him with his excessive aggression.

Aggression in preschool children is a social issue, and there are more children who are similar to the research participant used in this study. Despite the fact that the researcher had difficulty in identifying other children displaying the inappropriate levels of excessive aggression, it is not regarded as indicative that the social issue of excessively aggressive behaviour among preschool children is unworthy of further investigation. The inappropriately and excessively aggressive behaviour children display most often lead to lasting and disastrous effects in the lives of these aggressive individuals and it is therefore essential to not only identify these children, but to also provide timely and appropriate intervention. The excessively aggressive behaviour the participant displays is not considered the norm, but rather representing an extreme case, which may justify why a single case study was used in order to gain in-depth understanding of the social phenomenon of excessive and inappropriate aggressive behaviour during the preschool years.

After the research participant had been identified, written consent was obtained from his mother for him to participate in the research study. A parent interview was conducted after which Tshepo was observed at school on a daily basis in the classroom as well as on the playground among his peers. All aggressive incidents and other significant events (i.e. events that triggered his aggressive outbursts) were noted and a diary of these observations was kept. During this time good rapport was established between the researcher and Tshepo after which play and assessment sessions commenced on a

weekly basis for the course of six weeks. Each session was planned ahead and entailed various play activities and assessment measures (all performed with the guidance and supervision of a qualified psychologist and the assigned supervisors of the study). This assisted the researcher to gain valuable insights into Tshepo's reasons for behaving aggressively and his general aggressive state of being. Tshepo's privacy and well being were accorded the utmost respect. Information gained from the research study was treated as confidential at all times and was not used in any other manner but for the purposes of this research study.

The participant's real name and surname are not mentioned anywhere in the study and the pseudonym 'Tshepo' is used throughout the study to maintain anonymity and uphold confidentiality. Continuous communication pertaining to the progress of the research study and the information gathered existed between the researcher and Tshepo's mother and she was informed of her right to withdraw Tshepo from the research study at any time.

7.3 Summary of the research

The research study revealed that identifying and isolating the reasons why a preschool child is showing age-inappropriate and excessively aggressive behaviour is no easy task. Many factors may have an influence on whether a child will or will not behave aggressively in a specific situation and there are usually multiple factors that contribute to the development and maintenance of a child's excessively aggressive behaviour. Previous research revealed that there are numerous aspects deemed as important when the concept of aggression is defined and in helping to determine whether an act can be

described as aggressive. Several theories (such as Dodge's social information processing theory (Chan, 1994; Dodge, 1986; Shaffer, 1994) and Bandura's social learning theory (Bandura, 1983; Krahe, 2001; Shaffer, 1994) as discussed in chapter two) aim to explain the onset and development of aggression and each offers valuable insights into the concept and phenomenon of aggression.

7.3.1 Self-esteem

An individual's self-esteem has long been considered an important factor in explaining a child's aggressive behaviour. Several sources (cited in Krahe, 2001; Moeller, 2001; Van Niekerk, 2005) support the view that low self-esteem would precipitate negative feelings about the self, thus making a child more likely to use aggression against others. Kaplan (cited in Moeller, 2001) argued that children with low self-esteem often seem to be unable to acquire recognition from peers in socially conventional ways (e.g. being academically strong, performing well in sports or other extracurricular activities) and they thus often turn to antisocial and aggressive behaviours in order to get the recognition they need from others. According to Oaklander and Christie-Mizell respectively (cited in Van Niekerk, 2005) an aggressive child often has a very low and/or negative opinion of him/herself which predicts higher levels of aggressive and antisocial behaviour.

Contrary to the above, further studies (cited in Krahe, 2001; Moeller, 2001) suggested a correlation between 'inflated' self-esteem and aggression, arguing that aggressive children tend to have an inflated and unstable self-esteem which makes them more prone to aggressive behaviour, particularly in response to stimuli perceived as a threat to their high

self-esteem (Krahé, 2001). Even ambiguous stimuli are often interpreted as hostile by these individuals.

Geen (2001) furthermore notes that provocation by others seems to threaten and/or weaken a child's self-esteem and retaliation helps to restore it. Geen also claims that the protection and restoration of one's self-esteem have been indicated as a possible cause of aggression. Both these views regarding self-esteem (whether a high or low self-esteem contributes to the development of aggressive behaviour) appear to be relevant when considering Tshepo's circumstances. Not only does Tshepo have a low self-esteem and a negative view of himself and his abilities, he also displays an inflated self-esteem, especially when in interaction with his peers, thus, Tshepo displays an unstable self-esteem. It seems (as observed in the observation phase of the research study) that Tshepo presents himself as very confident but only as a means of compensating for his low self-esteem and feelings of inadequacy and lashes out aggressively when his confidence is in question and failure seems apparent.

7.3.2 Attachment

Previous research findings regarding attachment and aggression seem to produce mixed results (in terms of the effect attachment has on a child's excessive aggressive behaviour). Moeller (2001) indicates that insecure attachment seems to be related to aggression. Thus, attachment deficiencies are not likely to be a direct cause of a child's excessive aggressive behaviour and are therefore not a necessary or sufficient cause for aggressive and antisocial behaviour later in life but it can nevertheless be considered to be an

important risk factor (Moeller, 2001). Research findings from the current study revealed that the participant appears to have an insecure attachment to both his parents. He did not live with his parents and therefore was not raised by his parents between the ages of two and six years. It is evident from the information gathered during the parent interview that his relationships with both his mother and his father are strained at present. Tshepo's insecure attachment to both his parents can be assumed to be a contributory factor to the development and onset of his excessively aggressive behaviour and general defiance of authority in the home.

7.3.3 Parental influence and discipline

Numerous studies, (cited in Durkin, 1995; Moeller, 2001) state that the family setting is the most influential environment where children learn about aggression (i.e. the use of aggression and to act aggressively). Various associations have been found between family characteristics (such as parenting styles) and aggression in children (Durkin, 1995; Landy & Dev. Peters, 1992). Parents of aggressive children tend to be more inconsistent in their use of punishment, which in turn teaches children to be persistent as the parent will ultimately comply with their demands (Grusec & Lytton, 1988; Moeller, 2001). A pattern of coercive behaviour is therefore learned. According to Patterson (cited in Durkin, 1995; Moeller, 2001), both persons in such a coercive relationship (such as between an aggressive child and his/her parent(s)) are reinforced – one by compliance and the other by the cessation of the aggressive behaviour. Inconsistent discipline therefore seems to promote self-perpetuating cycles of aggressive behaviour. Children who grow up in family

environments of this kind often develop social-cognitive deficits and distortions that may add to the long-term maintenance of aggression.

It is evident from the research findings in the current study that not only is the relationship between Tshepo and his parents strained but consistent discipline from either parent is lacking. The mother attempts to be strict with Tshepo (in the sense of being consistent with rules and discipline) but ultimately wants to avoid conflict and therefore tends to give in to his demands (to avoid an aggressive outburst). The father seems to be totally permissive in his approach to discipline and is easily manipulated by Tshepo. Both parents therefore appear to reinforce Tshepo's aggressive behaviour. Tshepo has thus learned that his aggressive behaviour is a means of conflict resolution and problem solving.

7.3.4 The aggressive preschool child

It is evident from the literature review that all children display some aggression at some point in their development, especially when interactions with siblings and peers increase and when a greater desire for independence develops. However, if children are not taught to control their aggression and/or learn alternative, healthier ways to deal with conflicts the consequences can be disastrous. It is evident that some children display abnormally high levels of hostility and aggression towards others with either little or no provocation and if these children are left to behave in this manner it can lead to lasting delays in the acquisition of self-control and moral development and predict antisocial behaviour later in life (Archer & Côté, 2005; Berk, 2003; Broidy, et al., 2003; Cavell, 2000; Hudley, 1994; Krahe, 2001; Moeller, 2001; Shaffer, 1994; Tremblay et al., 1999). The literature review

furthermore revealed that impulsive, overactive children are often at risk for high aggression but whether or not they become aggressive and hostile adults depends among other things on child-rearing practices and conditions (Cavell, 2006; Shaffer, 1994). In relation to the literature review, the findings in the current study show that the participant, Tshepo, can be described as both impulsive and overactive and with accompanying factors such as his unstable home environment (including inconsistent discipline and insecure attachment to his parents) as well as his low self-esteem, the prediction of continued and later aggression and hostility is palpable if his excessively aggressive behaviour is not dealt with effectively and in time.

7.3.5 Exposure to media violence

Numerous research studies (Anderson et al., 2003; Anderson & Bushman, 2002; Bushman & Huesmann, 2001; Frost, Wortham & Reifel, 2001; Moise-Titus, Podolski & Eron, 2003) demonstrate that exposure to high levels of violence in the media as well as television and computer or video games can lead to higher levels and increased probability of aggression and aggressive behaviour in children. It is said that children who are exposed to aggression through the media are likely to imitate the aggression they have seen (Anderson et al., 2003; Anderson & Bushman, 2002; Bushman & Huesmann, 2001; Calvert, 2006). As they watch more television programmes they become increasingly likely to resort to hostile and aggressive methods of problem solving (Berk, 2003). Seeing violence and aggression on television may spark hostile and aggressive thoughts and behaviour in aggressive as well as non-aggressive children. Observing violence is also said to make children more tolerant of aggression in others and their environment, thus

having a desensitising effect. It could be said that violent television programmes teach children that violence is a fact of life and is therefore acceptable. Calvert (2006) found that early identification with media characters and investment in television content as measured by the featuring of television in conversations and the use of television themes in play during early childhood, are linked to later aggression during adolescence and adulthood.

Further research studies (cited in Grusec & Lytton, 1988) however found little evidence to support the idea that exposure to violence in the media contributes to aggressive behaviour in children. Clearly, more research is needed on this topic.

In conclusion, there seems to be sufficient evidence that media violence does produce short-term effects on arousal, thoughts and emotions, thereby increasing the likelihood of aggressive behaviour (Browne & Hamilton-Giachritsis, 2005). The evidence for long-term outcomes for children exposed to media violence seems to be more controversial, however. According to Browne and Hamilton-Giachritsis (2005), this is mainly due to the methodological difficulties in correlating behaviour with past viewing. Repeated exposure to violence and aggression seems to have a desensitising effect and long-term repeated exposure to media violence seems to predict that people will become more aggressive in their outlook, attitudes, beliefs and behaviour than they were before (Gentile, Lindor & Walsh, 2003). It is possible that Tshepo's frequent television viewing (including aggressive and/or violent content as indicated in numerous instances during the gathering of data) may have contributed to his excessively aggressive behaviour and the fact that he regards this behaviour as an acceptable and effective means of interacting with others and achieving goals or solving problems.

* * * * *

In summary, the study demonstrated that there appears to be multiple pathways to the development of excessive aggression and conduct problems in children and there seems to be little doubt that early interaction (or the lack thereof) with parents is very important in the development and maintenance of aggressive behaviour. Both parent and child are responding to numerous factors that impact on their ability to engage in mutually pleasant and sensitive interaction. Parents' own experiences as children, while they were being parented, have an influence on their interaction with their own children. Available social support and life stressors also have a considerable impact on the energy and emotional availability of parents to their children and this in turn will have an impact on early interactions between parent and child (Landy & Dev. Peters, 1992). Furthermore, the child brings numerous individual characteristics into the early relationship with the parent(s), such as temperament, responsiveness and degree of predictability.

Any research question in development psychology includes a reference to the nature-nurture controversy and this is also the case with youth aggression. The question that arises here is whether a child's aggression is caused by his/her innate biological disposition or whether it is caused by environmental factors such as early life experiences in the home, or outside the home at school and with peers (Moeller, 2001). Neither nature nor nurture can operate in the absence of the other and it is therefore said that all behaviour, including aggression, is caused by the combined contributions of both nature and nurture. According to research (Berman, McCloskey, & Broman-Fulks, 2003; Moeller, 2001), a child's innate characteristics seem to predispose him/her to aggression and the aggressive behaviour occurs only when a predisposed child is exposed to an environment

that facilitates such behaviour. It is clear that aggression has no single identifiable cause and that it includes several complex psychological and social events, thus requiring a multidimensional approach (Berman et al., 2003). A biopsychosocial approach to aggression suggests a complex interplay of biological (although not fully investigated in this study), psychological and contextual factors in the development and maintenance of aggression. This approach involves the investigation of how these multiple factors operate together in a systematic and integrated manner and thereby result in a child displaying inappropriate and excessively aggressive behaviour (Berman et al., 2003).

7.4 Strengths of the study

Many previous studies on the topic of aggression focused on aggression among children in general or on children in the middle childhood years or older children. This might be due to the fact that children in the preschool years often tend to behave more aggressively but that this is age-appropriate aggression (Krahé, 2001; Moeller, 2001). Inappropriate excessive aggressive behaviour is more identifiable during middle childhood and adolescence because children of that age already should have more advanced social skills and more pro-social ways of conflict resolution and interaction. It can be difficult to identify a young child (especially during the preschool years) that one would say is more aggressive than is normal or age-appropriate. In this study it was found that it is possible to identify an inappropriately and overly aggressive child (such as Tshepo) at an early age.

Excessively aggressive behaviour at an early age is however problematic and should be taken seriously since it calls for intervention (Cavell, 2000; Hudley, 1994). An important

aspect indicated by research findings related to aggression in the preschool years (cited in Archer & Côté, 2005; Broidy, et al., 2003; Cavell, 2000; Hudley, 1994; Krahé, 2001; Moeller, 2001; Shaffer, 1994; Tremblay et al., 1999) is that aggression is a stable attribute and that aggressive children usually turn into aggressive adolescents and adults, making early aggressive behaviour a good predictor of later antisocial and even criminal behaviour in adolescence and adulthood.

This research study attempted to illustrate some of the factors that could relate to and have an influence on the onset and maintenance of a preschool child's excessively aggressive behaviour. Although these possible influences on the development of a preschool child's aggression are not all discussed in full detail, the opinion is expressed that the study does provide a thorough indication of the fact that there is no single cause of a young child's excessively and inappropriately aggressive behaviour. Instead, as the study indicates, there are multiple, bi-directional influences at work that cause a young child to act out in an aggressive manner.

A qualitative approach entails conducting research into the experiences and perceptions from participants' daily lives and involves identifying beliefs and values underlying a particular social phenomenon, thereby producing descriptive data. Research conducted in the qualitative paradigm (Fouché & Delport, 2002) is mainly concerned with understanding phenomena rather than explaining them and includes naturalistic observations of the participant(s) involved. The nature of the research in this study is descriptive – this type of research attempts to provide specific details of a specific situation or relationship, thereby aiming to describe the phenomenon of aggression among preschool children (Fouché,

2002b). It can therefore be referred to as an in-depth investigation of the phenomenon of excessive aggressive behaviour among preschool children and the factors leading to and/or contributing to this aggression as well as of how this aggression affects the lives of these children and of the people around them. The use of a single instrumental case study (an in-depth analysis of the single case) has fulfilled the aim of the study: using the participant in the study to provide an example of how an inappropriately and overly aggressive preschool child would present, as well as how multiple factors would/could interact in order to contribute to the development and maintenance of such excessive aggression. The study also illustrates the impact of the participant's excessive aggression on his life and how this in turn contributes to the maintenance of his aggression.

The study (through the use of unstructured play and various play therapy techniques) created an opportunity and a safe, non-threatening environment for an overly aggressive individual to express his aggressive impulses as well as an opportunity for him to project his inner thoughts and emotions. The fact that there was only one participant gave the researcher ample time to establish good rapport and to build a trusting relationship with the participant. Because the participant is a child, the researcher took the utmost care (making sure his best interests were always at heart being the most important part of the research study) and the involvement of the parent (Tshepo's mother) was regarded as essential as her role is regarded as important in the research process and valuable information was gained from her. Tshepo's mother regarded the research study as meaningful and helpful. She felt that it helped her to understand the seriousness of Tshepo's excessive aggressive behaviour and made her aware of how hard she needed to work on their relationship in

order for both parties (mother and son) to be able to deal effectively with the issues in their relationship and help Tshepo learn alternative, healthier ways to behave.

In qualitative research trustworthiness and dependability are used as alternatives to reliability and validity – where the concepts of trustworthiness and dependability are taken to refer to the degree to which the reader can be convinced that the findings occurred as stated by the researcher (Van der Riet & Durrheim, 2006). In qualitative research the quality of a research study is considered to be important as this determines whether the research has fulfilled its purpose of generating understanding. This is achieved mainly through rich and detailed descriptions of observations, actions and accounts during the research. Credible research therefore refers to research findings that are both convincing and believable.

Not always being able to generalise findings in qualitative research, as human accounts and subjective realities regarding social phenomena vary, is considered a negative trait of qualitative research and is specifically applicable when single case studies are used. The counterargument is that research findings should be transferable and should be achieved mainly by producing detailed and rich descriptions of the contexts and samples studied. This provides detailed descriptions of meanings developed in the specific contexts studied (in this case, aggression during the preschool years). These understandings can then be transferred to new contexts by providing a framework for further studies on the topic (Van der Riet & Durrheim, 2006).

In this study dependability and credibility were pursued through the provision of rich and detailed descriptions of observations and meetings with the participant as well as the thoughts and insights of the researcher. Because a single participant was used in the study the research findings cannot be generalised. However, because of the insight and in-depth understanding the researcher gained from the study through the use of triangulation, results can be transferred to other contexts and samples, enabling further studies to be undertaken to continue the investigation of the social phenomenon of aggression in preschool children.

7.5 Limitations of the study

Themes identified and interpretations made in the study were co-constructed between the researcher and the participant and are therefore not absolute truths. Another researcher could co-construct a different research reality, identify alternative themes in the data and possibly arrive at different interpretations. Although the researcher's interpretations could have been influenced by her outlook on the world, she attempted to remain trustworthy and dependable throughout the research study.

Because a single research participant was used in this study, the outcomes of the study cannot be generalised to the population at large. The researcher did not intend the findings to be generalised, however. Instead, the researcher attempted to illuminate the uniqueness of the participant's experiences, thereby providing rich and in-depth descriptions. It is hoped that the richness of the research and insights that emerged from

the study may lead other researchers to undertake further studies aimed at gaining an in-depth understanding of excessive aggression among preschool children.

The fact that the participant's father was not more involved with the research process (especially in the parent interview) could be regarded as a limitation of the research study. It is possible that additional valuable information could have been extracted regarding the relationship between the participant and his father and the relationship dynamics between the participant's parents. Although this would probably not have changed the research findings in any way, it could have contributed to existing findings. The fact that the participant's father was not interested in being involved in the research study could, however, in itself be regarded as valuable information contributing to the study, as it illustrates the reality that the father of the participant is not involved in his son's life and does not seem to want to change this reality any time soon.

7.6 Recommendations for future research

This research study makes a contribution to the field of developmental psychology by providing an in-depth perspective and valuable insights into the factors relating to the onset and development of excessive aggression during the preschool years. More qualitative studies are, however, needed to identify overly aggressive preschool children as well as to help these children and their families to deal with the issues that arise as a consequence or result of the excessively aggressive behaviour displayed by the child. As only one participant was used in this research study, the research findings cannot be generalised.

Future studies could therefore include not only multiple research participants but also participants from various ethnic and/or cultural backgrounds.

Potential studies could include the presentation and investigation of specific play therapy techniques to be used in therapy with aggressive children. This study was not designed to incorporate the participant's parents in the play therapy process although it is evident that parents are important and it is crucial to involve them. Children's overly aggressive manner of relating to others and their environment frequently stems from dysfunctional family interaction patterns, both between family members and in the home and such patterns need to be corrected. Future research could enhance the focus on the role of parents and the way parents might change coercive communication patterns with their aggressive child as well as on helping parents deal and cope with their children's excessive aggression.

The possible causes to aggression in humans and children attributed to biological, genetic and neurological factors could also be further studied as this was an area this research study did not address in its entirety.

This research study could possibly create more awareness of the social issue of excessive aggression during the preschool years and will hopefully generate an understanding among people who have to deal with excessive aggression in young children that this is a social problem in our world and in our children's lives that is worthy of investigation and intervention. Intervening in an overly aggressive child's life might save him/her from a

potentially negative and destructive developmental pathway that could have dire implications not only on a personal level but also on a larger scale.

During this research study the researcher gained a great deal of insight, and it is her wish that the research will in turn feed valuable insight back into the lives of others and those who are wrestling with this issue, namely the aggressive children themselves as well as their parents and other adults attempting to help them and to make a difference in their lives.

Berman et al. (2003) claim that aggression is multi-determined social behaviour. It is evident that a full understanding of human aggressive behaviour will almost certainly require a biopsychosocial approach. Aggressive behaviour cannot be seen as a one-dimensional phenomenon which can be accounted for by a small number of related factors. Awareness and understanding of the social context and development of aggression may help guide future research efforts and clinical practice in helping overly aggressive children, who are at risk.

“Aggression unopposed becomes a contagious disease.”

(Jimmy Carter, 39th President of the United States)

(<http://www.brainyquote.com>)

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