

## **CHAPTER 4**

### **GESTALT PLAY THERAPY TECHNIQUES**

#### **1. OVERVIEW OF GESTALT THEORY OF THERAPY**

According to Zinker (1977:24) “Psychotherapy is a lively process of stoking the client’s inner fires of awareness and contact”. The following sections cover some important aspects of the theory of Gestalt therapy. The researcher is of the opinion that it is important to know the theoretical base on which a therapeutic programme has been developed. It is important for the therapist who uses the intervention programme of this study to have a knowledgeable foundation to work from. This chapter covers the theoretical background of the techniques used and provides suggestions for the application thereof. All applications of the discussed theory in the following sections will therefore be handled as suggestions, which should be or can be applied to the intervention programme.

##### **1.1 Background**

Fritz and Laura Perls founded Gestalt therapy in the 1940’s (Yontef, 1993:2). It teaches a phenomenological method of awareness. The therapist and client perceive, feel and act in the present moment, rather than to interpret the past. Therapists and clients engage in dialogue with each other, communicating their phenomenological perspectives. The differences in these perspectives are discussed and experimented with. The goal of therapy is for the client to become aware of his true self as being presented in the present time and place. The client also learns how he can change himself and at the same time comes to value and accept himself.

Gestalt therapy focuses on the process of therapy and not really on the content, thus rather on what is happening (being done, thought and felt) than on what is being said about what was, might be, could be or should be. (Yontef, 1993:2)

## **1.2 A phenomenological and existential perspective**

### 1.2.1 Discussion of concepts

A phenomenological perspective helps a person to stand aside and perceive himself as he really is. Existentialism uses this phenomenological method to help a person to focus on his existence and to continuously grow and develop. (Yontef, 1993:2-3)

The researcher understands these two concepts better through the views of Zinker (1977:77). He describes the phenomenological perspective as whatever it is a person is experiencing as uniquely one's own. A person's world is the totality of experiences of oneself as you are. Phenomenology is thus the experience of the self as it is.

Zinker (1977:77) adds the experience of self (phenomenology) to the present moment. "...adding the dimensions of here and now gives these personal phenomena an existential immediacy:..."

The researcher concludes that a phenomenological perspective focuses on the person's experiences of himself and of his world. It is an existential experience, because it will come to an end. Existentialism thus relates to having a meaningful life. The person develops and grows to reach his full potential in the present time – existentialism is the urgency to grow and develop, because we don't live forever. A person has an existential experience when he realises that he needs to fulfil his full potential within a given time.

### 1.2.2 Application

As the focus of the programme of the current study is greatly awareness and growth, it adheres to the two concepts above. In this emotional intelligence programme, children grow and develop through a process of being aware and experimenting with alternatives during the therapy sessions.

## **1.3 Figure-ground**

Koffka and Wertheimer (in Zinker, 1977:92) described the figure and the ground in relation to perception and cognition. A person experiences his environment visually. He chooses to focus on one perspective, which is embedded in a fuzzy background. The background is fuzzy because he does not focus on that part and therefore it is not important enough to be clear. That on which the person focuses is the figure, it stands out. The rest is the ground. If

one will change perspective and focus on something else, that part will be the figure and the rest the ground. (Zinker, 1977:92) It is also important to note here that the figure never stands in isolation from the ground. It is always viewed against a background. And as already stated here, perspectives change and therefore the succession of figure and ground is continuously changing. (Compare Harris, 1998a:13; Mackewn, 2004:179.)

In this study the members of the research groups focused on a specific part of themselves and their emotional intelligence as well as applications of these in their lives during a session. That part on which they are focusing during a specific moment will be the figure. The context, in which that part of their selves exists, is the ground. This ground can include the culture of the child and / or his process or behaviour style and his cognitive processes. The child's foreground issues at a specific moment are part of and are influenced by his greater context (Mackewn, 2004:181). The researcher as therapist focused on specific foreground issues, which at that moment act as the child's figure. This figure is always part of the child's bigger context or ground. The figure and ground of the children were never isolated from each other, because this is a culturally sensitive programme. The researcher as therapist was continuously aware of the influence of the children's cultures or the ground in which the figure was embedded.

### 1.3.1 Figure-ground and the healthy individual

According to Zinker (1977:93) a healthy person can distinguish clearly between what is on his foreground, thus what interests him at that moment, and what is not that important or interesting. He experiences the sharpness and clarity of the figure and is not interested in the faded ground.

### 1.3.2 Figure-ground and the unhealthy person

Disturbed people, on the other hand, cannot distinguish clearly between figure and ground. They do not have a clear purpose or focus. When they consider a certain situation they cannot decide what they would like or not. They are unable to separate what is important from the unimportant. (Zinker, 1977:93)

The researcher understands the previous two paragraphs in relation to the current study as follows: A healthy child in the research group will be able to focus on the specific part of himself, which is addressed at that moment. He would be aware of that part of himself and be able to address any unfinished business and growth needs. The unhealthy child, might be

ignorant of the parts of himself, which are not healthy and which needs to change and grow so he can develop his full potential. Such a child might not be aware of that part of himself, which is addressed at a specific moment during a session.

### 1.3.3 Figure-ground, emotional intelligence and culture

This relates to goal setting in emotional intelligence themes. Children should be aware of what is really important for them – their values and priorities – and should also be aware of where they are heading. These are specific themes in the current emotional intelligence programme. In order to teach this in a Gestalt way, the children can engage in activities to heighten the awareness of their own values, priorities and goals. The latter might be influenced by the children's culture, but it is acceptable if the children in the group differ from each other on their values and goals. The most important thing is that each individual should gain awareness of these and start to develop this through their lives. As Zinker (1977:93) states, a child who cannot define which values and priorities are important to him might need help. His differentiation between figure and ground might not be clear enough and he might therefore experience some unfinished business.

The researcher also connects an inability to distinguish between figure and ground to an introject (1.10 Boundary and contact boundary disturbances). This introject can manifest in situations where people would follow the values and principles of their culture as their own without questioning it. In the current study the children is in a stage of moral reasoning where they would follow moral rules to avoid punishment and to contribute to their own happiness, according to the theory of Kohlberg (Mwamwenda, 1996:150). The researcher is of the opinion that the children can already question these moral rules of their culture. According to Smetana (in Leman, 2001:208) children can make a distinction between morals and conventional rules from the age of three. According to the researcher the children in primary school can thus make choices concerning values and does not only have to use cultural values as introjects. As stated in chapter 2, 1.4 Moral development, the current study should not attempt to change the values of children, but help them to be aware of these and to grow to higher levels of emotional intelligence. The latter might equip them not to have unhealthy introjects. In such a way they can operate as healthier individuals, who can clearly distinguish between what is important for them as persons – thus having a clear distinction between figure and ground.

## **1.4 The therapeutic relationship**

The basis of Gestalt therapy involves both a focus on the therapeutic relationship and on process. The relationship in Gestalt therapy is one of the curing factors in therapy. (Jarosewitsch, 1005:1) The relationship grows out of contact between the therapist and client. Through such contact people can grow and form their identities. (Yontef, 1993:3)

According to Ivens ([sa]:4) the relationship between therapist and client is authentic and an end in itself, not a means to an end. The therapist takes active part in the process of change by sharing and revealing anything that seems useful to enhance this curing relationship.

The relationship is discussed in more depth in this chapter in, 2.2.4 More theoretical principles: The therapeutic relationship in Gestalt play therapy.

The researcher wants to emphasise the healing properties of a true and accepting relationship between the therapist and children in the current study. The therapist should be very aware of her self and her experience of the relationship, as this will be the main healing factor here. This could create the safe environment within which the children can learn the important skills needed for good emotional intelligence.

## **1.5 Gestalt therapy as a process**

### **1.5.1 Discussion**

As stated in 1.4, the basis of Gestalt therapy involves both a focus on the therapeutic relationship and on process. The latter means to exist in a process of change. It is a constant flow where it is impossible not to change, although it is possible to get stuck. This process reflects life, reflecting every aspect of a person. In Gestalt therapy we are not focused on a goal, but it is part of a process – being alive in the “now”. (Jarosewisch, 1995:1) According to Yontef (1993:17) Gestalt therapy has a very big range of styles and modalities. Although this is the case, the emphasis of Gestalt therapy is not on the techniques or what has been discussed in therapy, but on what is done, the process itself. The emphasis is rather on direct experience and experiments, a healing relationship, true presence, real contact and working on what and how in the present. The process rather focuses on work than on talking about things. “Techniques are just techniques: the overall method, relationship and attitude are the vital aspects” (Yontef, 1993:17).

Life and its problems and solutions are made real in the therapy situation. The researcher understands the process of therapy with Yontef's (1993:17) focus on it as a continuous process of being aware of one self and experimenting with different ways of being and then being aware of what one would learn from this experience. The process of Gestalt therapy is thus focused on awareness and experiments with change as a result.

### 1.5.2 Application

In the current study the groups thus always used different types of techniques with the goal of awareness of the children's current way of being. These techniques might include experiments with different ways of being. Although the process of therapy's goal was to heighten emotional intelligence using Gestalt therapy techniques, it was still a process. Its focus was to make the children aware of the process of their lives. The ultimate goal was to help the children to continue with this process of growth after the therapy sessions were terminated.

## 1.6 Unfinished business

### 1.6.1 Discussion

Unfinished business is one of the important concepts with regard to the process (Jarosewitsch, 1995:1). An ultimate goal of therapy is to resolve unfinished business that demands satisfaction and thus interrupts contact (Ivens, [sa]:3), as effective contact with the self, others and the environment cannot exist if there are things which are not settled and which demand immediate attention. The person should thus first attend to these things before he focuses on effective contact. Ivens ([sa]:3) states that a person can only handle unfinished business if he is aware and understands his own functioning. If an unmet need arises, his mode of operation will show it. If he understands his usual mode of operation, he will be aware of the change in operation much easier than when he was not aware of it. In such a way a person can identify polarities, split parts and the energy required to resolve these again. (Ivens, [sa]:3)

### 1.6.2 Application

The researcher sees the process of dealing with unfinished business as energising. The person, who deals with unfinished business and resolves it, will get the energy wasted on

maintaining the unfinished business back again. In the therapy sessions of this study the therapist had to be sensitive to unfinished business of the children in the group. Unfinished business should have been handled immediately to help the children not to waste their energy on maintaining it. In such a way the children could be able to grow and actualise their true selves. They could then rather use their energy for growth than to maintain unfinished business.

## **1.7 Here and now**

According to the researcher Gestalt therapy does not dwell in the past. The person immediately deals with the unfinished business, which is different from his usual operation and blocking healthy contact with himself, others and the environment.

In the following paragraphs the researcher distinguishes in a way between here (as a place) and now (as a specific point in time). It should be noted that these two concepts are not completely separate and can be understood in relation to each other. The discussions under different headings might thus still overlap with each other.

### **1.7.1 Now as the present time**

Zinker (1977:79) states, “My sensory exploration enlivens me in this moment”. This description of sensory awareness, relating to the self, again shows to the body-mind connection, the holistic approach of this study and of Gestalt therapy. The physical body (physical experience of sensations) connects to cognition (attaching a cognitive value to a sensory experience) and to emotions and will (exploring a sense of self).

According to Yontef (1993:16), “now” starts with the present awareness of the patient. It is not what happened in the past. Present awareness might focus on what happened before, but the process of awareness is “now”. The “now” refers to the present hour of therapy. Other experiences that are of importance in the present moment are dealt with. Part of handling issues in the present is to experiment with it during the therapy time, rather than to talk about it. (Yontef, 1993:16) Zinker (1977:79) states that reality always exists in the present. There is no way in which a person can live his past again or live his future in the present moment.

### 1.7.2 Now and sensory awareness

The researcher wants to emphasise the importance of **sensory awareness** exercises in the beginning of therapy sessions. Being aware of one's senses is connecting a person to his state of self in the immediate environment at this moment. This is pulling the person towards contact with himself. (Zinker, 1977:79) This discussion elaborates the researcher's understanding of the meaning and value of sensory awareness. If a person is aware of his sensory experience, he is aware of the cognitive connections attached to it and is aware of his sense of self. As the researcher is working within a Gestalt perspective in this study, it is important to focus on the self as it is presented in the present moment. Sensory awareness connects the person to his self at this moment, so that he can explore his way of being now.

### 1.7.3 Here

The "here" of "here and now" relates to the space where a person is at the moment. Zinker (1977:83) states, "The range of my 'here' is determined by the space I occupy and by the range of my senses ... The here and now represents a highly personal sensorically-anchored experience at this moment in time and at this place where I am".

Zinker (1977:78-82) discusses here and now in relation to sensation and time. He states that the experience of here and now starts with sensation. The researcher understands sensory awareness, as discussed by Zinker (1977:78) as "here". In the human being, sensory experience is automatically named and connected to cognition. Our language is rooted in sensory experience, as they represent a concrete experience. To explore oneself a person is getting aware of what he experiences sensorically here – at this moment. The human brain will add cognition to the sensory experiences and the person will be consciously aware of his self.

### 1.7.4 Application in the present study

In the present study this meant that children needed to deal with the way they were experiencing the behaviour and / or feelings related to the theme of that present session right there. We thus did not discuss behaviour and feelings, which occurred in the past. Emotional intelligence skills were taught using the behaviour of the children presented during the sessions. It is thus important that the therapist worked on building a relationship and safe environment so children feel free to honestly show and share their true selves during the sessions. In such a way children could be aware of and able to work on their true selves. To be able to really focus on themselves, sessions will always begin with a sensory awareness



exercise. If the children were aware of their senses in this place at this moment, they would be more able to connect to their sense of self here and now.

## **1.8 Dialogue**

### **1.8.1 Discussion and definition of Dialogue in Gestalt therapy**

According to Jarosewitsch (1995:1) and Yontef (1993:3) the relationship between the therapist and client is healing and dialogue is the therapist's best tool for enhancing the therapeutic process. According to Yontef (1993:3) existential dialogue is a very important method in Gestalt therapy and relates to the relationship. As stated in 1.4 The therapeutic relationship, the latter grows out of contact. This contact between therapist and client means to establish a boundary between "me" and "not me". Making contact means to interact with someone else while maintaining the self. Buber (in Yontef, 1993:3) states that the "I-Thou" relationship is the one used by Gestalt therapists. This means that the "I" has meaning in relationship with the "Thou". It is not an "I-It" manipulative relationship though. In Gestalt therapy the therapist will therefore rather discuss (dialogue) options than to manipulate the client to some therapeutic goal. (Yontef, 1993:3-4) Mackewn (2004:86) differs slightly from the focus of Yontef (1993:3-4) away from the I-It relationship. She states that in a healing relationship I-Thou moments arise as a subjective connection between therapist and client. The latter is also balanced by I-It moments, which are more objective discussions (Mackewn, 2004:84-85). The client should be responsible for his own growth and self-support and not be led by the therapist. Such contact (including the dialogue) is caring, warm, and based on acceptance and on self-responsibility. Dialogue is thus based on being true to the self and honest, showing and being aware of the real self. (Yontef, 1993:3-4) Mackewn (2004:82) relates to this type of I-Thou relationship contributing to effective dialogue. She states that the I-Thou attitude involves "turning your being to their being, addressing them with real respect, being genuinely interested, accepting and confirming of them as they are now and not as a means to an end" (Mackewn, 2004:82). In this relationship the client and therapist are equal in humanity, although they bring different qualities and skills to share. This type of horizontal relationship and the use of the same language (present-centred and responsible) are important in the Gestalt dialogue. (Mackewn, 2004:82-83) It is thus a real person-to-person type of dialogue.

## 1.8.2 Characteristics of dialogue

The following are four characteristics of dialogue in Gestalt therapy as listed by Yontef (1993:4):

### *1.8.2.1 Inclusion*

This means to provide a safe atmosphere for the other person by placing oneself as far as possible in the other person's situation without judging, analysing or interpreting. At the same time the therapist will remain his own separate self.

### *1.8.2.2 Presence*

The therapist is personally present, sharing and expressing her own experiences, preferences, feelings, etcetera. This should be an example to encourage the clients to regulate themselves autonomously.

### *1.8.2.3 Commitment to dialogue*

Contact happens between two people out of the interaction between them. The therapist needs to surrender to this process, let it happen without manipulating the outcome, only controlling it.

### *1.8.2.4 Dialogue is lived*

Dialogue is actually an action, it is done, applied, not only talked about. It happens during the therapy session. It can happen in any mode like dancing, singing or talking, but the energy between the participants is moved. Dialogue can thus also be by means of non-verbal communication. (Yontef, 1993:4)

## 1.8.3 Implications for the current study

In the current study the therapist will thus attempt to create a safe environment where any feelings or behaviour can be expressed and of which the therapist will provide an example. The latter happens because the therapist lives the dialogue, it should also be done in the therapy session. The researcher as therapist interacted with the children in the group, they engaged in dialogue actions, even though non-verbal at times. In the present study the therapist controlled the dialogue a little by taking the lead, but attempted not to manipulate what the children should say or do. The children in these groups therefore learned by doing in interaction with the researcher as therapist.

The therapist in similar groups should thus not get stuck with the exercises presented, but be sensitive to the dialogue needs of the children. If a need arises, a polarity is sensed or an unfulfilled need is picked up, it should be addressed by the means of contact through dialogue.

## **1.9 Contact**

The researcher already started to discuss contact in the previous paragraphs on dialogue. According to the researcher contact is the true and honest connection between the therapist and client.

According to Ivens ([sa]:2) contact relates to the cycle in which needs arise and are met, such as in the paragraphs in 1.6 Unfinished business. The researcher reasons that, in order to meet unfulfilled needs or complete unfinished business, the therapist needs to engage in a healing relationship, in which healthy contact exists between therapist and client. This contact happens in the following cycle:

### 1.9.1 The cycle of contact:

Ivens ([sa]:2) explains contact as happening in the following four phases:

#### *1.9.1.1 Fore-contact*

A need arises and the client or person is aware that his balance is disturbed.

#### *1.9.1.2 Contact*

Possibilities to meet the need are evaluated, attempting to find a way to restore balance again.

#### *1.9.1.3 Final contact*

The client is very involved with himself and the quality of contact in therapy will now determine whether the need can effectively be met or not. Good contact is only possible if the client can maintain a good sense of uniqueness and difference from the therapist.

#### *1.9.1.4 Post contact*

It is at this point where growth takes place. The client should feel satisfied by good contact and thus a safe environment for change and growth. Now balance is restored again when unfinished business is completed. His needs are fulfilled.

#### 1.9.2 Contact boundary

Contact takes place within a contact boundary. This is a metaphor to explain the difference between a person and his environment – where one stops and the other begins. It can be described like a skin, separating the body from the world around it. Disturbances in this boundary can have a negative effect on the effectiveness of contact and growth. (Ivens, [sa]:2)

#### 1.9.3 Researcher's view and application to the current study

The researcher sees unfinished business, contact and the therapeutic relationship as parts of a whole process, which cannot be separated. The client has an unfulfilled need (unfinished business), which can be treated within a caring and safe environment (the relationship) through the process of making healthy contact.

In the current study the children engaged in this process of healthy contact with the therapist and with each other. Hereby their self-awareness concerning possible unfinished business could be raised so the process of growth can continue. All of this took place in the caring, positive and safe environment of the Gestalt play therapy group.

There are some ways of being though, which has a negative influence on the effectiveness of contact. These are the contact boundary disturbances discussed below.

### **1.10 Boundary and contact boundary disturbances**

#### 1.10.1 The Boundary

The boundary is where two people meet. It is the metaphor for the environment or the place where contact takes place. A healthy boundary is semi-permeable and flexible. It fulfils the following two functions:

- It contains and provides a sense of identity
- It allows exchange to happen (give and receive)

Boundary processes also involve some personal difficulties, which might present intra personal problems. (Jarosewitsch, 1995:1-2)

In this study the boundary was the group environment and the relationships in the groups. It was also the personal environments of the group members as stated by Jarosewitsch (1995:1-2) above.

#### 1.10.2 Contact boundary disturbances

Ivens ([sa]:3) states that the cycle of contact can be interrupted when a person does not want to face the pain of his unfulfilled need/s. This person will then prevent contact by some kind of neurotic mechanism. These mechanisms are then called contact boundary disturbances such as those listed by Van Wyk, Aronstam, Clarkson, Yontef & Simkin, Yontef, Clarkson & Mackewn and Oaklander in Blom (2004:6). Contact boundary disturbances include amongst others: projections, introjects, confluence, and retroflection (Ivens, [sa]:3).

These contact boundary disturbances are discussed in more detail in the section on Gestalt play therapy (2. GESTALT PLAY THERAPY), where it could more specifically be applied to the current research.

### 1.11 Awareness

#### 1.11.1 Discussion and definition of awareness

According to the researcher awareness in Gestalt therapy means to know what is going on and also understanding it in such a way that one can adapt to a healthier pattern if necessary.

“Awareness is the key term in Gestalt Therapy” (Jarosewitsch, 1995:1). Humans tend to function according to what feels familiar rather than according to what is more enhancing for them. Awareness gives the human being the opportunity to change to more enhancing ways of being. Through the awareness and experience of different options of being, humans gain the freedom of choice. In such a way change happens naturally. Awareness is therefore the goal and path of therapy. Jarosewitsch (1995:1), Yontef (1993:2) and Zinker (1977:90) compare awareness to insight or understanding. Insight in Gestalt therapy means to clearly understand the structure of the situation at hand. In order to develop insight in a situation, awareness should be accompanied by systematic exploration, thus focused awareness, and investigation. The researcher understands the latter as follows: The person is aware of and

understands or has insight in the fragments in his life, which leads to a disturbance in the whole.

Ivens ([sa]:3) defines awareness as the ability to be in touch with one's present situation and existence. He states that our functioning at a specific moment is designed to meet our most dominant need/s at that moment. If we get aware of present operations like breathing patterns, voice, posture and gestures, we can realise how we attempt to meet our needs at that moment. The researcher is of the opinion that awareness of how we meet our needs, mean that we are also on the way to be aware of what the needs really are. Awareness of these more concrete operations of ourselves, such as breathing and our senses, will thus lead to awareness of the more abstract dimensions of ourselves like emotional needs. Clarkson and Mackewn in Ivens ([sa]:3) states "You can only be aware of that which you can contact at first hand, that is through your senses". We are aware of things that happen in the present (the here and now), obvious things. People's mode of operation is revealed in these obvious things.

#### 1.11.2 Researcher's view

The researcher is therefore of the opinion that we change ourselves when we are really aware of our ineffective ways of being – thus having insight in the behaviour and emotional patterns, which lead to unhappiness or any other kind of problem. This goes along with the paradoxical theory of change in Gestalt therapy. Change to the way you really are is discussed in the next section. This happens when the person gets aware of ineffective, not-self, ways of being.

#### 1.11.3 Application to the current study

In the current study the theme of awareness was present throughout the programme. Awareness is a salient theme in most of the applications of the theoretical theories of Gestalt therapy as discussed here. Although the programme in this study aimed to enhance emotional intelligence, which implies teaching of emotional intelligence skills, it was done through the process of awareness and the paradoxical theory of change. In the current study children were led to awareness of their selves in each session. Sessions had a sensory awareness exercise during the first part of the session to help the children to be in conscious contact with their real selves. All emotional intelligence themes were carried over to the children by making them aware of how it already occurs in their lives or the absence thereof. The current programme is focused on being culturally sensitive therefore both the group members and the

therapist should have been aware of how people differ, their own attitudes towards different people and how they handle this. The therapist using this programme should continuously be aware of himself and his own process as well as the processes of the children in the group. The children in the research groups were led to awareness and insight in their own and the group members' processes.

## **1.12 Change**

### 1.12.1 Becoming what you are

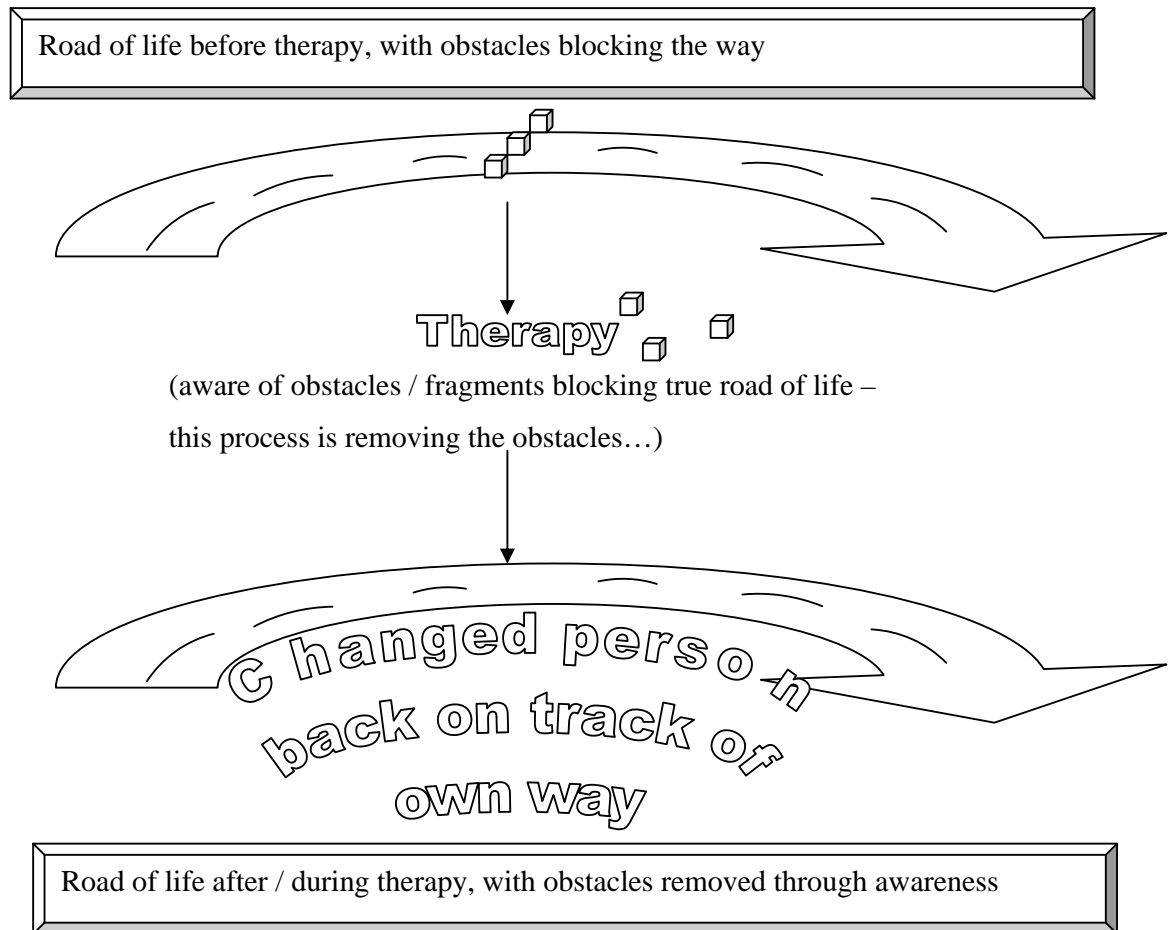
Beisser (1970:1) defined the theory of change as follows: "...change occurs when one becomes what he is, not when he tries to become what he is not".

He explains this further by stating that one will not change if he himself tries to change him, nor when somebody else tries to change him. Change can only take place when the person takes time and effort to be what he really is.

In Gestalt therapy, the role of the changer is thus rejected. The client comes to the therapist to help him to change. Instead of helping the client to be something or someone different, the Gestalt therapist will lead the client to be fully aware of who, what and how he really is – "to be fully invested in his current positions" (Beisser, 1970:1). Change will thus not take place while trying to change. Change will only occur when the client abandons what he would like to be and just be aware of what he is – to be and become what he really is.

### 1.12.2 The process of change

Change happens, according to Ivens ([sa]:4), when a person completes unfinished business and that can only happen with awareness. The paradox of change is that when a person changes he becomes what he really is, not what he is not. Jarosewitsch (1995:2) states that it is impossible not to change, because according to the researcher, a person is in the process of becoming who he really while being in the process of change. People get blocked in this process and then needs therapy to continue again. The researcher understands the process of change using the following diagram:



**Figure 4.1 Process of change**

### 1.12.3 Application

The children in this programme were led to change towards higher levels of emotional intelligence through the process of awareness as discussed above in 1.11 Awareness.

### 1.13 Responsibility

“...it’s you – nobody else – who determine your destiny and decide your fate. Nobody else can be alive for you nor can you be alive for anyone else” (Cummings in Zinker, 1977:77).

According to Jarosewitsch (1995:1) a person can only take responsibility for his own life through awareness of (thus insight in one’s fragmented life), acknowledging and owning the process of his life. The person recognises how he contributed to his life’s fragments or the



difficult current life situation. He increases his personal power to resolve this, rather than to feel and act like a victim.

The researcher sees this responsibility as dealing with life honestly, without blaming others and/or reflecting it to one's physical self / making yourself sick and/or ignoring the problems etcetera. The person will thus be aware of his problems and will deal with it himself, without these ineffective contact boundary disturbances, which will be discussed hereafter.

Yontef (1993:11) states responsibility in Gestalt therapy as being able to respond, not react (Jarosewitsch, 1995:1), being the primary agents in determining their own life. Yontef (1993:11) states that a person can only take responsibility for what he chooses to be. If a person tries to take responsibility for things that happened without his choice, it causes a disturbance, named deception. The person has a shame reaction, thus feels sorry for himself.

The researcher therefore sees responsibility as a person's total honesty about his own life and a healthy open way to respond to whatever is going wrong. The person is thus attempting to be his true self by being aware of the parts, which are not part of himself and getting rid of those. This responsibility was a continuous theme in the intervention programme of this study.

#### **1.14 Self organising principles**

According to Jarosewitsch (1995:2) Gestalt therapy has a radical trust in the human being's ability to always organise himself to the best possible option and come to a creative solution for his problems. These are the self-organising principles of the organism.

The researcher sees these as the solutions, which the children in the present study created through awareness. It incorporated the emotional intelligence skills, which they could use in their everyday lives.

#### **1.15 Self-actualisation**

The researcher sees self-actualisation as closely related to the self-organising principles. Here the person will become more fully what he can be and realise his full potential through a process where he uses self-organising principles. According to Jarosewitsch (1995:2) the

person who actualises himself has a high degree of awareness, autonomy, responsibility and availability for healthy contact. Such a person can fully be himself, free from trying to be someone else.

In the current research study the children needed to be equipped with the necessary skills and levels of self-awareness to be able to really become what they are and can be, thus to reach their potential.

## **1.16 Holism**

### 1.16.1 Discussion of holism

“Holism runs throughout gestalt thinking ... Mind, body and emotions function as a whole process...” (Ivens, [sa]:2). Ivens ([sa]:2) also reasons that the different parts of the whole cannot be divided into separate parts. Should one try to deal with separate parts without considering the whole, it is not healthy and can lead to neurosis. Mackewn (2004:43) supports this by stating that a person is at all times a whole person. The human being’s “body, emotions, thoughts and perceptions function interrelatedly as one complex relational whole” (Mackewn, 2004:43). This interrelatedness of the whole makes up for the whole to be more than the sum of its parts (compare Aware relations, 1997:4; Mackewn, 2004:43). Schoeman (1996:56) also states that it is important that a human being function as a whole or a gestalt. If this is the case, the person has a lot of strength and power.

### 1.16.2 Applying holism to the current study

Holism is even more important in the current study because the children in the research groups are in the primary school (7-12 years). According to Fourie’s (1998:83) developmental theory, children in this age group specifically focus on whole brain thinking. They tend to combine knowledge and insight and form a new strategy. Holism is thus naturally present in their thinking processes. In the current study children were thus viewed as a whole. The researcher reasons that different parts of self are interrelated. The researcher is of the opinion that if a child experience problems concerning a specific part of himself or is not in healing contact with a part of himself, he might not be able to fulfil his true potential. Awareness of such difficulties concerning a specific part or parts of himself is, according to the researcher, the first step of healing. The researcher reasons that healing happens when the child can function as a whole again. If certain parts of a child are not well,

it influences the child as a whole. If a child does not feel good about himself, he will suffer to achieve good grades in school and might present physical symptoms of tension – psychosomatic symptoms (retroflexion in Gestalt theory). The therapist who uses this intervention programme should be sensitive to physical symptoms as indicators of emotional stressors such as contact boundary disturbances like retroflexion. In such a way the therapist can be a catalyst for the child to heal the parts of himself that need attention. The child can then function as a healthy whole.

The principles of Gestalt theory will, in the following paragraphs, be applied to play therapy. The intervention programme developed in this research study utilised and tested the effectiveness of Gestalt play therapy techniques to increase emotional intelligence in a culturally sensitive way.

## **2. GESTALT PLAY THERAPY**

### **2.1 Introduction**

Gouws (in Blom, 2004:3) describes play therapy as a psychotherapeutic technique where the therapist tries to give the child the opportunity to express his feelings in a verbal or non-verbal way. The therapist assumes that the child will communicate his emotional problems in a symbolic way through play. Through play the child will learn to know his emotions and will learn to canalise his emotions more effectively and will learn to engage in a trusting relationship with somebody else. In such a way negative behaviour can be normalised.

Oaklander (in Blom, 2004:3) describes Gestalt play therapy by using some theoretical principles of Gestalt therapy, which has an influence on the therapeutic process with children. The following are Gestalt principles, which also has an influence on therapy with children: the relationship, organismic self-regulation, contact boundary disturbances, awareness, experience and resistance. She describes the therapeutic process of Gestalt play therapy as relating to the philosophy, theory and practice of Gestalt therapy. Gestalt therapy starts with the building of a therapeutic relationship as prerequisite for effective therapy. Making contact with the child, strengthening his sense of self and his expression of emotions,

follows the former. This is followed by self-nurturing and termination of the therapy session. Oaklander in Blom (2004:4) states the following forms of play to be included in the play therapy process: clay, fantasy, stories, puppets, sand tray work, music, movement, and sensory awareness exercises.

The researcher provides, in the following paragraphs, a summary overview of some theoretical principles of Gestalt play therapy, connected with Gestalt principles in general as discussed by Blom (2004:4-9), Jarosewitsch (1995:1-2), Schoeman (2004b:78-80) and Yontef (1993:1-33).

## **2.2 Theoretical principles of Gestalt play therapy**

### **2.2.1 Holism in Gestalt play therapy**

Blom (2004:4) states that the human being is seen as a whole in Gestalt theory. The whole is more than the sum of the parts (Aware relations, 1997:4). The parts including the physical body, emotions, psyche, language, cognition and behaviour are interrelated and cannot be separated from each other (Blom, 2004:4). The whole is different from all the parts together. The whole can only be understood fully in its entirety, although it is composed of different elements. "In fact, it cannot be understood essentially at all except as a whole" (Aware relations, 1997:4). Holism has been discussed in this study in Chapter 2 (2.2 The operation of emotions).

According to Blom (2004:4) Gestalt play therapy will therefore focus on the child as a whole with all his different processes of self as interacting. A Gestalt play therapy programme will therefore focus on aspects like the child's physical body, psyche, emotions and religious aspects, language, cognition and behaviour.

The current programme focused on enhancing the emotional intelligence of the children, thus focusing mainly on emotions. Although the latter is the case, the child was viewed as a whole. Other parts of the children as holistic beings were thus also included. It was important to the researcher to achieve a certain balance when working with the children in this programme. A certain amount of time was thus spent on the children's physical and cognitive selves too.

### 2.2.2 Homeostasis, organismic self-regulation and awareness

According to Blom (2004:4) this is the self-regulating process of the child. This process focuses on gaining balance in different circumstances. New needs are created from both the child's inner being as well as from the environment. When new needs arise, which are not fulfilled yet, the child experiences discomfort – there is then a disturbance in his homeostasis or balance. If a way is found to fulfil in his needs, growth takes place. The process by which the child fulfils his needs is called organismic self-regulation.

Jarosewitsch (1995:1) states that awareness provides the opportunity for change. According to the researcher the child in play therapy will be helped to be aware of himself and his needs. This awareness disturbs the homeostasis of the child and the child's self-regulating process can be initiated. Schoeman (2004a:79) states though that organismic self-regulation does not ensure health. The child will only do all he can with what is available to fulfil in his needs. The researcher thus sees the need here for guidance from the play therapist to lead the child to healthy alternatives to fulfil his needs.

### 2.2.3 Contact boundary disturbances

Blom (2004:5-6) states that contact boundary disturbances originates when a person cannot maintain a good balance between himself and the world outside anymore. The person, or child in play therapy, is not able to be effectively aware of his needs and can thus not respond according to his needs anymore. The boundary between him and his environment then gets disturbed.

The researcher sees this as a confusion of what the person's own needs are and of what is inflicted, expected or caused by his environment. He therefore does not know where his own needs stop and where the needs of the environment start.

Blom (2004:6) states that such a person will continuously ask other people to tell him how he should be. He will therefore not grow towards self-actualisation anymore. The child is therefore not able to be aware of his own needs and cannot be in a healthy contact with his environment.

The following are contact boundary disturbances as discussed by Blom (2004:6-9).

#### 2.2.3.1 *Introjections*

This is the uncritical acceptance of rules, patterns and behaviour as imposed by authority figures or important others like parents, family, teachers etcetera (compare Schoeman, 2004a:79; Yontef, 1993:9).

According to Blom (2004:6) children take patterns of behaviour, rules on how to act and manners as introjects. Through these they learn to communicate and develop their sense of self, thus who they are in relation to the rest of the world. Many of these introjects can contribute to the healthy growth of a child. It is also the case that some introjects may interfere with growth and thus with the organismic self-regulating mechanism of the child. The function of the therapist is thus to find which introjects interfere with the child's healthy growth and help the child to be aware of these. If the child just accepts the introjects he never makes it his own. This will still influence his behaviour, but is not part of himself. In therapy the child needs to be made aware of such introjects and either leave it or really make it his own. (Blom, 2004:7)

In the current programme children discussed themselves, the way they are, their behaviour and their feelings. Through these discussions the therapist had to be sensitive for introjects, which were not accepted as part of the children's selves. This could be discussed and an alternative could be developed and experimented with.

#### *2.2.3.2 Projection*

This is the tendency to blame the environment, anything- or anyone else for something that is really only an attribute of the self (compare Blom, 2004:7; Schoeman, 2004b:79; Yontef, 1993:9). According to Yontef (1993:9) pathological projection results when a person is not aware of what is projected and also does not take responsibility for this. According to Blom (2004:7) this usually happens when the person (or child in this case) learned that certain personality traits and behaviour is unacceptable. He will then blame something else for this. The emotions are projected because it is too painful to accept. Oaklander (in Blom, 2004:7) states that projection is a way to defend the vulnerable self of the child and may lead to a loss of his own possibilities. According to the researcher the child will therefore not be aware of his own potential to solve problems, but will only blame it on other people, things or circumstances. He will thus never continue on the road to self-actualisation. He skips this road and takes the road of least resistance, namely the blaming game. This also relates to the important Gestalt principle of taking responsibility (compare Schoeman, 2004b:79; Yontef, 1993:11) for your own life.

Blom (2004:7) states the possibility that the child might use projections to rather blame others for his introjects to justify his behaviour, than to be aware of these and take responsibility for it.

As awareness is a very important part of Gestalt therapy as well as emotional intelligence (compare *Aware Relations*, 1997; Goleman, 1996:43,46-48,68; Jarosewitch, 1995:1; Lynn in Maree, 2004:69; Yontef, 1997:10), the therapist in the current programme had to be very sensitive for projections. The researcher is of the opinion that handling projections incorporates many important aspects of both Gestalt theory as well as emotional intelligence, including awareness, responsibility, self-regulation, homeostasis and effective communication.

#### *2.2.3.3 Confluence*

According to the researcher, confluence as a contact boundary disturbance, is not completely the same as confluence as an objective of the therapeutic relationship (3.2.1.2 Objectives of the therapeutic relationship). Confluence in the relationship means to relate to the child to be able to make better contact. Confluence as a contact boundary disturbance is when this sameness diminishes the boundary between the person (child in this case) and the environment (Blom, 2004:7). This lack of boundaries inhibits effective contact with other people. According to Oaklander (in Blom, 2004:7) children who use confluence are people pleasers. They do things to please others and are thus not true to themselves. They have a poor sense of self. Blom (2004:8) states that, such children cannot differentiate between themselves and others. Their own identity is lost and they do not develop a strong sense of self.

The researcher again relates this to self-awareness of Gestalt theory and building of a positive self-image of emotional intelligence. Here the same principles apply to both Gestalt theory as well as emotional intelligence. It makes a programme using Gestalt therapy to improve emotional intelligence so much more effective.

#### *2.2.3.4 Retroreflection*

According to Blom (2004:8), Yontef (1993:9) and Ivens ([sa]:3) retroreflection means that the child will treat himself in the same way he would like to treat someone else. According to Blom (2004:8) children will experience symptoms like headaches, stomach pain, asthma or hyperactivity as a reaction on feelings of sadness or anger towards someone else. Psychosomatic symptoms might thus be symptoms of

retroreflection. She also states that introjections, which gives the impression that emotions like anger is unacceptable, may lead to retroreflection of emotions.

The researcher wants to emphasise the concept of holism (compare Awareness Relations, 1997:4-5; Ivens, [sa]:2; Jarosewitsch, 1995:1; Schoeman, 2004b:80) in Gestalt theory. The child's emotions and emotional awareness has a direct influence on his physical well-being. Physical ailments should not be treated without considering the emotional indications too.

#### *2.2.3.5 Deflection*

This means to avoid contact with other people or the environment for example not making eye contact, changing the subject (Blom, 2004:8) or being polite instead of direct (Yontef, 1993:9). Children use this as a coping mechanism for painful experiences, according to Blom (2004:8). They may get anger outbursts, act out, fantasise extremely or daydream. This is a short-term solution for problems, giving the child a sense of self and energy. The child is not able to know that his behaviour is unacceptable for the fulfilling of his needs. He will rather try more ineffective (and more extreme) ways of behaving. Deflection can thus manifest in different ways in a child. This is a way to defend himself against emotional pain.

According to the researcher this is also denial of self and the child needs to be helped to become aware of this behaviour and the reason for it. As self-awareness is also an important concept of emotional intelligence, awareness of deflection was necessary to include in the current programme.

#### *2.2.3.6 Desensitisation*

Children who experienced physical or emotional harm and/or pain desensitise themselves by ignoring sensory experiences. They cannot make contact with their senses and therefore also not with their emotions. (Blom, 2004:9) The researcher will associate this with a child who is sensory not in tact. He is thus not really aware of what it is he touches, tastes, hears, smells or feels. Such a child will find it very difficult to be aware of his true self or true feelings. Schoeman (2004b:137) states that a child's senses are his contact with the outer world. Oaklander (in Schoeman, 2004b:138) furthermore states that children loose their full awareness of their senses at times. In this study the researcher perceives this lost contact of sensory experience as break of contact with the outer world. If the child's environment is dangerous, sad,



hurting etcetera he might cut it out by breaking contact through his senses. This is a self-protective mechanism of the child, although ineffective because he is not in contact with his real self and cannot develop positive coping strategies. To help a child in the current programme the researcher had to be sensitive to those children who are not in tact with their senses. Should that have happened, the researcher should have spent time on sensory awareness of that group member. The other group members should have been part of the process by sharing their experiences and engaging in dialogue with the specific member. It is important to make that child aware of his senses again to open him up to his true self.

#### 2.2.4 More theoretical principles: The therapeutic relationship in Gestalt play therapy

##### 2.2.4.1 *The value of the therapeutic relationship*

“According to the Gestalt approach, the healing process does not occur as a result of the therapist’s interpretation of the client’s symptoms, thereby giving the client insight into his symptoms, but rather as a result of the relationship built between the therapist and the client” (Schoeman, 2004b:120). It is thus the relationship that heals in Gestalt play therapy and not only the techniques used. Jarosewitsch (1995:1) also states that the relationship is a curative factor. For the relationship to be curative some aims and objectives can contribute to its effectiveness. Jarosewitsch (1995:1) also states that the therapist is his own best tool to increase the effectiveness of such a relationship. He emphasises that the therapist should be fully available for dialogue and that contact on inter- and intra personal levels can be increased in such a way.

##### 2.2.4.2 *Aims of the therapeutic relationship*

According to Schoeman (1996b:29,30) the following are the therapist’s main aims when building a relationship:

- The therapist should know the problem leading to the necessity for therapy – in the case of the current study the children all need to increase their emotional intelligence. Although this is the case, each child has his own cause for the lack of emotional intelligence.

- The therapist should bring the child into contact with his sensory, emotional and cognitive needs. In the current study the children will do a sensory exercise in the beginning of each session and will work with their emotional and cognitive selves.
- The therapist should help the child to fulfil his own needs and to have realistic expectations. In the current study this will be part of the therapeutic process to help the children to be aware of their own needs.
- The children should know that some situations would be painful, but necessary to explore. In the current study the children might come across themes, which are painful, but it will be handled within the safety of the caring group environment.
- The children will need to know that they are going to make choices and take responsibility for their own lives. In this study responsibility is one of the main themes.
- The children must be willing to relate to his environment and other people. They should also be aware of their influence in their world. These aspects will be handled in the current study when the group focus on interpersonal relationships.
- The therapist should study the children's processes. In this study it is done with tools like the DISC instrument, "All About Bots" (Rohm, 1998) and a learning style questionnaire (Bradway & Hill, 2004:153) completed by parents or primary caretakers of the children. Some play therapy techniques, like the use of animals as projections, can also be applied.
- The children should be empowered by the therapist so they can take responsibility for their own lives. In the current study this will be done in every session through encouragement, praise and positive expectations.

According to Schoeman (1996b:30) the therapist can establish and stabilise a relationship with the children by being their friend and playmate. A child will not be able to share secrets and be spontaneous with a total stranger.

For the researcher as therapist in this programme she also had to share herself with the children to be their true friend. The researcher as therapist thus also participated in the activities and truly shared herself. She was thus part of the friends in the group.

### 2.2.4.3 *Objectives of the therapeutic relationship*

Objectives of the relationship are the requirements of such a relationship. Some of these requirements are related to the therapist, others to the children and others to both. (Schoeman, 1996b:30) In the current study these objectives, although discussed as part of the principles for Gestalt play therapy, will also be part of the techniques being used to increase emotional intelligence. It has been divided as far as possible into relationship objectives more applicable to the therapist and then to the children. The following is a list of these requirements and techniques, with a very short description and guidelines that could be applied to this programme and/or other similar ones:

#### **Objectives more applicable to the therapist:**

- **Biding one's time**

The children should be able to take their time to explore themselves. The therapist should not hurry the child. This might be a difficult objective to meet in the current study, as the group has a time constraint of 90 minutes. The therapist should therefore be aware not to try to fit too many things into one session. Rather do one exercise without haste, than to try to fit in too many things.

- **Clichés and confluence**

This means being in a way the same than the children, to let the children be open to the therapist, so the therapist can experience their selves with them. It can also mean that they (the children) drop their boundaries and be the same than the therapist. The danger of this may be that the children will then not take responsibility for their own lives or decisions. It is therefore clear here that the therapist should be in confluence with the children and not the other way around. In the current study the therapist lead the children to awareness of themselves by truly sharing their experiences and feeling with them. Reflecting their experiences and selves to them, should thus make them aware of themselves.

- Friendship

The therapist must become the children's friend, as she is their playmate. The researcher as therapist should attempt to be on the same level as the children. It should be a give and take relationship and the child can feel at ease and can experience a sense of fairness. Again children will share their selves much easier to a friend than to a grownup therapist. In this study the therapist should participate in all the exercises and be a friend. She should model an example of a good friend and in such a way create a true friendship experiment with the children in the group.

- Guardianship

The therapist should not only be the children's friend but also their guardian. The children should still get the message that they are able to take responsibility for their own lives. The therapist should only be there for the children when they need assistance. Then they can function in a safe environment and feel free to step out of their comfort zones and try out the new things they are learning. This should be precisely the case in the current study. The therapist should be the children's adult friend, who can help and create a safe environment.

- Humility

The therapist should be humble to be a friend. In such a case the children can take risks and develop a positive relationship with her. In the current study the therapist should continuously work on her self not to think of herself as somebody higher than the children.

- Information

To supply the children with information is part of guardianship. Children have the right to know about certain aspects of their lives. The therapist should be aware of the dangers of half-knowledge around which a child can build the wrong story. In the current study much of the information will be about the themes handled and emotional intelligence.

- Kindness and honesty

To be a good friend and guardian, kindness and honesty are needed characteristics of the therapist. The therapist should show integrity not to share the children's secrets with others. In the current study honesty and confidentiality should be part of the group rules. The therapist should remember to be kind and soft-hearted with the children.

- Laughter

This is part of play and friendship. The therapist should laugh with the children and not at them. It should be a shared experience. Humour can reduce tension and stress. In the current study funny activities can be created and used as an instrument for shared laughter.

- Making contact

Contact can only happen if therapy is a passion of the therapist. The therapist in this study should be passionate about children, their development and importance and about the value of emotional intelligence.

- Critique

The therapist also has the role of a critic. Critique is often a very negative experience for children. The therapist should teach the children that it is their actions, which are criticised and not themselves. In the current study, children will thus be made aware of this fact continuously so that they can understand and apply this to their own lives.

- Transference

This is an obstacle for the therapist to be aware of. The children or a child might transfer their negative experiences of other people to the therapist. The therapist cannot force the child not to transfer. The child should be free enough to be aware of this and so should the therapist. In the current study the latter should be the case and the therapist can also try to make the child aware of the possibility of transference, without trying to take it away.

- Warmth

The therapist gives herself. Warmth should be experienced through the therapist's body language. It is his tone of voice, and gentleness in attitude and posture. The therapist should be aware whether the warmth he is feeling is carried over in his communication with the children. In the current study the therapist should work on himself to increase his sincere feelings of warmth and compassion.

- "X-ray vision"

The therapist should be very sensitive to the children in the groups. He should look beyond the verbal communication and be sensitive to the depths of the children's experiences and true feelings.

- Zest

The therapist should have a zest for life and his example may encourage the children to have the same zest. This means to have energy and be enthusiastic about life. In this study it is an important emotional intelligence skill to teach.

### **Objectives more applicable to the children / group members**

- Awareness

The children will do experiments to bring their experiences in their environment, their feelings, thoughts and actions to life. If they are aware of these, they will start to heal themselves. In this study the children will use experiments to be aware of themselves.

- Dialogue

This is communicating in the therapeutic situation. The children should bargain with the therapist and with each other in the group about their feelings, thoughts and experiences. The therapist should also share feelings, preferences and personal experiences. The therapist and children should agree on contact to happen. In the current study dialogue should be included as one of the group rules. Dialogue is a live thing. It can happen through talking, dancing, singing, making music or other sounds etcetera. According to the researcher as therapist, these different types of dialogue can contribute much to the fun of the sessions. This makes the emotional intelligence groups a fun experience for the children.

Children learn better in a positive environment. Children should have resistance to new information, they should reason with it, otherwise they “swallow without digestion” (Yontef in Schoeman, 1996b:32).

- Equilibrium

According to Schoeman (1996b:33) equilibrium is especially important to children in their middle childhood. This makes this programme very applicable to the developmental phase of the selected participants, all of them being in their middle childhood. These children are constantly worried about what other people think of them and whether they approve of them. Children would then ignore their own needs just to be acceptable to other people. The children want to create equilibrium by ignoring their own needs to rather be acceptable in the group situation in this study. Schoeman (1996b:33) states that the therapist should be sensitive to this kind of behaviour. Children might thus sometimes present themselves differently from what they really are. According to the researcher this is the process of awareness in the intervention programme. The children should be aware of whom they really are and that they can be acceptable this way.

- Joy

The sessions should be enjoyable otherwise the children will not be keen to come back. This is therefore one of the reasons why the group sessions of the current study should be fun.

- Now

It is important to know what the child needs at the present moment to be able to focus on awareness, contact and new solutions. The children and the therapist should be able to be what they are at that moment, to share their present feelings, experiences, preferences and dislikes. The groups in this study will thus not work with what they can remember, but with what they are doing now.

- Organismic self-regulation

This aspect of the children as clients can be problematic to the therapist. The children’s specific needs need to be met for them to develop healthily. If the children’s needs are not met, they will experience disturbance or disequilibrium

and the relationship will not promote growth. Sometimes children just use what they have available to create equilibrium. The child's needs thus always come first so it can be met and so the child can be able to regulate himself. The researcher as therapist is of the opinion that if enough means to meet needs can be available the child will have more resources for self-regulation. The latter should be one of the aims of the group play therapy sessions. The children will thus work on their emotional intelligence themselves. They will thus reach a state of equilibrium by increasing their emotional intelligence.

#### ● Polarities

The children should also understand opposites and polarities and learn through that. Children and also people in general experience life in polarities. Happiness can only be well understood in relation to its opposite of unhappiness. Sometimes children might experience two opposite emotions for the same person, like respect and hate. It is therefore important to help them to understand this too. Oaklander (1988:158) states, "An integration, reconciliation, or synthesis of one's opposing sides, positive and negative, is a prerequisite to a dynamic and healthy life process". In this study the latter understanding will be important when it comes up. Furthermore the emotions can be comprehended much better when it is compared to its polarity. Polarities will therefore be used to understand emotions and to integrate opposing sides of the self and its emotions.

#### ● Responsibility

This means to grow in self-image and self-nurturing. This is a very important aspect of emotional intelligence too (compare Le Roux & De Klerk, 2003:60; Vermeulen, 1999:158; Yontef, 1993:3,9) and therefore a very important aspect of Gestalt theory in the current research groups. If the children take responsibility for themselves, they need to stop blaming other things and people for their own problems, to take responsibility to be who they really are and feel what they really do. According to Landreth (in Schoeman, 1996b:36) children can only learn responsibility by experience. If a child has permission to be himself, he can be free to experience and learn to be responsible for his own life. In the current study there should be an atmosphere of acceptance so the children can be free to be who they are.



- Sincerity

If the children can develop their true and honest selves, then they can be in contact with themselves and with the other people with whom they are in relationship with. It is thus of the utmost importance that both the therapist as well as the children in the groups in this study be very sincere. The therapist should model this honesty and sincerity. The children can use this as a healthy introject (acceptance of rules, patterns, behaviours etcetera from others) and also learn to be true to themselves.

- Unfinished business

This is associated with transference. This is unexpressed feelings or concerns and unsatisfied needs. If a child is not in touch with his potential, he might have unsatisfied needs. The unfinished business tends to accumulate and the child gets clogged. His awareness is then usually too blocked and he has too little energy to live up to his full self. Then he cannot completely participate in the group activities. The unfinished business never goes away. It may show in the form of different symbols, insecurities or hidden agendas. In the current study the therapist should be sensitive for unfinished business and guide the children to deal with this in order to experience a healing relationship.

- Violence

Violence or aggression might be symptoms of unfinished business. This might be behaviour, which is aimed to hurt other group members to evade the child's own unfinished business. Children should get mechanisms to get rid of the anger so to be able to verbalise the negative feelings and work through it. Techniques to handle anger should be taught and practiced in the sessions of the current study. Children should be taught to explain their negative feelings without blaming or hurting other people.

- Yes, I can!

It is important that both the therapist as well as the children be willing to believe in themselves and then also to take risks. The children then also learn to take responsibility for their actions. They should be allowed to fail and then without being blamed learn to take responsibility for this and rectify it. Children learn this

easier if they have a role model to follow. In this study the therapist should model such behaviour and also allow the children to make mistakes and take responsibility for it.

(Schoeman, 1996b:30-38)

The researcher is of the opinion that much of the theory of the Gestalt therapeutic orientation has been included in the above discussion of the therapeutic relationship by Schoeman (1996b:30-38). This includes some special characteristics and attitudes needed by the therapist, the child's orientation and the nature of therapy. The aspects of the relationship specifically focused on the therapist are of utmost importance in the current study. The therapist worked on herself to operate from this paradigm. The healing relationship with the children was the catalyst of all change and learning, which took place in the emotional intelligence groups in this research study.

### **3. APPLICABLE TECHNIQUES**

In this section the researcher is focusing on techniques of Gestalt therapy in general and of Gestalt play therapy, which is more specific to the unit of analysis of this study. The researcher will therefore first discuss the bigger picture of the techniques and then focus on the more specific techniques. A wide variety of possible techniques will be discussed to provide an understanding of the type of techniques available. The techniques listed also has the goal of enriching the reader's creative process to develop and adapt the provided intervention programme to his / her needs. The researcher did therefore not apply all of the listed techniques in the final intervention programme. A selection was made based on the principle of confidence intervals, thus by selecting those techniques that were most likely to "give acceptable precision for the effect" (Hopkins, 2000:8) studied. (Compare Chapter 1, 10.4.2.3 Size of a sample; Chapter 6, 3.1 The sample of Gestalt play therapy techniques; Hopkins, 2000:8.) The next section covers the wider picture of Gestalt therapy techniques and is followed by more specific Gestalt play therapy techniques.

### 3.1 Gestalt therapy techniques

“Techniques used in gestalt therapy are designed to heighten awareness of present functioning” (Ivens, [sa]:4). These types of techniques are very important in an intervention programme such as the current one, which attempts to improve emotional intelligence. Goleman (1996:43) states that, “Self-awareness...is the keystone of emotional intelligence”. If Gestalt therapy techniques are designed to heighten self-awareness, it should be very effective to use for the improvement of emotional intelligence.

Although some of the most famous Gestalt therapy techniques, like psychodrama, fantasy, empty chair, tasks and dream work are listed, the therapist is still encouraged to be creative and develop techniques that will suit his clients’ needs (Ivens, [sa]:4). The researcher as therapist therefore used some of the existing techniques as it is and also adapted some techniques to fit the needs of primary school children.

Zinker (1977:120-121) is of the opinion that the Gestalt therapist uses a different orientation towards therapy than those therapists using most other therapies, which focus on the symptoms resulting from frustration of ordinary human needs. The Gestalt therapist is focused on resolving frustration concerning meta-needs. The latter are those needs in Maslow’s hierarchy of needs (Maslow in Zinker, 1977:120), which are no longer reducible to smaller parts – purity, justice, beauty or truth. If a person is deprived concerning his meta-needs, it requires a curative methodology, which is trans-personal and more insightful in its orientation. The Gestalt therapist is in essence moving beyond symptomatic techniques, growing in personal expansiveness, depth and spirituality. Such therapist might rather focus on meta-illnesses, thus illnesses caused by unfulfilled higher or meta-needs on Maslow’s hierarchy of needs. These are the self-actualisation needs (Maree, 2004:85). The latter relate to the Gestalt principle of taking responsibility for your own life (1.13 Responsibility). The researcher reasons that taking responsibility for your own life in this case includes a decision of the individual to develop and grow towards his full potential.

Gestalt methods include both insight as well as behavioural change. Many people understand themselves well, but do not change their behaviour. Gestalt therapy then exposes the person to experiential insights. It is also true, although Gestalt therapists focus on meta-needs, that we need to address the more basic needs or goals first. “We must acquire internal richness before being able to distill a range of life experiences into personal essences...becoming

fixed in any system...is to imprison ourselves” (Zinker, 1977:122). Zinker (1977:123) also states that Gestalt therapy emphasises the modification of a client’s behaviour in the therapy situation itself. This happens because Gestalt therapy is rooted in the person’s internal experience or own perspective and at the same time focused on the modification of behaviour.

According to the researcher, this focus on meta-needs, thus self-actualisation needs, relates very closely with emotional intelligence. The researcher sees emotional intelligence skills as those personal attributes, which enhance self-actualisation. In such a way the children in the current study are helped to increase their emotional intelligence with therapeutic techniques, which focus on the same self-actualisation needs than that of the goal of the programme. The programme makes use of experiments with behaviour in the therapy sessions, to bring the fulfilment of self-actualisation needs to the present and therefor make it a concrete learning experience. Gestalt therapy in this programme will thus be like Zinker (1977:123) states: “...an integrated version of phenomenology and behaviorism”.

The following are some applicable techniques used in Gestalt therapy as discussed in literature. These techniques can be used as a framework from which the techniques in this programme are developed.

### 3.1.1 Experiments

#### *3.1.1.1 Discussion and definition*

From the work of Zinker (1977:123) it seems clear that Gestalt therapy is based on learning through experience. Here the emphasis is placed on experimentation as cornerstone of learning through experience. The experiment transforms mere talking about a solution into doing it. (Zinker, 1977:123)

According to Corey (1996:245) it helps to differentiate between exercises and experiments. Exercises are ready made techniques, which can be used to evoke certain emotions. Experiments on the other hand grow out of the therapeutic encounter between the therapist and client. This is the cornerstone of experiential learning. Polster (in Corey, 1996:245) states that experiments help the client to make an internal struggle an actual process. Thus by dramatising or playing out a problem in the safe therapeutic environment, the client’s range and flexibility of effective

behaviour can be increased. It encourages spontaneity and inventiveness when the client can experiment with different kinds of possible behaviours in the therapeutic environment. (Corey, 1996:245)

According to the researcher experiments teach important life skills to the client and increases his learning abilities, as inventiveness is a right brain hemisphere attribute (compare Brooke, 2004:2; Fourie, 1998:19; Maree, 2004:78). Experiments therefore stimulate right hemisphere functioning, which is also related to insight, understanding and intuition (Davis, 1997:5,101-103). It also helps the client to solve problems, which is an attribute of the frontal lobes (compare Goldberg, 2001:24; Le Doux, 1998:177; Pert,1997:288), which is also the area seen as mainly connected to emotional intelligence in this study. The researcher therefore sees the importance of experiments in the latter statements. Experiments increase skills associated with the frontal lobes where emotional intelligence is assessed in this study as skills related to the right hemisphere of the brain. In this study the hypothesis that experiments can increase emotional intelligence exists, because it stimulates problem solving, which is a frontal lobe function. If experiments improve frontal lobe functions, it can have a direct positive learning effect on emotional intelligence. Emotional intelligence is tested through the assessment of frontal lobe functioning in the current study.

### *3.1.1.2 Using experiments*

Corey (1996:245) lists the following as forms of experiments to use in a therapeutic situation:

“imagining a threatening future encounter; setting up a dialogue between a client and some significant person in his or her life; dramatizing the memory of a painful event; reliving a particularly profound early experience in the present; assuming the identity of one’s mother or father through role playing; focusing on gestures, posture, and other nonverbal signs of inner expression; or carrying on a dialogue between two conflicting aspects within the person”. The main point of experiments is thus to bring struggles to life and make it more possible to handle.

According to Corey (1996:245) it is important that a therapist also experience experiments and feels comfortable to introduce it to their clients. The following are guidelines from Passons and Zinker (in Corey, 1996:247) for preparing clients for experiments and applying these:

- The therapist should be sensitive enough to know when to leave the client alone.
- The therapist should be sensitive enough to introduce experiments at the right time.
- The nature of experiments depends on the client's problems, his experiences and that of the therapist also.
- The client should actively explore himself.
- Experiments work the best when the therapist respects the client's cultural background and is in good contact with the client.
- It is important that the therapist is flexible when using these techniques, paying attention to how the client is responding.
- The therapist should not use a task, which is too advanced for the clients – experiments should be adapted to the developmental phase of the client.
- It is helpful if the therapist learn to know which type of experiment is best to use in the therapy session itself and which can be practiced outside of therapy.

Clients also need to be prepared for taking part in experiments. They need to know that it is their choice and that they can choose to either continue or stop whenever they want to. The therapist should not force clients to take part in experiments. Clients should rather be invited to explore and discover something new about themselves through the experiment. The therapist in a group situation should be sensitive to the clients' state of mind, starting from where they are. In such a case it might help group members to be more spontaneous. (Corey, 2000:320)

The researcher summarises this list of guidelines for applying experiments and preparing clients for it in the current study as follows:

The therapist should feel comfortable to try out new and often strange exercises. He should apply experiments when he senses that a child or the group as a whole need to practice some behaviour in the therapy session. These exercises should be on the developmental level of the children and should take the cultural background of the children into consideration. The therapist should be focused on the reactions of the children and should adapt experiments accordingly to ensure effective learning rather than an empty negative experience.

Zinker (1977:126) also listed a set of goals for creative experimentation. These goals are focused on bettering contact boundary disturbances and resolving unfinished business. The following is a short list of some of these goals:

- Expand repertoire of behaviour
- Take ownership of own life
- Learn new self-concepts
- Complete unfinished situations
- Overcome blockages to awareness
- Integrate understanding with behaviour
- Discover unaware polarities
- Remove and integrate introjects
- Create a safe environment for exploration and experimentation

The researcher agrees with Polster and Polster (in Brownell[sa]:7) sees the whole Gestalt therapy process as an experiment within a safe environment. As Zinker (1977:123) states, it is the connection between cognitive insight and behaviour modification. The client will practically apply what he has learned about himself and his behaviour right there in the therapy session.

### *3.1.1.3 Examples of experiments*

The following are examples of these experiments that can be used in a Gestalt therapy session. These examples discussed in the following paragraphs are stated as possibilities to use in the intervention programme. Not all of these were applied, because experiments are not planned exercises as explained by Corey (2000:316) in the following section (3.1.2 The researcher's view). Zinker (1977:47) states that certain Gestalt experiments have become classics including re-enactment, enactment, around the world, and empty chair.

#### ● Re-enactment

In this experiment, a client is allowed to relive a life event with unfinished business. This allows for the opportunity to finish the unfinished business in the here and now. The client can also use the new competencies, which he gained during the therapy process. (Zinker, 1977:147)

He will thus try out his adapted self on the unfinished business in the therapy session. It is like a trial in a safe environment, where he can still change and adapt his way of being before he tries it out in a real life situation.

In the current study the children can for example imagine a situation where they handled their anger ineffectively. They can then discuss a different way based on what they have learned and practice it in the session on each other.

#### ● Enactment

Here the client works on a dream or fantasy. He can then act out his dream and its significant components. He can also communicate with the different parts of the dream or fantasy or let different parts communicate with each other. In such a way he can get in touch with polarities in his being. (Compare Mackewn, 2004:144-145; Oaklander, 1988:139; Schoeman, 2004b:113; Zinker, 1977:147.)

In the current study this experiment might be used as dream work or a fantasy exercise where the children will be led through a fantasy exercise or daydream. They can then make drawings of it, build it out in the sand tray or create the image with clay. The different parts of the fantasy or the dream can then communicate so that the therapist can be able to detect polarities to work on. A dream can be represented in the same way and can be retold as if it is happening in the present.

#### ● Around the world

In this experiment the therapist give the client the opportunity to explore a negative or unsatisfactory experience – of himself, his world, other people etcetera. He is allowed to really dig deep and explore all the negatives. (Zinker, 1977:147) According to Zinker (1977:147-148) the person will eventually come around to the opposite polarity – going around the world.

The researcher connects this to the paradoxical theory of change (Philippsen, 2001:11) in Gestalt therapy. Here the client will change when he gets aware of the fragments or unsatisfactory parts of his being. He will then develop towards being his true self. Thru awareness the client will thus change himself and grow to reach his potential.

In the current study, children will engage in activities and experiments to increase their emotional intelligence and still have respect for each other's different cultures. In self-exploring exercises or in the interpersonal skills exercises, children might have



very negative experiences of themselves or others. The group can explore these to such an extent that the child gets aware of the polarity. The therapist should closely monitor the exploration experiment. He (she in this case) should make sure that the exploration experience is not only negative and the child leaves the session with unresolved, negative feelings.

#### ● Empty chair

“The empty chair allows the person to come into dialogue with a polarity within himself” (Zinker, 1977:150). It can also represent a person in the client’s past with whom he has some unfinished business. In this experiment, a client places such a person on an empty chair – as an imaginary object. The client then has the opportunity to immediately direct his energy to the source of the unfinished business, anger, sadness, disappointment, etcetera. He does not have to tell it to someone else, expecting some kind of explanation or advice. He has the opportunity to handle the problem directly. (Compare Mackewn, 2004:136-137; Oaklander, 1988: 151-152; Zinker, 1977:150-151.)

The researcher experiences the empty chair experiment as also enhancing the client’s responsibility for his own life. He handles his unfinished business himself, instead of waiting for the advice of the therapist.

In the current study the therapist in the group sessions should focus on awareness of not trying to give advice, but rather let the children handle their own unfinished business. They can therefore practice difficult situations or anger or disappointment in the group session, by speaking to an empty chair. They can share their experiences and the other group members can represent what they have learned through this experiment.

Other examples of experiments were listed and discussed by Corey (2000:320-330). The researcher prefers these discussions of experiments as Corey (2000:316-320) is discussing experiments within the group context. In the current study research is based within the group environment. Group application of Gestalt principles is thus more applicable than Gestalt principles in other environments. The following are short summaries of the experiments listed by Corey (2000:320-330). These experiments can therefore be used when necessary in the therapy groups. They might not be planned for explicitly such as in the case of exercises (Corey, 2000:316).

### ● Experiments with internal dialogues

This involves fantasy dialogues, taking many different forms. It can include dialogues between polarities like love and hate, also with a significant other, fantasised others or other objects. The therapist should be sensitive to polarities in these dialogues. These experiments are powerful to contact parts of our nature that we hide from others. It is also used for awareness of introjects and projections. (Compare Corey, 2000:323; Yontef, 1993:14,17, Schoeman, 2004b:112.)

In the current research the children in the groups can use figures in the sand tray to speak to each other or they can imagine speaking to something or somebody who is absent at that moment. The therapist can make them aware of their polarities and the type of language they are using. They might be using many “should’s, must’s, do’s and don’ts”, which are taking the responsibility for their own emotions away from them (Yontef, 1993:17). The therapist can notice contact boundary disturbances in the language patterns of the children in the groups. The latter can be brought to the awareness of the group members.

### ● Fantasy approaches

“Experimenting with a diversity of fantasy situations in a group can lead to significant growth. Fantasy can promote personal awareness in a number of ways, ...” (Corey, 2000:324). Oaklander (1988:11) states: “I take a child’s fantasies seriously, as expressions of his feelings”. Fantasy can be used when group members feel too threatened to deal concretely with a problem. It can be used when people have catastrophic expectations of a situation. In such a case, a similar situation can be played out in a fantasy situation. This can relieve a lot of suppressed frustrations, which are not always possible to express in real life. It can also be a safe way to explore the group members’ fears of exposing themselves in the group. (Compare Corey, 2000:324-325; Schoeman, 2004b:113.)

The researcher wishes to describe a fantasy approach as an imaginary play-out of a situation. The human brain does not know the difference between what really happened or what has been imagined (Van Jaarsveld, 2005).

The researcher thus reasons that by working something through in a fantasy exercise is to the human brain just as real as when it truly happened. Children in the research groups can thus successfully work through unfinished business by using non-threatening fantasy exercises.

### ● Rehearsal

“By participating in a rehearsal experiment, members say *out loud* what they are thinking silently” (Corey, 2000:325). This type of experiment should be sensitively timed and not be used to stir up emotions. It is only of value when it is necessary to bring an unhealthy process of blocking contact by keeping quiet, into awareness. (Corey, 2000:325)

According to the therapist this might not regularly be used in the current therapy groups, but might be applied in situations where children never shares feelings. This might be very difficult for children with lower self-confidence or for those who are very introverted.

### ● Reversal

This experiment includes making contact with those parts of one self that have been denied or submerged and which are causing anxiety. In such an experiment the therapist would ask a group member to play an opposite role from the way he usually is. This can bring out important polarities in the person’s life and he can grow through this awareness. (Compare Corey, 2000:326; Schoeman, 2004:113.)

In the current study, this might be a valuable experiment for group members who tend not to participate at all in the group. Such a child can then be asked to be the leader of a certain activity. A child might get aware of another side of himself that he never knew existed.

### ● Exaggeration

In this experiment subtle body language movements are exaggerated to make the meanings they communicate clearer. “By exaggerating the movement or gesture repeatedly, the person experiences more intensely the feelings associated with the behaviour and becomes more aware of its inner meaning” (Corey, 2000:326)

Sometimes a group member can be asked to exaggerate something abstract like having to carry others’ burdens by having to carry something very heavy. This experiment goes along with reversal. Sometimes a group member needs to exaggerate a part of himself that he does not like and in such a way become more aware of its polarity – the part he likes about himself. (Corey, 2000:327)

In the current study the therapist should be very sensitive when applying experiments like this in a group with pre-teen children. The experiment should not make fun of the

child. The group member who did the exaggeration should be asked to discuss his experience of it with the therapist as well as what he could learn from it. The other group members can assist him in this and also give ideas of what one can learn from such an exaggeration.

#### ● Dream work

Gestalt therapy does not interpret dreams. Gestalt therapy intend to bring back the dream to the here and now and relive it. In groups the members don't talk about dreams they had in the past, but represent it as if it is happening in the present. The group members convert themselves to parts of the dream and present the events. (Compare Corey, 2000:328; Oaklander, 1988:151.) According to Perls (in Corey, 2000:328) dreams and parts of it are all projections of the self. The different parts represent different inconsistencies and contradictions within oneself.

Some suggestions on how to handle a dream work situation include; reliving the dream in the present, representing an element of the dream as if it is you, discussing troublesome parts of the dream, becoming two contrasting objects in the dream, finding what is missing in the dream, and also exploring the phenomenon of missing dreams if you cannot remember any dreams. (Compare Corey, 2000:328-329; Oaklander, 1988:145-151; Rainwater in Corey, 2000:329; Schoeman, 2004b:113-114.)

In the current study dream work can be used as a specific experiment for awareness of self, emotions or other possible unfinished business. Dream work can also be used if a member wishes to tell the group about a dream he had. This might be an indication that the dream was in a way significant. At such a moment the therapist can employ some of the listed ways to deal with dreams.

#### 3.1.2 The researcher's view

According to the researcher Gestalt therapy is experiential and therefore include experiments. Corey (2000:316) differentiated between experiments and techniques. He defined techniques as exercises or procedures to bring about action or interaction. In the current study the researcher also made use of such exercises, as it is attempted to teach some skills. The teaching of the skills was done within a Gestalt play therapy environment. It is therefore very important that a therapist using this type of programme will be aware of any polarities, unfinished business or contact boundary disturbances presented by the children in the groups.

Should the therapist be aware of the latter possibilities, he has the freedom to move away from the planned exercise and experiment with what the child has given. It is thus important for the therapist to have some knowledge of possible experiments to use. The creative therapist can also make up his own experiments to fulfil in the children's needs. Such flexibility is very important in this Gestalt therapy programme. The researcher concludes this section on experimentation with Zinker's (1977:19) statement that "experimentation is powerfully effective in groups". Experiments were applied in the group setting in this study. As Zinker (1977:19) states, experiments in groups are supported by the varied creativeness of a community of different people. He reasons that, "No one person gets depleted and everyone is nourished" (Zinker, 1977:19).

The researcher finds Zinker's (1977) enthusiasm about Gestalt therapy inspiring. It therefore seems that experiments in the group setting is a healing process where all group members can gain growth and development.

Following this section focuses on the Gestalt play therapy techniques, where Gestalt principles are applied in the play therapy setting.

### **3.2 Gestalt Play therapy techniques**

A person who is content and functioning at an optimal level is according to Gestalt Therapy a self-actualised person. Such a person is aware of himself, is responsible for his own life and actions and has a high degree of autonomy. This person can be free to be himself without trying or having the need to be something else. (Compare Ivens, [sa]:4; Jarosewitsch, 1995:2; Yontef, 1993:2,10-11.)

The researcher as therapist used Gestalt play therapy techniques in this study to increase emotional intelligence skills to help children to reach their full potential. Gestalt therapy was used as a tool to increase emotional intelligence as both include themes like awareness of self, responsibility, self-actualisation and a process of change and development. The researcher was in a relationship with the children in the groups. The relationship in Gestalt therapy is healing. This means a restoring of wholeness, with everything happening in the here and now. It is "healing through meeting". (Yontef in Schoeman, 1996a:29) The relationship in Gestalt play therapy has been discussed above in, 2.2.4 More theoretical principles: The therapeutic relationship in Gestalt play therapy.

The researcher stated in the previous section the importance of being creative and flexible in the current programme to be able to provide a learning experience through experimenting. Although this is the case, the current study also made use of techniques or exercises. Schoeman and Van der Merwe (1996:61-62) state that Gestalt therapy can also be structured and goal-oriented. The child therapist can plan for certain techniques in the beginning of the therapy process. The techniques discussed by Schoeman (1996c:61-82; 1996d:85-97) and Van der Merwe (1996b:108-127; 1996c:128-137; 1996d:138-149), also covered in the following sections, can be used in individual as well as group therapy. These techniques are structured and goal-oriented. Two types of goals are used as part of play therapy, namely process goals and content goals. Process goals are part of the helping process and specifically applied in the beginning and end of the therapy process. Content goals are directly connected to the current problem and applied in the middle part of the therapy process. (Schoeman and Van der Merwe, 1996:61-62)

In the current study the process goals included the first two to three sessions as well as the closure session or two at the end of the programme. In the beginning the children were being motivated to join in the programme with more enthusiasm and where the relationship with the therapist, each other and awareness of themselves were the main focus areas. At the end of the programme the goal was directed to the children's awareness of their growth and development through the programme. The focus of the therapist to keep the programme sensitive to the inclusion and acceptance of different cultures was also be a process goal. The content goals of the current study were focused on the different themes relating to emotional intelligence that was presented.

It was important though for the researcher to be aware of the experiential nature of Gestalt therapy and therefore to not get too rigidly controlled by the planned techniques. The researcher as therapist had to be open for the possibility to experiment all the time.

The following is a discussion of possible techniques to include in a play therapy programme.

### 3.2.1 Techniques to determine the child's process

Schoeman (2004b:152) states that it is important to understand the process of the child in order to really understand him. Each child is unique and will present his process or personality in a unique way. Blom (in Schoeman, 2004b:153) defines a child's process as "what they do and how they do it" and "their process refers to the way they present themselves to the world and satisfy their needs". The researcher will use the term "process"

in the same context as stated by Schoeman (2004b:153), namely: “The author uses the term ‘process’ interchangeably with ‘personality’ and the latter, in turn, is related to the child’s unique temperament”. Schoeman (2004a:46) relates the techniques used for determining the child’s process to his way of resolving obstacles. Through this process a variety of aspects can be covered, including his problem solving, interpersonal relationships, willingness to make contact, sensory awareness, energy levels and relationship with the therapist etcetera. The researcher was working from another perspective though. In this study the researcher attempted to get to know the child’s process in relation to the whole – his cognition, behaviour and temperamental self. The researcher therefore used the following techniques to determine the child’s process:

- Cognitive processes (Naglieri & Das, 1997a)
- Imaginary technique – comparing the self with an animal
- DISC behaviour style (Rohm, 1994 and Rohm & Carey, 1998) and
- Learning style (Bradway & Hill, 2004)

The first technique is discussed in chapter 2, 1.5.4 Learning style and preferred brain dominance, and 1.5.5 Application of planning and attention processes of the PASS theory of intelligence to the research study.

The second technique is discussed in the intervention programme attached to this research report, Session 1. These last two techniques are discussed in more detail in the following paragraphs:

### *3.2.1.1 DISC behaviour style*

The researcher used the DISC behaviour style analysis (Rohm, 1998) to assess the part of children’s processes that focus on temperament (related to personality style) or behaviour style.

The following is the basis on which Rohm and Carey (1998:xi-xii) understand people and on which the DISC behaviour style profiles are based:

People are special and worth understanding, all people are different by design and are capable of growth and change. Rohm and Carey (1998:xiii) speak of DISC behaviour style combinations in terms of personality styles. Most people have certain predictable patterns of behaviour causing us to act in specific ways. Rohm and Carey (1998:4) use personality style as a referral to these specific behaviour tendencies.

The focus of the current study is not to explore children’s personality or behaviour styles, but only to use information about this for a better understanding of the process

of the child. The researcher will therefore not give an in depth discussion on the theoretical background of the DISC behaviour style assessment. In the programme used in this research study the researcher applied the DISC behaviour style analysis for pre-teens (Rohm, 1998). The latter choice is based on the fact that the children in the research groups are in their primary school years, thus pre-teens. The instrument used is named, “All About Bots! All About You!” (Rohm, 1998). Children were assessed as a combination of styles. These include the styles that power our drives, causing people to have either an outgoing or a reserved approach to life. The other styles indicate the direction in which people are steered namely, towards tasks or people. The combinations of these styles include that usually one trait is predominant, another secondary trait(s) serve the primary trait and in each behavioural style there are varying intensity levels in these traits. (Rohm & Carey, 1998:4,5) The following is a diagrammatic representation of the behavioural traits of these combinations of styles:

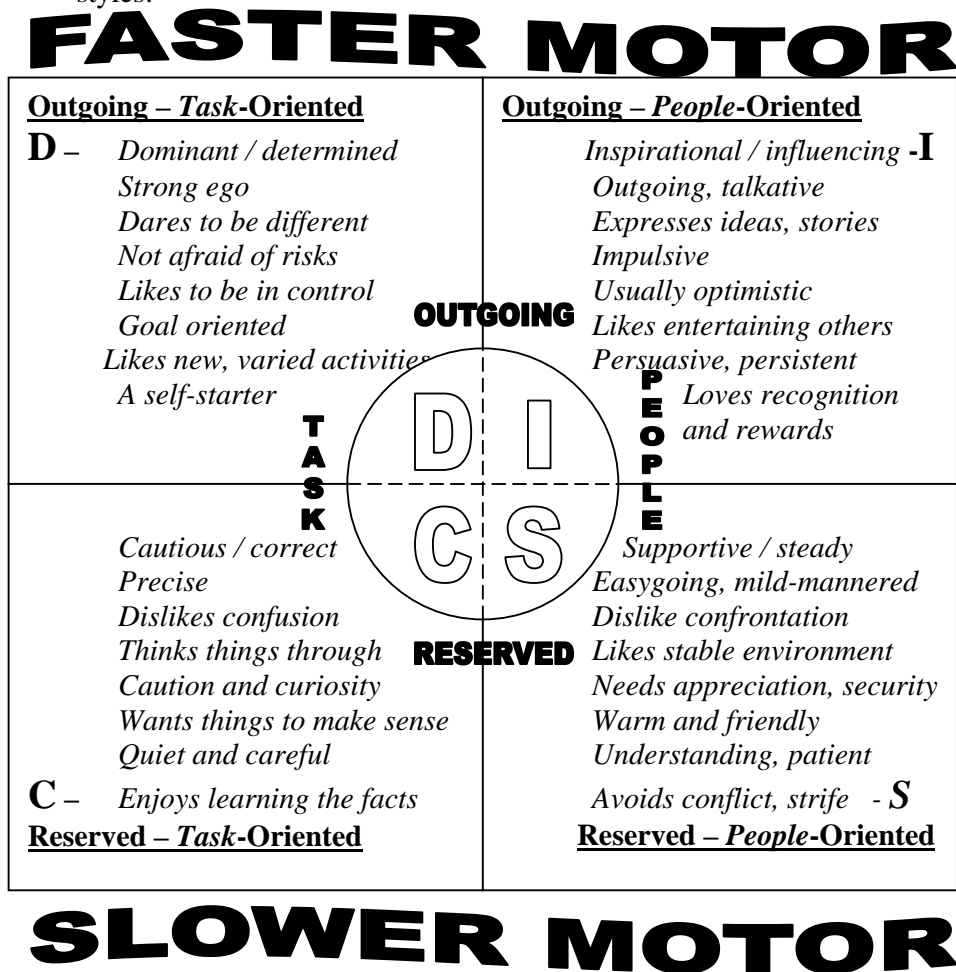


Figure 4.2: DISC behaviour style quadrants (Rohm, 1998:35-36)



Some children in the groups were thus more task-oriented and extroverted as listed under the D-traits in the diagram above. Others were also extroverted, but more people-oriented (I). The other children were more introverted, which is also divided in task-oriented (C) and people-oriented (S) groups.

Introverted people tend to be energised by inner resources. They tend to keep their thoughts and feelings to themselves, being less talkative. They think before they act and thus need privacy where they can work contently alone. They like to understand something before trying it and carefully consider an idea before discussing it.

Extroverted people tend to be energised by the external world. They show their thoughts and feelings openly, being more talkative. They act and speak before thinking, being more impulsive than introverts. They are friendly, talkative and need relationships. They learn by doing and understand by talking the topic through with others. They tend to say the first thing that comes to their minds. (Compare Briggs Myers, 1998:9; Jopie van Rooyen & Partners SA. 2005:45-46; Meisgeier & Murphy, 1987:4.)

More task-oriented people tend to be analytical, they use cause-and-effect for reasoning and solve problems with logical reasoning. They tend to be concerned with truth and justice, need to achieve and be treated fairly. They enjoy arguments, look at things objectively and is consistent.

More people-oriented people tend to be more empathetic, are guided by personal values and assess the impacts of decisions on people. They are usually compassionate and appear tender-hearted. They tend to be loyal and are good at making others feel secure and comfortable. They spontaneously appreciate others and tend to avoid conflict. They use their values to make decisions and need to be appreciated.

(Compare Briggs Myers, 1998:10; Meisgeier & Murphy, 1987:4.)

These basic attributes of behaviour and personality styles were used in the intervention programme to gain a better understanding of the processes of the children in the research groups.

### 3.2.1.2 *Learning style*

The researcher used the children's typical style of learning to gain a better understanding of their ways of taking in information, as part of their processes. The researcher is of the opinion that the way that children learn is important in the current study as it is focused on learning some emotional intelligence skills. Although the latter is the case, it is also a Gestalt play therapy programme. The researcher thus also focused on experiential techniques where necessary and creative exercises led by the current need of the children in the group. Still the children's learning style was part of their way of being and was seen as important information about their processes.

The researcher finds the following quote to be a good description of learning style and the value thereof for the way that children in the research groups responded.

“It's more than coincidence that you find yourself drawn above all else to the sights, the sensations, or the sounds around you. Throughout our lives, we use all of our senses to learn, but tend to consistently favor one sense over the others. This natural preference dictates how we learn best – by looking, by listening, or by moving – as well as what we learn and how quickly we are able to learn it” (Bradway & Hill, 2004:5).

The researcher finds that this quote about learning styles relates well to sensory awareness in Gestalt theory. Certain children learned better using certain senses. The researcher is of the opinion that the children were more open to awareness of themselves when their senses were stimulated. It might also have been valuable to stimulate the senses, which they do not usually use effectively to learn with. If their awareness of these non-dominant senses is awakened, they could become aware of other parts of themselves too.

Children's learning styles were assessed in this study using a questionnaire completed by parents or caretakers of the children. The children's learning styles were divided in three groups namely, lookers, listeners and movers (Bradway & Hill, 2004:6-7). The specific ways in which lookers, listeners and movers learn are described in Chapter 1, 1.5 Cognitive development.

The researcher mentioned the importance of sensory awareness in the paragraphs above. The following techniques cover awareness of sensory contact and the importance there-of.

### 3.2.2 Sensory awareness techniques

“Just as we can harness the power of our minds for physical healing, so can we do physical things to help heal our feelings” (Pert, 1997:272). Pert (1997:273) states that when emotions are expressed the biochemicals that are the substrate of emotion are flowing freely. When this happens all systems of the human being are united and made whole, being a healing process. When emotions are not expressed the network of pathways get blocked. The flow of the feel-good chemicals, which unify all systems, is stopped. These chemicals run both our biological as well as behaviour systems. Pert’s research showed that “the body can and must be healed through the mind, and the mind can and must be healed through the body” (Pert, 1997:274).

Considering the research implications above, it is thus necessary to include bodywork or using the senses to touch the mind or emotions. It is the researcher’s opinion that the physical body and our senses are a little more concrete and visually available than our emotions, which are more abstract and a less concrete experience. In this study the researcher as therapist thus used physical awareness to make the children more aware of their emotions. Fourie (1998:76) also states that active senses increase the brain’s ability to activate more brain cells or neurons. The brain will thus be more alert. According to the researcher, the brain will not only be cognitively more alert, but also emotionally, as all these processes work as a whole (Pert, 1997:268-272).

According to Schoeman (1996b:42) it is important for children to be in touch with their external environment through their senses. According to the discussions above, getting in touch with their external environment helps children to get in touch with their mental and emotional environments. According to Oaklander (1988:57) a child’s contact with his senses, body, feelings and intellect is underlying his sense of self. A good self-image improves good contact with one’s environment and people in the environment. The researcher relates this latter statement of Oaklander to emotional intelligence. Good intra- and interpersonal relationships are part of good emotional intelligence. Having a good sense of self, which can be improved through sensory contact, can therefore improve emotional intelligence.

In the following sections the researcher will discuss some exercises to get children in touch with five different senses namely sight, sound, taste, touch and smell:

### 3.2.2.1 *Sight*

Tear (in Schoeman 1996b:43) lists the following exercises to enhance a child's visual perceptions:

- Peeping through fingers
- Looking through a cardboard tube
- Looking through coloured cellophane or perspex
- Looking through holes in a piece of paper
- Looking through a magnifying glass or microscope
- Using mirrors
- Looking through binoculars either way around
- Looking through a kaleidoscope or other tubes resembling kaleidoscopes like an octoscope reflecting images eight times

Schoeman (1996b:43) states that visual exercises enhance sensory perception. The children in the group of the current study can then represent all feelings and / or memories evoked by this visual experience through mediums like clay, drawing etcetera.

According to the researcher sight goes along or goes over to visualising exercises. Pert (1997:146) states "There is no objective reality!". Although Pert focuses here on the brain's ability to filter information, the researcher connects this to the brain's ability to visualise. Visualising experiences as well as visual stimuli have an impact on emotions. Our sensing of the outer world is filtered along sensory way stations with different emotional tones. (Pert, 1997:146) According to the researcher our visual experiences are connected to emotional experiences. Certain visual experiences will enhance a specific emotional tone, but can also enhance a specific emotional memory. We can see in the mind and we can feel what we see.

The researcher therefore also added imaginary visualisation techniques to the list of exercises to enhance visual perceptions.

### 3.2.2.2 *Sound*

According to Schoeman (1996b:45-46) children like to listen to and to make music and it can help children to come into contact with what they hear. It can help the child to be aware of things and or feelings that he could not previously have made contact with. Music can be very effective in the therapeutic environment. It can create a

peaceful atmosphere of ease and security. Oaklander (1988:115) states that the use of music fits in very well in the therapeutic environment. According to Maree (2004:122) sound can manipulate people's emotions and influence their thinking. It can also have an influence on concentration, memory and the ability to differentiate between good or bad. Maree (2003:122) also states that music can calm the central nervous system.

Children who are calm and relaxed can tap into their emotional system more effectively as the brain functions optimally when it is calm. Children can have an enhanced possibility to be creative when they listen to relaxing music. (Campbell, 2002:1)

The following are possibilities of exercises to increase children's awareness of what they hear:

- Children can be asked to react on a variety of sounds like, an explosion, a military band, a song on the radio, a baby crying, an intruder in the house when you are sleeping etcetera. (Oaklander, 1988:140)
- Children like to play rhythm patterns on drums or any other instruments like tambourines, maracas or bells. They can express different feelings using the rhythm instruments and can even combine movement with this. (Oaklander, 1988:118)
- They have to close their eyes and listen to all the sounds they can hear, sharing this in the group and / or also connecting it to feelings
- Listening to music and share the feelings created by this or using drawing or clay work to communicate the feelings
- Listening to music, which tells a story and representing it visually afterwards, discussing the message and / or feelings associated
- Doing breathing exercises and listening to their breathing
- Listening to positive messages and then sharing their feelings about this
- Children can bring musical instruments and create their own music

Schoeman (1996b:45) also lists the following exercises for groups:

- Musical chairs: changing chairs when music plays, one chair less than group, one without a chair when music stops is out or has a specific task. This can also be used as an exercise to identify the person who will make a projection for the day.

- Musical hats or mats: the person without a hat or mat when the music stops is out or children jump over a mat and the last one to jump over when the music stops is out or is identified for a task.

### 3.2.2.3 Taste

Schoeman (1996b:46-47) defines taste as being distinctly in touch, to assess or evaluate. It is a combination of smell, texture and temperature. It is linked to several other impulses like smell and illness. We taste mainly with our tongue, which is also used to speak, thus to express emotions. People develop individual tastes for certain things and that should be respected as part of their selves.

Taste exercises can include the following:

- Put an assortment of definite tasting sweets in a bowl from which children choose a sweet, taste it and describe what it reminds him of
- A fruit like a nectarine can be used to include most senses, but also taste. After seeing, smelling, and touching the fruit the children can taste it and share associated memories and emotions
- Children can look at pictures of edibles and describe best likes and dislikes and how they imagine it tastes, they can be made aware of associated memories or other bodily sensations experienced when they imagine a certain taste
- Children can lick their hands and share what they taste and with what they associate it with
- Taste and smell can be combined: children smell something and share how they think it would taste plus the memories and emotions it evokes

Oaklander (1988:141) lists the following ideas to use when awareness of taste needs to be increased:

- Mimic tasting a variety of things like, ice cream, a lemon, or sucking through a straw, licking a lollipop etcetera
- Imagine eating something and act it out, while the others in the group try to guess what the person is eating
- Try to taste something that the group members has never tasted before
- Taste something very delicious or very sour

#### 3.2.2.4 *Touch*

According to Schoeman (1996b:47) the skin is the biggest organ in the body. Pert (1997:274) reasons that the body and mind are not separate and that the one cannot be treated without the other. The body can be healed by the mind and most important in the current research “the mind can and must be healed through the body” (Pert, 1997:274). She furthermore reasons that the mainstream healing practices of both body and mind misses a lot by excluding touch. The body is really the gateway to the mind (Pert, 1997:274).

According to the researcher children can therefore heal their emotions and be more aware of themselves through touch. In the current study, the groups could do fun touch or message exercises like the following:

- They can message each other’s hands and even arms with aromatherapy oils (also including smell)
- Children can stand in a circle and message each other’s backs and necks
- The children can do a group hug
- The group can start a little ritual of hugging each other when they come to meetings or go away
- They can close their eyes taking chances to feel somebody else’s hand and describing what they feel
- Other touch awareness exercises can include the following:
  - Touch some objects in a pot and describing what they feel
  - Blindfolding someone and then that person should identify another group member by touching his face
  - Touch clay or sand and represent associated memories or feelings
  - Progressive relaxation
  - Close eyes and identify what they feel against their skin
  - Stand barefoot in the room and describe what they feel under their feet, also associate it with emotions and / or memories
  - Children can bring something with to touch and different touching exercises can be done, like identifying each other’s objects just by touch or describing the touch / feel of the objects and relate it to memories and emotions
  - Children can put their feet in a foot spa, with warm or cold water and with the vibrating option on and off

- Vibration pillows can be used for relaxation and to describe the feeling it creates in the body

Oaklander (1988:140) lists the following ideas to use when awareness of touch needs to be increased:

- Children can pass around an imaginary object described by the therapist or by the children as they pass it on. They can mimic what it is like to touch it
- Imagine the table is covered with imaginary objects. Each child takes one and mimic what it is like to touch it, the others can guess what that child is touching

#### 3.2.2.5 *Smell*

According to Schoeman (1996b:45) people use their sense of smell to gather information about their surroundings and what is happening. People distinguish between pleasant and unpleasant smells. Smells can be connected to memories of the past evoking pleasant or unpleasant feelings. Goleman (1996:10-11) discusses the sense of smell as the most ancient root of our emotional life. Discriminating good from bad was done by the rhinencephalon (nose brain), which is part of the limbic wiring. The limbic system is the emotional system in the human brain. The rhinencephalon is the undeveloped / most basic basis of the neocortex, which contains the higher thinking processes of the human being.

It makes sense to the researcher that smell can very efficiently connect to emotions and activate mental processes. Using smell as sensory exercises should therefore be very effective to enhance awareness of emotions or the self.

The researcher could thus use exercises like the following:

- Smell pots: different small pots or bottles with different essences are used for children to smell and represent memories and / or feelings associated with the smells
- Aromatherapy can be used to relax (lavender) or to enhance concentration (rosemary, mint) or to stabilise mood (geranium) (Hey, 1996:157-158)
- Smell can be combined with touch when children message each other's hands or their own with aromatic oils – this can increase self awareness, interpersonal connection and have an effect on mood



Oaklander (1988:141) lists the following ideas to use when awareness of smell needs to be increased:

- The children can show how they will react if they smell certain odours like, a flower, an onion, burnt rubber etcetera
- Imagine situations involving smell like, walking in the woods and smelling a campfire, smelling different perfumes, smelling something unpleasant and trying to decide what it is, smelling cookies baking when you get home

The researcher reasons that smell can be a very powerful tool and emotions created by this should be handled in the therapy session, especially if it creates extreme or strange reactions.

#### 3.2.2.6 *Conscious breathing*

Apart from the list of sensory awareness techniques listed and discussed above, the researcher also adds the value of conscious breathing.

Pert (1997:186) states that this is an extremely powerful technique. She states that the rate and depth of breathing has a direct influence on the peptides released from the brain stem, and vice versa. By bringing this process into consciousness or by changing it causes the peptides to spread rapidly through the cerebrospinal fluid to restore homeostasis. Many of these peptides are endorphins - endogenous morphine or the body's natural opiates (Pert, 1997:64,187). Pert (1997:33) described the action of morphine as "distinctly euphoric", filling her "with a bliss bordering on ecstasy, in addition to relieving all pain". The researcher therefore describes endorphins as a feel-good peptide. Pert (1997:296) uses conscious breathing as an awareness exercise, as well as to relax and increase her energy and a feeling of well-being. Oaklander (1988:128-129) states that breathing is an important aspect of awareness. A lot of energy is lost during shallow breathing when people are anxious. It is thus important to teach children how to breathe deeply. She also states the relationship between oxygen, anxiety, and excitement. She wrote that the body needs a lot of oxygen to support excitement. If people take in less oxygen, they tend to feel more anxious than pleasurable. Oaklander (1988:128) teaches deep breathing by comparing shallow breathing with deep breathing and helping the children to be aware of bodily sensations when they breathe deeply.

The researcher as therapist therefore used conscious breathing exercises regularly with other sensory awareness exercises. Using this the researcher aimed to increase the children in the research groups' awareness, energy and positive feelings. This might contribute to a more positive growing and learning environment. The children might have had more fun in the sessions if there was a release of endorphins to increase positive feelings. The researcher as therapist applied conscious deep breathing to skills to cope with test anxiety and controlling temper tantrums. Oaklander (1988:128) also states that she uses deep breathing very successfully for a coping skill for test anxiety.

The following are more techniques, which could be applied in a Gestalt play therapy programme such as the present intervention:

### 3.2.3 Projection techniques

The researcher reasons that projection techniques should not be confused with projection as a contact boundary disturbance. The latter is a confusion of the self and others, because the child is attributing something of himself to the outside (Yontef in Schoeman, 1996c:64). It is simpler described by Clark and Fraser in Schoeman (1996c:64) stating that "projection is imagining that our own (unwanted) feelings belong to someone else". Oaklander (1988:193) also states that projection is often called a defence against the hurt of the inner self. Projection according to Oaklander (1988:193) is the basis for all artistic and scientific creativity and is a valuable therapeutic tool.

In projection as a technique the child projects his own feelings onto another object where the latter serves as a screen on which he can project the things he cannot handle in reality. In such a way the child can handle things that are usually too fearful or seemingly unimportant to handle or which are not handled due to feelings of inadequacy on the child's side. (Compare Oaklander, 1988:193; Schoeman, 1996c:64.) Projections may express things in the child like the following: anxiety, unfinished business, feelings unable to be expressed otherwise, wishes, wants, needs, fantasies, questions, curiosities and attitudes. The projection is a way to work through feelings and / or experiences that are too difficult to handle in reality. The therapist should therefore not interpret the projection, thus attach his own perception to it. The therapist should only give the child the opportunity, encouragement and awareness of what he is expressing in the projection. The therapist can gently lead the child

to own this, or to relate what he expressed in the projection to his own life and then start to develop insight in it. (Oaklander, 1988:193-194)

Projection techniques were used in the current study as self-awareness exercises and as experiments when a child needed to handle unfinished business or any other difficult-to-handle part of his life. Some projection techniques were thus be planned for, like those used in the process goals of therapy. It could also be used when children are gaining awareness of themselves and need a non-threatening way to share something of themselves and their emotions.

#### 3.2.4 Relaxation techniques

The researcher understands relaxation techniques within the holistic framework of the study. The researcher is of the opinion that relaxed children can gain better contact with themselves and others, can have better awareness of themselves and also clearer cognitive processes.

Van der Merwe (1996a:77) also states that relaxation techniques assist the child to find the helping process worthwhile. It is important that relaxation techniques are not therapy in itself, but only part of other techniques in the programme. (Van der Merwe, 1996a:77) The researcher sees relaxation techniques as preparation techniques to improve the quality of the other techniques. Van der Merwe (1996a:77) lists some examples of relaxation techniques, including music, progressive muscle relaxation, systemic desensitisation, puzzles, games, trips and outings, and pets and animals.

The researcher mostly made use of relaxation techniques such as music and progressive muscle relaxation in the current study. Several authors such as Maree (2004:122), Lozanov (in Maree, 2004:122), Campbell (2002) and Naiman (2002) support the positive effects of the use of baroque music. Campbell (2002:1) states that Baroque music can improve memory, awareness and the integration of learning styles. It can also assist with imagery and visualisation, activating creativity and reducing anxiety. The researcher made use of music for the benefit of increased awareness and creativity and for the help with visualisation, as stated by Campbell (2002:1). Music was used in the beginning and end of sessions as part of relaxation and sensory awareness techniques. Van der Merwe (1996a:78) supports the latter use of music. It will also be used to increase the effectiveness of visualisation, imaginary techniques and creative exercises.

Progressive relaxation techniques should be used with care, according to Van der Merwe (1996a:80). The therapist should have enough knowledge of the use of these. A progressive process of relaxation and contraction of different muscles may increase the child's awareness

of himself and of possible tension. Breathing techniques together with progressive relaxation are also valuable. These techniques were used to relax the children before and after sessions or during stressful situations. It can also be used as an experiment to practice relaxation in difficult situations in real life. (Van der Merwe, 1996a:80)

The researcher as therapist applied these techniques as described above. A step-by-step guide on how to use the progressive muscle relaxation technique is included in the intervention programme (Appendix 3 of Session 2) attached to this research report.

### 3.2.5 Fantasy and imagination techniques

According to Schoeman (1996d:85) "Fantasy forms a central part of the child's development". Children need fantasy to solve problems, to think creatively and to deal with their fears in a non-threatening way. "Fantasy thus offers the child a safe way of transforming his world" (Schoeman, 1996d:85). As stated in the previous paragraphs on relaxation techniques and music, music can enhance the effect of imaginary play. According to Schoeman (1996d:95) music expands the child's levels of consciousness and can make him aware of sensory imagery. It can help the children to face their unfulfilled needs, but still creates positive experiences when solving problems.

Fantasy techniques include the use of metaphors. Schoeman (1996d:86-94) states the importance of using metaphors in play therapy. The use of metaphors can be described in the following way. It includes telling stories to children in order to carry over real life messages, lessons, possible solutions to problems and the opportunity to see alternative ways of behaving and approaching life.

When using fantasy techniques the child uses his imagination and can live in another world. Children's imagination usually includes the supernatural. This can make seemingly impossible situations more manageable. The supernatural is kept only in fantasy. The child can learn solutions to problems or can express fearful experiences in such a fantasy technique, because it is then not real. (Schoeman, 1996d:93)

Although this discussion of fantasy and imagination techniques has not been done in much detail, the researcher wishes to conclude with a summary of her perception to clear the practical use of this. In this research study, fantasy and imagination were used because these are creative techniques and the Gestalt therapist is a creative therapist (Zinker, 1977). Exercises and techniques where the children are allowed to play themselves as an imaginary figure like an animal or clay character were imaginary techniques (Session 1, 1. Introduction of all group members). The researcher used stories and fantasy trips in the children's

imagination. Children can be allowed to follow a daydream to place themselves in another world in order to relax or increase awareness. The specific guidelines for the use of these techniques are included in the intervention programme (Sessions 4, 6, 7, 8, attached to this study).

### 3.2.6 Biblio play

In biblio play the therapist makes use of written and audio-visual material. It extends further than only books, but also include things like life books, writing letters, life maps, calendars, magazines, diaries or journals, newspapers, comics, emotional barometers and self-descriptions. (Van der Merwe, 1996b:108)

The researcher differentiates biblio play from fantasy techniques. Fantasy techniques may include books from which stories are read, but the emphasis is on the imaginary “trip”, the fantasy. The researcher will use biblio play in the form of media-play as stated by Van der Merwe (1996b:108). Any exercise where children make use of a variety of audio and / or visual material is understood as biblio play.

Biblio play can also include the reading of children’s stories, which is different from a fantasy technique where the fantasy is mostly created by the child and sometimes in coordination with the therapist. The researcher understands the difference between biblio play and fantasy in the focus thereof. The focus of fantasy play is the experiencing of a threatening situation and possible solutions in a fantasy world – the focus is fantasising, In biblio play when stories are used, a specific story is chosen or created by the therapist and sometimes by both therapist and child. This story has a specific message and use, which is explored through different phases (Van der Merwe, 1996b:114-115).

The current research programme made use of storytelling as part of biblio play, and used different other media projects, which are also part of biblio play. The programme made use of diaries or self- / life books and self-descriptions (making use of magazine pictures and drawings to assist poor writing skills). The programme also includes posters with group rules and the introduction of the themes of the programme, which is linked to time graphics (Van der Merwe, 1996b:120-121). Cartoons and comic strips (Van der Merwe, 1996b:123) can be used to teach awareness of certain emotional intelligence skills, especially in communication sessions, although this was not applied in the current intervention programme. Here the children can complete the dialogue boxes of the cartoon characters. Incomplete sentences (Van der Merwe, 1996b:124) were used in the current programme in combination with the

life book. Children needed to complete statements about themselves using different media, like drawings, painting, photo's or magazine cut-outs. Verbal emotional barometers were used in the beginning of sessions to help children to be aware of their emotional state in the beginning and, at times, also at the end of sessions or specific exercises.

### 3.2.7 Dramatic play

Through dramatic play children can experiment with situations. They can act out a certain situation in a non-threatening and safe environment (Porter & Dunn in Van der Merwe, 1996c:128) Dramatic play focuses on problem-solving and is thus included in the change phase of therapy. It takes a great deal from the therapist, who should have good knowledge about the child's situation and who should be very inventive. (Van der Merwe, 1996c:128)

Dramatic play progresses through three phases namely; warming up (focused fantasy and creative movement), dramatising (change-oriented techniques) and conclusion (reducing tension and providing feeling of progress). If the child is relaxed and comfortable, thus relaxation techniques has been used, dramatic play might be more effective to evoke change. (Van der Merwe, 1996c:130)

The following are a few examples listed by Van der Merwe (1996c:130-136):

#### 3.2.7.1 *Role-playing*

Here the child might play him self or another person. Certain situations and ways of behaving is practiced in the safe environment of the therapy room. (Van der Merwe, 1996c:130) This could be used in the current programme when specific situations come up where children need to experiment with a certain way of behaviour.

#### 3.2.7.2 *Talking-feeling-doing game*

This is a board game designed by Gardner (in Van der Merwe, 1996c:130). Children choose cards, which indicate actions to do or to describe. It focuses on cognitive, emotional and behavioural aspects and is divided into low and medium anxiety categories. A play board, dice and pack of cards are needed. If a child picks up a card, he needs to do what the card says. One example of such a card is: "**Medium anxiety card:** Bad remark about mother, thoughts when unable to sleep" (Gardner in Van der Merwe, 1996c:131)

This board game was adapted to be used in the current programme to assist the children in the groups to be comfortable to share their feelings and thoughts. It was

specifically focused on increasing interpersonal skills. It could teach the children to be open and confident to share and explore themselves and their relationships with friends.

#### *3.2.7.3 Dramatising therapeutic communication*

According to Gardner (in Van der Merwe, 1996c:132) children tend to dramatise their life-stories. Here the therapist dramatises the child's life story for him. It takes a lot of courage and very little inhibitions from the therapist.

As the current study is not focused on dealing specifically with children's life story problems, this technique was not used regularly. Should a child present a specific problem with his life during the course of the programme and needed to be aware of this, it could be used so that the rest of the group could assist the child in understanding and coping and also learn from it.

#### *3.2.7.4 Dolls, puppets and paper dolls*

The child, the therapist or both can tell a story using dolls or puppets, or paper dolls, etcetera. The dolls / puppets can act out certain problematic situations or even alternatives to problems. Therapists can use their own creativity and available material to create the puppets needed. (Van der Merwe, 1996c:132-134)

In the current programme finger puppets could be used very effectively to model certain behaviour or to safely share feelings. Feeling puppets could be used to help children to share their feelings in a non-threatening way. Although feeling puppets were not applied, puppets were used in the session focused on sharing family cultures. The children represented themselves and their family members with paper dolls.

#### *3.2.7.5 Telephone play*

Van der Merwe (1996c:135) calls this a non-toy toy. The child may use the telephone as he wishes. He can talk to someone else or to himself. The child's own functioning will determine in which way the telephone will be used.

The researcher is of the opinion that this technique is also focused on a specific child's problematic situation that needs to be discussed, or feelings that need to be aired. It could thus only be used in the current programme as an experiment when a

child needs to practice to communicate a certain message to someone else or to the therapist or to another group member.

#### 3.2.7.6 *Masks*

Children can place themselves in a symbolic world, when putting on masks. This might also incorporate fantasy play as discussed earlier, as well as creative play, when making the masks. (Van der Merwe, 1996c:136) The children are allowed to be something else and can say things that they would not have when they are themselves (Oaklander, 1988:143). The researcher reasons that masks can provide an opportunity for children to be free from the restrictions, which reality or expectations of others place on them.

In the current study this could be a possibility to act out certain behaviours or to experiment with certain possibilities or real life happenings and discuss it afterwards. It could be a fun activity in the group as the creative play part, when making the masks, can also contribute to the children's relaxation and enjoyment. The researcher did not plan masks as a technique in one of the sessions, but users of this intervention programme are free to incorporate this as one of their techniques.

The researcher is of the opinion that the creative therapist can use a wide variety of dramatic play techniques as it suits the situation or needs of the children. As stated above, many of these are experiential and might not be planned for. It might be used in a certain situation when a specific child presents a need to be addressed in a non-threatening way. It can be much fun, but it is important that the group dramatising techniques is used when the group already gelled. According to the researcher the group might find it difficult to dramatise situations if they don't know each other and don't feel comfortable.

#### 3.2.8 Creative play

The researcher finds creative play to have a very wide application in therapy and specifically in the current group therapy programme. Children create something nearly all the time while being busy in the group activities. Zinker (1977:3) describes creativity in a very enthusiastic way. He uses phrases like: "Creativity is a celebration of one's grandeur...", "Creativity is a celebration of life...", "It is not only an expression of the full range of each person's experience and sense of uniqueness, but also a social act...", "Creation is each person's statement of godliness, of transcending the daily struggle...an outcry of anguish and of



celebration.”, “Creativity is the breaking of boundaries...” and “Finally, creativity is an act of bravery”.

The researcher therefore defines creative play as creating something, which is representative of one’s own process or perception, but which can also stretch beyond one’s current boundaries. It is to use any material to make something new.

Porter (in Van der Merwe, 1996d:138) states that creative play can take place in various forms and is inventive. It includes many variations of art and handcraft.

According to the researcher this is a very wide area of application. It really includes all creation, especially combined with imaginary play and symbolic play, but also other creation. The researcher therefore discussed the technique of creative play used in each specific lesson in the current intervention programme in the users manual (attached intervention programme). In order to make creative play a little clearer, the following list of examples of creative play is included. The different forms will not be discussed, but only listed as an elaboration of the definition of creative play.

- Media and art forms – drawings, clay, making masks, painting etcetera
- Children’s drawings – exploring the colour, size, space, lines omissions content, environment and using it as a projection technique
- Clay – making projections or using it to act out aggression or hostility
- Handicrafts – includes making life books, paper dolls, masks, collages etcetera

Van der Merwe (1996d:148) states that, “creative play can be one of the most enjoyable forms of play”. The researcher wishes to include the quote of Allan and Clark in Van der Merwe (1996d:148), because this shows the value of creative activities in the growth process. “Painting and drawing, especially in the counselling setting, activate growth and change; that is, the images and symbols a child uses are both safe “containers” and “transformers” of emotions and feelings. Once painful images have been expressed in this way, new growth occurs both in the conscious and the unconscious.”

In the current programme, children created something in each session. The researcher acknowledges the enjoyment of creation (compare Van der Merwe, 1996d:148; Zinker, 1977:19) to enhance the children’s enthusiasm and joyful, relaxed learning experiences in the current programme. The researcher wishes the current programme to be an experience of the joys of growth and development.

#### **4. MAKING THE APPLICABLE TECHNIQUES CULTURE FAIR**

Experiments work the best when the therapist respects the client's cultural background and is in good contact with the client (Passons & Zinker in Corey, 1996:247).

The researcher is of the opinion that as the current programme will not only be used in Namibia within the Namibian cultures, the programme should not be sensitive to only the Namibian cultures. Culture sensitivity of the techniques used, should therefore include sensitivity to culture in general. The therapist should therefore be sensitive to the differences in thinking, feeling and acting of the children in the groups. Sensitivity to each other's otherness is also related to emotional intelligence skills. Emotional intelligence includes understanding of the feelings of other people, respecting this and learning how to act and communicate in respect to other people. (Compare Goleman, 1996; Jarosewitch, 1995; Le Roux & De Klerk, 2001; Le Roux & De Klerk, 2003; Maree, 2004; Vermeulen, 1999; Yontef in Schoeman, 1996b:29.)

According to Zinker (1977:74) the therapist is always responding to his social and personal culture, thus his own ways of thinking, feeling and acting. Mackewn (2004:48-49) states that Gestalt therapy is based in field theory. "In Gestalt the individual-environment entity is known as the field... the field consists of all the complex interactive phenomena of individuals and their environment" (Mackewn, 2004:48). The therapist therefore attempted to understand and accept the children in the research groups as part of their cultural fields. The researcher sees their field as part of their selves, because their fields determine the way they think and feel about things (Chapter 3, 1.2.5 A conclusion on the definition of culture).

The researcher as therapist therefore aimed to make the current programme culture sensitive by focusing on two aspects. These include the teaching of culture sensitivity as part of emotional intelligence techniques, and also the attitudes, thoughts and behaviour of the therapist self.

The following section covers the researcher's discussion of the application of the relevant techniques in an intervention programme.

## **5. A PRELIMINARY GESTALT PLAY THERAPY PROGRAMME FOR IMPROVING EMOTIONAL INTELLIGENCE IN THE MIDDLE SCHOOL YEARS**

### **5.1 Introduction**

The researcher used group therapy in this study. The decision for group therapy above individual therapy was based on the specific advantages of group work related to the skills of emotional intelligence. The researcher found that the skills, which are important to address in an emotional intelligence programme, could be more effectively addressed in group work than in individual therapy. The value of group work will be discussed in more depth in 5.2.2 Value, in the section on “Group therapy in general” below.

Children of nearly the same age were placed together in groups. All of the group members were in the middle school years developmental phase.

This programme also has a goal of being culturally sensitive therefore children from different cultural environments were included in the groups.

The common purpose for all children in the groups is to enhance their emotional intelligence skills. All participants were assessed with the Das-Naglieri Cognitive Assessment System (Naglieri & Das, 1997a). Their planning processes, which are executed from the frontal lobes in the brain, were all significantly lower than other cognitive processes and / or needed improvement to improve the functioning of other related mental processes.

### **5.2 Group therapy in general**

#### **5.2.1 Definition**

Group psychotherapy is “a means of changing behaviour and emotional patterns, based on the premise that much of human behaviour and feeling involves the individual’s adaptation and response to other people” (Group Psychotherapy, 2001:1). This process is carried out in formally organised groups, consisting of three or more participants who seek change. The group situation becomes a simulation of the outside world and its difficulties. It resembles interpersonal relationships in the outside world and the members can participate in observing other group members’ motivation and interaction styles. Group members also attempt new

behaviours and practice how to deal with the consequences of these new behaviours. The latter results in the ability to employ the practiced behaviours outside the group too. “In observing the totality of the events that take place in group therapy, the process by which elements of personality are developed in each member is also studied” (Group Psychotherapy, 2001:1).

### 5.2.2 Value

The value of group therapy is evident in the distinction between the value of group therapy above individual therapy by Ginger and Ginger (2000:1). They found that many more problems could be addressed in group therapy than in individual therapy.

Gestalt therapy groups also add interpersonal aspects to therapy, which is fundamental to human relations. People coming to therapy also prefer relationship difficulties to be handled in addition with internal uneasiness. Group therapy also facilitates experimentation in the here-and-now of difficult situations, where in individual therapy this is most of the times only possible as a discussion of what can happen. (Ginger & Ginger, 2000:6)

Interaction with other group members increases the courage of less expressive members to win over timidity and modesty. Relationship and social behaviour patterns are more effectively identified and experienced in groups than in individual therapy situations. (Ginger & Ginger, 2000:7)

### 5.2.3 Process of a group therapy programme

The process of group therapy in the current research includes the following: the procedures for selection of participants, the frequency and length of therapy sessions and the stages of group development. These topics will be discussed in the following paragraphs and the information will be applied to the Gestalt play therapy groups in this research study.

#### 5.2.3.1 Procedure for selection of participants

ACA’s (in Corey, 2000:89) ethical standard for screening of group members reads as follows: “Counselors screen prospective group counselling/therapy participants. To the extent possible, counsellors select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience”.

According to Corey (2000:89) the selection process is a two-way process. The therapist should have a private screening interview with the group members. The

members should have the opportunity to determine whether the group is right for them and whether they are right for the group. The latter part indicates whether the group member may in any way be disturbed by the group or will in any way create a disturbance for the group. (Corey, 2000:89) In the case of the current study, the private interview is held with the parents or primary care takers of the group members as they (the potential group members) are under aged. **The child's placement in a specific group should therefore be discussed on two levels.**

**The first** is whether this group is right for the child, thus whether this group will fulfil in the current needs of the child. **The second** level to consider is whether the child's profile fit the goal of this group or whether the child presents certain characteristics, which might disturb the group or whether the child will be disturbed by the goal of the group. The two-way process in the case of the current study was thus to determine whether the child fits into a group for primary school children, speaks either English or Afrikaans and is part of any cultural group. Will multi-cultural emotional intelligence groups for primary school children be the right thing to fulfil in this child's current needs. The first level of selection was to place children who really needed help with emotional intelligence in the groups.

The groups in this study was specifically focused on primary school children who needed help with emotional intelligence, the groups were conducted in either English or in Afrikaans and was multi-cultural. The groups were not fit for children with serious emotional, cognitive or personality disturbances. The children had to be able to function in a mainstream school, although they might be attending special classes.

On the second selection level, the children should not presented overt or salient characteristics indicating that he or she cannot function in a group setting or will disturb the process of a group setting. Any other personal characteristics of the child indicating that a group setting, a multi-cultural environment or children in primary school could cause a problem or disturbance to the child was an indication that this child should not be included in the groups of the current study.

#### *5.2.3.2 Frequency and length of therapy sessions*

According to Corey (2000:93) there is very little or no systematic research available on the length of sessions for specific types of clients. He makes the following suggestions concerning the length and frequency of sessions. He states that most therapy groups gather once a week. Groups with children and adolescents can meet

more frequently depending on the group leader and type of group. The length of sessions for children is a little shorter than for adults. Adults can extend sessions to two hours. Sessions for children can be shorter. Outpatient sessions are usually 90-minute sessions.

Corey (2000:93) also states that it is wise to determine a termination date so the group members know the time limit in which they are working. Groups with a time limit have a specific focus and the interventions then are as efficient as possible. Short-term groups usually cover about 15 weeks with around 20 sessions. Many high school groups run for the length of a trimester, which is about 15 weeks. The group should exist long enough to allow for cohesion and productivity, but not so long that it drags on endlessly. (Corey, 2000:93)

The length of sessions for the play therapy groups in the current research study thus varied from 60 minutes to 90 minutes depending on practical issues like availability of children for such a time limit, the content of the sessions and the concentration span of the children. These practical issues were finalised in the pilot study.

The number of sessions were greatly determined by practical issues like; the content of the programme, the year programme of the participants and the financial implications for their parents. The children in the current study are all primary school children and thus much under the supervision of their parents, making our group therapy programme dependent on the resources of the parents. These resources included time per day, activity programmes during the specific trimester and finances. These issues were identified through the typical questions all the parents asked when approached to include their child in the group sessions. The researcher as therapist discussed a time limit of about 12 sessions with the parents. It was also stated that this is not a very exact number. The number of sessions may vary a little depending on the group members, their processes and their learning ability.

The pilot study started off with the minimum of time per session and the minimum sessions necessary for an intervention programme. This helped the researcher as therapist to determine the minimum time that could be used.

### *5.2.3.3 Stages of group development / group process*

According to a variety of authors (compare Corey, 2000:93-136; Oaklander in Sweeney and Hofmeyer, 1999:171; Rodney & Gershenfeld, 1993:535-536) group therapy develops in certain stages.

The following are stages of group development or process as indicated by Corey (2000:98-113).

**The first stage of group development is the pre-group issues.**

It has been discussed above in *5.2.3.1 Procedure for selection of participants* and *5.2.3.2 Frequency and length of therapy sessions*.

**The second stage of group development according to Corey (2000:98) is the initial stage of orientation and exploration.**

The primary tasks here are inclusion and identity. Children should find their identity in the group as an active group member. This means finding a balance between keeping one's individuality and committing to be part of the group (Schutz in Corey, 2000:98).

The foundation of the group now is trust. If the members cannot trust the group then they will not be free to express themselves, to explore and to grow. Trust can be affected by group members' negative feelings toward each other and the way these negative feelings are handled. The following is a list of characteristics typical to this stage:

- The atmosphere is tested and members get acquainted
- They learn norms and expectations
- They display sociably acceptable behaviour
- Cohesion and trust are build if members express the thoughts and feelings
- Members start to define their place in the group
- Trust versus mistrust get to be essential
- Members learn about trusting each other and the group, involvement and what the group is about
- They learn basic attitudes of respect, empathy, acceptance, caring, and responding – all components of building trust.

(Corey, 2000:104)

**The third stage of group development according to Corey (2000:105-108) is the transition stage of dealing with resistance.**

The group usually goes through a rather difficult transition phase before it can really do productive work. Group members tend to deal with anxieties, resistance and

conflict during this stage. Group members might feel anxious and act in a defensive way. As soon as they develop enough trust to share themselves without feeling that they are being judged or misunderstood, they can move on to genuine openness and trust.

Conflict may take place in the form of negative comments and criticism. There might also be a struggle for control. (Corey, 2000:106)

The following are characteristics typical to the transition stage:

- Members judge what they will think of themselves and what others will think of their true selves as they get more aware of themselves
  - Members test the environment (leader and other members included) to determine the safety
  - They struggle with the decision of getting involved in the group or not
  - Members might struggle for control and power
  - Group members learn to handle conflict and confrontation
  - Members might feel unsure whether other group members will care about their own concerns
  - Look at the group leader and learn from him/her about trust and handling conflict
  - Members learn to express themselves in such a way that others will listen to them.
- (Corey, 2000:111)

### **5.3 Gestalt play therapy groups**

According to Yontef (1993:25) some Gestalt therapists use group therapy as individual therapy in groups. The therapist will then focus on one client and deal with his unfinished business while all the others are silent. After this the other participants share their experiences of the session and how it affected them. Although this happens, not all Gestalt therapists handle group therapy in such a way. Others do consider group dynamics too. This includes involvement of all group members. Members work on individual themes in the group, including everyone. The emphasis is on interrelationships (contact) and working with the group process. Yontef (1993:23) states that Gestalt therapists usually start their sessions with a group exercise to make members aware to share experiences in the here and now.

(Yontef, 1993:23) The researcher also used the latter in the Gestalt play therapy group sessions as discussed here. Therapy sessions in the current study always started with a



sensory awareness exercise to increase self-awareness in the here and now. The group therapy sessions in this research resembled the latter discussion of groups, namely where the focus is on all the group members and the group process itself. The researcher sees communication and interpersonal growth as very important aspects of emotional intelligence, which was the focus here. These could be enhanced in a group setting where interaction and group process are important attributes.

### 5.3.1 Value

According to Oaklander in Sweeney and Hofmeyer (1999:165) the group is an ideal environment, in which children can be aware of, can experiment with and can enhance their contact skills. Contact skills or contact functions include the following: the use of all the senses and moving in the environment; appropriate ways of awareness and expression of emotions; using intellect to express emotions, thoughts, opinions, etcetera. Poor contact skills show a poor sense of self, leading to poor social skills. It is natural and very important for children to seek out other children. The group provides a safe place for those children with social difficulties to discover and better the things blocking their effective relations with other children.

In a group setting many self-strengthening activities are more fun, interesting and effective as they are being done together with other children. The group is an ideal and safe place for children to maintain their own selves while relating to others. Children with emotional problems usually don't have a good sense of self and will thus either get their sense of self from others, thus trying to be like everyone else or retreat to a lonely place to find at least something of the self. For these children the safe place of the group, the guidance of the therapist and the clear boundaries helps him to find himself among others.

Finding that other children have similar problems, thoughts, feelings, worries, fears, and experiences as themselves are usually a revelation to children. Through this linkage they experience support from outside, which lead to support inside and therefore a stronger self can develop. Now they feel more secure to reveal those parts of themselves, which are different from the rest of the group. This leads to awareness and change. (Oaklander in Sweeney and Hofmeyer 1999:165-169.)

### 5.3.2 Group Process

"Gestalt groups, be they weekend workshops or ongoing groups, follow a developmental pattern similar to that of other therapy groups. Our groups begin with initial social superficiality and exploration and the cautious testing of trust levels; they then move into identity conflicts and power struggles." (Zinker in Harris, 1998a:5)

A group has a distinctive life of its own, although it's made up of individual children. Groups tend to follow more or less the same pattern from the first session to the last. The supposed pattern of a Gestalt play therapy group is as follows:

#### 5.3.2.1 *Children usually come to the group feeling very alone.*

As children usually experience a lot of anxiety coming to a group. They manifest many kinds of negative behaviour to cover up these anxieties. The therapist helps the children to feel safe and respected and tries to get them to know each other through non-invasive, safe and accepting activities. (Oaklander in Sweeney and Hofmeyer 1999:171)

This stage resembles the second stage of group therapy according to Corey (2000:204), which is the stage of orientation and exploration.

#### 5.3.2.2 *The group begins to gel.*

After about four to six weeks the group begins to gel – the children feel comfortable and anxieties of sharing more deeply drop away. A feeling of companionship develops and they know that the others will understand and support them when needed. (Oaklander in Sweeney and Hofmeyer 1999:171)

According to the researcher Corey's third stage of group process (Corey, 2000:106) resembles partly the Gestalt play therapy process's first stage and also the second stage. In group therapy's third stage members deal with anxieties, resistance and conflict. These feelings get resolved in this stage. (Corey, 2000:106) In the Gestalt play therapy group process anxiety and resistance mainly occur in the first stage and get resolved in the second stage where the group begins to gel (Oaklander in Sweeney and Hofmeyer 1999:171).

### 5.3.2.3 Roles emerge.

Children start to develop different roles: one becomes the leader, another the clown, the smart one and one who acts out for everyone. The therapist could bring these roles into awareness of the group and with the children's input and ideas start to experiment with different roles. (Oaklander in Sweeney and Hofmeyer, 1999:171)

In the current study the researcher attempted to combine Oaklander's (in Sweeney and Hofmeyer, 1999) views on Gestalt play therapy group work and the Schoeman model for a play therapy session or sessions.

According to Schoeman (2004b:118) this structure "is meant to give the therapist a comfortable way to work with the most obvious issues first while staying with the child's foreground...The process within the Schoeman-model is a gentle flowing event".

The researcher used two of Schoeman's steps in the structure of therapy as part of the process of group work. This continues through the whole process and is not specifically addressed as activities in each individual session. These include building a relationship and determining the children's processes. (Schoeman, 2004b:118, 152-160)

The therapist should build a strong relationship with the children otherwise they will not feel comfortable to share their inner feelings and issues (Schoeman, 2004b:118). In the current programme the therapist spent at least the first two sessions, and if needed the first three sessions specifically to build a relationship with the children and to determine their different processes. Work on this relationship continued through the programme as Gestalt therapy is focused on the relationship between the therapist and child. (Compare Jarosewitsch, 1995:1; Schoeman, 1996b:29; Schoeman, 2004b:120.) The relationship in the Schoeman-model of Gestalt play therapy has already been discussed in 2.2.4.2 *Aims of the therapeutic relationship* of this study.

Schoeman (2004a:45-46) states the importance and value of knowing the child's process before the process of therapy can be continued successfully.

The first three sessions of the intervention programme were spent on specific exercises to focus on determining the group members' processes. The process of sharing characteristics of the children's processes can already be part of the first part of emotional intelligence, namely self-awareness.

Individual group sessions were conducted according to the following steps of the Schoeman-model:

Sensory awareness, projection, owning the projection, alternatives, empowerment of the child to be able to apply alternatives, conclusion and self-nurturing (Schoeman, 2004b:118-119).

It is also important to note, that Gestalt therapy groups are not strictly bound to the group process as discussed above. A certain amount of choice should still be an option. This was stated in Chapter 3, 2.2.2.3 Principle of Singularity, as follows: “If a group’s process adheres to a specific prescribed process, it misses the primary human characteristic of choice. Harris (1998:11) says that without choice, one cannot be fully human. It is thus apparent that a group therapist cannot work on definite rules and recipes. Each person, interaction and each moment of group life is new and fresh”.

### 5.3.3 Content of group sessions

The content of the Gestalt play therapy group varies according to the age and needs of the children. The group is structured unless the purpose is free play (Oaklander in Sweeney and Hofmeyer, 1999:173). The activities are varied and generally enjoyable. The activities focus on the expression of feelings, defining and strengthening the self, and experiencing healthier aspects of the self. The activities include many projective techniques, like: drawings, clay, collage, sand tray, puppets, music, movements, drama, stories, imagery and fantasy. Games are also an important therapeutic vehicle. Themes that are relevant to the group’s needs are handled. These themes come from the group or are suggested by the therapist. (Oaklander in Sweeney and Hofmeyer 1999:173-174)

Schoeman (2004b:111-114) listed techniques, which can be used in group work. She emphasises that the techniques are mainly used to increase awareness and to express feelings, which can result in self-regulation. This supports the paradoxical theory of change. The client / child will heal himself when he becomes aware of his dysfunctional behaviour. He will become what he really is – a whole human being, not an unhappy fragmented self. (Compare Beisser, 1970:1; Jacobs, 1998:4; Jarosewitsch, 1995:2.)

The following are techniques listed by Schoeman (2004b:111-114), which are applicable to the group work programme of the current research:

### 5.3.3.1 *Language exercises*

As speech is usually an expression of our feelings, thoughts and attitudes (Corey in Schoeman, 2004:111) the group can increase awareness by focusing on what and how they say things. Children in the group should be taught to use “I” messages. They need to take responsibility for what they say. They can for example change a sentence like “You are always disrupting the group” to “I feel that you disrupt our group”. This will increase the children’s responsibility in connection to their own feelings. It is also less threatening and the other child / children might not feel it so necessary to defend themselves.

Corey (2000:320) added the following changes. He states that “it” is a depersonalisation of language. If children use “it” instead of “I”, they tend to keep themselves distant from their experiences. In the current research the therapist can bring this to the awareness of the children. Corey (2000:320) states that by replacing impersonal pronouns with personal ones, the children assume responsibility for what they said. He also notes the change of “you” to “I”, like “You feel hurt when someone rejects you” to “I feel hurt when someone rejects me”. Responsibility is one of the main themes of both Gestalt theory (1.13 Responsibility) and emotional intelligence programmes (Chapter 2 – 3.2.2 Taking responsibility for your own life - controlling your feelings, thoughts and behaviour).

According to the researcher more personal use of language creates a safer environment where children can still feel free to be themselves. The researcher as therapist also needs to focus on another preference of change in language as discussed by Corey (2000:321-322). This includes “cannot” to “will not” and “should” to “will”. Such language changes all increase a sense of responsibility for one’s own feelings and life.

### 5.3.3.2 *Non-verbal language*

According to Perls (in Schoeman, 2004b:112) people express denied and blocked aspects of themselves through movements, gestures, posture and voice. When these non-verbal messages are explored or brought to attention of the group members, it can increase their awareness of what they are experiencing.

### 5.3.3.3 *Experiments with dialogue*

Schoeman (2004b:112) states the fantasy dialogue technique. This technique can be used to integrate splits and polarities in a child's personality or behaviour. A child can use this to express feelings, which he cannot express in real life. This resembles the empty chair technique (compare Schoeman, 2004a:63; Zinker, 1977:150-153). One other person in the group can play the role of the other person and the child can say all he wants to him. (Corey, 2000:325) The researcher would rather use the empty chair technique here so that the child can express his feelings to an imaginary person than to one of the group members. The researcher is afraid that transference may occur or that the children in the group are still not emotionally strong enough to play such a role. These children have vulnerable self-images and the researcher would not like to risk possible damage to the growth of positive self-images.

According to Corey (2000:325) fantasy can also be very constructive and safe to explore the fears of some group members who are afraid to participate in group discussions and exercises or experiments. They can be asked to imagine the thing they fear the most in the group. According to the researcher these fears can be handled in the group with creative exercises like drawing the fear and then discussing the drawing in the group. It might be difficult for primary school children to just discuss these fears openly, as the children who fear rejection the most might have a lower self-image.

### 5.3.3.4 *Techniques that assume responsibility*

These techniques attempt to make the children in the groups aware of their tendency to rather blame others than to take responsibility for their own feelings. These techniques are focused on changing the language and therefore also the attitudes and behaviour of children. (Schoeman, 2004b: 113) The researcher relates this to the language techniques discussed in the previous paragraph. These language exercises are part of the techniques used to increase responsibility. According to Schoeman (2004b:113) techniques are used to encourage the children to become aware of their feelings, accept them, and take responsibility for them, rather than blaming others.

The researcher as therapist incorporated the focus on language as a way of taking responsibility throughout the programme, thus during all the sessions as needed. Although the latter is the case, the programme does include a specific session on taking responsibility for one's own feelings and own life. This is the third theme in

the programme, which is usually covered in session five or six, depending on the group's progress.

#### 5.3.3.5 *Fantasy work*

This technique has already been covered in the section on play therapy techniques namely, 3.2.5 Fantasy and imagination techniques. Schoeman (2004b:113) discussed this as part of group therapy techniques. The researcher notes the importance of being aware that the general play therapy techniques discussed in this chapter are in a smaller or bigger way applicable to the group therapy situation. This study is making use of Gestalt theory and Gestalt play therapy techniques, applying these in a group situation.

Schoeman (2004b:113) added something, which was not included in the previous discussion (3.2.5 Fantasy and imagination techniques) namely the opportunity to discuss feelings like guilt, shame and fear. The researcher sees this as a non-threatening way to handle feelings, which can seem very threatening to children.

The following two techniques, discussed by Schoeman (2004b:113-114), are already included in the discussion on Gestalt therapy techniques – 3.1.1.3 Examples of experiments, together with the application to the current study:

#### 5.3.3.6 *Reversal techniques*

Schoeman (2004b:113) notes that this increase awareness of what is being denied. Such an experiment would be to ask a child who likes to please others, to ask others to do things for him.

#### 5.3.3.7 *Dream work*

According to Schoeman (2004b:113-114) dreams are projections of the child self. Children can get closer to the existential message of their dream and can be aware of their feelings and attitudes related to this.

The researcher listed these again as proof of the use of general Gestalt techniques in play therapy groups.

In the current research groups, the therapist suggested the themes and usually also the techniques used. The activities were still varied and enjoyable, because the groups consisted of primary school children. As already discussed in Chapter 2, 1.2 Physical development, these children have lots of energy, which should be utilised in these groups. People (also children) learn much easier when the learning situation is positive and enjoyable (Maree, 2004:101) and optimistic people have better success with learning (Van Jaarsveld, 2003:85). It is thus very important to teach emotional intelligence with optimism, creating a positive and exciting learning environment.

#### 5.3.4 The role of the therapist

The researcher sees the role of the therapist as one of the most important catalysts of growth and change in the current study. This relates to the conclusion of the previous paragraph, where the importance of the type of learning environment has been stated.

The researcher therefore includes some very necessary skills and characteristics of the therapist. The Gestalt therapist who uses the programme of this research study, should therefore first do a lot of self-exploration and should be aware of his or her own process and the application of this in the current programme. The latter is also an important element of the focus on cultural sensitivity of the current programme (4. MAKING THE APPLICABLE TECHNIQUES CULTURE FAIR).

##### 5.3.4.1 *The therapist's creative role*

The therapist using this programme should be flexible enough to use experiments when needed (3.1.1 Experiments), to focus on the needs of the moment and still enjoy the process. Being flexible and open is greatly associated with being creative (compare Maree, 2004:77; Zinker, 1977). The researcher reasons that the therapist, who applies the current programme or who, according to Zinker (1977:17-20), practices Gestalt therapy should be a creative therapist. The following are aspects of creativity, which the researcher finds important to consider when working as a creative therapist:

- Being able to create many new ideas
- Being flexible and adaptable
- Being original
- Using existing ideas to create new ones (Buzan in Maree, 2004:77-78)
- Creating new things out of usual material



- Solving problems in an original way
- Reacting congenially to challenges
- To value music and/or art
- Acceptable expression of emotions
- To use language correctly
- To laugh – also at one self (Maree, 2004:78)

The researcher notes some similarities between this list of aspects of creativity, emotional intelligence and Gestalt therapy. These include flexibility, being original, expression of emotions, and use of language. The latter are included in the discussions in this chapter, being an integral part of Gestalt theory and therapy.

The following is a list of skills needed by a creative therapist as listed by Zinker (in Corey, 2000:315):

- The therapist should be able to identify energy within the children and then sensitively introduce appropriate experiments on the right time to use this energy.
- He should be flexible enough to let go of something and move on to something more lively.
- He should be willing to push group members to get the work on themselves done, but also know when to back off.
- He should be able to assist group members to express their feelings and summarise what they have learned after an experiment.
- He should be wise enough to know when to leave group members to find their own solutions to their difficulties and when not

#### 5.3.4.2 *The therapist's roles during different stages of group development*

Kepner (in Corey, 2000:315) states that the group leader or therapist commits to work with both the individual members of the group as well as with the group itself in order to enhance both. The group leader work in three processes: intrapersonal, interpersonal and group as a system (Kepner in Corey, 2000:316).

In the first stage of the group process (5.2.3.3 *Stages of group development / group process*) the key characteristics are identity and dependence. Group members depend on how other members and the therapist perceives them. The role of the leader is that of therapist, assisting members to cope and explore with other members' questions

about their roles in the group. The leader should now create a climate of trust where members can be safe enough to explore each other and get to know each other better. In the second stage the key characteristics are influence and counter dependence. The leader acts as a facilitator to help group members to work through reactions they have toward what is taking place in the group. The leader can now heighten awareness on what is happening in the group. Members can be helped to openly express differences and dissatisfaction if necessary. They should differentiate roles from persons. In the third stage intimacy and interdependence are the key characteristics. Now real contact between group members start to appear. Members are now ready to move to a deeper level of work, both on themselves as well as in the group. The group leader does not lead anymore, but is more of a consultant who provides help to recognise unfinished business.

#### *5.3.4.3 The experiential role of the therapist*

Schoeman (2004b:114) states that Gestalt group work therapists need other skills than therapists who engage in individual Gestalt play therapy. These skills include an attitude of using experiments. The therapist uses the group members and events that take place in the group as well as himself to create “novel visions” (Corey in Schoeman, 2004b:115) of the group members.

The researcher understands the latter as creating new insight into the selves and the lives of the group members. Both the therapist as well as the group members will thus come to better insights about the group members’ selves and their way of functioning. The therapist needs the skill to create new applicable experiments to fit the situation and group members in group therapy. The therapist should also assess whether a certain experiment is safe enough or too risky for a certain member. It is important here that group members always have a choice whether they want to participate in an experiment or not. It is important that the therapist explain each experiment with enough enthusiasm and with an “inviting attitude” (Schoeman, 2004b:114). This will lead to greater willingness to participate.

The researcher sees the therapist’s positive attitude, enthusiasm, positive regard towards members and the safe accepting environment created by the therapist as very important contributions to the group members’ willingness to participate. The therapist must pull the group along and create an environment in which they can be free to fully be themselves.

The researcher summarises the experiential role of the therapist in the following three words: “Let them be...”. If children are free to be themselves without any need to pretend, project, act out or defend, they can explore their possibilities, resolve their unfinished business and grow and develop to reach their full potential.

### 5.3.5 Applicability to the current study

#### 5.3.5.1 *Summary of applicability of this chapter*

In the current study the therapist attempted to make an impact and to promote growth and change in the children in the groups’ lives. The current programme suggests certain exercises to use in order to bring specific themes to the group members’ attention. These exercises are only suggestions though, the therapist needs to be aware of opportunities to use experiments and adapt the programme to the children’s needs. The creative therapist and his energy, enthusiasm and healing contact with the children will be the catalyst for learning, growth and change. This therapist should keep the focus of different types or examples of experiments in mind to use as a backup when needed. The therapist should be aware of the possible contact boundary disturbances that can occur, unfinished business and polarities in the children’s way of being in the group. He should foremost be focused on the relationship between him and the group members and all the applicable aspects of such a relationship. The therapist will thus be knowledgeable, but leads by living Gestalt therapy. He will be part of the process of change and he might also change, grow and develop through the healing contact of the therapeutic relationship. The children in this programme need the awareness of themselves and a safe and accepting environment to grow and develop. The healing relationship with the therapist (and also with each other) is the catalyst for this environment where children can be free to be their full selves – their selves full of potential.

The following is a compilation of checkpoints from this chapter. The therapist can use this as a quick reference to keep aware of the most important relationship requirements concerning himself, contact boundary disturbances to be on the look-out for and other points to be aware of.

### 5.3.5.2 Checklist for the therapist – self-skills to enhance the therapeutic relationship

- The children should be able to take their time to explore themselves
- Being in a way the same than the children, to let the children be open to the therapist, so the therapist can experience their selves with them
- The therapist must become the children’s friend, as she is their playmate
- The therapist should be humble to be a friend
- Also be their guardian, thus be there for the children when they need assistance
- Supply the children with the information they need
- Be kind, soft-hearted and honest
- Laugh with the children
- Be passionate about children and the therapeutic process
- Teach the children about critique - it is their actions, which are criticised and not themselves
- Be aware, children might transfer their negative experiences of other people to the therapist – make the children also aware of this when it happens
- Carry your feelings of warmth and compassion towards the children over through body language
- Look beyond the verbal communication and be sensitive to the depths of the children’s experiences and true feelings
- Have a zest for life; the therapist’s example may encourage the children to have the same zest

### 5.3.5.3 Be sensitive for the following possible contact boundary disturbances

It is needed to keep these in mind, as it can block contact and thus disturb the healing relationship.

- Introjects – uncritical acceptance or rules, patterns and behaviour
- Projections – tendency to play blaming games
- Confluence – too much of a people pleaser, losing own identity
- Retroflexion – psychosomatic symptoms as a reaction to unhappy feelings
- Deflection – avoid contact by avoiding eye contact, changing subject, being overly polite – to cope with painful experience by avoiding it
- Desensitisation – ignoring sensory experiences – no contact with senses means no contact with them selves

#### 5.3.5.4 Checklist of experiments to keep in mind

The therapist can continually go through the following ideas of experiments, as possibilities of experiments need to be at hand in the therapist's mind when needed.

- Re-enactment - relive a life event with unfinished business and finish it in the therapy session
- Enactment – act out a dream or fantasy
- Around the world - the opportunity to explore a negative or unsatisfactory experience and in so doing come around to the opposite polarity
- Empty chair - to come into dialogue with a polarity within himself – place an imaginary object or person in empty chair and resolve conflict or unfinished business
- Experiments with internal dialogues - to contact parts of our nature that we hide from others – like dialogue between polarities of being gentle or hard / harsh
- Fantasy approaches - Fantasy can be used when group members feel too threatened to deal concretely with a problem
- Rehearsal – “members say *out loud* what they are thinking silently” (Corey, 2000:325)
- Reversal – ask a group member to play an opposite role from the way he usually is, thus making contact with those parts of one self that have been denied or submerged and which are causing anxiety
- Exaggeration – a group member can be asked to exaggerate something abstract like having to carry others' burdens by having to carry something very heavy
- Dream work – to bring the dream back to the here and now and relive it to thus finish the unfinished business

#### 5.3.5.5 Gestalt theory principles to be aware of

- Unfinished business
- Polarities
- Make the children aware to be able to grow and develop
- Lead children to take responsibility for their own lives – use language
- Work with the child as a whole – holism

## 6. CONCLUSION

This chapter covered the theoretical background for the programme researched in this study.

The intervention programme for this research includes the following four components namely:

- It is a Gestalt therapy programme
- It makes use of play therapy techniques
- It is set in a group therapy environment
- Is culturally sensitive

Each one of these four theoretical components was discussed in this chapter, with group therapy theory as part of the preliminary programme discussion. It also covered a theoretical overview of the techniques that can be used in such a programme – both general Gestalt theory techniques as well as Gestalt play therapy techniques. The whole programme is set within a cultural sensitive environment and attitude. The group members in this programme thus came from different cultural backgrounds. It is the aim of this study to present a Gestalt play therapy programme in a cultural sensitive manner. A short section on the applicability of the techniques within a cultural sensitive environment has therefore been included. The complete theory of culture and cultural sensitivity has been covered in chapter 3 of this study.

The information of the current chapter is the last of the literature study, which forms the theoretical base of the intervention programme researched and techniques in this study. The following is a diagrammatic presentation of the main components of this chapter and their links to each other:

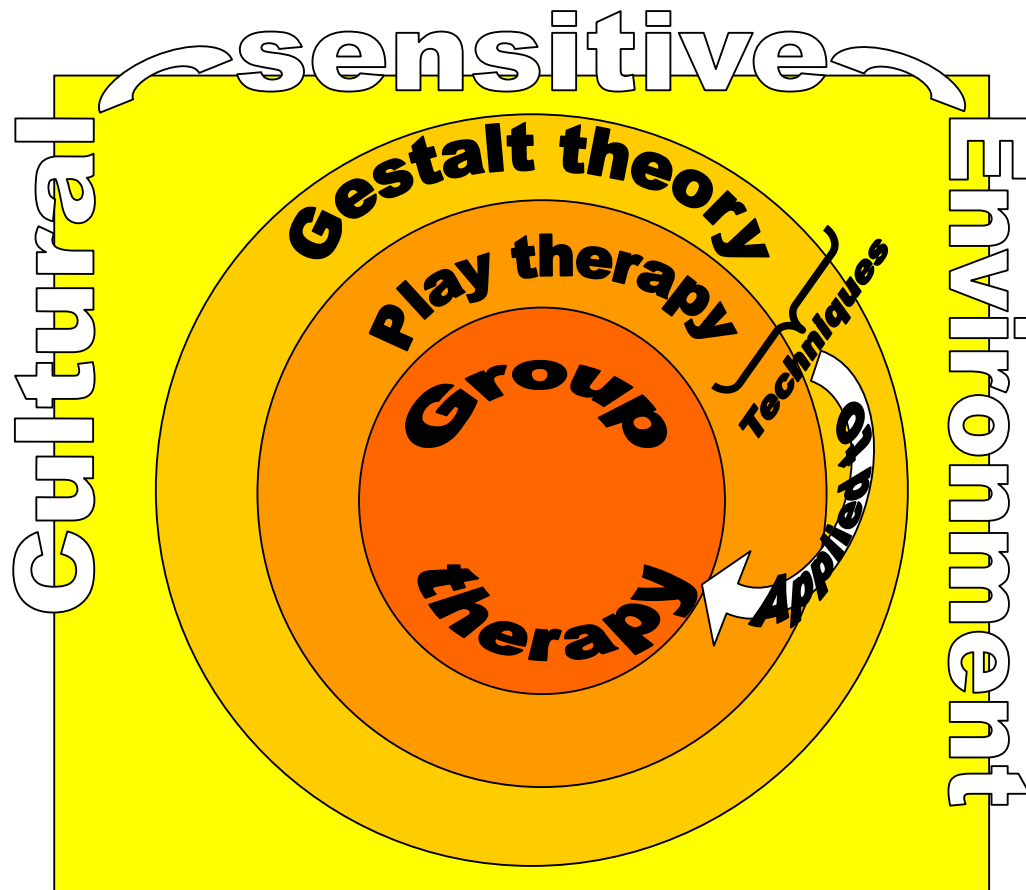


Figure 4.3 Overview of chapter

The following chapters in this study will cover the research process. The previous three chapters covered the theoretical background of the following two chapters. The first part of the research process is the pilot study, which will follow hereafter. Through the pilot study the researcher tested the programme on a small research group. The function of the pilot study is mainly to clear out necessary practical arrangements and to try out the preliminary designed programme. This pre-run of the programme can also be an indication of some adaptations in the programme itself.

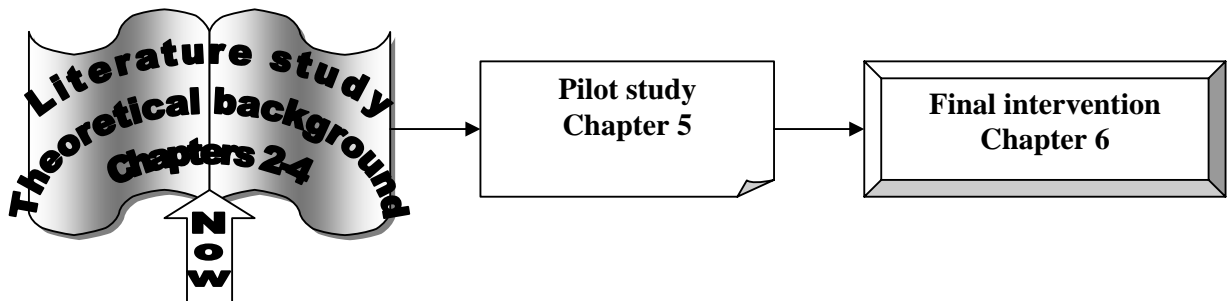


Figure 4.4: Framework of development of the final intervention (The literature study)