

**THE UTILIZATION OF GESTALT PLAY THERAPY CONCEPTS AND  
TECHNIQUES WITH THE PEDIATRIC HEMATOLOGY/ONCOLOGY PATIENT**

by

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## DECLARATION

**Student number: 31352707**

I hereby declare that “The utilization of Gestalt play therapy concepts and techniques with the pediatric hematology/oncology patient” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete reference.

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SIGNATURE

Mrs. K van Zijl

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DATE

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### **Psalm 118:1**

**“Oh, give thanks to the Lord, for He is good; for His mercy and loving-kindness endure forever!”**

All glory, honour and praise to the Lord Jesus Christ. I worship you Lord for what you have done, for you are great and greatly to be praised.

## **SUMMARY**

### **THE UTILIZATION OF GESTALT PLAY THERAPY CONCEPTS AND TECHNIQUES WITH THE PEDIATRIC HEMATOLOGY/ONCOLOGY PATIENT**

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In this study the researcher explored and described the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hematology/oncology patient.

Literature studies were compiled to examine the concepts of the pediatric hematology/oncology patient, sense of self and Gestalt play therapy. These literature studies provided the theoretical frame in which the study was executed.

During the empirical study qualitative data was gathered by means of unstructured interviews within an instrumental case study. Eight therapy sessions were conducted with the participant in order to explore how Gestalt play therapy concepts and techniques could be utilized to strengthen the sense of self of the pediatric hematology/oncology patient.

Following the analysis of the data the researcher was able to describe how the Gestalt play therapy concepts and techniques were utilized to strengthen the sense of self of the pediatric hematology/oncology patient.

## **KEY TERMS**

Pediatric hematology/oncology patient

Gestalt play therapy

Sense of self

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## **CHAPTER 1 ORIENTATION OF THE STUDY**

### **1.1 INTRODUCTION**

In this research study, the researcher focused on the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hematology/oncology patient.

Pediatric hematology/oncology refers to the diagnosis and treatment of blood diseases (hematology) and cancer (oncology) in children and includes such diseases as aplastic anaemia, idiopathic thrombocytopenic purpura, leukemias and lymphomas (Medical Dictionary Online). The treatment of hematology/oncology diseases is long, painful, invasive and demanding by nature and it affects the child's functioning on a physical, emotional and psychosocial level (Gariépy & Howe, 2003:523). Steward, O'Connor, Acredolo and Steward (1996:108-109) maintain that the nature of the illness and the treatments as well as the hospitalization strips the pediatric hematology/oncology patient of his or her normal coping strategies and defense responses. This may lead to a sense of loss of control which negatively influences the sense of self of the child.

Gestalt theory maintains an existential and phenomenological view on human nature and focuses on the holistic functioning of the individual (Corey, 2001:196). Blom (2004:10) states that in light of this aspect of Gestalt theory, children are viewed as holistic entities. She explains that during Gestalt play therapy children are guided to be aware of their experience with regard to their physical, emotional, cognitive, behavioural and spiritual components thereby heightening their self-knowledge and self-acceptance and strengthening their sense of self. Oaklander (2003:147, 1997:292) in agreement explains that by aiding children to develop a strong sense of self they attain a sense of well-being and are empowered to access their inner strength to promote their self-supportive behaviour. The researcher therefore concludes that Gestalt play therapy

concepts and techniques may be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient.

In chapter one the researcher provides a motivation for the choice of the subject of this research study. Attention will also be given to the problem formulation for the study, the goal and objectives of the study, the research question, the research approach, the type of research, the research strategy, the research procedure, ethical issues pertaining to the study as well as definitions of key concepts.

## **1.2 MOTIVATION AND PROBLEM FORMULATION FOR THE STUDY**

The researcher explored the need to strengthen the sense of self of the pediatric hematology/oncology patient both in literature as well as by means of interviewing experts. During interviews with Oberholzer (2005) head of the Child Support Services at Unitas Hospital, Ferreira (2005) a Hematologist and Jacobs (2006) an Oncologist at Unitas Hospital it became evident that the process of diagnosis and treatment of hematology and oncology related diseases severely influence the sense of self of the pediatric hematology/oncology patient. These experts indicated that the traumatic nature of the illness, the prolonged treatment of the illness, the effects of the illness and the treatment on the physical appearance of the child, the lack of control experienced by the child, the presence of severe pain, the long periods of isolation and lack of cognitive stimulation and social interaction, all negatively influence the sense of self of the pediatric hematology/oncology patient.

Literature indicates both a void as well as a need for research in this area as Gariépy and Howe (2003:524) state: "While the medical treatments in the past 30 years have improved the survival rate, children's psychological ordeal with having cancer has not been dealt with successfully". Woodgate (2005:8) in agreement indicates that more should be known about how hematology/oncology diseases, their symptoms and treatment affect the sense of self of the pediatric

hematology/oncology patient. In this regard Gariépy and Howe (2003:524) maintain that the pediatric hematology/oncology patient experiences a variety of stressful and traumatic incidences related to the illness and its treatment over an extended period of time. The authors name the following examples of ways in which the pediatric hematology/oncology patient experiences stress and trauma: treatment related pain, recurring nausea and vomiting, frequent hospitalization, repeated absence from school and social events and visible side effects of the treatments such as hair loss, weight gain or weight loss (compare Lawrance and Kirk, 2000:218). Wilkinson-Carr (2000:91) as well as Steward, *et al.* (1996:106-109) and Lawrance and Kirk (2000:215) indicate that depending on the specific diagnosis, the treatment of hematology/oncology illnesses may take the form of spinal taps, bone marrow taps, venipunctures, chemotherapy, radiology, surgery, stem cell transplants and bone marrow transplants. Usually a combination of treatments is used which entails long periods of hospitalization. All the treatments have side effects, some short term and others more permanent. The treatments of the pediatric hematology/oncology patient's illness are invasive and traumatic by nature and according to Pinkerton, *et al.* (in Wilkinson-Carr, 2000:91) they evoke emotional reactions in the child such as: depression, anger, frustration, emotional pain, separation anxiety, worries, fear and anxiety. Blom (2004:224) and Axline (1969:9) explain that children are not always capable of verbalizing their emotions. They further indicate that play is the child's natural medium of self-expression (see 1.10.1.2). Various authors (Melnick & Nevis, 2005:110; Parlett & Hemming, 1996:101; Oaklander 2003:144, 1997:293 and Corey, 2001:207) assert that within Gestalt play therapy the child is accepted, respected and honoured and allowed to be who he or she is. The child is further given the opportunity to experience more of his or her own self during play therapy sessions. In light of these facts the researcher views Gestalt play therapy as an appropriate means of aiding the pediatric hematology/oncology patient in dealing with the emotional reactions the child experiences as a result of the illness and its treatment.

Woodgate (2005:9) indicates that the children who suffer from hematology/oncology diseases are confronted with many challenges. McCaffrey (2006:59) in agreement states that the diagnosis and treatment of hematology/oncology diseases have an extreme impact on the emotional and adaptive functioning of the pediatric hematology/oncology patient. She explains that pediatric hematology/oncology patients perceive stressors related to their illness as occurring more frequently and more intense and they experience higher levels of anxiety and lower self-esteem. The researcher therefore concludes that in order for the child to cope with the challenges and stressors the illness presents, the child will need to utilize all the resources within himself or herself as well as all the resources available from the field (others and the environment) such as support from parents, medical personnel and counselors.

Blom (2004:114) and Kirchner (2007) view holistic functioning and a strong sense of self as a prerequisite for effective contact with the self and with the field in order to fulfill needs and act in self-supportive ways. In light of these facts the researcher concludes that a strong sense of self and holistic functioning will aid the pediatric hematology/oncology patient to become aware of his or her needs and experiences as well as the challenges the illness presents and will enable him or her to act in a self-supportive manner. In this regard Yontef and Fuhr (2005:86) maintain that self-acceptance in aware contact with the rest of the organism-environment field is the means by which growth is facilitated. Blom (2004:10, 226) in agreement states that during Gestalt play therapy children are guided to be aware of their experiences with regard to their physical, emotional, cognitive, behavioural and spiritual components. This awareness heightens the children's self-knowledge and self-awareness and assists them in accepting themselves in totality. The child is thus aided to function, not as a fragmented entity but as an integrated whole.

Yontef and Fuhr (2005:86) concurs by explaining that only by accepting and owning how one is, by knowing and accepting the reality of conditions and by

accepting that one chooses to be as one is, can an individual change. They conclude that aware self-acceptance facilitates growth. In view of the fact that self-knowledge and self-acceptance form sub components of the sense of self the researcher deduces that by strengthening the sense of self of the pediatric hematology/oncology patient the holistic functioning of the pediatric hematology/oncology patient will be enhanced. This in turn will facilitate better contact within the organism-environment field and he or she will be enabled to act in a self-supportive manner. In light of the preceding facts the researcher therefore concludes that Gestalt play therapy concepts and techniques may be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient.

Considering the fact that Fouché and De Vos (2005b:100) view problem formulation as crucial within a research study in order to clarify and refine the focus of the study as well as in light of the preceding information, the researcher viewed the fact that the sense of self of the pediatric hematology/oncology patient is negatively influenced by the presence and treatment of the illness, as the formulated problem of the study. The researcher therefore proposed the exploration and description of the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hematology/oncology patient as the focus of this study.

### **1.3 GOAL AND OBJECTIVES OF THE STUDY**

Fouché and De Vos (2005b:104) define a goal as: "...the end toward which effort or ambition is directed". In light of this definition as well as in the light of the preceding problem formulation the following goal was formulated for the purpose of this study:

To explore and describe the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hematology/oncology patient.

According to Fouché and De Vos (2005b:104) the objectives of a study indicate more concrete, measurable and quickly attainable conceptions of the goal. Taking this definition of objectives into consideration, the following objectives were formulated in order to attain the above mentioned goal.

- To compile a literature study in order to establish a conceptual framework of the pediatric hematology/oncology patient as well as to gain further knowledge into and to describe how the presence of the illness and its treatment affects the sense of self of the pediatric hematology/oncology patient.
- To compile a literature study in order to describe Gestalt play therapy as a therapeutic intervention as well as the Gestalt play therapeutic concepts and techniques that were utilized for the purpose of the study.
- To conduct an empirical study by means of unstructured one-to-one interviews that took the form of Gestalt play therapeutic sessions in order to explore and describe how Gestalt play therapy concepts and techniques were utilized to strengthen the sense of self of the pediatric hematology/oncology patient.
- To formulate conclusions and make recommendations for therapists working in the field of pediatric hematology/oncology such as psychologists, social workers and play therapists. These conclusions and recommendations are made according to the findings of the empirical study with regard to the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hematology/oncology patient.

#### **1.4 RESEARCH QUESTION**

Fouché and De Vos (2005b:101) maintain that the research question controls the manner in which the research study is conducted. In view of the fact that this research study was conducted from a qualitative approach, the following research question was formulated:



How can Gestalt play therapy concepts and techniques be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient?

### **1.5 RESEARCH APPROACH**

The research approach employed for the purpose of this study was that of qualitative research. The reason for choosing this approach was that qualitative research makes use of natural observation rather than controlled measurement and the researcher is closely involved with the participant's experiences. (Compare Wilson, 1998:259 and Fouché & De Vos, 2005b:102.) Kiecolt-Glaser and Glaser (1992:569) found qualitative research to be more sensitive to psychological stressors than quantitative research. Fouché and De Vos (2005b:106) maintain that a qualitative research approach is normally used in exploratory research. For the purpose of this study the researcher made use of natural observation rather than controlled measurements to explore and describe the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hematology/oncology patient. Therefore the researcher concluded that the use of a qualitative approach to research was applicable for the purpose of this study.

### **1.6 TYPE OF RESEARCH**

This research study made use of applied research in order to explore and describe the utilization of Gestalt play therapy concepts and techniques with the purpose to strengthen the sense of self of the pediatric hematology/oncology patient. Fouché and De Vos (2005b:105) define applied research as: "...the scientific planning of introduced change in a troublesome situation". For the purpose of this study the scientifically planned introduction of change entailed the application of Gestalt play therapy concepts and techniques during Gestalt play therapy sessions. The troublesome situation entailed the negative influence of the illness and its treatment on the sense of self of the pediatric hematology/oncology patient.

Fouché and De Vos (2005b:106) define exploratory research as research conducted in order to gain insight into a situation, phenomenon, community or individual. The authors furthermore define descriptive research as an in-depth and detailed description of a situation, social setting or relationship. The intention of this study was to explore as well as to give an in-depth and detailed description of how Gestalt play therapy concepts and techniques can be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient.

## **1.7 RESEARCH STRATEGY**

The research strategy implemented during this study was that of an instrumental case study. Fouché (2005:272) explains that an instrumental case study is used to gain knowledge and better understanding of an issue. She further states that the exploration and description of an instrumental case study takes place through detailed, in-depth data collection methods involving various sources of information such as interviews and observations that result in an in-depth description of the case. In this study the researcher presented an in-depth description of the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hematology/oncology patient during the administered play therapy sessions as well as the observations of the researcher during the play therapy sessions. One individual child that experienced the phenomenon of the diagnosis and treatment of a hematology/oncology disease served as the instrumental case study for this research study.

## **1.8 RESEARCH PROCEDURE**

### **1.8.1 Literature study**

Babbie (in Fouché, 2005:272) asserts that case study researchers must aim to enter the field with knowledge of the relevant literature before conducting the field research. Fouché and Delpont (2005:124) in agreement state that a thorough

literature study lays the foundation for good research. In light of these facts the researcher conducted an in-depth literature study in order to establish a conceptual framework of the pediatric hematology/oncology patient as well as to define and describe how the presence of the illness affects the sense of self of the pediatric hematology/oncology patient. A literature study was furthermore conducted to describe Gestalt play therapy as a therapeutic intervention as well as the Gestalt play therapeutic concepts and techniques utilized for the purpose of the study.

For this study the researcher made use of the following literature resources: articles in professional journals, internet articles, standard reference materials, dissertations, presentations at conferences and scientific books (compare Fouché & Delport, 2005:127-128). The literature resources were gathered from the following fields: psychology, medicine and social work.

In order to compile the literature study the researcher strived to access the most recent and relevant literature resources but due to the nature of the study the researcher also had to make use of classical literature resources. The classical resources utilized were as follows: *Play therapy* by Virginia Mae Axline (1969), *Creative process in Gestalt therapy* by Joseph Zinker (1977) and *Windows to our children* by Violet Oaklander (1978).

### **1.8.2 Data collection**

According to McMillan and Schumacher (2001:462) data collection during a study conducted from a qualitative research approach can be viewed as a continuous and integrated process that occurs during all the phases of research. Various forms of data collection exist that can be utilized and combined in various ways during a qualitative research study. For the purpose of this study the researcher made use of the following data sources: unstructured one-to-one interviews, field notes and observations.

- Greeff (2005:292-293) defines unstructured one-to-one interviews as in-depth interviews where the researcher both explores and strives to attain understanding of the participant's subjective experiences and the meaning he or she makes of the experiences. During this study the one-to-one unstructured interviews took the form of Gestalt play therapy sessions with a pediatric hematology/oncology patient. During these sessions the utilization of Gestalt play therapy concepts and techniques, in order to strengthen the sense of self of the pediatric hematology/oncology patient, was explored. For the purpose of data analysis the researcher recorded the unstructured one-to-one interviews on video tape. In order to prevent the video recording from disrupting or intruding on the flow of the play therapy sessions, the researcher made use of a wide lens that captured the entire room. The researcher furthermore refrained from adjusting the video camera during the play therapy sessions (compare De Vos, 2005:334-335).
- De Vos (2005:334) views field notes as an important form of data collection. In this regard Greeff (2005:292-293) describes field notes as the written account of the unstructured one-to-one interviews that contain both the content of the interview as well as information on what the researcher heard, saw, experienced and thought during the interview. During this study the researcher made use of handwritten process notes that were made after the play therapy session with the participant. All process notes made by the researcher as well as any drawings made by the participant were viewed as field notes and formed part of the empirical data of the study.
- Strydom (2005c:275) maintains that observations can be defined as the observation of the participant's actions, behaviour, posture, facial expressions and gestures in order to obtain insight into the experience of the participant. For the purpose of this study the researcher made observations throughout the unstructured one-to-one interviews that formed part of the field notes. The researcher further observed the

participant's posture, facial expressions, gestures and actions during the viewing of the play therapy sessions on video tape.

### **1.8.3 Data analysis**

De Vos (2005:335) maintains that within the qualitative approach to research, data collection and data analysis are not done in isolation from each other but instead form an inseparable unit. This process entails that the empirical data is analyzed as it is gathered. The result of this process is the effective collection of rich data. For the purpose of this study the empirical data was analyzed in an inductive manner. Delpont and De Vos (2005:47) state that inductive reasoning entails the observation of a sample and the subsequent drawing of conclusions about the population from which the sample was taken based on the observation. During the course of the study the researcher analyzed the empirical data in the following manner: after each play therapy session the content of the video recording of the session and the field notes were analyzed. The content of the entire recorded play therapy session was transcribed after each session in order to facilitate analysis. The transcription of each individual play therapy session described the utilization of Gestalt play therapy concepts and techniques during the session in order to strengthen the sense of self of the participant in accordance with literature control. Specific observations by the researcher as well as relevant information from the field notes were incorporated into the transcription. At the end of all the individually transcribed play therapy sessions the researcher explored and evaluated, by means of literature control, how the Gestalt play therapy concepts and techniques were utilized during the study in order to strengthen the sense of self of the participant. This was done in order to facilitate the drawing of conclusions and making of recommendations with regards to the findings of the study.

#### **1.8.4 Description of the research population, boundary of sample and sampling method**

Powers (in Strydom, 2005b:193) defines a “population” as: “...a set of entities in which all the measurements of interest to the researcher are represented”. Strydom (2005b:193) describes “sampling” as the process during which a portion of a population is considered to be representative of the population from which it was drawn. According to Strydom and Delport (2005:328) it is recommended to make use of non-probable sampling in qualitative research in view of the fact that qualitative researchers seek out individuals where the specific process being studied is most likely to occur. For the purpose of this study all pediatric hematology/oncology patients were considered as part of the population. The researcher made use of purposive sampling as a form of non-probability sampling. Strydom (2005b:202) defines purposive sampling as the composition of a sample that contains the most characteristics or typical attributes of the population. The rationale for utilizing purposive sampling in this study was to heighten the feasibility of the study as the researcher did not have the resources available to study the entire population (compare Strydom, 2005b:194).

The sample for this study was a pediatric hematology/oncology patient who received treatment at Unitas Hospital in Pretoria – South Africa. The criteria for inclusion were as follows:

- A child that receives treatment for a hematology/oncology disease
- A child between the ages of 4 to 16 years
- The child may be male or female
- The child must be Afrikaans or English speaking

#### **1.9 ETHICAL ISSUES**

During this study the researcher strived to adhere to the scientific and ethical requirements of a research study. Strydom (2005a:56) asserts that researchers have an ethical responsibility both towards the participants of the study and

towards the discipline of science. The researcher took the following ethical considerations into account when the research was conducted:

- The researcher endeavored that no physical or emotional harm came to the participant as result of the research study. The researcher did not in any means interfere with the medical treatment of the participant's illness. The researcher furthermore strived to support the participant emotionally in order to prevent additional stress and trauma to the participant (compare Strydom, 2005a:58). This was accomplished by the utilization of the Gestalt principles of honouring the participant's process as well as staying with the participant's foreground needs (compare Blom, 2004:52-58).
- The participant's parents gave informed consent for her to form part of the research study (compare Corey, 2001:47). The participant's parents were provided with a written document (see Appendix A) explaining the purpose of the study, the procedures of the study, the benefits of the study as well as the protection of the identity of the participant. The written document was explained and discussed with the parents during an interview with the participant's parents. The purpose of the study was also discussed with the participant herself and she gave her verbal consent for participation in the study.
- The researcher was committed to being open and honest with the participant and the participant's parents at all times. The researcher furthermore strived to treat the participant with respect, regard and compassion (compare Strydom, 2005a:60).
- The researcher endeavored to prevent a breach of the participant's right to privacy and confidentiality. In order to keep the identity of the participant anonymous the researcher made use of pseudonyms (compare Strydom, 2005:62).
- The researcher endeavored that the data collected during the study was truthfully represented and correctly interpreted and that the research report was clearly and accurately written (compare Strydom, 2005a:65).

This study is being submitted in the form of a dissertation to the University of South Africa as part of the degree MDiac (Direction: Play therapy).

## **1.10 DEFINITION OF KEY CONCEPTS**

For the purpose of this research study the following definitions will apply:

### **1.10.1 Gestalt play therapy**

The concept of Gestalt play therapy consists of two components. The first component refers to the Gestalt approach to therapy and the second component refers to play therapy. These two components will subsequently be defined.

#### **1.10.1.1 Gestalt therapy**

Gestalt therapy is a phenomenological and experiential form of psychotherapy that focuses on the individual's perception of reality and aids the individual to become aware of what and how he or she is feeling, thinking and doing. Gestalt therapy emphasizes awareness in the here and now as well as the interdependence between people and their environment (Corey, 2001:195). Gestalt therapy is furthermore a humanistic approach that emphasizes the uniqueness of the individual with the innate potential of growth, self-expression and self-support (Kirchner, 2007). Within Gestalt therapy the individual is never reduced to parts and structural entities but is viewed as a holistic integrated entity of which the whole is more than the sum of its various components (compare Corey, 2001:197; Blom, 2004:10 and Reynolds & Mortola, 2005:158).

#### **1.10.1.2 Play therapy**

Oaklander (1978:160) explains that play serves a vital function for children. She maintains that play provides a symbolic language for children that substitutes words. By means of this symbolic language children can work through problems, anxieties, conflicts and confusions and they can experiment with new ways of being. Through play children can develop mentally, physically and socially. Axline (1969:9) in agreement states that play therapy is based upon the fact that play is



the child's natural medium of self-expression. She maintains that play therapy provides the child with the opportunity to "play out" his or her emotions and problems and enhances the feeling of personal value. Blom (2004:5) explains that Gestalt play therapy is a psychotherapeutic technique that entails the utilization of Gestalt therapy principles and techniques adapted for use during play therapy with children.

For the purpose of this study Gestalt play therapy is defined as a psychotherapeutic intervention that utilizes Gestalt therapy principles and techniques during play therapy with children.

#### **1.10.2 Pediatric hematology/oncology**

Pediatric oncology refers to the diagnosis and treatment of tumors in children from birth through adolescence (compare Stedman's Medical Dictionary, 1995:1316,1246). Hematology refers to the diagnosis and treatments of pathology relating to blood and blood-forming tissues such as bone marrow (compare Stedman's Medical Dictionary, 1995:771 and Baker, 2002:217). Pediatric hematology/oncology refers to the diagnosis and treatment of blood diseases (hematology) and cancer (oncology) in children and includes such diseases as aplastic anaemia, thalassaemia, idiopathic thrombocytopenic purpura, leukemias and lymphomas (Medical Dictionary Online). For the purpose of this study the term hematology/oncology will be abbreviated as hem/onc.

#### **1.10.3 Sense of self**

The term "sense of self" relates to the child's identity and can be viewed as an umbrella term that incorporates various aspects (compare Woodgate, 2005:9; Blom, 2004:113 and Humphreys, 2002:125). Woodgate (2005:9) distinguishes two main dimensions of the sense of self namely: self-concept and self-esteem. The term self-concept incorporates self-knowledge and self-image. The term self-esteem incorporates self-acceptance and self-worth. For the purpose of this

study “self-concept” and “self-esteem” will be viewed as subcomponents of the sense of self.

### **1.11 SUMMARY**

In this chapter the researcher provided the rationale for the study as well as the research approach and research procedure used for the purpose of this study. Attention was also given to ethical issues pertaining to this study and the definitions of key concepts of the study were provided. This chapter therefore provided the framework for the execution of the research study. The following chapter contains a literature study focusing on the sense of self of the pediatric hem/onc patient.

## **CHAPTER 2 THE SENSE OF SELF OF THE PEDIATRIC HEMATOLOGY/ONCOLOGY PATIENT**

### **2.1 INTRODUCTION**

As discussed in Chapter 1 the presence of a hem/onc illness presents the pediatric hem/onc patient with tremendous challenges (see 1.2). Various authors (compare McGrath 2001:229; McCaffrey, 2006:59; Patenaude & Kupst, 2005:9, Woodgate, 2005:9; Wilkinson-Carr, 2000:91 and Gariépy & Howe, 2003:523) indicate that pediatric hem/onc patients are exposed to a variety of stressful, traumatic and adverse experiences due to the nature and treatment of the illness and these experiences affect their quality of life and negatively influence their sense of self. In this regard Woodgate (2005:13) maintains that the presence of the illness and the nature of the treatment also affect the development of the pediatric hem/onc patients' sense of self in that it requires them to reconsider their identity. The changes in their body image, disruption of normal activities, intrusion on relationships and unpleasant reactions to the effects of the illness and its treatment also affect their sense of self.

This chapter provides a conceptual framework and description, compiled by means of a literature study, of how the pediatric hem/onc patient's sense of self is affected by the presence of the illness and its treatment. Attention is given to the following aspects pertaining to the pediatric hem/onc patient's sense of self: the child's sense of self, the influence of the illness and the treatment on the sense of self of the pediatric hem/onc patient as well as stress and trauma caused by the treatment of a pediatric hem/onc patient.

### **2.2 THE CHILD'S SENSE OF SELF**

The child's sense of self is a complex phenomenon that comprises of various aspects. These aspects include the child's identity, how he or she feels about himself or herself, the child's need to feel loveable, the child's need to feel capable, the child's self-concept and self-esteem (compare Blom, 2004:113;

Humphreys 2002:4 and Woodgate 2005:9). Blom (2004:113) describes the child's sense of self as a central feature of his or her development. She further states that a child is not born with a sense of self, but describes it as a dynamic aspect of the child that starts to develop during infancy and continually progresses throughout the individual's entire life span. Woodgate (2005:9) defines the sense of self as comprising of two dimensions namely that of self-concept and self-esteem. Geldard and Geldard (2002:209) in agreement emphasize the importance of differentiating between self-concept and self-esteem as components of the sense of self. For the purpose of this study self-concept and self-esteem will be viewed as sub facets of the child's sense of self.

### **2.2.1 Self-concept**

The term "self-concept" refers to the child's understanding of self and includes the thoughts and attitudes the child has concerning his or her physical, social, emotional and spiritual being (Woodgate, 2005:9). Geldard and Geldard (2002:209) define self-concept as the image or picture that the child has of himself or herself. Berk (2000:445) agrees by defining self-concept as the series of attributes, abilities, attitudes and values that the child believes define who he or she is. She explains that the child's self-knowledge and self-awareness thus forms a central part of the child's self-concept. In this regard Blom (2008) maintains that self-awareness entails the awareness of one's feelings, cognitions, body, the senses and spiritual issues thus forming part of the self-concept. Geldard and Geldard (2002:114,209) explain that the manner in which children see or perceive themselves strongly relates to the ideas and beliefs they maintain about themselves. In this regard Berk (2000:447) stresses that cognitive development plays an important role in the formation of the self-concept and that the content of the self is a product of both cognitive capabilities and feedback from others. Littlefield-Cook and Cook (2005:368) in agreement assert that children's sense of self is influenced by their cognitive development, biological makeup and the parenting that they receive. Various authors (Geldard & Geldard, 2002:29; Yontef & Fuhr, 2005:91 and Humphreys, 2002:1) maintain that

the way a child perceives himself or herself is largely based on the manner in which he or she is treated by the significant people in his or her life.

### **2.2.2 Self-esteem**

Woodgate (2005:9) defines “self-esteem” as the positive or negative value accredited to the self-concept. Wilkinson-Carr (2000:97) further explains that self-esteem can be defined as a facet derived from the child’s sense of worth as well as the evaluation of his or her self-effectiveness. She further states that self-esteem forms a central aspect of the child’s psychological functioning. Berk (2000:448) in concurrence defines self-esteem as the evaluative aspect of the self-concept. She maintains that self-esteem entails the judgments children make concerning their worth as well as the feelings connected with those judgments.

Geldard and Geldard (2002:209) explain that children’s self-esteem will have a major influence on their adaptive functioning. They specify that children’s thoughts, emotions, attitudes, beliefs, conduct, enthusiasm, expectations and participation in events will be considerably influenced by their self-esteem. Berk (2000:448) in agreement states that the evaluations made by children concerning their own competencies affect their emotional experiences, future behaviour and long term psychological adjustment. In this regard Humphreys (2002:123) stresses that the child’s self-esteem will strongly influence the child’s educational progress, emotional wellbeing, social development, intellectual development, sexual development and spiritual development.

Geldard and Geldard (2002:211) further emphasize the importance of enhancing the child’s self-esteem. By aiding children to discover themselves they are, according to these authors, empowered to recognize and accept their attributes, strengths and limitations. Berk (2000:450) in agreement stresses the importance of the child’s realistic evaluation of his or her characteristics and competencies as well as an attitude of self-acceptance and self-respect.

### **2.3 THE INFLUENCE OF THE ILLNESS AND TREATMENT ON THE SENSE OF SELF OF THE PEDIATRIC HEM/ONC PATIENT**

Due to the development of effective treatment over the past decades most pediatric hem/onc patients survive beyond the acute period of their illness and the majority are cured. Although pediatric hem/onc illnesses can be treated, the therapy protocol entails recurrent courses of intensive treatment with severe side effects (compare Stewart, 2003:394; Parry, 2003:227 and Wilkinson-Carr, 2000:93). Wilkinson-Carr (2000:91-92) explains that depending on the diagnosis, the treatment of pediatric hem/onc illnesses may take the form of chemotherapy, radiotherapy, surgery, stem cell transplantation and bone marrow transplantation. She further states that generally a combination of treatments is required. All these forms of treatment have side effects, some temporary and others permanent.

Steward, *et al.* (1996:108) state that the medical procedures required for the diagnosis and treatment of a pediatric hem/onc illness are acutely traumatic. Baker (2002:77) in agreement states that as part of the treatment protocol the pediatric hem/onc patient endures repeated invasive procedures such as lumbar punctures, bone marrow aspirations, biopsies, blood tests and injections. Chen, Zeltzer, Craske and Katz (1999:481-482) describe the lumbar punctures as intensely painful and as causing procedural distress and anxiety. The distress and anxiety may manifest as crying or screaming and aversion for medical procedures. Steward, *et al.* (1996:109) adds to this by stating that pediatric hem/onc patients undergo necessary, painful procedures while they are awake and often they must be held down physically by medical staff to ensure that they will not be injured when they struggle to free themselves.

In light of the above mentioned facts the researcher is of the opinion that the medical procedures that pediatric hem/onc patients endure are not only physically painful but that they are also emotionally challenging and traumatizing by nature and could negatively influence the sense of self of the child. Geldard and Geldard (2002:139) in agreement state that children's self-esteem and self-

concept are adversely affected by trauma and troubling events. Attention will subsequently be given to various aspects that may negatively influence the sense of self of the pediatric hem/onc patient.

### **2.3.1 Bodily changes due to the illness and treatment**

Several authors (compare McCaffrey, 2006:59; Woodgate, 2005:11; Gariépy & Howe, 2003:524; Wilkinson-Carr, 2000:98 and National marrow donor program, 2007:27) indicate that there are numerous outward manifestations and bodily changes that occur in the pediatric hem/onc patient as a result of the illness and its treatment. These bodily changes include: the characteristic “moon face” as result of the steroid treatment, weight gain or weight loss, amputations, scars, skeletal abnormalities, hair loss and skin changes. As a result of repetitive vomiting (a side effect of chemotherapy) the pediatric hem/onc patient may experience electrolyte imbalances, dehydration, anorexia, oral problems, fatigue, pain, ulcers as well as problems with chewing and swallowing (Wilkinson-Carr, 2000:92-93). These bodily changes lead to feelings of self-consciousness and fear and have a negative effect on the pediatric hem/onc patient’s self-esteem, self-concept, emotional adjustment, body image and quality of life (compare Wilkinson-Carr, 2000:98; Kameny & Bearison, 2002:145; Woodgate 2005:9,13; McGrath & Hillier, 2003:99 and National marrow donor program, 2007:27).

Woodgate (2005:10-11) explains that due to the illness and the side effects of the medication, pediatric hem/onc patients experience their bodies as clumsy during the performance of everyday activities and it makes them feel uncomfortable, inexperienced, self-conscious and frustrated and they feel that their bodies are failing them. In this regard Berk (2000:605) explains that self-judgments concerning physical appearance are the most influential of all the self-esteem factors. Humphreys (2002:4) stresses two central aspects to self-esteem namely: the feeling of being loveable and the feeling of being capable. In light of these aspects the researcher concludes that the bodily changes as a result of the illness and the medical treatment, negatively influence pediatric hem/onc

patients' self-esteem and their sense of self. It further also seems that due to the severe bodily changes, the pediatric hem/onc patient may feel not lovable and not capable. This may negatively influence the child's self-esteem and therefore negatively influence the child's sense of self.

It is further the opinion of the researcher that due to the egocentric nature of children as well as their tendency towards magical thinking, pediatric hem/onc patients may erroneously conclude that the illness and the side effects of the treatment occur as a result of something bad they have done. According to McCue and Bonn (1994:14) the egocentric nature of children cause them to perceive themselves as the centre of the universe and due to this fact they can easily feel that what happens around them and what happens to them, happens because of them. They consequently may be overwhelmed by feelings of guilt for a situation totally outside their control. Geldard and Geldard (2002:115) and Oaklander (2003:146) in agreement state that children often feel responsible when things go wrong and therefore blame themselves for negative outcomes. These negative messages of self-blame lead to a self-deprecating attitude, feelings of shame and a low self-esteem which in turn negatively influence the child's sense of self. In light of these facts the researcher concludes that pediatric hem/onc patients may blame themselves for the illness and the side effects of the treatment which may negatively influence their sense of self.

### **2.3.2 Physical pain**

Pediatric hem/onc patients experience physical pain due to various aspects such as the illness itself, procedure related pain, pain related to side effects of the treatment as well as other sources not related to the illness (compare Hester, 2005 and Van Cleve, Bossert, Beecroft, Adlard, Alvarez & Savedra, 2004:9). McGrath and Hiller (2003:87) describe physical pain as an unpleasant sensory and emotional experience. As discussed in 2.2.1 Berk (2000:445) and Blom (2008) maintain that the child's self-awareness (awareness of feelings, body and senses) forms a central part of the child's self-concept. The researcher therefore



concludes that the experience of pain will affect the pediatric hem/onc patient's self-awareness, self-concept and therefore the sense of self of the child.

McGrath and Hillier (2003:85) state that pain experienced by pediatric hem/onc patients is not merely related to the severity of their diseases, but that psychological factors exercise a strong influence on their perception of pain. One of the factors that influences the child's perception of pain includes the child's understanding of the illness and his or her knowledge of effective treatments (McGrath & Hillier, 2003:87-88). As discussed in 2.4.3 the pediatric hem/onc patient experiences a great deal of uncertainty with regards to the knowledge and understanding of the illness and treatment protocol. These factors exacerbate the child's perception of physical pain.

Another factor that influences the child's perception of pain is the behaviour of medical staff towards the child during pain episodes (McGrath & Hillier, 2003:87). As discussed in 2.3 and 2.4.2 medical staff sometimes need to hold the child down during some medical procedures. This causes great distress in the child and amplifies the child's perception of pain. McGrath and Hillier (2003:87) also stipulate that the child's feelings about scheduled painful treatments influence their perception of pain. As discussed in 2.4.2 children experience the medical procedures as traumatic and distressing and as causing extreme anxiety. These factors intensify the child's perception of pain. Hester (2005) however states that although it is a common perspective that high anxiety exacerbates pain perception in children the scientific basis is not well documented specifically in children.

Steward, *et al.* (1996:109) as well as McGrath and Hillier (2003:93) maintain that during painful medical procedures, pediatric hem/onc patients often feel helpless and they experience that they have no choices and no control in the situation. This experience can intensify their pain, anxiety and distress. Lioffi (2002:126) in agreement states that painful and distressing medical procedures such as bone-

marrow aspirations and lumbar punctures can negatively affect the child's feelings of self-efficacy and self-esteem. Van Cleve, *et al.* (2004:9) and McGrath and Hillier (2003:87) further explain that pediatric hem/onc patients regularly experience pain-related disability in that the presence of pain restricts their movement and ability to perform tasks. It is the opinion of the researcher that the experience of loss of control and pain-related disability that accompanies physical pain may lead to feelings of helplessness in the pediatric hem/onc patient and may cause feelings of not being capable. As mentioned in 2.3.1 Humphreys (2002:4) states that the feeling of being capable forms a key component of the child's self-esteem. In light of this statement the researcher concludes that the pediatric hem/onc patient's sense of self may be negatively influenced by the presence of physical pain.

### **2.3.3 Loss of control**

Kameny and Bearison (2002:144,169) refer to the pain and anger experienced by pediatric hem/onc patients because of their loss of ability to make their own decisions. In this regard McCaffrey (2006:62) and Woodgate (2005:11) mention that pediatric hem/onc patients reported experiencing their life with the illness as a prison. This is due to the fact that they are dependent on others to do things for them that they no longer can do for themselves, for example using the bathroom. Their dependent bodies result in them living in an environment where they are constrained in movement and their choices are limited. The feeling of living in a prison is intensified by the fact that they are monitored by those around them. According to Wilkinson-Carr (2000:98) the treatment of pediatric hem/onc patients has a negative effect on their sense of self due to the forced dependency on their parents and the medical staff. Barrera, Wayland, Agostino, Gibson, Weksberg and Malkin (2003:229) concur by stating that the dependence enforced by the illness may inhibit children from achieving the developmental task of establishing an autonomous identity.

Berk (2000:576) states that autonomy is closely related to the quest for identity. In the opinion of the researcher this poses a problem for the pediatric hem/onc patient where the effects of the illness and the treatments result in forced dependence upon parents and medical staff. The fact that pediatric hem/onc patients can not perform these tasks for themselves, results in feelings of helplessness, incompetence, inferiority and inadequacy (compare McCaffrey, 2006:62; Steward, *et al.*, 1996:108). In light of these facts the researcher concludes that autonomy can not develop adequately in the pediatric hem/onc patient and this a negative influences the child's sense of self.

Steward, *et al.* (1996:108) further report that the side effects of the treatment such as hair loss, weight fluctuations, nausea and vomiting also lead to a sense of loss of control in pediatric hem/onc patients. In this regard Parry (2003:229) and McCaffrey (2006:62) add that the uncertainty experienced by pediatric hem/onc patients with regard to the volatile nature of the illness as well as the unpredictable severity of the side effects of the treatment and the possibility of relapse or recurrence of the illness lead to a diminished perception of control by the children.

#### **2.3.4 Relationships with others**

Various authors (McGrath & Hillier, 2003:99; McCaffrey, 2006:61 and Woodgate, 2005:11,13) indicate that the altered reaction of others towards pediatric hem/onc patients as a result of the bodily changes as a result of the illness and the treatment causes them to become overly self-conscious and negatively influences their self-esteem. Woodgate (2005:11) indicates that pediatric hem/onc patients state that they feel less like themselves when others respond differently to them than they do normally. As one 16 year old male stated:

“That’s the thing you have to deal with, people. And that makes your confidence level go down more and you know your insecurity levels way up. It is harder you know. If you have all these people and you

think: Oh they don't like me. They don't see me for who I am".  
(Woodgate, 2005:13).

In the opinion of the researcher, these facts correlate with those stated in 2.2 regarding the child's sense of self, namely that the behaviours of others towards the child play a decisive role in the development of the child's self-concept. In this regard Yontef and Fuhr (2005:91) maintain that the reactions of others play a crucial part in the formation of a sense of self. The researcher therefore concludes that the negative reaction of others towards pediatric hem/onc patients will adversely affect their self-concept and self-esteem and therefore also negatively influence their sense of self.

Due to the prolonged symptoms of the illness and the side effects of the treatment, pediatric hem/onc patients regularly feel exhausted and devoid of energy and this tends to make them unable to care about life events around them (McGrath & Hillier, 2003:99). As one adolescent with cancer stated: "...when it takes too much energy to get up, get showered or get dressed and by the time you are ready to go out you just want to pass out and die and sleep for another 12 hours" (Woodgate, 2005:12). McCaffrey (2006:62) indicates that pediatric hem/onc patients feel disconnected from the people and the world around them and have a general feeling of isolation. Geldard and Geldard (2002:114) stress that the self-concept of the child is formed within the context of the family and the wider community. In the light of these facts the researcher concludes that the loss of social interaction due to the illness and the side effects of the treatment may negatively influence the pediatric hem/onc patient's self-concept and therefore also negatively influence the sense of self (see 2.2).

### **2.3.5 The grieving of losses**

Pediatric hem/onc patients experience various losses whether it is due to the illness itself or as result of the nature of the treatment. Such losses include: the loss of support from friends and family when the treatment facility is far from

home, the loss of their own mobility and ability to perform tasks, the loss of their pre-morbid physical appearance, the loss of socializing with peers as well as the loss of education and social interaction that was provided at school (Sorgen & Manne, 2002:191). Pediatric hem/onc patients further experience a loss of control as well as loss in the making of their own choices (see 2.3.3). Pediatric hem/onc patients also grieve the losses associated with their future; they grieve for what they could have become (compare Sorgen & Manne, 2002:191; Stewart, 2003:401 and Woodgate, 2005:11). In this regard Blom (2004:224) stresses that the experience of loss affects the child's functioning in totality.

Du Toit and Du Toit (2002:141) state that it is important to note the fact that children grieve differently from adults and that they grieve according to their developmental stage. They further state that older children tend to display more anxiety, depression and somatic symptoms and younger children exhibit sadness, anger, crying spells, separation anxiety and somatic complaints. Blom (2004:224) asserts that children do not always have the ability to verbalize and express their emotions meaningfully and this also applies to the child's experience of loss.

Worden (1999) defines mourning as the emotional process that occurs after a loss is experienced. He describes mourning as an essential and necessary painful process which is achieved through a series of tasks namely:

- Accepting the reality of the loss
- Experiencing the pain or emotional aspects of the loss
- Adjusting to the new environment

Worden (1999) further emphasizes that the experience of loss is usually accompanied by a loss of self worth.

By taking the above mentioned facts into consideration, the researchers is of the opinion that the process of grieving strongly influences the child's sense of self. If the facts that were stated in 2.2.1 and 2.2.2 regarding self-concept and self-

esteem are taken into consideration, the process of grieving will influence children's thoughts and attitudes they have regarding their physical, social, psychological and spiritual being. It will also influence the value they accredit to themselves. The decline of self-worth as mentioned by Worden (1999) will also negatively influence the child's sense of self. The researcher therefore concludes that although it is understandable and normal in the child's given situation, the grieving may negatively influence the sense of self of the pediatric hem/onc patient.

## **2.4 ADDITIONAL STRESS AND TRAUMA CAUSED BY THE TREATMENT OF THE PEDIATRIC HEM/ONC PATIENT**

It is the opinion of the researcher that there are various factors that cause heightened stress levels in the pediatric hem/onc patient. Sorgen and Manne, (2002:191) in agreement state that children who are diagnosed with a hem/onc illness face various disease-related stressors such as the side effects of the medical treatments, social complexities and repeated absence from school. Various authors (compare Wilkinson-Carr,2000:97; Woodgate, 2005:9; Stewart, 2003:399 and McCaffrey, 2006:62) indicate that the following experiences are common responses to the treatment received by pediatric hem/onc patients: feelings of fear, anxiety, sadness, hopelessness, feelings of being overwhelmed, uncertainty, vulnerability, loss of control and struggles for independence.

In the following discussion attention will be given to the factors that may cause stress in the pediatric hem/onc patient:

### **2.4.1 The hospital environment**

Ball and Bindler (2003:164) describe hospitalization as a stressful experience for children. They indicate that the children find the unknown environment, strange people, unfamiliar sounds and equipment frightening. Harding (2000:42) explains that in addition to the stressful experience of hospitalization, pediatric hem/onc patients have to cope with the diagnosis and treatment of their illness. They may

also feel helpless and vulnerable because they are at the mercy of unfamiliar professionals. Levine and Kline (2007:184) further add that hospitalization can be traumatizing due to the blinding lights, physical restraints, surgical instruments, masked individuals as well as strange terminology that the pediatric hem/onc patient does not know how to interpret, which leads to a sense of helplessness and lack of control. As discussed in 2.3.3, feelings of helplessness and lack of control negatively effect the self-concept and self-esteem of the child and thus negatively influence the sense of self of the child.

Due to the specialized nature of the treatment of hem/onc diseases only certain hospitals are equipped to render treatment for these illnesses and in many instances the child's care is so complex that numerous specialists are involved (Gariépy and Howe, 2003:524). For some patients this entails receiving treatment at a hospital that is possibly hundreds of kilometers from home. This isolates the child and his or her parents from family and friends and subsequently from their social and emotional support (Harding, 2000:39,42,67).

Shields (2001:33) and Ball and Bindler (2003:166) explain that hospitalization of a child disrupts the entire family's usual routine and affects the roles within the family. Siblings of the hospitalized child may as a result feel emotions of jealousy and anger. All of these factors create stress within the family and affect the pediatric hem/onc patient. As discussed in 2.2.1 the manner in which children are treated by the significant people in their lives affects the way they perceive themselves and therefore influences their self-concept. As discussed in 2.3.1 due to the egocentric nature of children as well as their tendency towards magical thinking, pediatric hem/onc patients may erroneously conclude that the stress surrounding their hospitalization occurs as a result of something bad they have done. This aspect further negatively influences the sense of self of the pediatric hem/onc patient.

#### **2.4.2 The traumatic nature of medical procedures**

Various authors (compare Baker, 2002:65,72,77,111; Hester, 2005 and Chen, *et al.*, 1999:481) indicate that the following medical procedures need to be performed regularly in order to monitor the pediatric hem/onc patient's reaction towards the medical treatment: blood tests, bone marrow aspirations, spinal taps, biopsies, lumbar punctures and a trephine. Most of these procedures are invasive and painful and distressing by nature. Steward, *et al.* (1996:109) concur by describing these medical procedures as painful and traumatic and as causing extreme stress in the child. Most of the procedures are performed while the child is awake and often the child must be held down physically by medical staff. In the study conducted by Steward, *et al.* (1996:109) the children reported that the physical restraint was more stressful than the procedure itself. It is the opinion of the researcher that it must be taken into consideration that due to the egocentric nature of children as well as their tendency towards magical thinking (as discussed in 2.3.1) pediatric hem/onc patients may conclude that the painful medical procedures are a result of something bad they have done. Steward, *et al.* (1996:110) in agreement state that children may perceive painful medical procedures as deserved punishment for their misbehaviour and this heightens their distress. These erroneous conclusions by pediatric hem/onc patients may negatively influence their self-concept and self-esteem and thereby negatively influence their sense of self (see 2.2.).

#### **2.4.3 Uncertainty**

Stewart (2003:398,401) and Parry (2003:227) highlight the fact that uncertainty can be viewed as a major stressor during the diagnosis and treatment of pediatric hem/onc illnesses. The primary consequence of uncertainty is the negative emotional arousal that it causes in the individual, such as: worry, distress and fear. Stewart (2003:398) distinguishes the following aspects of the uncertainty that is experienced by the child with cancer: not understanding, not knowing (why, what, when and if), not being able to predict and not being sure what things mean. Further attention will now be given to each of these aspects.



#### **2.4.3.1 Not understanding**

During the initial diagnostic period uncertainty arises about the unfamiliarity of the illness, unfamiliar medical terminology, the treatment and the treatment environment. This may render the child feeling confused and frightened (Stewart, 2003:399). Stewart, *et al.* (1996:110) adds that when children cannot make sense of what is happening to them, it leads to compounded distress.

#### **2.4.3.2 Not knowing**

As the children become more familiar with their illness, other forms of uncertainty arise, namely:

- not knowing how much medication she or he will receive
- not knowing what the medical staff are going to do to him or her
- not knowing why medical staff are performing a procedure
- not knowing when all of this will be over
- not knowing if the treatment will be successful (Stewart, 2003:399).

#### **2.4.3.3 Not being able to predict**

During the treatment of the pediatric hem/onc patient, side effects to treatments and hospitalizations do occur when they are not anticipated or they are more severe than anticipated. Even when medical staff can indicate that treatment may lead to certain side effects, they can never predict precisely which side effects will occur and with what degree of severity. In the case of hem/onc illnesses it is also difficult to predict with certainty whether the treatment will fully cure the child of the illness. These types of unpredictability cause stress and uncertainty within the child (Stewart, 2003:400).

#### **2.4.3.4 Not being sure what things mean**

Children find it difficult to correctly interpret all they perceive and observe. This is also true for pediatric hem/onc patients. The emotional reactions of their parents and the medical staff may confuse them and they may also experience fear and

anxiousness in response to their perception of their parents emotional reaction and they may feel confused and uncertain of how to react themselves (Stewart, 2003:401).

It is the opinion of the researcher that all of these uncertainties affect the child's sense of self. If the facts concerning the formation of the self-concept and self-esteem (see 2.2.1 and 2.2.2) are taken into consideration, the researcher concludes that these uncertainties create emotions of fear, lack of control and helplessness which negatively affect the child's thoughts and attitudes towards himself or herself and thus negatively influence the sense of self of the child.

## **2.5 SUMMARY**

In this chapter a conceptual framework and description was provided of the manner in which the pediatric hem/onc patient's sense of self is affected by the presence of the illness and its treatment. By means of literature study, attention was given to the child's sense of self, the influence of the illness and the treatment on the sense of self of the pediatric hem/onc patient as well as the effect of stress and trauma caused by the illness and treatment on the pediatric hem/onc patient. From the information in this chapter it is evident that due to the presence of the illness and its treatment the pediatric hem/onc patient experiences various challenges and stressors that may have a negative influence on the child's sense of self.

In Chapter 3 attention is given to Gestalt play therapy as therapeutic intervention as well as to the various concepts and techniques within Gestalt play therapy that can be utilized in order to strengthen the sense of self of the pediatric hem/onc patient.

## **CHAPTER 3 THE GESTALT PLAY THERAPY APPROACH TO THE CHILD'S SENSE OF SELF**

### **3.1 INTRODUCTION**

From the information discussed in Chapter 2, it is apparent that the diagnosis and treatment of hem/onc related diseases in children have a negative influence on their self-concept and their self-esteem and negatively influences their sense of self. It is the opinion of the researcher that by the utilization of Gestalt play therapeutic concepts and techniques, the sense of self of the pediatric hem/onc patient may be strengthened.

In this study the researcher will utilize the Gestalt concept of a sense of self as mediated by means of various concepts and techniques in the Gestalt approach to play therapy. The researcher is of the opinion that in order to provide effective Gestalt play therapeutic intervention with the aim of strengthening the child's sense of self, it is imperative that the researcher has a thorough knowledge of the theoretical concepts and principles of Gestalt play therapy. For the purpose of this study attention will only be given to the aspects of Gestalt play therapy that pertain to the sense of self. This chapter therefore provides a framework by means of a literature study of the theoretical concepts and principals within Gestalt play therapy that will be utilized for the purpose of this study. Attention will also be given to the goals of Gestalt play therapy as well as Gestalt play therapeutic concepts and techniques that can be used to strengthen the sense of self of the pediatric hem/onc patient.

### **3.2 DEFINING GESTALT THERAPY AND GESTALT PLAY THERAPY**

#### **3.2.1 Gestalt therapy**

Various authors (compare Zinker, 1977:96; Blom, 2004:4; Corey, 2001:195 and Oaklander, 2003:143) define Gestalt therapy as an existential, holistic and phenomenological approach to psychotherapy which emphasizes awareness in the here and now. Gestalt therapy focuses on the healthy, integrated functioning

of the total organism which includes the senses, body, emotions and the intellect (Oaklander, 2000:28). According to Corey (2001:195) and Melnick and Nevis (2005:103) Gestalt therapy is based on the hypothesis that people must be understood in the context of their ongoing relationship with the environment as well as the interdependence between people and their environment.

“Awareness” as indicated by Zinker (1977:96), Blom (2004:4) and Oaklander (2003:143) is therefore viewed as imperative to Gestalt therapeutic intervention. This involves that people should be aware of themselves, of what they are feeling, of what they are experiencing and of what they are doing in the here and now. This level of awareness leads to ownership of self and improves organismic self-regulation in that people become aware of the choices they can make in respect to their behavior and they can then take responsibility for their choices and actions.

Bearing in mind that Gestalt therapy focuses on an experiential process of therapy rather than a strictly verbal, interpretative and content driven process of therapy, Reynolds and Mortola (2005:158) are of the opinion that it is an effective method of therapy to use when working with children. This fact is especially valid when it is taken into consideration that most children may not yet have developed the verbal skill to communicate feelings, desires and needs directly (compare Oaklander, 1978:122). Experimental play is therefore an effective method to utilize when communicating with children. Axline (1969:9) in agreement states that play is the child’s natural medium of self expression.

### **3.2.2 Gestalt play therapy**

Gestalt play therapy is described by Blom (2004:5) as a psychotherapeutic technique that employs the principles and techniques of Gestalt therapy during play therapy with children. It is a form of therapy where the therapist gives the child the opportunity to express his or her feelings verbally and non-verbally. This form of therapy assists the child to play out his or her problems symbolically

which then enables the child to recognize and express his or her emotions more effectively and thus strengthens the child's sense of self. Axline (1969:9) explains that children "play out" their emotions and problems during play therapy in a similar fashion as adults "talk out" their problems during therapy. Geldard and Geldard (2002:35) in agreement state that Gestalt therapy can be constructive and beneficial when working with children.

In the following section attention will be given to the theoretical Gestalt concepts and principles that are the most salient and applicable to Gestalt play therapy.

### **3.3 GESTALT CONCEPTS**

According to various authors (compare Yssel, 1999:82-94; Oaklander 2003:143 and Blom, 2004:9) there are certain theoretical concepts in Gestalt therapy that are specifically applicable to Gestalt play therapy. These concepts include: holism, homeostasis, organismic self-regulation, awareness in the here and now, figure-ground, polarities, paradoxical theory of change, self-nurturing, unfinished business, contact and contact boundary disturbances. In the following section attention will be given to each of these concepts.

#### **3.3.1 Holism**

Perls (1973:9) states that within the Gestalt approach to therapy, the individual is viewed as a unified organism, as a holistic whole. The individual is viewed as an entity, both within itself and within the environment. The individual as an entity is further viewed as more than the sum of its various parts. Although one can distinguish between the components that make up the whole, they can never be separated. Within Gestalt therapy the emphasis according to Corey (2001:197) is on integration, on how the individual's thoughts, feelings, behaviors and body fit together and how the person as a whole makes contact with the environment.

Blom (2004:10) maintains that during Gestalt play therapy children are approached as holistic individuals and the aim of the therapy is to guide the children to be aware of their experiences in respect of all of the components of their being. This enables the children to function as integrated entities. It is the opinion of the researcher that when the holistic approach is applied to the pediatric hem/onc patient, it is evident that the presence of the illness and the treatment will affect the total functioning of the child. This according to Yssel (1999:83) involves the emotional, social, academic and spiritual functioning of the child which is affected by illness. She however states that it is important that children become aware of the manner in which these aspects of themselves are affected by the illness. She further asserts that during Gestalt play therapeutic intervention the therapist must aid the children to attain this awareness. In the light of the above mentioned facts the researcher is of the opinion that awareness will facilitate integration within the pediatric hem/onc patient and will lead to the holistic functioning of the child. This will enable the pediatric hem/onc patient to utilize his or her entire being in dealing with the illness, the treatment and the side effects of the treatment.

### **3.3.2 Homeostasis and organismic self-regulation**

Blom (2004:11) explains that according to Gestalt theory all behaviour is regulated by a process called homeostasis. In this regard Perls (1973:5-6) defines homeostasis as the process of adaptation by which the organism maintains its equilibrium and therefore preserves its health under varying conditions. In other words, homeostasis is the process by which the organism satisfies its needs. Since the organism has many needs and each need upsets the equilibrium, the homeostatic process is perpetuated. The homeostatic process demands awareness and action on the part of the organism in order to satisfy its needs. According to Blom (2004:11) the needs of the individual as an organism may be physical, emotional, social, spiritual or intellectual. Discomfort is experienced within the organism until action is taken to satisfy the specific need and then balance is consequently restored. Zinker (1977:94) in agreement

states that the goal of Gestalt therapy is that the individual will become fully aware of and act upon his or her needs. The individual should be able to insert himself or herself into the environment and use his or her skills to get what is needed in order to attain equilibrium.

Perls (1973:6,18) asserts that the process of homeostasis may also be called the process of organismic self-regulation. Organismic self-regulation is the process by which the organism interacts with the environment to satisfy its needs. Needs are satisfied both from within the individual and from the environment. He further states that awareness is a prerequisite for the functioning of organismic self-regulation within the individual.

### **3.3.3 Awareness in the here and now**

According to Kirchner (2007) and Melnick and Nevis (2005:105) the theoretical concept of awareness is central to the Gestalt approach to therapy. They state that awareness within Gestalt therapy encompasses the sensory, affective and cognitive modalities of the person. Awareness is always intentional and occurs within the organism-environment field. Yontef and Fuhr (2005:87-91) further explain that an individual can only attain awareness in the here and the now, in the present moment. They also maintain that it is only in the here and now that the individual can experience needs as well as the resources to fulfill those needs.

Reynolds and Motola (2005:158) elucidate that within the Gestalt approach even the act of remembering occurs in the here and now. It takes place in the immediacy of the here and now and it is relevant in as much as it affects the individual's functioning in the here and now. Awareness will enable the individual to accept denied parts of the self and will facilitate the integration of these parts. It will also illuminate unmet needs that are present within the individual and make it possible for the individual to take responsibility for actions that are taken to satisfy these needs. Zinker (1977:94) in agreement states that awareness will aid

the individuals not to look to other people to tell them what they want, or to project their needs on others. In his opinion awareness will facilitate responsible action. Gestalt therapy emphasizes living in the present moment and in the present environment.

### **3.3.4 Figure-ground**

Kirchner (2007) explains that within Gestalt theory the process of figure-ground formation and destruction is viewed as a dynamic, ongoing process. She describes the figure as arising from the background and then receding into the background to make room for another figure. The figure and ground together form a Gestalt, an organized meaningful whole. In this regard Yontef and Fuhr (2005:88-89) mention that within Gestalt theory, “meaning” is defined as the relationship between figure and ground. The figure is that which stands out from the background and the background forms the context of the figure. Meaning is thus not objective but it is rather the experience of a figure in relation to the ground.

According to Perls (1973:9) the concept of figure-ground formation and destruction strongly relate to the theoretical concept of organismic self-regulation within Gestalt theory. The figure is considered as that which is the most significant at the present moment for the individual, the dominant need at any given time. This may also be called the foreground figure. The foreground is that need which presses most sharply for satisfaction and for that moment the other needs of the individual recede into the background. The ground refers to the background of the individual's experience at that specific moment (compare Blom, 2004:12-13). In this regard Corey (2001:197) mentions that by means of organismic self-regulation, the individual takes action to fulfill the foreground need in order to restore his or her equilibrium. The satisfaction of the foreground need contributes to the attainment of homeostasis within the individual and leads toward the integration and holistic functioning of the individual.



### **3.3.5 Polarities**

Within Gestalt theory the concept of “polarities” refers according to Blom (2004:32-33) to opposites that compliment or oppose each other, in other words the counterpart. Polarities can occur in respect of emotions, traits of the self or within the environment. Examples of polarizations are: love versus hate or friendship versus hostility. The personality also consists of polarities, and conflict between these polarities can arise within the individual. Zinker (1977:33) further explains that individuals tend to only identify with one aspect of the polarities within themselves. They then spend increasingly more energy to maintain that pole of the polarity they have identified with. Experiences or traits that do not conform to the construct of self they have formed are denied. This leads to the fragmentation of the self (which in the opinion of the researcher is the polarity of holism). Both Zinker (1977:33) and Blom (2004:33) highlight the fact that within the Gestalt approach to therapy the goal of therapy is to lead individuals to become aware of these polarities within themselves, to accept them and to integrate them into the self. This in turn leads to the integrated holistic functioning of the individual.

Zinker (1977:33) further argues that the use of polarities during therapy is an effective means to broaden the individual’s self-concept. Blom (2004:129) in agreement stresses that the use of polarities is effective toward strengthening the child’s sense of self. In the light of these statements the researcher is therefore of the opinion that the use of polarities during play therapy with the pediatric hem/onc patient may strengthen his or her sense of self.

### **3.3.6 Paradoxical theory of change**

Kirchner (2007) asserts that the paradoxical theory of change is one of the fundamental principles in Gestalt therapy. According to Oaklander (1978:283) the paradoxical theory of change entails that change occurs when one becomes what one is, not when one tries to become what one is not (compare Melnick & Nevis, 2005:106). In this regard Reynolds and Mortola (2005:158) mention that

by facilitating awareness within individuals of the disowned aspects of their self, the therapist can facilitate experiences in which ownership and integration of the disowned aspects is made possible. This process of integration leads towards the holistic functioning of the individual and change then occurs.

### **3.3.7 Self-nurturing**

Oaklander (1997:311-312) is of the opinion that the goal with self-nurturing is to help the individual to be more accepting, caring and actively nurturing towards himself or herself. She maintains that self-nurturing promotes integration in that the individual learns to accept the parts of himself or herself that he or she dislikes and learns to understand the function and purpose of those parts. The process of self-nurturing therefore relates closely to the process of integration of the polarities within the individual. In agreement Schoeman (1996b:181) explains that individuals must learn to nurture themselves in order to maintain their control.

According to Blom (2004:174) self-nurturing specifically helps children who have experienced trauma to integrate the polarities within themselves. They learn to accept and nurture the part of themselves they blame for the trauma. As discussed in 2.3.1 pediatric hem/onc patients tend to blame themselves for the illness and the trauma surrounding the illness and it is therefore the opinion of the researcher that self-nurturing will aid the pediatric hem/onc patient in the strengthening of his or her sense of self.

### **3.3.8 Unfinished business**

Kirchner (2007) maintains that people have an inherent drive to complete their unclosed gestalt. She further stresses that whenever closure of the gestalt can not take place the holistic functioning of the individual is hindered. In this regard Yontef and Fuhr (2005:89) as well as Corey (2001:198-199) mention that when a figure emerges from the background and it is not completely resolved, in other

words the gestalt remains unclosed, it is referred to as “unfinished business”. Unfinished business manifests as repressed unspoken emotions or needs that persist until the individual faces and deals with them. Although unfinished business relates to the persons past, it still affects his or her functioning in the present, in the here and now, as it inhibits awareness, organismic self-regulation, homeostasis and holistic functioning. Unfinished business may be experienced by the individual as bodily tension, emotion or a cognitive preoccupation (compare Melnick & Nevis, 2005:104-105).

### **3.3.9 Contact and contact boundary disturbances**

Kirchner (2007) describes “contact” as the lifeblood of growth and the essence of human life. She states that contact can be viewed as a meeting of the self with various kinds of others. Lobb and Lichtenberg (2005:32) explain that the “self” is defined by the process of contact and withdrawal from contact. Various authors (compare Perls, 1973:16; Kirchner, 2007 and Blom, 2004:19) are of the opinion that contact is central to all experience and that no experience can exist without contact. Contact can be intrapersonal - that is contact with aspects of oneself, and it can also be interpersonal - that is contact with the environment. The individual’s ability for intra- and interpersonal contact is vital for organismic self-regulation. The contact boundary is the point where the individual experiences the “I” in relation to that which is “not I”. Furthermore the contact boundary has two functions: it connects individuals with one another but at the same time maintains a form of separation between them. The contact boundary in other words assists the individual in retaining his or her identity (compare Blom, 2004:19-20).

Perls (1973:16) argues that no individual is self-sufficient and can only exist in an environmental field. The individual always is a part of some field. In this regard Perls (1973:18,23) and Zinker (1977:163) state that the individual makes contact with the environment with both his or her sensory and motoric processes. They explain that contact and withdrawal from contact is the means by which the

individual endeavors to satisfy his or her needs. Growth takes place at the boundary between the individual and the environment. In other words the organism and the environment stand in a relationship of mutuality to one another.

Blom (2004:21) states that a contact boundary disturbance occurs when the individual is no longer capable of forming a sound balance between himself or herself and the environment. In such a situation the individual no longer has the capability of suitable awareness and can no longer respond to his or her real needs. This leads to a point where the boundary between self and the environment becomes unclear and this disturbance negatively influences the natural process of organismic self-regulation. Gestalt theory differentiates the following forms of contact boundary disturbances:

#### **3.3.9.1 Confluence**

Perls (1973:38) and Reynolds and Mortola (2005:164) define “confluence” as the merging of aspects of the self with the environment. It is the phenomenon where the individual feels no boundary between himself or herself and the environment. Kirchner (2007) describes confluence as a vague and formless experience of the self. The following examples that are listed by Blom (2004:115) are manners in which children make use of confluence as a contact boundary disturbance: they always try to please other people, they find it difficult to make choices and they often ask if they are loved.

#### **3.3.9.2 Introjection**

Kirchner (2007) defines “introjection” as the condition where the individual experiences an aspect as part of the self that in actual fact belongs to the environment. Various authors (compare Perls, 1973:33; Reynolds & Mortola, 2005:163 and Oaklander, 1997:311) maintain that introjection occurs when the individual ingests a rule, an attitude, an expectation or a belief without discrimination. The introjection is incongruent with the individual and he or she

blindly follows the “shoulds” and “oughts” of the introjection. Introjections prevent individuals from functioning as a holistic, integrated whole and inhibit awareness. Yontef and Fuhr (2005:86) maintain that self-knowledge and self-acceptance is restricted by introjections. The following are listed by Blom (2004:115) as examples of the manner in which children may act when they make use of introjection as a contact boundary disturbance: being overly conscientious, being easily upset by correction and putting themselves down.

### **3.3.9.3 Projection**

According to Perls (1973:35) and Lobb and Lichtenberg (2005:33) “projection” as a contact boundary disturbance occurs when the individual disowns aspects of the self and attributes it to others or the environment. The individual in other words holds the environment responsible for that which originates in the self. Reynolds and Mortola (2005:163) adds that by utilizing projection as a contact boundary disturbance the individual fragments the self by means of amputating or disowning certain aspects of the self. This fragmentation of the self prevents organismic self-regulation, awareness and holistic functioning within the individual. Blom (2004:114) gives the following examples of ways in which children make use of projection: aggressive behaviour towards others, blaming others for their mistakes and bullying other children.

### **3.3.9.4 Retroflection**

Various authors (compare Perls, 1973:41; Reynolds & Mortola, 2005:163 and Lobb & Lichtenberg, 2005:33) describe “retroflection” as the response intended for the environment which is then substituted with a response on the self. Retroflection entails the individual turning his or her actions and energy back onto himself or herself. The self, in the place of the environment, becomes the target for behaviour. Blom (2004:115) states that children may display retroflection in the following manner: constantly complaining of stomach-aches or headaches without any physical reason.

#### **3.3.9.5 Deflection**

Reynolds and Mortola (2005:163) define “deflection” as the redirection of action in the attempt to prevent direct contact. Deflection implies diminished contact and awareness of the environment and prevents organismic self-regulation within the individual. The person who displays deflection as contact boundary disturbance will attempt to avoid the impact of stimuli from the environment on the self. The following behaviours according to Blom (2004:115) are examples in which children display deflection as contact boundary disturbance: avoiding eye contact, being shy and withdrawn, daydreaming and temper tantrums.

#### **3.3.9.6 Desensitization**

Reynolds and Mortola (2005:163) state that the individual who makes use of the contact boundary disturbance of desensitization shuts off the sensing and perception function of the self, thereby blocking both internal and external stimuli from affecting his or her sensation. Desensitization negatively impacts on awareness, integration, organismic self-regulation as well as homeostasis. Blom (2004:30) gives the following examples of ways in which children may utilize desensitization as contact boundary disturbance: the child who has been exposed to physical abuse no longer feels the pain of the beating and the child who has been exposed to emotional abuse no longer hears the shouting.

#### **3.3.9.7 Egotism**

Reynolds and Mortola (2005:163) and Lobb and Lichtenberg (2005:33) define “egotism” as diminished spontaneity within an individual that occurs as a result of excessive introspection. The individual pays more attention to his or her boundaries and identity than to the environment. This is done in order to ensure that there is no danger or risk to the self. Although contact with the environment occurs, it is ended prematurely. The contact with the environment is ended before the resource within the environment is accessed and assimilated. Egotism prevents personal integration and hinders organismic self-regulation within the individual and results in the formation of unfinished business. Blom (2004:31)

describes children who are egotistic as appearing to be in control of themselves but never allowing themselves to give or receive spontaneously.

### **3.4 THE GOALS OF GESTALT PLAY THERAPY**

According to Corey (2001:202) the main goal of Gestalt play therapy is for children to attain awareness, to take responsibility for their choices and to promote self-supporting behaviour. Gestalt play therapy further aids children to become aware of their own personal process in the here and now. This entails that children can selectively and discriminatingly make choices regarding the expression of their emotions, the satisfaction of their needs and the experimentation with new behaviour.

Blom (2004:50) in agreement differentiates the following three main goals in Gestalt play therapy with children: promoting self-supporting behaviour; promoting awareness of their own process and promoting personal integration. Each of these aspects will now be discussed individually:

- Promoting self-supporting behaviour within children entails that the children are assisted to accept more responsibility for themselves and for satisfying their own needs. During Gestalt play therapy children are aided in making appropriate choices to satisfy their needs. This implies that self-supporting behaviour includes both self-knowledge and self-acceptance (Blom, 2004:51). Seeing as self-knowledge and self-acceptance form part of the child's sense of self (as discussed in 2.2.1 and 2.2.2) it is the opinion of the researcher that by enabling self-supporting behaviour within the child, the child's sense of self is strengthened.
- Promoting awareness within children of their own process implies that the children become aware of who they are, what they feel, what they need, what they like and dislike and what behaviour they reveal and how they reveal it (Blom, 2004:50). Awareness promotes the child's self-knowledge and self-acceptance and strengthens the child's sense of self (Blom, 2004:52).

- Promoting integration means that children are aided to integrate their cognitions, emotions and senses into a holistic entity. This will enable the children to complete the unfinished business on their foreground. When the children's functioning is integrated they function more holistically and healthily and their needs can be satisfied more easily (Blom, 2004:53,90). Reynolds and Mortola (2005:159) concur by maintaining that healing in Gestalt play therapy is viewed as a process of growth and of re-establishing the natural process of organismic self-regulation. Healthy children can complete unfinished situations and experience awareness in such a manner that their needs are clear at any given moment. They can maintain their homeostasis by fulfilling acknowledged needs through contacting their environment.

Zinker (1977:96) distinguishes the following goals for Gestalt therapy. In the opinion of the researcher these goals are also applicable for Gestalt play therapy with children. Zinker stipulates that during the creative process of Gestalt therapy individuals will:

- move toward greater awareness of themselves, their body, their feelings, their environment and their process.
- learn to take ownership of their experiences, rather than making others responsible for what they are feeling, thinking and doing.
- learn to be aware of their needs and develop the skill to satisfy them without violating others.
- become more aware of all their senses.
- move from outside support to increasing internal support.
- be able to ask for and get help from others and be able to give to others.
- learn to take responsibility for their actions and the consequences of their actions.

It is the researcher's opinion that when these goals stipulated by Zinker are applied to the child during Gestalt play therapy, it will facilitate greater awareness within the child, it will aid the child in taking responsibility for his or her choices



and it will promote integration and holistic functioning within the child. Blom (2004:53) in agreement states that awareness facilitates full contact with self and others and leads to integration and holistic functioning.

### **3.5 THE GESTALT PLAY THERAPY APPROACH TO THE SENSE OF SELF**

Oaklander (2000:30) maintains that within the Gestalt play therapeutic approach, the theoretical concept of sense of self is closely related to the theoretical concept of contact. In this regard Blom (2004:20) explains that the child's self is distinguished from the environment by means of the contact boundary. The contact boundary enables the child to discern between those aspects that form part of the self and those aspects that fall outside the self. Oaklander (2000:30) states that a strong sense of self is required in order to facilitate effective contact with others and the environment. She further stresses that since the child's sense of self and contact skills are closely related, it is therefore important to give attention to the child's contact making skills during the process of strengthening his or her sense of self. According to Oaklander (1997:294) the skills of making contact include looking, listening, smelling, tasting, speaking, touching and moving.

Blom (2004:113) argues that children with a strong sense of self know themselves. This means that they are aware of their strengths and weaknesses, their own uniqueness and they accept themselves. Due to the fact that children with a strong sense of self accept themselves there are no aspects of the self that are disowned. Children with a strong sense of self function as a holistic whole and they have the ability to focus on the here and the now.

On the other hand Blom (2004:113) explains that children with a poor sense of self make use of contact boundary disturbances in order to protect themselves. Children with an inadequate self-concept and low self-esteem do not accept themselves and have a poor sense of self which she also describes as a lost sense of self. This lost sense of self leads to a great deal of emotional pain. In

order to protect themselves from the environment and further emotional pain the child with a poor sense of self will make use of contact boundary disturbances. Oaklander (1978:281) in agreement states that a child's self-esteem will strongly influence how he or she behaves. She stresses that self-esteem impacts on the choices children make and influences how they cope with life and how they manage themselves.

As discussed in Chapter 2 the presence of a hem/onc illness in a child, its treatment as well as the side effects of the treatment, negatively influences the pediatric hem/onc patient's self-concept and self-esteem and therefore the sense of self of the pediatric hem/onc patient. The researcher is of the opinion that the utilization of Gestalt play therapeutic concepts and techniques can facilitate awareness and integration within the pediatric hem/onc patient and strengthen the sense of self of the child. This will promote the holistic functioning of the pediatric hem/onc patient and enable the child to utilize all the aspects of his or her being in dealing with the illness and the challenges that it presents.

### **3.5.1 Strengthening the child's sense of self**

Blom (2004:116) explains that when the child is helped to strengthen his or her sense of self, it leads to a sense of well-being and a positive feeling of self within the child. It also gives the child a sense of control and the inner strength to express buried emotions. In this regard Oaklander (1997:298) is of the opinion that in order to assist children to express their emotions it is important that their sense of self is strengthened. The child's enhanced sense of self will spontaneously initiate emotional expression. Oaklander (1978:282) further states that by strengthening the child's sense of self, the therapist assists the child in reformulating negative perceptions of the self into positive perceptions of the self. When children's sense of self is strengthened it enables them to fully commit to the process of exploration and it aids them to come in contact with their own potency.

Oaklander (2003:146) distinguishes various aspects that need to be addressed with respect to strengthening the child's sense of self. The first of these is intensifying the use of the child's senses. Oaklander (1997:298) further states that the strengthening of the child's sense of self also involves the following aspects: the defining of self, experiencing control, making choices, experiencing mastery, owning projections, setting boundaries, being able to be playful and use the imagination and contacting one's own aggressive energy. In the following section attention will be given to each of these aspects.

### ***3.5.1.1 Heightening the sensory awareness of the child***

Blom (2004:98) maintains that children often lose their sensory awareness and bodily awareness as a result of traumatic experiences. She however further explains that sensory and bodily awareness contribute to the functioning of the child as a holistic entity. Oaklander (2003:146) states that by heightening the child's sensory awareness and bodily awareness the child's sense of self is empowered. In light of these facts and with consideration to the fact that the process of diagnosis and treatment of a pediatric hem/onc illness can be very traumatizing for the child (as discussed in Chapter 2) the researcher concludes that the heightening of the sensory and bodily awareness of the pediatric hem/onc patient may be effective towards strengthening the sense of self of the pediatric hem/onc patient. Kirchner (2007) and Oaklander (1978:284) in agreement maintain that sensory awareness and body awareness form the basis of a strong sense of self. By giving the child experiences that stimulate and intensify the senses, sensory- and bodily awareness is facilitated within the child, self-awareness is facilitated and the sense of self is strengthened.

There are various activities that can be utilized to facilitate sensory awareness within the child and they must be implemented by the therapist in accordance with the developmental phase and age of the child (Oaklander, 2003:147). The following activities according to Oaklander (1978:110-119), Oaklander

(2003:147), Blom (2004:103-107) and Schoeman (2004b:140-145) can be used to enhance the child's sensory experience:

- *Touch*: finger painting, playing with water or sand, putting objects in a bag and guessing what they are, describing the feel of various textures, playing with wet clay, talking about things that hurt the skin, playing blind man's buff, guessing what is touched while blindfolded and walking on various surfaces with bare feet.
- *Sight*: looking at objects through glass or cellophane, dripping food colouring into water and observing the shapes, looking at themselves in a mirror and discussing what they see, making simple sketches of flowers and fruit, lying under a tree and looking at the light shining through the leaves, blowing bubbles and describing the colours in the bubbles.
- *Hearing*: painting while listening to music, listening to the sounds outdoors, listening to various types of music and then drawing what he or she thinks the music looks like, letting the child express what emotions he or she experiences while listening to various styles of music.
- *Taste*: tasting things that are sweet, sour, salt and bitter, talking about the child's experience of the different tastes, discussing tastes that the child likes and dislikes, comparing the tastes and textures of food.
- *Smell*: experimenting with various ways of breathing through the nose and mouth, smelling various aromas such as perfume, mustard, licorice, vanilla, cinnamon, soap, disinfectant, tooth paste, wood shavings and tobacco. Talking about likes and dislikes and the feelings that certain smells evoke.

### **3.5.1.2 Defining the self**

Humphreys (2002:141) maintains that self-knowledge is a prerequisite towards empowering the child and strengthening his or her sense of self. In this regard Blom (2004:117) maintains that during Gestalt play therapy children must be given the opportunity to discover themselves and their uniqueness. She also states that in order to empower the child's sense of self, the therapist must

facilitate experiences during the play therapy sessions in which the child can make self-statements. The child may talk about himself or herself through drawings, clay, puppets or creative dramatics. Oaklander (1997:299) is of the opinion that through making self-statement such as “this is what I like” or “this is what I don’t like” and “this is who I am” or “this is who I am not” children become more aware of these aspects of themselves and they learn to integrate them into their sense of self. By making statements regarding the self, the child’s self-awareness and self-knowledge is heightened and the sense of self is strengthened (Oaklander, 1997:298). The following are examples of techniques that can aid the child in making self-statements:

- Ask the child to complete the following statements: My favourite colour is..., my favourite smell is..., my favourite taste is..., my favourite sound is..., my favourite toy is... (Schoeman, 1996c:53).
- Let children look in the mirror and talk about the image they see (Oaklander, 1978:284).
- Ask the child to make a self portrait and then discuss the portrait with the child (Blom, 2004:126).

By honouring the child’s thoughts, opinions, ideas and suggestions, the therapist aids in the process of strengthening the child’s sense of self. As the therapist assists the children to define themselves their sense of self becomes stronger and the opportunity for healthy growth and holistic functioning is facilitated (compare Oaklander, 1997:299; Oaklander, 2003:148 and Blom, 2004:117).

### **3.5.1.3 Experiencing control**

According to Oaklander (1997:302) the experience of control that occurs during the play therapy session is not a struggle for power between the therapist and the child. It is rather a process of contact and interaction that takes place between the therapist and the child during play therapy. It is within this process of contact and interaction that the child has the experience of control and that self-affirmation takes place. This experience of control during the play therapy

sessions manifests itself in the child making decisions about what activities to engage in and in directing the therapist during these activities (Oaklander, 2003:149). Schoeman (2004b:179) and Blom (2004:120) further explain that by giving the child the opportunity to make choices and take responsibility for these choices during the play therapy session, the child's experience of control is elevated and the child's sense of self is strengthened.

#### **3.5.1.4 Making choices**

Blom (2004:118) argues that by giving the child the opportunity to make choices, the therapist facilitates awareness in the child of the fact that he or she can make choices and it also facilitates awareness within the child to explore the options of choices that are available. Oaklander (1997:299) asserts that within the Gestalt approach to play therapy children are given the opportunity to make choices whenever possible. The child may choose the type of play or the medium of play. If the child initially has a fragile sense of self the therapist may start by giving non threatening choices such as "Would you like to sit on the chair or on the floor?" or "Do you want to work with crayons or coloured pencils?". As the therapy progresses the therapist may provide the child with more complicated choices. With the strengthening of their sense of self, children experience a sense of control and they start to experiment with new methods of behaviour. This aids the children to make choices that will improve their lives (compare Oaklander, 1997:299 and Blom, 2004:118).

#### **3.5.1.5 Experiencing mastery**

Berk (2000:448) maintains that the evaluations made by children regarding their competence affect their emotional experience, their self-concept and their self-esteem. Blom (2004:119,126) in agreement states that by providing an experiencing of mastery during the play therapy session the child's sense of self is strengthened. These experiences of mastery can be attained in various ways of which the following are examples: mixing the primary colours of paint together

in order to form the secondary colours and so experience the principle of cause and effect, building a structure with blocks, building a puzzle and so master problem solving skills, playing a memory game, drawing a picture and playing with clay.

Oaklander (1997:299) states that children who have experienced a form of trauma tend to grow up too fast and skip many important mastery experiences which are necessary for healthy development. She further states that without a sense of mastery the child's sense of self is vague. As discussed in Chapter 2 the diagnosis and treatment of a pediatric hem/onc disease is very traumatic for the child and negatively influences the child's sense of self. In light of these facts the researcher concludes that the pediatric hem/onc patient could benefit by the experience of mastery encounters during Gestalt play therapy as part of the process of strengthening his or her sense of self.

#### **3.5.1.6 *Owning projections***

Clark and Fraser (in Schoeman, 1996a:64) defines projection as attributing your own feelings and thoughts to someone or something else. In this regard Oaklander (1978:160) maintains that children do not yet possess the ability to express their experiences in language and they will use play to formulate and assimilate their experiences by means of projection during play. Schoeman (1996a:61) in agreement states that children project their thoughts, feelings and needs through play.

Oaklander (1997:309) argues that projective techniques such as sand play, stories, fantasy play and drawing assists children to project and own their ideas and emotions. Oaklander (1997:300) is further of the opinion that when children make a sand scene, draw a picture, tell a story or build with clay, they are tapping into their own experiences and by means of the projection they are making a statement about their process in life. The projections made by children can be viewed as metaphorical representations of their lives. In this regard

Schoeman (1996a:64) differentiates the following functions of projections in the lives of children:

- it provides children with room to deal with what is expected of them.
- it is an attempt by the children to dispel what they can not handle.
- it provides a means of maintaining self-respect.
- it provides a way of escape when the child is not ready to accept criticism or rejection.

Blom (2004:25,145) maintains that the utilization of projective techniques during Gestalt play therapy can heighten the awareness of children regarding their needs, thoughts and emotions (Blom, 2004:25,145). Geldard and Geldard (2002:109) concur by stating that the use of projections can enable children to move from denying their emotions towards owning them.

Geldard and Geldard (2002:146) explain that by making use of projective techniques children can access ideas, beliefs and emotions that have been concealed or suppressed into their unconscious. By means of the projection children then becomes aware of these aspects of themselves that previously have been disowned. They further argue that by aiding children to own their projection, their self-knowledge is enhanced and they form a more realistic self-concept (Geldard & Geldard, 2002:211). Oaklander (1997:300) and Blom (2004:120) in agreement state that when children own aspects of the projections made by them, they are enhancing their self-awareness and their self-knowledge is increased. As was discussed in 2.2.1 the child's self-knowledge forms part of the child's sense of self. In light of the preceding information it is the researcher's opinion that by owning aspects of their projections, children are enhancing their self-knowledge and are therefore strengthening their sense of self.

#### **3.5.1.7 Setting boundaries**

Various authors (compare Geldard & Geldard, 2002:223; Yssel, 1999:115 and Blom, 2004:63) maintain that it is the role of the therapist to provide boundaries



within the play therapy session. Boundaries provide a structure for the development of the therapeutic relationship, it contributes towards the child's experience of security and it provides opportunity for strengthening the child's sense of self. Yssel (1999:115) explains that boundaries in the play therapy session may include the following: the time the session starts and ends, the rules of the playroom with regards to the use of toys and to prohibit aggressive behaviour towards the therapist. According to Oaklander (1997:301) children tend to feel anxious and uncertain and their sense of self becomes nebulous when boundaries are not set. The boundaries provided within the play therapy session create a safe environment for the children in which they can explore and experiment. It also provides them with the opportunity to make choices and to take responsibility for their choices. This type of exploration and experimentation facilitates the strengthening of the child's sense of self as it promotes self-control within the child (compare Oaklander, 1997:301 and Blom, 2004:64).

#### ***3.5.1.8 Playfulness, imagination and humour***

Yssel (1999:99) maintains that children have a natural affinity for playfulness, humour and imagination. She further explains that play is the child's natural way of self-expression. Berk (2000:237) in agreement states that imaginative play forms an integral part of child development. In view of the fact that play is the child's natural way of self-expression and that the elements of pleasure, humour and fun are central to child's play, it is the researcher's opinion that these aspects are very important during play therapy. Blom (2004:121) in agreement states that by providing opportunities for imaginative play, humour, playfulness and fun during the play therapy session, the therapy process will follow the child's natural development and enhance the child's sense of self.

Oaklander (1997:301) emphasizes that the playful, imaginative and humouristic aspect of the child may be subdued when the child has experienced trauma. She further states that it is important to provide the child who has experienced trauma with a variety of opportunities for humour and joyful play so as to strengthen the

child's sense of self. As was discussed in Chapter 2, the pediatric hem/onc patient experiences the process of diagnosis, hospitalization and treatment as traumatic. In view of these facts the researcher is of the opinion that the use of humour, imaginative play and playfulness may be effective in strengthening the sense of self of the pediatric hem/onc patient.

#### **3.5.1.9 Experience of aggressive energy**

Oaklander (1997:304) explains that within Gestalt play therapy, aggressive energy does not necessarily refer to hostile and destructive behaviour. It rather refers to the energy that gives children the self-support needed to take action. She further states that by providing experiences for the child to experience aggressive energy within the play therapy sessions the therapist facilitates self-support within the child. This is very important given that self-support is a prerequisite for the expression of suppressed emotions. Schoeman (1996b:171) affirms this statement by maintaining that the child who owns his or her anger is more in contact with himself or herself.

Oaklander (1997:304) further states that the child who has experienced trauma needs help in expressing buried emotions in order to work through the trauma. This also applies to expression of aggressive emotions. Due to the egocentric nature of children (as discussed in 2.3.1) children who have experienced trauma tend to feel responsible for and blame themselves for the trauma. The self-blame and self-depreciation experienced by these children obstruct the emotional expression needed to promote healing and has a negative impact on their sense of self (Oaklander, 2003:146). In light of the preceding information the researcher concludes that the pediatric hem/onc patient may benefit from the experience of aggressive energy within the play therapy sessions. By the expression of aggressive energy the pediatric hem/onc patient will gain access to the energy necessary for the expression of his or her buried emotions. By means of this process the pediatric hem/onc patient's sense of self is strengthened and holistic functioning is promoted.

### **3.6 GESTALT PLAY THERAPY TECHNIQUES THAT AID IN THE STRENGTHENING OF THE CHILD'S SENSE OF SELF**

Blom (2004:122) maintains that there are various techniques within Gestalt play therapy that can be utilized to strengthen the child's sense of self. These include: semantic clarifications, focusing on polarities and making use of fantasy. These techniques will subsequently be discussed.

#### **3.6.1 Semantic clarifications**

Perls (1973:53-59) emphasizes the importance of semantic clarification during the therapy process. By means of semantic clarification the child is aided in making self-statements and is helped to accept responsibility for himself or herself. Blom (2004:124) agrees by stating that semantic explanations can be used during any stage of the therapy process and contributes towards the strengthening of the child's sense of self. The following are examples of manners in which semantic explanations can be used with children:

- Children are encouraged to use "I" rather than "you" in statements, for example: instead of saying "it is hard to make friends" the child is encouraged to say "I find it hard to make friends" (Corey, 2001:204). This will aid the child in taking responsibility for his or her emotions, behaviour and thoughts (Zinker, 1977:165).
- Children are encouraged to substitute "why" with "what" and "how", for example "what is it that makes you angry?". This will aid the child in attaining awareness as well as taking responsibility (Blom, 2004:123).
- Children are encouraged to use the term "I will not" instead of "I can not". This aids the child in owning and accepting his or her power by taking responsibility for choices (Corey, 2001:205).

#### **3.6.2 Focusing on polarities**

Blom (2004:125) states that various techniques can be implemented to aid children to focus on the polarities within themselves. By utilizing these techniques the Gestalt objective of integration is attained and the child's sense of self is

strengthened. The following are examples of techniques that can facilitate awareness in children regarding their polarities:

- Children are asked to draw a picture of what makes them happy and then to draw a picture of what makes them sad (Oaklander, 1978:158).
- Children are asked to draw a circle divided into segments. In the various segments pictures are drawn that represent the various parts of themselves (Blom, 2004:125).
- Children are encouraged to make a collage that represents the opposing parts within themselves (Oaklander, 1978:158).

Schoeman (1996d:34) asserts that it is the responsibility of the therapist to facilitate awareness within children of their polarities. By means of dialogue between the therapist and the child pertaining to the child's experience of his or her polarities the child's awareness is strengthened and integration within the child is facilitated.

### **3.6.3 Making use of fantasy**

Blom (2004:128) asserts that fantasy can be utilized in order to strengthen the sense of self of the child. She further specifies that the three following techniques in which fantasy is utilized, can be implemented in order to strengthen the sense of self of the child: safe place fantasy, rosebush fantasy and the monster technique. Attention will subsequently be given to each of these techniques.

#### **3.6.3.1 Safe place fantasy**

According to Oaklander (1978:10) the fantasy of a safe place provides the child with the opportunity to create a space of self-nurturing and increases the child's self-knowledge. Oaklander (1978:10) and Blom (2004:79) explain that during the safe place fantasy children are asked to relax, close their eyes and to imagine a place where they feel safe. They are guided during the fantasy by questions such as: "Look around your safe place, what does it look like? What do you see? What

do you do there? What do you smell and taste? What do you hear?”. After completing the fantasy, the child is asked to draw his or her safe place. The drawing is then discussed.

### **3.6.3.2 *Rose bush fantasy***

According to Oaklander (1978:33), Blom (2004:78) and Schoeman (2004a:96) the rosebush fantasy entails that children are asked to close their eyes and to imagine that they are rosebushes. The children are guided during the rosebush fantasy with questions such as: “What kind of rosebush are you? Do you have flowers? What do your roots look like? What do your leaves look like? Where are you standing? How do you survive? Who looks after you?” After completing the fantasy, the child is asked to draw and describe the rosebush. The descriptions are read back to the child and the child is asked how these descriptions possibly could fit into his or her own life.

### **3.6.3.3 *Monster technique***

Blom (2004:175) and Schoeman (2004b:182) describe the monster technique as follows: Children are asked to identify a monster in their lives. They are then asked to draw the monster, to make it out of clay or to build it in the sand tray. By means of the following questions, the monster is then discussed: “How long has the monster existed? Do other people know about the monster? How old were you when the monster came into your life? What scares you about the monster? Are you prepared to have the monster in your life? What is the monster’s name? How do you feel about the monster?”. The child is then asked to talk to the monster or to express his or her feelings regarding the monster.

## **3.7 SUMMARY**

This chapter provided a theoretical framework of Gestalt therapy as well as Gestalt play therapy. This framework was established by means of a literature study. Due to the nature of the study attention was focused on the Gestalt play

therapy concepts and techniques that pertain to the sense of self. In light of the information contained in this chapter the researcher concludes that Gestalt play therapy concepts and techniques can be utilized in order to strengthen the sense of self of the pediatric hem/onc patient.

The following chapter, Chapter 4, provides a description and discussion of the data that was gathered during the empirical study.

## CHAPTER 4 EMPIRICAL RESEARCH

### 4.1 INTRODUCTION

The goal of this study was to explore and describe the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hem/onc patient (see 1.3). This chapter contains the qualitative data (see 1.5) gathered by means of audio or video cassette recordings of the unstructured one-to-one interviews, observations and field notes during the case study (see 1.8.2). The researcher made use of an instrumental case study as research strategy (see 1.7) and collected the data by means of one-to-one unstructured interviews that took the form of Gestalt play therapy sessions (see 1.8.2). The researcher made use of non-probable sampling in the form of purposive sampling in order to identify the participant (see 1.8.4). In order to maintain confidentiality and to protect the identity of the participant, the researcher made use of pseudonyms (see 1.9). The researcher will present the data of the Gestalt play therapy sessions with the participant according to the objectives of each play therapy session, the process of each play therapy session as well as an assessment of each play therapy session. This is followed by a general evaluation of the utilization of the Gestalt play therapy concepts and techniques during this study by means of a literature control.

As discussed in 3.5.1 there are certain Gestalt play therapy concepts and techniques that can be utilized in order to strengthen the sense of self of the pediatric hem/onc patient. These are as follows:

- Heightening the sensory awareness of the child
- Aiding the child in defining himself or herself by making self-statements
- Creating an environment where the child experiences some control
- Allowing the child to make choices
- Introducing activities where the child experiences mastery
- Aiding the child in owning his or her projections
- Setting boundaries during the play therapy sessions

- Creating an environment where the child is able to be playful and use his or her imagination
- Aiding the child in experiencing his or her aggressive energy
- Making use of polarities to aid the child in attaining awareness

In the following account of the empirical data, the researcher will describe the exploration of the above mentioned Gestalt play therapy concepts and techniques during each session by continuously referring to their application.

## **4.2 DISCUSSION OF CASE STUDY**

### **4.2.1 General information**

Name: Rachel (pseudonym)  
 Gender: Female  
 Date of birth: 1995/11/24  
 Mother tongue: Afrikaans  
 Diagnosis: Aplastic Anaemia - acute  
 Date of diagnosis: 2000/08/25

Rachel was referred to the researcher by her oncologist. The oncologist indicated that she felt that Rachel needed emotional support. Rachel was diagnosed when she was four years old and at age six she was given six to twelve months to live. Her twelfth birthday was considered a medical miracle.

In an interview with Rachel's mother she indicated that Rachel was very self-conscious about the dark bruises and the grey colouration of her skin (both were a result of her illness). Her mother further stated that Rachel was also self-conscious about her weight and regularly referred to herself as fat (Rachel displayed the typical "moon face" as side effect of steroid treatments that she had received as part of the treatment for her illness). Rachel's mother described her daughter as very brave but voiced her concern that she felt that Rachel



suppressed her emotions. Rachel's mother indicated that her daughter had to receive treatment once to three times per week (depending on her blood count) and that her daughter sometimes found the multiple trips to the hospital strenuous.

## **4.2.2 Session one**

### **4.2.2.1 Objectives of the session**

The objectives of the session were: to establish a therapeutic relationship of trust between the researcher and the participant; to facilitate heightened sensory awareness within the participant and to strengthen the participant's sense of self.

### **4.2.2.2 The course of the therapy session**

- **Orientation of the child towards the here and the now**

In order to orientate Rachel towards the here and now (see 3.3.3) the researcher welcomed Rachel into the playroom by enquiring about her wellbeing and how her holiday (it was school holidays) had been so far. Yontef and Fuhr (2005:90) stress the importance of the fact that awareness can only take place in the here and the now and that "being in the now" is a fundamental concept in the Gestalt approach to change. In response to the researchers' enquiry Rachel indicated that she was fine and that the holidays were "ok" but stated that she missed all her friends who were away on holiday.

The researcher then explained to Rachel what she could expect during the session and aspects regarding the confidentiality of information was also discussed (see 1.9). This was done in order to build a therapeutic relationship of trust with Rachel. Oaklander (1997:293) stresses the importance of establishing a relationship of trust with the child and states that by means of an authentic relationship the child can experience more of his or her own self which would strengthen the child's sense of self.

- **Strengthening Rachel's sensory awareness**

Through the use of sensory awareness activities (see 3.5.1.1) Rachel had the opportunity to strengthen her sense of self by heightening her sensory awareness. Oaklander (2003:147) explains that by providing a child with experiences that stimulate the use of his or her senses, the therapist is empowering the sense of self of the child. The researcher provided Rachel with various objects and gave her the opportunity to indicate with each object whether she liked or disliked the touch and whether it reminded her of something. She also, with each smell, had to indicate whether she liked or disliked the smell and whether it reminded her of something (strengthening Rachel's sense of self by means of self-statements). When asked whether she would like to wear a blindfold during the activity or whether she would prefer to keep her eyes closed when the articles were introduced, Rachel chose not to use the blindfold (strengthening Rachel's sense of self by allowing her choices and control). The researcher gave Rachel the opportunity to choose whether she would like to start the activity with an article that she had to smell or an article that she had to feel (strengthening Rachel's sense of self by means of allowing her choices and control). Rachel chose to start with an article that she had to smell.

Rachel described the articles with ease and stated that she enjoyed the activity. She also told the researcher that she loves and collects perfume and that "Miss Priss" by "Hoity Toity" was her favorite (strengthening Rachel's sense of self by means of self-statements). After Rachel had smelled and felt all the articles the researcher asked her to indicate which smell she liked best and which smell she liked least. She was also asked to indicate which article she had to feel, she liked the best as well as which article she had to feel, she liked the least. Rachel stated that she liked the "vicks" and the steel wool the best and the cinnamon and the seed pods the least (strengthening Rachel's sense of self by means of self-statements and by utilizing polarities).

The researcher introduced another activity by asking Rachel to close her eyes and listen to the sounds that she could hear around her (strengthening Rachel's sense of self by means of heightening her sensory awareness). Rachel stated that she heard the rain falling outside, she could hear the rain falling on the leaves, on the grass and on the patio, she also stated that she heard someone who was hammering and birds singing. The researcher asked Rachel if she liked the sound of the rain falling and Rachel stated that she did like the sound. The researcher also asked if she liked the sound of the birds singing to which she replied: "*Nee, ek hoor dit al te veel.*" (strengthening Rachel's sense of self by means of self-statements). The researcher subsequently made use of the game "Listen Lotto" to heighten Rachel's auditory awareness further (strengthening Rachel's sense of self by heightening her sensory awareness). Although Rachel indicated that she found the activity difficult, she mentioned that she liked the sound of the ocean the best because it reminded her of holidays at the sea side and of building sand castles (strengthening Rachel's sense of self by means of self-statements).

In the following activity the researcher gave Rachel various music CD's and asked her to choose some CD's that they could listen to together (strengthening Rachel's sense of self by allowing her to make choices and giving her control). Rachel stated that she preferred fast pop music with lots of beat. She stated that she did not like classical music at all and described the classical music as very boring and too peaceful and stated: "*Ek hou van wilde musiek.*". Once again Rachel's sense of self was strengthened by the self-statements that she made.

- **Termination of the session**

At the end of the session the researcher asked Rachel to bring three of her favorite music CD's to the following session (strengthening Rachel's sense of self by setting boundaries). Rachel stated that she thought that the researcher would not like her music because it was too wild (strengthening Rachel's sense of self by means of self-statements). The researcher replied that she was very

interested to hear Rachel's favourite music. The researcher reacted in this manner in order to strengthen the therapeutic relationship of trust with Rachel.

#### ***4.2.2.3 Assessment of the therapy session***

In light of the fact that Rachel maintained good eye contact with the researcher, gave her full cooperation during the play therapy session and maintained a high energy level throughout the session, the researcher concludes that good contact was established between the researcher and Rachel. In this regard Oaklander (1997:294) explains that contact involves the ability to be fully present in the moment with all the facets of the organism.

The use of sensory awareness activities during this session proved useful both in heightening Rachel's sensory awareness and in facilitating self-statements as Rachel enthusiastically participated in the activities and spontaneously shared information about herself. Blom (2008) views sensory awareness as imperative towards strengthening the child's sense of self since the child's self-awareness is enhanced by sensory awareness. The researcher is of the opinion that by allowing Rachel to make self-statements her self-knowledge (see 2.2.1) was heightened and her sense of self strengthened (see 2.2). In this regard Blom (2004:117) maintains that by allowing children to make self-statements they are given the opportunity to integrate the self-statements into their self-concept and their self-knowledge and self-acceptance are enhanced.

#### **4.2.3 Session two**

##### ***4.2.3.1 Objectives of the session***

The objectives of the session were: to establish the therapeutic relationship between the researcher and the participant; to facilitate contact between the researcher and the participant; to facilitate heightened sensory awareness within the participant and to strengthen the participant's sense of self.

#### **4.2.3.2 The course of the therapy session**

- **Orientation of the child towards the here and the now**

In order to orientate Rachel towards the here and now and to strengthen the therapeutic relationship of trust with Rachel, the researcher asked her how she was doing and how her holiday had been so far. Rachel replied that she was very well and told the researcher about the motorbike that her stepfather had bought and how her brother had taught her to ride it. According to Geldard and Geldard (2002:67) trust is viewed as a prerequisite for the child to engage in the therapeutic process.

- **Strengthening Rachel's sensory awareness**

Rachel was given the opportunity to choose where she would like to sit in the play room and by allowing her to make choices her sense of self was strengthened. The researcher then led Rachel in a relaxation exercise with controlled breathing (see Appendix C) in order to help her heighten her awareness of her senses and to orientate her towards her experience in the here and the now. By means of heightening her sensory awareness Rachel's sense of self was strengthened. In this regard Oaklander (1978:284) explains that bodily awareness forms the basis of a strong sense of self and that breathing exercises are very effective to heighten bodily awareness. After the relaxation exercise Rachel stated that she had enjoyed this activity.

Rachel was then given the opportunity to choose from a range of activities that were planned for the session and had to indicate which activity she would prefer to do first. Rachel chose to work with the mirror first (strengthening Rachel's sense of self by means of allowing her to make choices and by giving her control). The researcher asked Rachel to study herself in the mirror and then proceeded to ask her various questions about her face and body (see 3.5.1.1 and 3.5.1.2). Oaklander (1978:284) maintains that most children with low self-concepts are unfamiliar with their bodies. Blom (2004:126) in agreement states that by assisting the child to make self-statements about his or her physical

appearance, the therapist will aid to strengthen the child's sense of self. The researcher asked Rachel to describe each facial feature in detail while she was looking at herself in the mirror and to indicate what she liked and disliked about that particular facial feature (strengthening Rachel's sense of self by means of heightening her sensory awareness and by allowing her to make self-statements).

Rachel stated that she liked her eyes and that she liked their blue colour, that she would prefer her eyes a bit bigger and that she preferred it when her pupils were small so that more of the eye colour was visible. She however mentioned that she did not like her nose. In order to strengthen her sense of self through the use of polarities the researcher asked Rachel what she did like about her nose. Rachel replied that she liked it that her nose was quite small but that her nose was too round and too big in the front. She also stated that she did not like it when her brother told her that she had a pig's nose. Humphreys (2002:2-3,133) and Wilkinson-Carr (2000:98) stress the fact that the conduct of others toward children regarding their appearances affects their self-esteem. Rachel's response to her brother's statement regarding her nose could therefore indicate that his comment negatively influenced her self-esteem.

In response to the researchers questions, Rachel described the rest of her face in detail. When describing her cheeks she mentioned that they were too fat, that there were too many freckles on her cheeks and that she did not like her cheeks. When asked if there was anything about her cheeks that she liked (strengthening Rachel's sense of self by utilizing polarities) Rachel replied: "...*dit maak my seker uniek van iemand anders maar ek hou nie daarvan nie*". Blom (2008) stresses that a child's self-awareness can be enhanced by aiding him or her to become aware of his or her body, thoughts and feelings and thus the child's sense of self is strengthened. By means of self-statements Rachel was able to integrate the new awareness of herself into her self-concept and her sense of self was strengthened.

In response to the question what she liked about her body, Rachel replied that she liked her hands, her nails and the muscles in her upper arms. When asked what she disliked about her body Rachel explained that she did not like the fact that she bruised so easily because of her illness and that people would stare at the bruises on her body especially her arms and she did not like that at all (once again strengthening Rachel's sense of self by allowing her to make self-statements). Rachel further explained that she did not like it when people asked her all sorts of questions about the bruises and that she could see from their faces that they thought all sorts of things. According to literature this experience of Rachel is frequently encountered by the pediatric hem/onc patient. In this regard Kameny and Bearison (2002:145) explain that the bodily side effects of oncology and hematology illnesses negatively impact on the child's self-concept. McCaffrey (2006:61) and Wilkinson-Carr (2000:98) maintain that the negative response of other people due to the outward manifestations of these illnesses negatively affects the child's self-esteem.

Rachel further explained that her elder brother would hit her in the arm and that it caused ugly bruises. Rachel indicated that it made her very angry when he did that and that sometimes she would hit him back and other times she would ignore him. She further indicated that she had spoken to her mother about this, but that it did not help (strengthening Rachel's sense of self by allowing her to make self-statements). When asked if she could think of another plan, Rachel replied that she thought that it would work if she simply stayed out of her brother's way. Schoeman (2004b:175) stresses the importance of the fact that the child must identify his or her own alternatives to solve a problem and should also take responsibility for the alternatives that he or she has chosen. When asked how she handled the bruises, Rachel replied that she covered them up either with long sleeved clothes or with makeup because she thought that the bruises were ugly. According to her a plaster however, worked the best but she specified that it only worked if the bruise was small enough to fit under a plaster (strengthening Rachel's sense of self by allowing her to make self-statements). The researcher

empowered Rachel by commenting on the creative manner in which she found solutions for her problem. This was done in order to reformulate the situation and thereby heightening Rachel's self-awareness, empowering her self-concept and self-esteem and strengthening her sense of self. In this regard Geldard and Geldard (2002:50) explain that by means of reformulation the child obtains a different view of self and the sense of self is enhanced.

Rachel stated that she did not like the fact that she was fat. She explained that she gained weight because of all the steroid treatments. She further explained that she did not like to swim with her peers because she felt fat. This experience of Rachel is often observed in pediatric hem/onc patients. The following authors (compare Wilkinson-Carr, 2000:98; Woodgate, 2005:9,13; Kameny & Bearison, 2002:145 and McCaffrey, 2006:62) all maintain that weight gain and the typical "moon face" as a result of steroid treatment negatively impacts on the pediatric hem/onc patient's self-esteem. In order to aid Rachel in reformulating her view of self by becoming aware of aspects of her body that she did like, the researcher asked Rachel if there was any other part of her body that she did like. She replied that she loved her calve muscles, her ankles, her feet and her toes (strengthening Rachel's sense of self by utilizing polarities and by allowing her to make self-statements). Blom (2008) explains that by integrating this new awareness of self into the self-concept, the child's sense of self is strengthened.

- **Termination of the session**

In order to end the session the researcher indicated that she would like to hear Rachel's favorite music that she had brought with her to the session (strengthening Rachel's sense of self by allowing her choices and control). Rachel named her favourite bands and indicated that she loved songs with lots of beat: "...sodat 'n mens lekker kan rock". All of the songs that Rachel played had lots of guitar and drum music and the researcher asked Rachel whether she liked the sound of drums and the guitar. Rachel replied that she liked both but that she liked the drums the most. She also stated that she would love to learn to play



drums. By means of this self statement Rachel was enabled to identify a personal need of hers indicating heightened self-awareness within her. When the researcher informed Rachel that they could play one more CD because their time was almost done (strengthening Rachel's sense of self by setting boundaries) Rachel thanked the researcher that she could play her music and stated that she enjoyed it very much (strengthening Rachel's sense of self by allowing her to make self-statements). This concluded the session and the researcher thanked Rachel for joining her in the play room (strengthening Rachel's sense of self by means of setting boundaries).

#### ***4.2.3.3 Assessment of the therapy session***

In light of the various self disclosures by means of self-statements made by Rachel during the session as well as the spontaneous manner in which she shared these self-statements, the researcher concludes that a trusting therapeutic relationship was established with the participant. Schoeman (2004b:133) maintains that within the trusting environment of the therapeutic relationship the child can discover and express his or her true self.

The sensory awareness activity during this session assisted Rachel to become aware of her thoughts and feelings regarding her physical appearance. From the content of Rachel's self-statements regarding her physical appearance, the researcher concludes that the presence of the bruises as a result of her illness and the weight gain as a side effect of the treatment negatively affected Rachel's self-concept and self-esteem. The self-statements that Rachel made indicated that she felt self-conscious and had negative thoughts and feelings about her physical appearance. Berk (2000:605) maintains that self-judgments concerning physical appearance are the most influential of all the self-esteem factors. On the other hand Yontef and Fuhr (2005:91) stress that the reaction of others towards the child creates a mirror from which the child's sense of self develops. In this regard the researcher is of the opinion that the reaction of Rachel's peers towards her with regard to her physical appearance had negatively influenced

her sense of self. Therefore, by means of reformulation and by utilizing polarities, the researcher facilitated self-awareness within Rachel of the positive aspects of her physical appearance and thus strengthened her sense of self. In this regard both Geldard and Geldard (2002:211) and Blom (2008) explain that through self-awareness the self-concept and self-esteem is enhanced.

#### **4.2.4 Session three**

##### **4.2.4.1 Objectives of the session**

The objectives of the session were: to facilitate heightened sensory awareness within the participant; to create the opportunity for the participant to heighten her awareness of her own process and to strengthen the participant's sense of self.

##### **4.2.4.2 The course of the therapy session**

- **Orientation of the child towards the here and the now**

In order to orientate Rachel towards the here and now the researcher asked Rachel how she was doing, to which she replied that she was enjoying her holiday. In response to the researcher's question as to how she was feeling physically Rachel replied that she felt well.

- **Strengthening Rachel's sensory awareness**

Rachel indicated that she liked the relaxation and breathing exercise they had done in the previous session and stated that she would like to do more (strengthening Rachel's sense of self by means of self-statements and by allowing her control). Blom (2004:112) and Oaklander (2003:147) are of the opinion that by heightening the child's sensory awareness the child is empowered to access buried emotions and that it promotes effective emotional management in the child. By means of relaxation exercises (see Appendix C), Rachel's sensory awareness was heightened (strengthening Rachel's sense of self by means of heightened sensory awareness).

- **Giving Rachel the opportunity to make a graphic family portrayal as an activity to heighten her awareness of her own process (see Appendix D)**

The researcher asked Rachel if she would draw a picture that represented her family and Rachel agreed (strengthening Rachel's sense of self by allowing her choices). This was done for two reasons, firstly to heighten Rachel's self-awareness of her own process. Blom (2004:83) defines children's process as the manner in which they present themselves to the world and in which they satisfy their needs. In this regard Humphreys (2002:141) stresses that by heightening the child's awareness of his or her process the child is encouraged to be comfortable with him or herself and to accept his or her uniqueness. The second reason was in order for the researcher to attain insight into Rachel's perception of her family. In this regard Blom (2004:57) stresses that the child's point of view must be valued.

The researcher asked Rachel to draw her family as a series of circles, one circle for each family member as well as one for herself. Rachel was allowed to decide the size and colour of each circle and she was given the opportunity to choose the art material with which to draw her picture (strengthening Rachel's sense of self by allowing her choices). Rachel proceeded to draw seven circles of the same size and same colour in a row with crayons after which she wrote the names or nicknames of each family member above their corresponding circle. Rachel proceeded to write down "Oom Luke" (pseudonym), "Mams", "Boetie", "Anton" (pseudonym), "Ek", "Lila" (pseudonym) and "Babatjie".

The researcher then asked Rachel to choose the emotion that each person most commonly exhibited. Rachel could choose between the following six emotions: happy, sad, angry, afraid, tired and jealous. Rachel had to write the emotion under each person's corresponding circle and also had to draw the emotion in their corresponding circle.

Rachel chose anger for Oom Luke (Rachel's step father) and stated that he had a lot of anger in him, that he swore a lot and that he would shout at them. Rachel stated: "...dis nie lekker nie, dit maak my hartseer en kwaad..." (strengthening Rachel's sense of self by means of self-statements). In reaction to the researcher's question if Rachel could think of a time when Oom Luke was not angry she replied that he was not angry when his son Anton did something wrong (strengthening Rachel's sense of self by utilizing polarities). She indicated that it made her angry when Oom Luke acted that way because they were all his children now and not just Anton (strengthening Rachel's sense of self by means of self-statements). When given the opportunity to discuss Oom Luke further Rachel indicated that she did not want to say anything else about him (strengthening Rachel's sense of self by allowing her control).

Rachel chose tiredness as the most prominent emotion of her mother and drew her mother's face with a tear running down her face. Rachel explained that her younger brother and sister exhausted her mother and that her mother had no time for herself because of all the children she had to take care of. The researcher asked Rachel if she could think of a time or instance where her mother was not tired but she could not think of such a time (strengthening Rachel sense of self by utilizing polarities). When asked if there was anything else that she would like to say about her mother Rachel replied that she did not want to say anything else (strengthening Rachel's sense of self by allowing her to make choices and take control).

Rachel chose happy as her elder brother's most prominent emotion. Rachel mentioned that their cousin was visiting them and that made her brother very happy because now he had a friend to play with. She further explained that her brother was happy because of the motorbike that their stepfather had bought. When asked if she could remember a time when her brother was not happy Rachel replied that her brother had been very upset when their grandmother was ill (strengthening Rachel's sense of self by utilizing polarities). The researcher

asked Rachel if there was anything else that she would like to say about her brother. Through this Rachel's sense of self was strengthened by allowing her to make choices and to take control. Rachel informed the researcher that since their previous conversation her brother's behaviour towards her had changed and stated: "*...hy is nie meer so mislik met my nie...*". She also stated that since she stayed out of his way, he acted friendlier towards her and that he had even asked for her help with his cellular phone, something that in her opinion rarely happened. Rachel stated that she felt happy about the change. Rachel then indicated that she no longer wanted to talk about her brother (strengthening Rachel's sense of self by allowing her control). From the content of Rachel's statement the researcher concludes that Rachel's perception of herself had changed and that she attained awareness of the fact that her choices had an effect on her relationship with her brother. In this regard Geldard and Geldard (2005:50) maintain that as the child's view of self is altered, he or she is empowered to think of new ways of relating to others.

Rachel chose scared and sad as her stepbrother Anton's most prominent emotions. She explained that she had seen Anton lying on his bed crying and that she thought that he was very scared of trying new things such as learning to ride the motorbike and of going down water slides. Rachel felt it necessary to mention that she was not scared at all and stated: "*...ek is mos altyd so wild...*" The researcher asked Rachel if she could remember a time when Anton was not scared or sad (strengthening Rachel's sense of self by utilizing polarities). After she thought about this for a while Rachel replied that she once made a joke with Anton at the dinner table and he actually laughed at her joke. Rachel then indicated that she no longer wanted to talk about Anton.

Rachel chose happy and sad as her own most prominent emotions. She explained that she was more often happy than sad. When asked what made her happy Rachel replied that she was happy that she was still alive (strengthening Rachel's sense of self by allowing her to make self-statements). Rachel

explained that when she was six years old the doctor told her mother that she had only six months to live. She however was now twelve years old and still alive and that made her very happy. Rachel further explained that she was happy that so many people were protective of her and looked after her.

Rachel stated that she felt sad because she sometimes thought that she would never be cured of her illness. When asked what it was about the thought of not being cured that made her sad, Rachel replied that it would mean that she would have to receive drips (Rachel used the term “drip” for intravenously applied medicine) for the rest of her life and that she would have bruises for the rest of her life. When asked what it was about drips that she did not like she replied that it caused her to bruise and that the nurses battled to find veins to insert the drips. She stated that on one occasion the nurses had to try seven times before they could insert the drip. When asked how she experienced that instance Rachel replied she felt sad and scared and that her arm hurt very much. She also stated: “...dit het my soos ‘n gieter laat voel...” (strengthening Rachel’s sense of self by allowing her to make self-statements). According to Wilkinson-Carr (2000:91) and Lioffi (2002:104) this experience of Rachel’s is widespread among pediatric hem/onc patients. They explain that the typical psychological responses of the pediatric hem/onc patient to the medical treatments of the illness are distress, pain and anxiety. As discussed in 2.3.2 the experience of pain can also lead to feelings of loss of control and helplessness which negatively influence the self-concept and self-esteem of the pediatric hem/onc patient. In light of the content of Rachel’s description of her experience of painful procedures, the researcher concludes that she experienced distress and fear as well as a loss of control and that her sense of self was negatively influenced by these experiences.

Rachel explained that she did not like the bruises because people stared at her bruises and asked many questions. She further explained that she felt embarrassed because of the bruises, that they were ugly and that very few people had bruises. After a question of the researcher she confirmed that

because of the bruises she felt excluded and different from everybody else. Woodgate (2005:11,13) and McCaffrey (2006:61) assert that pediatric hem/onc patients often feel excluded or different from others. When asked if there were any of the other children in the oncology ward that also bruised as easily as she did, Rachel mentioned about a boy who also bruised very easily. However according to her his parents were overly protective of him and did not allow him to play outside and have fun and that was the reason why he had less bruises. Rachel explained that her parents allowed her to have fun. The researcher asked Rachel that if she had to choose between restriction on movement with less bruises and freedom of movement but with more bruises, which one would she choose. She replied that she would choose more freedom in spite of the bruises. Rachel explained to the researcher that she loved being free even if it meant having bruises. By means of reformulation the researcher aided Rachel in changing her perspective and interpretation of her situation in order to gain a sense of control. Schoeman (2004b:178) explains that by means of clarification, the child is empowered and achieves a sense of control as well as a sense of security. Oaklander (1997:302) in agreement states that an experience of control empowers the child and promotes their self-esteem.

Rachel chose happy and jealous as her sister Lila's most prominent emotions. Rachel explained that her little sister was jealous of her baby brother especially when their mother rocked him to sleep in her arms. Rachel stated that apart from that her little sister was a very happy little girl and stated: "...*ek dink sy het 'n baie lekker lewe...*" Rachel stated that her little sister had so many people to look after her and that they all played with her. When Rachel was asked if she could think of an instance when her little sister was not happy (strengthening Rachel's sense of self by utilizing polarities) Rachel stated that her little sister was very unhappy when an object was taken away from her that she should not play with.

Rachel chose happy as her baby brother's most prominent emotion. She explained that although he was only a baby he smiled a lot and that made her

think that he was happy. Rachel stated that she liked it very much when her baby brother smiled. When asked if she could think of a time when her baby brother did not smile, she replied that he cried when he was tired, hungry or alone. Rachel indicated that it did not bother her when her baby brother cried.

After this discussion the researcher asked Rachel if there was anything else that she wanted to tell her about the picture and Rachel replied that there was nothing (strengthening Rachel's sense of self by allowing her choices and control).

- **Termination of the session**

Rachel asked the researcher if she could draw another picture. The researcher informed Rachel that their time was up but that she was very welcome to draw a picture during the next session (strengthening Rachel's sense of self by setting boundaries). The researcher thanked Rachel for joining her, wished her a very happy Christmas and New Year and informed her that they would see each other in two weeks time (strengthening Rachel's sense of self by setting boundaries).

#### ***4.2.4.3 Assessment of the therapy session***

The researcher is of the opinion that the objective of heightening Rachel's awareness of her own process was met. Blom (2004:52) argues that by facilitating awareness in the child of his or her process, the child is enabled to come into contact with his or her emotions, thoughts and actions as well as to take responsibility for them. During the session Rachel gained awareness of her emotions regarding her illness, the administration of medication as well as the side effects of the illness and the treatment. By means of reformulation Rachel changed her perspective and interpretation of her situation through which she gained a sense of control. She further gained awareness and took responsibility for her choices in dealing with these factors. In this regard Geldard and Geldard (2002:211) stress the importance of the child taking ownership of his or her emotions, thoughts and actions. They further maintain that by taking ownership of these factors the child fully discovers him or herself and builds a realistic self-



concept. In light of these facts the researcher concludes that Rachel's sense of self was strengthened during the session.

The researcher is further of the opinion that by means of the activity during the session Rachel was enabled to correctly label emotions as well as to correctly identify the reasons for emotions. The researcher views these factors as indicative of a heightened self-awareness in Rachel. In this regard Blom (2008) maintains that self-awareness can be improved by aiding the child to correctly identify and label emotions as well as aiding the child to understand the reasons for the emotions. In light of all the abovementioned factors, the researcher concluded that Rachel's sense of self was strengthened during the session. During the discussion Rachel was also given the opportunity to make decisions and take control, which also aided in strengthening Rachel's sense of self.

#### **4.2.5 Session four**

##### ***4.2.5.1 Objectives of the session***

The objectives of the session were: to facilitate heightened sensory awareness within the participant; to create the opportunity for the participant to make a projection utilizing the Rosebush technique and to own her projection in order to strengthen the participant's sense of self.

##### ***4.2.5.2 The course of the therapy session***

- **Orientation of the child towards the here and the now**

In order to sustain the therapeutic relationship of trust with Rachel and for the researcher to gain insight into Rachel's perception of her world, the researcher greeted Rachel and inquired how she was doing. Rachel replied that she was doing well but that her legs and feet were sore and swollen due to an accident that she had with the motorbike. When the researcher reacted with shock Rachel reassured her that she was "ok" and nothing was broken. The researcher asked Rachel if she had a nice Christmas and New Year in spite of the accident and

she replied that she enjoyed seeing all her family and spending New Year's Eve with some of her friends.

- **Strengthening Rachel's sensory awareness**

When asked whether the session could be started with a relaxation exercise Rachel stated that she would like that (strengthening Rachel's sense of self by allowing to make choices and to take control). By means of relaxation exercises (see Appendix C) Rachel's sensory awareness was heightened. As mentioned in 4.2.3.1 Oaklander (1978:284) regards sensory awareness as a very important aspect of self-acceptance and instrumental towards strengthening the child's sense of self.

- **Giving Rachel the opportunity to make a drawing as a projection**

The researcher reminded Rachel that at the end of the previous session she indicated that she would like to draw. The researcher then asked Rachel whether she still wished to draw or whether she would like to do something else, for instance listen to a story or play some games (strengthening Rachel's sense of self by means of allowing her choices and control). Rachel stated that she would like to draw and with this the researcher provided her with various art materials that she could choose from (strengthening Rachel's sense of self by means of allowing her choices).

The researcher asked Rachel to close her eyes and use her imagination as the researcher took her on a fantasy flight (strengthening Rachel's sense of self by allowing her to use her imagination), imagining that she (Rachel) was a rosebush (see 3.6.3.2). After completing the fantasy flight the researcher asked Rachel to open her eyes when she was ready (strengthening Rachel's sense of self by allowing her control) and to draw her rosebush.

Once Rachel had completed her rosebush the researcher applied the steps of the rosebush technique (see 3.6.3.2) to aid Rachel in owning her projection

(strengthening Rachel's sense of self by allowing her to use her imagination and by aiding her in owning her projection). Rachel described her picture as a garden in the city in someone's back yard with a fence around the garden to keep others out. Rachel stated that there was a tree, a bird bath, birds, a lawn and other plants in the garden with the rosebush. Rachel further explained that the sun was shining in the picture and that the sun always shone on the rose in the garden to make it grow.

In reaction to the researcher's questions Rachel explained that her rosebush received enough sunlight, that it received enough water but that it could use some more rain. Rachel stated that her rosebush had enough roots and that it stood firm, she added that the roots could grow stronger to ensure that the plant could grow even more. Rachel explained that her rosebush had enough thorns but that it should not have too many thorns because the thorns would hurt the people that wanted to pick the roses to give to someone else and then they would not smell the nice roses. She further clarified that the thorns represented pain and sadness in one's life and that was the reason why there should not be too many thorns (strengthening Rachel's sense of self by allowing her to use her imagination).

Rachel explained that the small buds were the small children in her life like her baby brother and her little sister, the bigger buds were her friends and that the large roses were the grownups in her life. Rachel stressed the fact that the largest rose represented her because it was the most beautiful rose and that this was her rosebush. Rachel stated that all the other roses closed during the night except her rose because she protected the others. She added that the angels also protected all of the roses during the night and explained that the angels were represented by the clouds in the picture. In reaction to the researcher's questions, Rachel emphasized that her rosebush needed more roses. Rachel expressed that she had forgotten to draw leaves on her rosebush. Rachel further explained that her rosebush needed more plants around it because there were

more people who would come into her life (strengthening Rachel's sense of self by allowing her to use her imagination).

When the researcher asked Rachel whether she felt that there was some aspect about the rosebush that was true about her in real life, she replied: "*Ek weet nie*". The researcher suggested that they could look at the statements that Rachel had made about the rosebush and then she could decide if any of them were true in her life, to which Rachel agreed (strengthening Rachel's sense of self by allowing her control). The researcher reminded Rachel that she had stated that the rosebush had enough water but that it needed some more rain. Rachel was asked whether there was something in her life that she had, but that she felt she needed more. Rachel replied that she would love to spend more time with her extended family especially with her cousin who lives in another town. Rachel informed the researcher that her cousin was also twelve years old and that they had so much fun together and that they talked about everything (strengthening Rachel's sense of self by allowing her to make self-statements). The researcher asked Rachel if there was a way that she could think of that she could have more contact with her cousin and Rachel replied that she could ask her mother if she could phone her cousin more often. The researcher is of the opinion that by allowing Rachel to find her own solution to her need, her self-concept was positively influenced by her perception of herself as being capable of finding solutions. As discussed in 2.2 the child's feeling of being capable strongly relates to his or her sense of self.

In reference to the rosebush's roots Rachel was asked whether there was something in her life that she felt was strong but that could grow stronger. Rachel replied that she felt it represented her relationship with God (strengthening Rachel's sense of self by allowing her to make self-statements). According to Rachel she knew that God was good but that she lately did not feel strong in her faith although she new God was there. She however could not tell what made her feel this way. When asked how she experienced it when she felt that her

relationship with God was strong Rachel responded that it felt very nice and that she could see how God answered her prayers and was always with her (strengthening Rachel's sense of self by means of self-statements).

Rachel indicated that she felt that something about the statement regarding the thorns of her rosebush could be true about her. She stated that she did not have too much pain and sadness in her life (strengthening Rachel's sense of self by allowing her to make self-statements). She however explained that the pain in her life enabled her to have compassion with others. In order to facilitate self-nurturing behaviour the researcher asked Rachel what she did when she had pain or sadness in her life to which she replied that she found that praying and crying helped. Blom (2004:174) explains that children must discover how to nurture themselves in order to sustain their control. Schoeman (2004b:180) concurs by stating that self-nurturing provides the child with a sense of control and enhances their self-acceptance. In response to various questions by the researcher Rachel discovered that hugging a soft toy and taking a bath were two of the ways in which she felt nurtured. Rachel further indicated that she thought it could help to listen to music when she felt unhappy and to lie on the couch and watch television and to eat "biltong" if she felt sad (strengthening Rachel's sense of self by allowing her to make self-statements as well as by cultivating self-nurturing behaviour). Through these self-statements Rachel's self-awareness and self-knowledge was heightened and her sense of self was strengthened.

The researcher reminded Rachel that she had stated that she was the biggest and most beautiful rose on the rosebush and asked her to elucidate. Rachel replied that she sometimes felt that she was beautiful. When asked what it was that sometimes made her not feel beautiful (strengthening Rachel's sense of self by utilizing polarities and by allowing her to make self-statements) Rachel replied that all her friends were skinny and that she was not and that caused her to feel that she was not beautiful. On a question whether she felt that only skinny people were beautiful, Rachel agreed that it was the case. The researcher asked this

question in order to heighten Rachel's awareness of the introjection that only skinny people were beautiful (see 3.3.9.2). Yontef and Fuhr (2005:87,91) explain that introjections limit self-knowledge and self-acceptance and negatively influences the sense of self. Rachel was asked to think of a person that she thought was beautiful but that was not skinny. Rachel smiled and replied that she thought that Queen Latifa was beautiful and stated that she loved the way she looked in the film "Last Holiday". The researcher asked Rachel if she thought it was really true that people could only be beautiful if they were skinny and Rachel replied that if she thought about it now she realized that it was not true. As discussed in 3.5.1 strengthening the child's sense of self entails assisting the child to reformulate negative perceptions of the self into positive perceptions of self (compare Oaklander 1978:282). The researcher then asked Rachel what she liked about her own body and thought was beautiful (strengthening Rachel's sense of self by utilizing polarities and by allowing her to make self-statements). Rachel replied that she liked her face, her hair, her hands, her eyes and her skin. This was done in order to heighten Rachel's self-awareness as well as to facilitate a change in her perception of herself.

Towards the end of the discussion the researcher asked Rachel whether she wanted to discuss anything else about her rosebush to which she replied that she had said everything that she wanted to say (strengthening Rachel's sense of self by allowing her control).

- **Termination of the session**

The researcher informed Rachel when their time had finished and she thanked Rachel for joining her in the playroom (strengthening Rachel's sense of self by setting boundaries).

#### ***4.2.5.3 Assessment of the therapy session***

The fact that Rachel was able to own her projection, could according to the researcher, be viewed as an indication of a strengthened sense of self. This

conclusion is made in light of the fact that Blom (2004:121) states that when the child is able to own his or her projection it signifies heightened self-awareness and a heightened sense of self. By means of the projection, Rachel attained awareness of the negative aspects of her self-concept with regard to her physical appearance as well as awareness of the introject that only skinny people were beautiful. Yontef and Fuhr (2005:91) explain that an introject forms a barrier to self-acceptance, self-knowledge and holistic functioning. By means of reformulation by utilizing polarities Rachel was empowered to gain a new perspective with regard to her physical appearance. In this regard Schoeman (2004a:122) stresses that by reformulation the child is aided to form a new view of the problem and thereby the child attains control and his or her self-concept is changed. During the session Rachel was also able to think of ways to nurture herself. Blom (2004:173) and Oaklander (2003:151) stress the importance of self-nurturing as an act of self-acceptance and integration within the child. By means of exploring self-nurturing behaviour Rachel's self-awareness was elevated which supported her self-acceptance and self-esteem and thus strengthened her sense of self.

#### **4.2.6 Session five**

##### ***4.2.6.1 Objectives of the session***

The objectives of the session were: to create the opportunity for the participant to make a projection and to own her projection; to facilitate heightened sensory awareness within the participant and to strengthen the participant's sense of self.

##### ***4.2.6.2 The course of the therapy session***

- **Orientation of the child towards the here and the now**

The researcher inquired about Rachel's recovery after the motorbike accident to which she replied that she felt much better. Rachel however stated that she was "stressed" about school that would start the following day. She indicated that she felt afraid of the all the new work, especially the mathematics and that she was nervous about meeting her new teachers. The researcher asked Rachel if she

would like to make a monster (see 3.6.3.3) that represented the stress that she experienced. This was done in order to stay with Rachel's foreground needs. Oaklander (1978:61) stresses the importance of moving with the child and following the child's process during therapy. This also entails staying with the child's foreground needs. When asked whether Rachel would like to draw a monster or whether she would like to make a monster out of clay Rachel stated that she would like to make a monster out of clay (strengthening Rachel's sense of self by allowing her choices).

- **Giving Rachel the opportunity to make a projection**

The researcher provided Rachel with clay and various other art materials that she could use to make her monster. The researcher informed Rachel that she could make the monster any way she wanted to (strengthening Rachel's sense of self by allowing her to make choices, giving her control and by allowing her to use her imagination).

After Rachel completed her clay monster the researcher utilized the steps of the monster technique (see 3.6.3.3) to aid Rachel in owning her projection and through this strengthened her sense of self. Rachel explained that her monster had two arms, normal eyes as well as extra sensory eyes that could see what was happening behind it. She further clarified that the monster's eyes were like that of a fly. Her monster had a nose, vicious teeth and push buttons on its clothes.

Rachel further explained and discussed the monster's arms and what he could do with it, his eyes, his nose and that it could smell anything and that it had very sharp teeth that could eat anything, even people. Through this explanation Rachel was allowed to use her imagination through which her sense of self was strengthened. Oaklander (1997:301) explains that the imagination of traumatized children are often stifled and stresses the importance of allowing these children to use their imagination. She further maintains that the use of imagination serves



to free the child and enhances the sense of self. As was discussed in 2.4 pediatric hem/onc patient's regularly experienced traumatic events.

In response to the researcher's question, Rachel indicated that the monster was one month old. She further explained that it scared her when the monster was so quiet because it did bad things when it was quiet. The researcher asked what bad things the monster did and Rachel explained that the monster made people bad. After some thought she stated that the monster had made her bad because she had been horrible towards her mother the past few days. During this discussion Rachel made use of a few self-statements. Blom (2004:117) in this regard asserts the importance of continuously allowing the child to make self-statements. She explains that by means of self-statements the child's self-awareness and self-knowledge is heightened and the sense of self is strengthened. The researcher is of the opinion that by allowing Rachel to make self-statements her sense of self was strengthened.

When asked what she had done that she thought was horrible Rachel stated that she was cheeky towards her mother, that she "back chatted" her mother and that she felt irritable. When asked what irritated her she replied that everything Oom Luke (her stepfather) did irritated her. Rachel continued by stating that Oom Luke swore a lot, that he used God's name in vain, that he watched TV the entire day and that he did not allow her to watch her TV shows. She further shared an incidence involving her younger sister where Oom Luke yelled at her (Rachel), swore at her, used God's name in vain and sent her to her room. In response to the researcher's question Rachel replied that she felt very angry. As discussed in 4.2.4.3 Blom (2008) maintains that by aiding the child to correctly label emotions and the reasons for emotions the child's self-awareness is improved and the sense of self is strengthened. The fact that Rachel was able to correctly label her emotion as well as the cause of her emotion is viewed by the researcher as indicative of a heightened self-awareness within Rachel.

The researcher asked Rachel to describe where in her body she felt the anger (strengthening Rachel's sense of self by aiding her in contacting her aggressive energy). Rachel replied that she felt it in her heart. When asked to describe what her heart felt like she described it as feeling as if someone was squeezing her heart (strengthening Rachel's sense of self by means of sensory awareness). Blom (2008) stresses the importance of aiding children to identify their emotions according to bodily sensations, feelings and thoughts in order to improve their self-awareness and self-knowledge. Rachel declined the researcher's offer to make the anger out of clay or to draw the anger. When asked whether she would like to pretend that Oom Luke was sitting in a chair and she could tell him how she felt Rachel replied "no" (strengthening Rachel's sense of self by allowing her to make choices and to take control). This was done in order to aid Rachel in the expression of her emotions. Oaklander (1978:123) stresses the importance of allowing children to express their emotions, she explains that the expression of emotion aids integration and promotes holistic functioning (see 3.3.1).

Regarding Oom Luke's swearing Rachel stated that she felt that it was unfair that her parents expected her not to swear but that Oom Luke was allowed to swear. Rachel further explained that it was times like these that made her miss the days when it was only herself, her brother and her mother (strengthening Rachel's sense of self by allowing her to make self-statements). When asked what it was that she missed, Rachel responded that she missed the peace. Rachel explained that she felt that Oom Luke took away the peace. The researcher asked Rachel if there were times when Oom Luke did not take away the peace and Rachel responded yes, that sometimes he did good things (strengthening Rachel's sense of self by utilizing polarities). Rachel described how Oom Luke rode motorbike with them, made steak and mushrooms that she liked very much, swam in the swimming pool with them, bought them sweets and made funny jokes. Rachel explained that Oom Luke's swearing was only a recent thing which started roughly two months ago and which started bothering her almost a month

ago (strengthening Rachel's sense of self by allowing her to make self-statements).

The researcher reminded Rachel that she had stated that her monster was a month old and asked whether it could be true that the monster was related to this problem and she agreed that it was true (strengthening Rachel's sense of self by aiding her to own her projection).

In response to various questions by the researcher, Rachel explained that the monster's name was Evil Thing and that she could not live with the monster in her life and that she would like to kill the monster right away. She took the scissors and stabbed the monster repeatedly and while she was stabbing she exclaimed: "Ek hou nie van jou nie!". After some time of vigorously stabbing the monster Rachel stopped and announced that the monster was dead (strengthening Rachel's sense of self by aiding her in experiencing her aggressive energy). Oaklander (1997:304; 2003:149) explains that by aiding the child to contact and express his or her aggressive energy, the child attains the self-support necessary to take action. This facilitates a sense of control within the child and the child's sense of self is strengthened.

Rachel took the monster's push buttons and turned them around and stated that they could no longer work and that the monster could no longer become invisible, she also pushed the eyes deep into the clay and stated that the monster no longer had extra sensory eyes. Rachel pushed the monster's arms deep into the clay so that only a small part of the arm was visible and she stated that the monster could no longer use its arms. Rachel explained that the monster could now only see good things and good people and that the monster could do nothing to her. In light of this statement the researcher is of the opinion that Rachel gained a sense of control and that her self-concept was positively influenced (compare Geldard & Geldard, 2002:209 and Oaklander 1997:299,302).

After packing away the clay and art materials the researcher informed Rachel that they had ten minutes left before the end of the session. When asked whether she would like to play a game Rachel replied that she would like that (strengthening Rachel's sense of self by setting boundaries and by allowing her control).

- **Introducing activities where Rachel experiences a sense of mastery**

After the researcher showed Rachel various games that each required mastery of a skill and explained to her how each game worked, Rachel chose to play with the Geo Board which is a game where she has to reproduce a pattern on a nail board using elastic bands. Rachel proceeded to build the pattern in a focused and systematic manner. She also found a solution to prevent the elastic bands from slipping off the nail board. On this the researcher empowered Rachel by highlighting the fact that she herself came up with a plan and found a solution to prevent the elastic bands from slipping off the nail board. Schoeman (2004b:177) maintains that when the therapist empowers a child, it should always be related to an actual quality or attribute the child possesses and that it should never be something that the therapist conjures up. The researcher is of the opinion that the empowering statement facilitated heightened self-awareness within Rachel of her abilities and positively influenced her self-concept and self-esteem. In this regard Berk (2000:448) explains that the perception of children regarding their competencies affects their self-concept and their self-esteem. On a question from the researcher regarding the activity, Rachel replied she felt good about being able to complete such a difficult pattern (strengthening Rachel's sense of self by means of self-statements). From Rachel's facial expression and bodily posture the researcher observed that she felt empowered and more self-confident. Corey (2001:203) stresses the importance of paying attention to the child's body language as being an indication or non-verbal communication of what the child is feeling.

- **Termination of the session**

Towards the end of the session the researcher thanked Rachel for joining her and also informed Rachel that they had three play therapy sessions left before the termination of her therapy (strengthening Rachel's sense of self by setting boundaries).

#### ***4.2.6.3 Assessment of the therapy session***

The researcher views the session as effective with regards to strengthening Rachel's sense of self. Rachel was able to make a projection of her emotions and was able to own her emotions. The researcher is of the opinion that the use of imagination during the projection aided Rachel to freely express herself and heightened her self-awareness and strengthened her sense of self (compare Oaklander, 1997:301). The use of the projection facilitated various self-statements by Rachel. According to Blom (2004:117) self-statements heighten children's self-awareness and assist the integration of these self-statements into their self-concept. The children further learn to accept themselves and their sense of self is strengthened.

Rachel sense of self was further strengthened by the fact that she was able to come into contact with her aggressive energy and expressed her aggressive energy effectively by stabbing her monster. Oaklander (1997:304; 2003:149) explains that by aiding the child to contact and express his or her aggressive energy the child attains the self-support necessary to take action. This facilitates a sense of control within the child and the child's self-esteem is positively influenced which strengthens the sense of self of the child.

The researcher is of the opinion that by completing a task that requires mastery and by allowing Rachel to make certain choices, her sense of self was further strengthened. Blom (2004:119) maintains that by means of mastery, the child attains a sense of control and the child's sense of self is strengthened.

## **4.2.7 Session six**

### **4.2.7.1 Objectives of the session**

The objectives of the session were: to create the opportunity for the participant to make and own a projection; to facilitate heightened sensory awareness within the participant and to strengthen the participant's sense of self.

### **4.2.7.2 The course of the therapy session**

- **Orientation of the child towards the here and the now**

On a question as to how she was, Rachel replied that she was not well and that she felt rather ill. With regards to Rachel's wellbeing the researcher gave her a choice as to whether she wanted to continue with the session or not. When Rachel indicated that she would like to carry on with therapy the researcher asked Rachel to, at any time during the session, inform the researcher if she felt too ill or no longer had the energy to carry on. Rachel replied that she would do so (strengthening Rachel's sense of self by allowing her choices and by giving her control).

In light of the fact that Rachel was receiving her medication intravenously during the session the researcher enquired whether she experienced pain when the drip was inserted to which Rachel replied that it hurt her when the nurse inserted the needle and that it burned a bit in the beginning but that it felt better now. Rachel explained that it felt "weird" to have a drip in her hand and stated that she preferred the drip to be in her wrist so that she could still use her hand (strengthening Rachel's sense of self by means of self-statements). This was done in order to communicate to Rachel that the researcher honoured her needs and experiences. In this regard Sweeney (2008) emphasizes the importance of the therapist continuously communicating to the child: "I'm here, I hear you, I understand, I care".

- **Giving Rachel the opportunity to make a collage as a projection**

Rachel chose to make a picture during the session, but due to the fact that she had a drip in her hand she was not able to draw a picture. The researcher then gave her the choice whether she would like to make a collage with magazine pictures, to which she agreed (strengthening Rachel's sense of self by giving her choices and by allowing her certain control). Rachel was asked to tear out the pictures in the magazines that she liked and was informed that she had fifteen minutes for the activity (strengthening Rachel's sense of self by setting boundaries). While paging through the magazines Rachel informed the researcher that she was the class leader at school this week and explained all the responsibilities of the class leader. Rachel stated that she liked it very much being the class leader (strengthening Rachel's sense of self by making self-statements). By following Rachel's process, the researcher facilitated self-awareness within Rachel by means of self-statements. In this regard Geldard and Geldard (2002:60) maintain that it is very important for the therapist to follow the process of the child in order to facilitate growth and change.

The researcher asked Rachel to use the pictures from the magazines to make a collage and informed her that she could make the collage any way she wanted to and that she could use as many of the pictures as she liked (strengthening Rachel's sense of self by allowing her to use her imagination and by allowing her choices). While Rachel was making her collage she told the researcher that one of her teachers told her that she had a similar illness than Rachel's. According to Rachel it was nice to talk to someone who had to go through similar experiences. She further mentioned that she was glad that the teacher understood why she was absent from school so often (strengthening Rachel's sense of self by means of self-statements). According to Harding (2000:57,58) the pediatric hem/onc patient may experience anxiety in keeping up with school work due to the absence from school during treatment. She further states that they often feel excluded.

When Rachel was finished with her collage she explained that the collage was about the house that she would like to live in one day when she was all grown up. Rachel described the appearance of the house room by room and in great detail and with great enthusiasm, she also described in great detail what she would do in each room (strengthening Rachel's sense of self by allowing her to use her imagination). When she was finished describing the house the researcher informed Rachel that she had written down various words that Rachel had used to describe her house and the activities in the house. The researcher asked Rachel to listen to the list and state whether she felt that it was an accurate portrayal of the things that she valued. This was done in order to heighten Rachel's self-awareness and self-knowledge. In this regard Blom (2004:117) asserts that by assisting children in becoming aware of their own uniqueness and of their way of being in the world (their process) their self-knowledge is increased and their sense of self is strengthened. Blom (2004:40) further maintains that when children attain awareness of their own process, they are empowered to take responsibility for their choices and their behaviour. The researcher proceeded to read the following list and asked Rachel to comment with each item whether she agreed or disagreed with the statement (strengthening Rachel's sense of self by means of self-statements and by aiding her in owning her projection).

Statement	Agreed or disagreed
Could it be true that it is important to you to care for other people	Rachel replied that it is very important to her. She stated that it made her happy to care for others.
Could it be true that it is important to you to be creative	Rachel replied that she wanted to be creative but that she was not very good at art and at drawing. She stated that she loved doing art but that it never came out the way she wanted it to.
Could it be true that it is important to	Rachel replied that she liked to have



you to have enough space	space around her. Rachel explained that she felt confined when there was not enough space.
Could it be true that it is important to you to be relaxed	Rachel agreed that it was important to her.
Could it be true that it is important to you to have enough light	Rachel stated that it was very important to her and that she felt caged in when there was not enough light.
Could it be true that it is important to you to not have stress in your life	Rachel agreed and she explained that her school work caused too much stress in her life.
Could it be true that it is important to you to be surrounded by beautiful things	Rachel stated that it was important to her.
Could it be true that it is important to you that things must be perfect	Rachel stated that this was extremely important to her and that she felt very uncomfortable if things were not perfect.
Could it be true that it is important to you to be clean and tidy	Rachel stated that it was very important to her
Could it be true that it is important to you to have variety in your life	Rachel agreed that this was very important to her and she explained that she for instance wore her hair in a different style every day.
Could it be true that it is important to you to not be bored	Rachel agreed
Could it be true that you like bright colours	Rachel agreed and stated that she disliked dark colours.
Could it be true that it is important to you to be rich	Rachel agreed

<p>Could it be true that it is important to you to do fun things like going shopping and going to the movies</p>	<p>Rachel agreed and stated that she liked to do these things with her friends</p>
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Rachel was asked to look at the list and to indicate which of the things on the list she had a sufficient amount of in her life. Rachel replied that she had enough light, space, pretty things, that things were perfect enough and that she did enough fun things with her friends. Rachel was then asked to indicate which of the things on the list she had too much of, to which she responded that she had too much stress as a result of all her school work. On a question as to which of the things on the list she would like to have more of in her life she replied that she would like to care for others more because it made her happy. She also stated that she would like to be more creative and that she would like more variety in her life and more money. With this activity Rachel was allowed to make various self-statements which aided in strengthening her sense of self.

- **Termination of the session**

Before the researcher could ask Rachel another question, Rachel stated that she did not feel well at all and that she wanted to stop the therapy session. The fact that Rachel took control and informed the researcher that she no longer wanted to continue with the session is viewed by the researcher as an indication of a sense of control and a strengthened sense of self within Rachel. In this regard Geldard and Geldard (2002:50) maintain that when the child feels empowered his or her adaptive functioning will be positively influenced and the child will increasingly take responsibility for choices made. The researcher thanked Rachel for telling her how she felt and terminated the session.

#### **4.2.7.3 Assessment of the therapy session**

It is the view of the researcher that during the session Rachel was able to make various self-statements and that by means of these self-statements her self-knowledge was heightened and this enhanced her self-concept and self-esteem.

Humphreys (2002:141) is of the opinion that self-knowledge can aid the child to accept his or her uniqueness and can be considered a prerequisite towards empowerment of the self. In light of the fact that self-knowledge and self-concept are sub-facets of a sense of self (see 2.2 and 2.2.1) the researcher concludes that Rachel's sense of self was strengthened.

#### **4.2.8 Session seven**

##### **4.2.8.1 Objectives of the session**

The objectives of the session were: to create the opportunity for the participant to make and own a projection; to facilitate heightened sensory awareness within the participant and to strengthen the participant's sense of self.

##### **4.2.8.2 The course of the therapy session**

- **Orientation of the child towards the here and the now**

The researcher greeted Rachel and asked her how she was doing. Rachel responded that she was very well. She proceeded to describe all the cards and flowers she had received on Valentines Day which made her very happy (strengthening Rachel's sense of self by means of self-statements). Rachel further told the researcher with enthusiasm that her entire class had come to the CANSA shaveathon on the previous Saturday to support her. Rachel described the banner with her name on it that her classmates had made for her. When asked how this made her feel she smiled and exclaimed: "*Dit voel so cool*". She also mentioned that it made her feel very special (strengthening Rachel's sense of self by means of self-statements). In light of Rachel's statement the researcher concludes that the action of her classmates positively influenced her self-concept and self-esteem. In this regard Humphreys (2002:3) as well as Geldard and Geldard (2002:114) state that the actions and reactions of the family and the wider community towards the child influence the self-concept and self-esteem of the child.

Rachel then proceeded to share her experience the previous week when she had to visit the hospital to receive medication. Rachel stated that it was a very scary experience because she had a severe reaction to the platelets that she had received and at some point she was scared that she was going to die (strengthening Rachel's sense of self by means of self-statements). In response to the researcher question on how she felt about the fact that she did not die Rachel responded that she felt very happy. When asked how she felt at that specific moment about dying, Rachel replied that she felt scared. The researcher asked Rachel if they could talk about her scared feeling and she stated yes (strengthening Rachel's sense of self by allowing her choices and control).

- **Strengthening Rachel's sensory awareness**

The researcher asked Rachel to close her eyes and to sit comfortably. The researcher then asked her to become aware of her scared feeling by being aware of what she felt in her body, of what she saw with her eyes, of what she tasted in her mouth or smelled with her nose and felt with her hands while she was thinking about her fear of dying (strengthening Rachel's sense of self by means of heightening her sensory awareness). Bolm (2008) emphasizes the importance of aiding children to be able to identify emotions according to their bodily cues. In doing so the child's self-awareness is improved. The researcher then told Rachel that she could open her eyes when she was ready (strengthening Rachel's sense of self by allowing her control) and after Rachel had opened her eyes she stated that she had seen a light of some sorts. The researcher asked Rachel if she could draw what she had seen and Rachel agreed to do so.

- **Giving Rachel the opportunity to make a drawing as a projection**

Rachel proceeded to draw her picture which contained multiple coloured lines going in various directions. Oaklander (178:21-26) explains that by drawing colours, shapes and lines the child can be assisted to express his or her emotions. After Rachel had completed her picture the researcher utilized

Oaklander's fourteen steps (see Appendix B) to aid Rachel in owning her projection (strengthening Rachel's sense of self by aiding her to own her projection).

Rachel described her picture as a picture with various lines drawn in various colours. She described the lines as going in various directions and as moving very fast. Rachel explained although that the sun was in the one corner of the picture, she did not understand why the sun was there but she drew it there because that was what she had seen (strengthening Rachel's sense of self by allowing her to use her imagination). When asked whether the colours had specific meaning she replied that she liked blue and that it made her think of herself. When asked whether there were any colours that she did not like she replied that she did not like orange (strengthening Rachel's sense of self by utilizing polarities).

Rachel was asked to speak as if she were a blue line in the picture. She stated that she was a blue line and that she was unique and that others should accept her. Rachel explained that her line moved around very fast and had lots of energy and that the line received its energy from the sun. Rachel further explained that when the sun went behind a cloud, the lines moved slower. When asked what happens to the lines when it was clouded for long periods of time, Rachel replied that the lines would move slower and slower until they stopped. She stated that it was bad when the lines stopped because they would fall and break and never move again (strengthening Rachel's sense of self by allowing her to use her imagination).

The researcher then asked Rachel if there was something in the picture she drew that was applicable in her life. According to Rachel the falling of the line was like dying. When asked how she felt about dying Rachel replied that she felt both happy and scared (strengthening Rachel's sense of self by means of self-statements). Rachel explained that she felt happy because dying meant that she

was not going to have any more pain and that she was going to be with Jesus. On the other hand dying scared her because she wanted to know how she was going to die. On a question of what would change for her if she knew how she would die, Rachel replied that she did not want to suffer. According to her she would like to die while she was sleeping because then she would not suffer so much and have so much pain. Rachel mentioned that she thought that God or an angel would come to fetch her when she died and further discussed what she thought heaven would look like. Rachel indicated that she thought that heaven was a very nice place. The researcher is of the opinion that by aiding Rachel to formulate her thoughts and feelings regarding her near death experience she was empowered, she gained a sense of control and her self-awareness was heightened. Oaklander (1978:123) explains that by aiding the child to acknowledge and express emotions, integration takes place within the child which then enables the child to function holistically (see 3.3.1).

- **Giving Rachel the opportunity to make a drawing as a projection**

The researcher asked Rachel to close her eyes and to think of the nicest place that she possibly could. A place that was very beautiful and where she felt really safe. The researcher explained that it could be a real place or an imaginary place. The researcher utilized the safe place fantasy (see 3.6.3.1) to help Rachel create a space of self-nurturing by means of a projection. Blom (2004:79) explains that by utilizing the fantasy of a safe place, the child is given the opportunity to create a space for self-maintenance and self-nurturing. After the fantasy flight to her safe place the researcher asked Rachel to draw what she had seen during her fantasy flight. The researcher then utilized Oaklander's fourteen steps (see Appendix B) to aid Rachel in owning her projection.

Rachel explained that her picture was an enclosed garden with a wall and a gate where there was a huge tree and a swing and the sun was shining. She described her garden as a beautiful and warm place with lots of plants where one could rest and feel safe (strengthening Rachel's sense of self by allowing her to

use her imagination). She also mentioned that she feels happy, good and peaceful in her garden. On a question whether she ever felt like this in real life, Rachel stated that she feels that way in her room at home, when spending time with her friends, when spending time with her grandmother and in their garden at home (strengthening Rachel's sense of self by means of self-statements).

The researcher clarified that during the session they had spoken about dying and the fear of dying and that now they had spoken about feeling safe. According to Geldard and Geldard (2002:96) the child's self-awareness of thoughts and emotions is heightened by means of clarification. Schoeman (2004:176) in agreement states that clarification empowers the child to gain insight into his or her experience. In order to clarify Rachel's feelings of being scared and fearful of dying the researcher asked Rachel to think of possible things that she could do to feel the way the place in the picture made her feel when she felt scared. This was also done to aid Rachel in attaining self-nurturing behaviour. Oaklander (1997:312) explains that through self-nurturing, children acquire skills to treat themselves well. Blom (2004:174) further asserts that the child must learn to nurture himself or herself in order to maintain control. Rachel stated that she could visit her grandmother and talk to her, that she could go into the garden at home alone and that she could spend time with her friends (strengthening Rachel's sense of self by means of self-statements).

- **Termination of the session**

Towards the end of the session the researcher once again thanked Rachel for coming and reminded her that their following session would be her last play therapy session (strengthening Rachel's sense of self by setting boundaries).

#### ***4.2.8.3 Assessment of the therapy session***

It is the view of the researcher that by means of the projection, Rachel was able to become aware of, express and own her emotions and thoughts regarding death and dying. In this regard Oaklander (2003:148) explains that the

projections made by children are metaphorical representations of their own individual experiences. Blom (2004:144) concurs by stating that projections aid children in verbalizing, expressing and owning their emotions and it provides them with the opportunity to complete unfinished business. It is the opinion of the researcher that by the expression of her thoughts and emotions Rachel gained insight and perspective into her near death experience. The researcher is further of the opinion that Rachel was empowered and gained a sense of control. Geldard and Geldard (2002:61) explain that although therapy may not be able to change the traumatic event, the child's perception thereof can be changed which empowers the child and leads to adaptive functioning.

The researcher views the projection made by Rachel of her safe place as providing her with the opportunity to acquire self-supporting behaviour that will strengthen her self-concept and self-esteem. In this regard Geldard and Geldard (2002:57) maintain that by altering children's behaviour and beliefs regarding themselves, their self-concept is influenced in a positive manner and their self-confidence improves. The researcher is of the opinion that by influencing Rachel's behaviour, thoughts and beliefs regarding herself in a positive manner her sense of self was strengthened during the session.

#### **4.2.9 Session eight**

##### ***4.2.9.1 Objectives of the session***

The objectives of the session were: to create the opportunity for the participant to make and own a projection; to facilitate heightened sensory awareness within the participant and to strengthen the participant's sense of self.

##### ***4.2.9.2 The course of the therapy session***

- **Orientation of the child towards the here and the now**

The researcher greeted Rachel and asked how her body was feeling to which she replied that she was feeling fine. Rachel further replied that she had to



receive platelets once and blood twice during the week. The researcher asked Rachel whether she felt scared to receive platelets again because of what had happened the previous time and Rachel replied that she did not and stated that she felt “ok” (strengthening Rachel’s sense of self by means of self-statements). In light of Rachel’s statement the researcher concludes that Rachel’s perception and interpretation of the traumatic incident was altered, that she had gained a sense of control and that her sense of self was strengthened (compare Oaklander 1997:292 and Geldard & Geldard, 2002:61).

- **Giving Rachel the opportunity to make statements about her experiences of the play therapy sessions**

When Rachel was reminded that this play therapy session would be their last session she stated that she was not happy about it and wanted to know whether she could see the researcher in future if she wished to do so. Rachel was assured that she could and that her mother just needed to make an appointment. Rachel stated that if that was the case she no longer felt unhappy (strengthening Rachel’s sense of self by means of self-statements and by allowing her control). This was done in order to honour Rachel’s process and foreground needs.

According to Oaklander (1997:316) it is very useful for the therapist and the child to, during the last session, discuss the various activities that have taken place during the play therapy sessions as this provides the child with closure. The researcher therefore asked whether there was anything about the play therapy sessions that Rachel did not like but she replied that she liked everything. However what she liked best was the sensory awareness activities where she had to smell and feel things (strengthening Rachel’s sense of self by means of self-statements).

- **Giving Rachel the opportunity to draw a picture as a projection**

Rachel was then asked whether she would like to make a picture to which she agreed (strengthening Rachel’s sense of self by means of allowing her control).

The researcher asked Rachel to make a circle with various segments inside and to draw something in each of the segments that represented various aspects of herself (see 3.6.2). Rachel was informed that she could decide which aspects of herself she wanted to represent: her emotions, activities, hobbies or the various roles that she had to fulfill. This was done in order to create an opportunity for Rachel to express her foreground needs and to heighten her self-awareness by means of a projection. As mentioned in 4.2.8.3, Oaklander (1997:300) explains that when the child makes a projection it is a metaphorical representation of his or her life and provides an opportunity for the child to express his or her foreground needs. The researcher supplied Rachel with various art materials in order to make her picture and she chose to draw a picture with pastels and crayons.

After Rachel completed her picture, the researcher once again applied Oaklander's fourteen steps (see Appendix B) to aid Rachel in owning her projection (strengthening Rachel's sense of self by aiding her to own her projection). Rachel described her picture as consisting of four segments. The first segment represented her friends at school, the second segment her mother, the third segment her teacher and the fourth segment represented her family. Rachel explained that all the people on the paper differed from one another.

There was not much that Rachel wanted to say about her friends and she was therefore asked to talk about the segment that represented her mother. Rachel stated that her mother meant everything to her and proceeded to tell the researcher of everything that her mother did for her. She thought that her mother was very cool and according to her, her friends thought so as well. She further stated that her mother allowed her lots of privileges and that she was very concerned about her (strengthening Rachel's sense of self by means of self-statements).

Rachel's teacher was represented by the third segment and according to Rachel she liked her teacher very much. Her teacher was concerned about her and always asked her how she was feeling and how she was doing. In response to her teacher's efforts her entire class had come to support her at the shaveathon and now she was famous at school. When asked what she liked about being famous, Rachel replied that she liked it that everybody greeted her at school and that everybody knew who she was. She further found that the children stared less at her bruises now that they knew about her illness (strengthening Rachel's sense of self by means of self-statements). It is the opinion of the researcher that the altered response of Rachel's classmates towards her positively influenced her self-concept and self-esteem. In this regard both Wilkinson-Carr (2000:98) and Yontef and Fuhr (2005:91) maintain that the response of other people toward the child, strongly affects the child's self-concept and self-esteem.

Rachel then proceeded to talk about her family which she had drawn in the fourth section of the circle. Rachel stated that although she felt proud of her family and happy when she thought of them, there are times when she does not feel proud and happy with her family and sometimes even feels angry towards them (strengthening Rachel's sense of self by means of self-statements). According to her, her little sister especially frustrated her when she would go through her (Rachel's) stuff and break it. When asked if there ever was a time when her little sister did not frustrate her Rachel responded that she liked playing "dress up" with her little sister. She further stated that she could not wait for her little sister to grow up so that they could talk about "stuff" and do things together (strengthening Rachel's sense of self by means of self-statements).

Rachel was asked to choose two characters in her drawing who could talk to each other but Rachel indicated that she wanted all the characters in her drawing to talk to each other (strengthening Rachel's sense of self by allowing her control). Rachel chose to start with her teacher and she stated that her teacher would tell her mother and stepfather: "*Sy is so trots op my. Ek is so sterk en ek is*

so *getrou*". In response to the question what she thought was strong about her Rachel replied that she thought that she had a strong personality, that she was faithful in attending the many drum majorette practices and that she was faithful in her school work and worked very hard (strengthening Rachel's sense of self by means of self-statements). The researcher is of the opinion that the positive content of Rachel's self-statements can be viewed as indicative of a strengthened sense of self. In this regard Humphreys (2002:4) and Blom (2004:117) assert that the content of self-statements provides a representation of the self-esteem and self-concept of the child.

After she had discussed other characters in the picture, she indicated that she wanted to do something else (strengthening Rachel's sense of self by allowing her control). The fact that Rachel set a boundary and informed the researcher that she wanted to do something else is in the opinion of the researcher, an indication of her strengthened sense of self. In this regard Geldard and Geldard (2002:50) explain that as the child's sense of self is strengthened the child will increasingly be able to make choices and function in an adaptive manner. The researcher responded by asking Rachel whether she would like to play a game and Rachel replied that she would.

- **Introducing Rachel to activities where she experienced mastery**

As during session five (see 4.2.6.2) the researcher showed Rachel various games that each required mastery of a skill and explained to Rachel how each game worked (strengthening Rachel's sense of self by introducing activities where she experienced mastery and by allowing her choices). Oaklander (1997:300) explains that by introducing activities that require mastery, children attain a sense of accomplishment and competency and their self-concept and self-esteem is positively influenced. Rachel chose to play with the "Veritech" and completed the pattern that she had to build with ease. The researcher empowered Rachel by stating that she thought that Rachel had completed the pattern in a very short period of time and that she thought that Rachel had

excellent spatial orientation. This was done in order to heighten Rachel's self-awareness regarding her capability. In this regard Berk (2000:448) explains that the perception of children regarding their competencies affect their self-concept and their self-esteem.

Next Rachel chose to play with the "Finger twister". Rachel took some time to complete this activity and showed great determination and perseverance to complete the task. When Rachel struggled she asked the researcher for assistance. The researcher views Rachel's act of asking for assistance as indicative of a strengthened sense of self. Blom (2004:255) asserts that a strong sense of self enables the child to make good contact with the environment in order to satisfy his or her needs. Rachel stated that she felt proud of what she had accomplished with the activity and that she had liked it (strengthening Rachel's sense of self by means of self-statements). In light of Rachel's comment the researcher concludes that the utilization of this task that required mastery, positively influenced Rachel's self-concept because she viewed herself as capable. Rachel's sense of self was thus strengthened.

- **Termination of the session**

As this was the last session, the researcher once again thanked Rachel for joining her and reminded her that she was welcome to ask her mother to make an appointment whenever she needed to see the researcher again. Rachel smiled and thanked the researcher and stated that she would do that (strengthening Rachel's sense of self by setting boundaries).

#### ***4.2.9.3 Assessment of the therapy session***

When considering the self-statements made by Rachel during the session the researcher is of the opinion that Rachel's thoughts and beliefs regarding herself had changed in a positive manner. The statements that she made concerning herself such as: that she had a strong personality, that she was faithful in attending the many drum majorette practices and that she was faithful in her

school work and worked very hard, were all empowering and positive by nature. In this regard Geldard and Geldard (2002:209) maintain that the thoughts and beliefs of children regarding themselves, strongly influence their self-concept and self-esteem. In light of these facts as well as the self-statements made by Rachel the researcher concludes that Rachel's sense of self had been strengthened.

The researcher furthermore views the fact that Rachel had the ego strength to state that she no longer wanted to continue with the projection, as a self-affirming action and indicative a strengthened sense of self. Geldard and Geldard (2002:50) explain that as the child's sense of self is strengthened the child will increasingly be able to make choices and function in an adaptive manner. In light of Rachel's self-statements that she felt very proud of what she had accomplished during the activity that required mastery, the researcher concludes that the utilization of the task that required mastery positively influenced Rachel's self-concept in that she viewed herself as capable and this strengthened her sense of self.

#### **4.3 GENERAL EVALUATION OF THE UTILIZATION OF THE GESTALT PLAY THERAPY CONCEPTS AND TECHNIQUES**

The goal of this study was to explore and describe the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hem/onc patient. In light of the preceding description and assessment of the individual play therapy session with the participant, the researcher concludes that Gestalt play therapeutic concepts and techniques can be utilized in order to strengthen the sense of self of the pediatric hem/onc patient. With the intention of validating this conclusion, the researcher will subsequently evaluate how the Gestalt play therapy concepts and techniques were utilized during the play therapy sessions by means of literature control.

#### **4.3.1 Heightened sensory awareness (see 3.5.1.1)**

Heightening the sensory awareness of the child is one of the ways in which the sense of self of the pediatric hem/onc patient can be strengthened and proved very effective for the purpose of this study. According to Oaklander (1978:284) sensory awareness and body awareness play an important part in the formation of the child's self-concept and self-esteem. She maintains that sensory awareness forms the basis to a strong sense of self. The researcher is of the opinion that heightening the sensory awareness of the child was effectively utilized in order to strengthen the sense of self of the participant. The participant's sensory awareness was heightened during sessions: one (see 4.2.2.2), two (see 4.2.3.2), three (see 4.2.4.2), four (see 4.2.5.2), five (see 4.2.6.2) and seven (see 4.2.8.2). Various authors (Schoeman, 2004b:137; Geldard & Geldard, 2002:106 and Oaklander, 2003:147) maintain that by means of sensory awareness children become aware of themselves, their experiences and their emotions and are able to express their emotions. During session two the use of the heightened sensory awareness facilitated awareness within Rachel of the manner in which the illness and the side effect of the treatments had affected her physical appearance and negatively influenced her self-concept and self-esteem. During session seven the use of heightened sensory awareness facilitated awareness within Rachel of her fear of dying. In this regard Oaklander (1999:165) explains that by creating new ways for the child to experience his or her body, heightened self-awareness is facilitated. By integrating the new aspects of self-awareness into his or her self-concept, the sense of self of the child is strengthened.

#### **4.3.2 Defining the self by means of self-statements (see 3.5.1.2)**

Defining the self by means of self-statements is another way in which the sense of self of the pediatric hem/onc patient can be strengthened. Humphreys (2002:141) asserts that awareness of one's individuality and self-knowledge are imperative towards strengthening the sense of self. Blom (2004:117) in agreement state that children become aware of their uniqueness by means of

self-statements. In this regard Oaklander (1997:299) stresses that self-statements are an important aspect of strengthening the child's sense of self. The utilization of self-statements by the participant was implemented during each of the eight sessions. The researcher is of the opinion that self-statements were very valuable in the process of strengthening Rachel's sense of self in that it heightened her self-awareness as well as her self-knowledge and facilitated self-acceptance. During sessions two (see 4.2.3.2), three (see 4.2.4.2), four (see 4.2.5.2) and seven (see 4.2.8.2) the content of Rachel's self-statements reflected the negative influence of the alterations in her physical appearance due to the illness and the treatment, the experience of physical pain as well as the altered reaction of others towards her due to her illness on her self-concept, self-esteem and her sense of self. The positive nature of Rachel's self-statements during session eight (see 4.2.9.2) where she referred to herself as: "...*ek is so sterk en ek is so getrou.*" is in the opinion of the researcher indicative of her strengthened sense of self.

#### **4.3.3 The experience of control (see 3.5.1.3)**

The opportunity to experience control is another means by which the sense of self of the pediatric hem/onc patient can be strengthened. Schoeman (2004b:179) maintains that by providing the child with opportunities to experience control, the child is empowered. Geldard and Geldard (2002:50) concur by stating that when the child experiences control the child's self-concept and self-esteem are enhanced. The utilization of opportunities for the participant to experience control was implemented during each of the eight sessions and in the researcher's opinion they were effective in strengthening Rachel's sense of self. During session six (see 4.2.7.2) Rachel for instance took control by informing the researcher that she felt too ill to continue with the session. During session eight (see 4.2.9.2) Rachel once again showed signs of taking control by informing the researcher that she was finished talking about her projection and wanted to do something else. Oaklander (1997:302) describes these opportunities where children experience control as one of the most self-affirming actions that takes



place in therapeutic sessions with children. In the researcher opinion these self-affirming actions by Rachel signify the strengthening of her sense of self.

#### **4.3.4 Providing opportunities for the child to make choices (see 3.5.1.4)**

Providing opportunities for the child to make choices is a further manner in which the pediatric hem/onc patient's sense of self may be strengthened. Schoeman (2004b:179) explains that by allowing the child to choose, the child experiences power and control which positively impacts on the child's self-concept. Rachel was given the opportunity to make choices during each of the eight sessions and she made use of all the opportunities for choice provided to her. During session three (see 4.2.4.2) Rachel's awareness of her ability to make choices and taking responsibility for her choices grew where she positively remarked on the change in her brother's behaviour. She indicated that her brother's behaviour towards her had changed since she decided to stay out of his way (a course of action that she had decided on during session two). Blom (2004:118) maintains that by allowing the child choices, awareness is facilitated within the child of his or her ability to make choices and therefore the child's sense of self is strengthened. The researcher is of the opinion that the provision of opportunities for choice was effective in strengthening Rachel's sense of self.

#### **4.3.5 Participation in activities that require mastery (see 3.5.1.5)**

The Opportunity to participate in activities that require mastery can be utilized to strengthen the sense of self of the pediatric hem/onc patient. Blom (2004:119) explains that experiences of mastery strengthen the child's self-belief and self-confidence. In this regard Littlefield-Cook and Cook (2005:588-589) maintain that self-confidence can promote the resilience of the child and reduce the negative impact of illness on the child's sense of self. The researcher utilized activities that require mastery during sessions five (see 4.2.6.2) and eight (see 4.2.9.2). Rachel commented that she enjoyed the activities very much and from the expression on her face and from her body posture the researcher observed that she felt

empowered and more self-confident. In the researcher's opinion the activities that required mastery were very effective in strengthening Rachel's sense of self by empowering her and by positively impacting on her self-confidence and self-concept. In this regard Berk (2000:448) explains that the perception of children regarding their competencies affect their self-concept and their self-esteem. In light of Rachel's positive response as well as the fact that pediatric hem/onc patients experience a loss of education and cognitive stimulation as a result of lengthy hospitalization (see 2.3.5) the researcher suggests that activities that require mastery could be incorporated more regularly in play therapy sessions with pediatric hem/onc patients.

#### **4.3.6 The setting of boundaries (see 3.5.1.7)**

The setting of boundaries provides another means by which the sense of self of the pediatric hem/onc patient can be strengthened. Blom (2004:63) stresses that the child's sense of self has no structure when boundaries are absent. Oaklander (1997:301) goes further to state that boundaries are instrumental in providing a safe place for children to experiment with choices. She further maintains that experimentation with choice strengthens the child's sense of self. In this regard Geldard and Geldard (2002:223) in agreement state that children are more likely to make choices and take responsibility for their choices when clear boundaries are present. The researcher utilized the setting of boundaries during each of the eight sessions. Rachel accepted the boundaries that were set and experimented with choices during the play therapy sessions. Rachel set her own boundary during session six (see 4.2.7.2) when she informed the researcher that she felt too ill to continue with the therapy session which in the researcher's opinion is indicative of a strengthened sense of self. The researcher therefore concludes that the utilization of the setting of boundaries was effective towards strengthening Rachel's sense of self.

#### **4.3.7 The utilization of projections and the owning of projections (see 3.5.1.6)**

The utilization of projections and the owning of projections is another way in which the sense of self of the pediatric hem/onc patient's sense of self can be strengthened. Geldard and Geldard (2002:146,211) explain that by utilizing projective techniques, the child attains awareness of ideas, beliefs and emotions that were concealed in the unconscious. By means of the projection the child's self-knowledge is enhanced and the child forms a more realistic self-concept. During this study the researcher made use of the following projection techniques: a graphic family portrayal in session three (see 4.2.4.2), the rosebush technique in session four (see 4.2.5.2), the monster technique in session five (see 4.2.6.2), a collage in session six (see 4.2.7.2), the use of colours and lines as a projection as well as the safe place fantasy in session seven (see 4.2.8.2) and a drawing of her polarities in session eight (see 4.2.9.2).

Rachel was able to immerse herself in her projections and was able to own her projections. Schoeman (2004b:177) maintains that the owning of projections is of the utmost importance and that it can be seen as a turning point during the therapeutic process in that it signifies that the child takes ownership of his or her emotions. The utilization of the projections facilitated awareness within Rachel of her own process and her uniqueness which heightened her self-awareness, empowered her self-concept and self-esteem and thus strengthened her sense of self. By means of the rosebush projection, Rachel gained awareness of the negative aspects of her self-concept regarding her physical appearance, and she further gained awareness of the introject that only skinny people were beautiful which negatively influenced her self-acceptance. As mentioned in 4.2.5.2 Yontef and Fuhr (2005:86) explain that self-acceptance and self-knowledge is negatively influenced by introjections. The utilization of projection during session seven (see 4.2.8.2) facilitated awareness within Rachel of her fear of pain and of dying and gave her the opportunity to express her thoughts and emotions regarding her fear of pain and dying whereby she was empowered, gained a sense of control and her self-awareness was heightened. The use of projections made it possible

for Rachel to contact and express her aggressive energy by which she attained self-support, a sense of control and her self-concept was positively influenced. The use of projection during further aided Rachel in creating a space of self-care for her and promoted her self-accepting behaviour thus enhancing her self-concept, self-esteem and strengthening her sense of self. The researcher concludes that the utilization of projections and aiding Rachel in owning her projections were particularly useful in strengthening Rachel's sense of self during this study.

#### **4.3.8 Using the imagination (see 3.5.1.8)**

The opportunity to use the imagination is another way in which the sense of self of the pediatric hem/onc patient can be strengthened. Oaklander (1997:301) explains that the imagination of traumatized children are often stifled and stresses the importance of allowing these children to use their imagination. She further maintains that the use of imagination serves to free the child and enhances the sense of self of the child. It is the researcher's opinion that Rachel as pediatric hem/onc patient regularly experienced traumatic events (see 2.4) and therefore could benefit from the opportunity to use her imagination. The researcher utilized the facilitation of use of imagination during sessions four (see 4.2.5.2), five (see 4.2.6.2), six (see 4.2.7.2), seven (see 4.2.8.2) and eight (see 4.2.9.2) and Rachel immersed herself in the use of her imagination. The use of her imagination heightened Rachel's self-awareness and aided her in the expression of her emotions and strengthened her sense of self.

#### **4.3.9 Contacting aggressive energy (see 3.5.1.9)**

The opportunity to contact aggressive energy provides another means by which the sense of self of the pediatric hem/onc patient can be strengthened. Oaklander (1997:304; 2003:149) explains that by aiding the child to contact and express his or her aggressive energy the child attains the self-support necessary to take action. This facilitates a sense of control within the child and the child's

sense of self is strengthened. The researcher utilized the contacting and expression of aggressive energy during session five (see 4.2.6.2). Rachel was able to come into contact with her aggressive energy and expressed her aggressive energy effectively by stabbing her monster. The fact that Rachel commented that the monster could no longer do anything to her is viewed by the researcher as indicative of her gained a sense of control. The researcher concludes that the utilization of contacting of aggressive energy was effective in strengthening Rachel's sense of self.

#### **4.3.10 Polarities (see 3.3.5)**

The use of polarities can be implemented to strengthen the sense of self of the pediatric hem/onc patient. Zinker (1977:33) maintains that the use of polarities broadens the self-awareness of the individual and strengthens the self-concept. The researcher utilized polarities during all eight sessions. Through the utilization of polarities Rachel self-awareness was enhanced and she obtained a different view of self, experienced empowerment of her self-concept and self-esteem and her sense of self was strengthened.

#### **4.3.11 Self-nurturing (see 3.3.7)**

The utilization of self-nurturing can be implemented to strengthen the sense of self of the pediatric hem/onc patient. Oaklander (1997:311) explains that by means of self-nurturing the child learns to act more self-caring and self-accepting and therefore enhances the self-esteem of the child. Blom (2004:174) in agreement stresses that self-nurturing behaviour empowers the child and aids him or her to experience control. The researcher utilized self-nurturing during sessions four (see 4.2.5.2) and seven (see 4.2.8.2). Rachel named various activities during these sessions that were self-nurturing in nature. The self-nurturing by means of the safe place fantasy during session seven (see 4.2.8.2) aided Rachel in dealing with a traumatic incidence and empowered her to deal with her fear of dying, gave her a sense of control and positively influenced her

self-concept. It is the researcher's opinion that self-nurturing was effectively utilized in the strengthening of Rachel's sense of self.

#### **4.4 SUMMARY**

In this chapter the empirical data gathered by means of observation, audio or video cassette recordings and field notes during the Gestalt play therapy sessions with the respondent was discussed. The researcher described and discussed each of the individual sessions with the respondent with regards to how the Gestalt play therapy concepts and techniques were utilized to strengthen the sense of self of the participant. A general evaluation of the utilization of the Gestalt play therapy concepts and techniques by means of literature control was also provided.

In the following chapter, Chapter 5, the researcher will discuss the conclusions of this study.

## **CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS**

### **5.1 INTRODUCTION**

In this study an instrumental case study was implemented in order to explore and describe the utilization of Gestalt play therapeutic concepts and techniques to strengthen the sense of self of the pediatric hematology/oncology patient. The participant was a twelve year old girl with acute Aplastic Anaemia. From the research results presented in Chapter 4 it is evident that Gestalt play therapeutic concepts and techniques can be utilized to strengthen the sense of self of the pediatric hematology/oncology patient. The aim of this chapter is to evaluate the research process of the study and to determine whether the goals and the objectives formulated for the purpose of the study were successfully achieved and whether the research question was answered. Conclusions and recommendations arising from the study will also be made.

### **5.2 GOAL OF THE STUDY**

The goal of the study was:

To explore and describe the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hematology/oncology patient.

The goal was achieved by firstly attaining a knowledge base by means of a literature study and consultation with experts. Thereafter qualitative empirical data was gathered by means of unstructured one-to-one interviews that explored and described the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hematology/oncology patient.

### **5.3 OBJECTIVES OF THE STUDY**

The researcher formulated the following objectives (see 1.3) in order to direct the research study. The individual objectives as well the attainment of each objective will subsequently be discussed:

- To compile a literature study in order to establish a conceptual framework of the pediatric hematology/oncology patient as well as to gain further knowledge of and to describe how the presence of the illness and its treatment affect the sense of self of the pediatric hematology/oncology patient.

This objective was achieved by means of a literature study and discussions with experts through which a conceptual framework was developed on how the sense of self of the pediatric hematology/oncology patient is affected by the illness and its treatment. This information was discussed in Chapter 2. From the information in this Chapter it was evident that the presence of the illness and its treatment severely affect the child in various areas and have tremendous consequences on the functioning of the child and negatively influence the sense of self of the pediatric hematology/oncology patient.

- To compile a literature study in order to describe Gestalt play therapy as a therapeutic intervention as well as the Gestalt play therapeutic concepts and techniques that were utilized for the purpose of the study.

This objective was obtained as a theoretical framework was developed by means of a literature study on the Gestalt play therapeutic concepts and techniques that were utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient. This information was discussed in Chapter 3 which provided an overview of the Gestalt approach to play therapy as well as a theoretical framework for the purpose of the study. Attention was given to the goals of Gestalt play therapy and the Gestalt play therapy approach to the sense of self was discussed. Chapter 3 further contained a detailed discussion of the Gestalt play therapeutic concepts and techniques that were utilized for the purpose of this study in order to strengthen the sense of self of the pediatric hematology/oncology patient.



- To conduct an empirical study by means of unstructured one-to-one interviews that took the form of Gestalt play therapeutic sessions in order to explore and describe how Gestalt play therapy concepts and techniques were utilized to strengthen the sense of self of the pediatric hematology/oncology patient.

This objective was reached by means of administering Gestalt play therapeutic concepts and techniques during play therapy sessions with the participant who was a pediatric hematology/oncology patient. The results of the empirical study as well as the discussion of the research results were presented in Chapter 4. At the end of Chapter 4 a general evaluation by means of literature control was given of the Gestalt play therapy concepts and techniques that were utilized in order to strengthen the sense of self of the participant.

- To formulate conclusions and make recommendations for therapists working in the field of pediatric hematology/oncology such as: psychologists, social workers and play therapists. These conclusions and recommendations are made according to the findings of the empirical study with regards to the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hematology/oncology patient.

Conclusions and recommendations in respect to the above will be made in this chapter.

#### **5.4 RESEARCH QUESTION**

In view of the fact that this research study was conducted from a qualitative approach, the following research question was formulated:

How can Gestalt play therapy concepts and techniques be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient?

As a result of the analysis of the empirical data attained during the course of the study, the research question could be answered. The data indicated how certain

Gestalt play therapy concepts and techniques could be utilized to strengthen the sense of self of the pediatric hematology/oncology patient. These will briefly be discussed:

The researcher is of the opinion that the establishment of a trusting therapeutic relationship is a prerequisite to the strengthening of the child's sense of self for it was only within an authentic relationship of trust that the participant could experience more of her own self to facilitate heightened self-awareness, growth in self-knowledge and self-acceptance that lead to the strengthening of the participant's sense of self. By means of heightened sensory awareness and self-statements the participant gained awareness of how her physical appearance due to her illness and the side effects of the treatment had negatively influenced her self-concept and self-esteem. The participant further gained awareness of how the reactions of her family and peers towards her (with regard to her physical appearance due to the illness and side effects of the treatment) had negatively influenced her self-concept and self-esteem. Through the utilization of polarities and reformulation the participant obtained a different view of self, experienced empowerment of her self-concept and self-esteem and her sense of self was strengthened.

The utilization of projections facilitated awareness within the participant of her own process and her uniqueness which heightened her self-awareness, empowered her self-concept and self-esteem and strengthened her sense of self. The utilization of projections and heightened sensory awareness facilitated awareness within the participant of her fear of pain and of dying. It further gave her the opportunity to express her thoughts and emotions regarding her fear of pain and dying whereby she was empowered, gained a sense of control and her self-awareness was heightened. The use of projections made it possible for the participant to contact and express her aggressive energy by which she attained self-support, a sense of control and her self-concept was positively influenced.

Through the utilization of self-nurturing the participant gained a sense of control and her self-acceptance was enhanced. The utilization of empowering statements facilitated heightened self-awareness within the participant of her abilities and positively influenced her self-concept and self-esteem. By introducing activities that required mastery, the participant attained a sense of accomplishment and competency and her self-concept and self-esteem was positively influenced which strengthened her sense of self.

## **5.5 CONCLUSIONS**

The information gathered from the empirical study made it possible to formulate certain conclusions regarding the utilization of Gestalt play therapy concepts and techniques in order to strengthen the sense of self of the pediatric hematology/oncology patient. In the following section the formulated conclusions will subsequently be discussed: In this study it was found that through the utilization of Gestalt play therapy:

- Heightened sensory awareness can be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient. The heightened sensory awareness facilitated awareness within the pediatric hematology/oncology patient of the manner in which the illness and its treatments affected her physical appearance and of how it impacted on her self-concept and self-esteem. The utilization of heightened sensory awareness further facilitated awareness within the participant of her fear of dying and her self-awareness and self-knowledge were increased and thereby the sense of self of the participant was strengthened.
- Self-statements can be instrumental in the strengthening of the sense of self of the pediatric hematology/oncology patient and proved very useful during this study. By means of self-statements the pediatric hematology/oncology patient's self-knowledge and self-concept was heightened and her sense of self was strengthened.

- Opportunities to experience control can be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient. By experiencing control, the self-esteem and sense of self-efficiency of the child are enhanced and the child experiences self-affirmation and thus the sense of self of the pediatric hematology/oncology patient is strengthened.
- Opportunities to make choices can be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient. By making choices the pediatric hematology/oncology patient's inner strength is built up and self-knowledge and self-esteem is enhanced and thereby the sense of self is strengthened.
- Opportunities to participate in activities that require mastery can be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient. Mastery experiences heighten the self-knowledge, self-confidence and the self-esteem of the pediatric hematology/oncology patient and thus strengthen the sense of self.
- The setting of boundaries can be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient. The setting of boundaries provides structure and security and builds the child's self-control and strengthens the sense of self of the pediatric hematology/oncology patient.
- The utilization of projections and aiding the child to own his or her projections can strengthen the sense of self of the pediatric hematology/oncology patient. The use of projections proved most useful during this research study. The utilization of the projections facilitated awareness within the participant of her own process and her uniqueness which heightened her self-awareness, empowered her self-concept and self-esteem and strengthened her sense of self. The utilization of projections also facilitated awareness within the participant of her fear of pain and of dying and gave her the opportunity to express her thoughts and emotions regarding her fear of pain and dying whereby she was

empowered, gained a sense of control and her self-awareness was heightened. The use of projections made it possible for the participant to contact and express her aggressive energy by which she attained self-support, a sense of control and her self-concept was positively influenced. The use of projection aided the participant in creating a space of self-care and promoted her self-accepting behaviour which enhanced her self-concept, self-esteem and strengthened her sense of self.

- The opportunity to use the imagination can be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient. The use of imagination heightened the participant's self-awareness and aided her in the expression of her emotions. The pediatric hematology/oncology patient's sense of self is therefore strengthened.
- The opportunity for the child to contact his or her aggressive energy can be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient. By accessing his or her aggressive energy the pediatric hematology/oncology patient gains self-support, a sense of control and self-knowledge is heightened with the result that the sense of self is strengthened.
- The utilization of polarities can aid the strengthening of the sense of self of the pediatric hematology/oncology patient. By means of polarities reformulation can take place and the child attains a new perspective on self. The self-knowledge and self-concept of the child is enhanced and the sense of self of the pediatric hematology/oncology patient is strengthened.
- The utilization of self-nurturing aids in the strengthening of the sense of self of the pediatric hematology/oncology patient. By means of self-nurturing the pediatric hematology/oncology patient's sense of control is enhanced, the self-acceptance and self-esteem are positively influenced and the sense of self is strengthened.

During the study the researcher found that sensory awareness and bodily awareness proved to be vital towards heightening the participant's self-awareness and empowering her self-concept and self-esteem. Sensory awareness, bodily awareness and self-awareness therefore formed the foundation towards strengthening the sense of self of the participant.

In light of all the above mentioned conclusions, it is evident that Gestalt play therapeutic concepts and techniques can effectively be utilized in order to strengthen the sense of self of the pediatric hematology/oncology patient.

## **5.6 LIMITATIONS**

The researcher experienced certain limitations during the execution of the empirical study with pediatric hematology/oncology patients. These limitations were as follows:

- Due to the nature of the illness, the pediatric hematology/oncology patient at times experienced physical fatigue that resulted in the early termination of the play therapy session.
- Due to the nature of the illness, the pediatric hematology/oncology patient could at times not attend the play therapy session due to hospitalization and treatment.
- The researcher started the empirical research process with three other participants but due to the fatal nature of the illness these participants passed away before the therapeutic process was completed.

In light of these limitations, the researcher would recommend that future research planned in the field of Gestalt play therapeutic interventions with pediatric hematology/oncology patients should take these factors into consideration when doing time frame planning for the research program, when determining the amount of participants required for the study and when doing the financial planning of the research program.

## **5.7 RECOMMENDATIONS**

The following recommendations are aimed at planned Gestalt play therapeutic interventions with pediatric hematology/oncology patients.

- The researcher recommends that psychologists, social workers and play therapists dealing with hematology/oncology patients possess sufficient knowledge of the traumatic effect of the illness and its treatment on the child's psychological wellbeing. The nature of the illness is so severe that it impacts on the child's total functioning and affects every aspect of their being.
- The researcher recommends that therapist dealing with pediatric hematology/oncology patients such as psychologists, social workers and play therapists also provide Gestalt play therapy for the siblings of the pediatric hematology/oncology patient. In light of the fact that the siblings form part of the pediatric hem/onc patient's field, it is necessary for the therapist to address their psychological wellbeing as well.

The researcher further suggests the following research questions that might be investigated in the field of the pediatric hematology/oncology and Gestalt play therapy:

- How can Gestalt play therapy be utilized to support the siblings of pediatric hematology/oncology patients during the treatment process of the illness?
- How can Gestalt play therapy be utilized to aid the siblings of the pediatric hematology/oncology patient in mourning the death of their brother or sister?

## **5.8 CONCLUSION**

The presence of hematology/oncology related diseases in the life of a child poses unique stresses and trauma for the child that may negatively influence the sense of self of the pediatric hematology/oncology patient. The value of this

study lies in the fact that the usefulness of Gestalt play therapeutic concepts and techniques towards minimizing the negative influence of the illness and its treatment on the sense of self of the pediatric hematology/oncology patient was explored and described. The strengthening of the sense of self of the pediatric hematology/oncology patient by means of utilizing Gestalt play therapy concepts and techniques facilitates integration and holistic functioning within the child and empowers the child to utilize his or her entire being in dealing with the immense challenges that the presence of the illness and its treatments present to the child.



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**APPENDIX A**  
**INFORMED CONSENT FOR PARTICIPATION IN RESEARCH**

**RESEARCHER:**

Karen van Zijl  
11 25<sup>th</sup> Street  
Menlopark  
0081

**INFORMED CONCENT**

**1. TITLE OF THE RESEARCH PROJECT**

The utilization of Gestalt play therapy concepts and techniques with the pediatric hematology/oncology patient

**2. ACADEMIC INSTITUTION**

University of South Africa (UNISA) in affiliation with the Hugonote College. For the completion of the degree M.Diac in Play therapy.

**3. STUDY LEADER**

Mrs. I.F. Jacobs

**4. PURPOSE OF THE STUDY**

The purpose of this study is to explore and describe how the pediatric hematology/oncology patient's sense of self can be strengthened through the utilization of Gestalt play therapy concepts and techniques.

**5. PROCEDURES**

The participant of this study is a child who has been diagnosed with a hematology/oncology disease and is treated by Dr. Charmaine Jacobs at Unitas hospital. The participant will receive Gestalt play therapy from the researcher. The therapy sessions will be recorded on video or audio cassette in order to facilitate the documentation of the therapy sessions.

**6. RISKS AND DISCOMFORTS**

There are no known risks or discomforts associated with the research project.

**7. BENEFITS**

There are no known direct medical benefits for participating in this study. The results of this study may help researchers to gain better understanding of the negative influence of the diagnosis and treatment of hematology/oncology diseases in children on their sense of self as well as to how Gestalt play therapy concepts and techniques can be utilized in order to strengthen the sense of self of these children.

The benefit for the child as well as the child's system is as follows: strengthening of the child's awareness of his or her situation as well as his or her experience and emotions regarding the situation. The strengthening of the child's sense of self may aid in the integration and holistic functioning of the child as well as the expression of emotions and aiding healthy emotional functioning of the child. Strengthening of the child's sense of self may also aid in the child attaining a sense of wellbeing and a positive feeling of self.

## **8. PARTICIPANT'S RIGHTS**

The participants may withdraw from participating in the study at any time.

## **9. FINANCIAL COMPENSATION**

Participants will not receive any reimbursement for participation in the research project.

## **10. CONFIDENTIALITY**

In order to record exactly what occurs in each therapy session the sessions will be recorded on video or audio cassette. These recordings as well as the identity of the participant will only be known to the researcher who commits to treat the information as confidential. In the research report the identity of the participant will not be revealed as the researcher will make use of pseudonyms.

*If I have any questions or concerns I can call Karen van Zijl at 084 811 8883. I understand this document and as the parent/legal guardian of my child I give permission that he/she may participate as a participant in this research project.*

As the parent of \_\_\_\_\_ I hereby grant consent for my child/ward to voluntarily participate in this study. I understand what the study is all about. I will receive a signed copy of this consent form.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date

**APPENDIX B**  
**OAKLANDERS FOURTEEN STEPS**

Oaklander (1978:53-56) has developed fourteen questions by which children can be aided to own their projections. The fourteen questions are as follows:

1. Ask the child how he or she experienced the process or action of making the projection (the picture, clay object or sand tray scene).
2. Ask the child to describe the projection in his or her own way.
3. Motivate the child to expand in more detail on various parts of the projection such as describing shapes, colours and objects.
4. Ask the child to describe the projection as if he or she was the picture, clay object or sand tray scene.
5. Choose specific aspects in the projection with which the child can identify, for example: "Be the red circle and describe yourself".
6. Ask the child questions to help the process such as: "What are you doing?" or "How are you feeling?" and "Who is helping you?"
7. Overemphasize one aspect of the projection by asking questions such as: "What happens next?" and "Who is helping you?". This is done in order to sharpen the child's attention and to focus his or her perception.
8. Ask the child to engage two aspects of the projection in dialogue.
9. Encourage the child to pay attention to the colours that have been used. Ask the child if certain colours have special meaning for him or her.
10. Pay attention to the child's posture, gestures, facial expressions, sighing, silences and tone of voice.
11. Aid the child in owning his or her projection by asking questions such as: "Have you ever felt this way?" or "Could this be true of your life?".
12. Focus on the unfinished business that came to the fore from the projection.
13. Pay attention to possible omitted parts in the projection.
14. It is very important that the therapist stays with that which is on the child's foreground.

## **APPENDIX C**

### **RELAXATION EXERCISES**

Blom (2004:111) explains that relaxation exercises can be viewed as part of bodily contact-making and states that it heightens self-awareness within the child. Oaklander (1978:124) in agreement states that relaxation exercises heightens the children's bodily awareness and also facilitates emotional awareness. During the study the researcher made use of the following relaxation exercise:

The researcher asked Rachel to sit comfortably and to close her eyes. Rachel was then asked to breathe deeply and to become aware of how her chest rose and fell as she breathed. The researcher asked Rachel to pretend that she could see the oxygen as a bright light that filled her lungs as she breathed in, and to pretend that she could see how the blood was transporting the oxygen as a bright light to the various cells in her body. She asked Rachel to imagine that she could feel how each cell was energized by the oxygen it received. Rachel was asked to breathe deeply and to imagine that with every breath, tiredness left her body and energy filled her body. After some time of breathing Rachel was asked to become aware of where her back, arms and legs were touching the chair and she was asked to become aware of what it felt like. The researcher asked Rachel to become aware of the sounds that she could hear outside in the garden. The researcher asked Rachel to become aware of how relaxed her body felt and when she was ready she could open her eyes.

APPENDIX D  
GRAPHIC FAMILY PORTRAYAL

