

**THE INFLUENCE OF ANIMAL-ASSISTED PLAY THERAPY ON THE SELF-ESTEEM OF ADOLESCENTS WITH SPECIAL NEEDS**

**By**

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**ABSTRACT**

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This research project focused on the influence of animal-assisted play therapy on the self-esteem of adolescents with special needs. The goal of this study was to ascertain whether principles of animal-assisted play therapy from the gestalt approach would enhance the self-esteem of adolescents with special needs. In order to achieve this goal, the following objectives were set out: to create a theoretical knowledge base through a literature study and consultation with experts, to conduct an empirical study in order to obtain qualitative and quantitative data and to formulate conclusions and recommendations with regard to the use of animal-assisted play therapy with adolescents with special needs.

A combination of the quantitative and qualitative approaches was utilized, and applied research was done, as the focus was on practical solutions that is suitable for practice. A research hypothesis was posed, namely: If animal-assisted therapy from the gestalt approach is used with adolescents with special needs, their self-esteem will be enhanced. Two adolescents were selected as respondents through purposive sampling as sub-type of non-probability sampling.

An empirical study was conducted through the use of questionnaires and interviewing as data-collection methods. The quantitative data was gathered through the use of self-constructed questionnaires and the Psychosocial Functioning Inventory for High School Children (PFI – HIGH – C) from Perspective College. The researcher utilized the A-B-A research design to conduct a pre-test and a post-test. Qualitative data was gathered through interviewing using the combined animal-assisted and gestalt play therapy techniques

Empirical data was gathered and indicated improvement in the self-esteem of both the respondents who were exposed to the play therapy techniques. The research has thus shown that the use of animal-assisted play therapy does enhance the self-esteem of adolescents with special needs, and has benefits for future practice. The hypothesis of the study is thus proven to be true.

## OPSOMMING

Daar is in die navorsingsprojek gefokus op die invloed van dier-ondersteunde speltherapie op die selfbeeld van adolosente met spesiale behoeftes. Die doel van die studie was om te bepaal of die beginsels van dier-ondersteunde speltherapie vanuit die gestaltbenadering die selfbeeld van adolosente met spesiale behoeftes sou versterk. Om bogenoemde doelstelling te bereik, is die volgende doelwitte vir die studie gestel: om 'n teoretiese kennisbasis deur literatuurstudie en konsultasie met kundiges te ontwikkel, om 'n empiriese studie uit te voer ten einde kwalitatiewe en kwantitatiewe data te bekom en om gevolgtrekkings en aanbevelings ten opsigte van die benutting van dier-ondersteunde speltherapie by adolosente met spesiale behoeftes te maak.

Daar is vanuit 'n kombinasie van kwantitatiewe en kwalitatiewe navorsingsbenaderings te werk gegaan, en toegepaste navorsing is gedoen, aangesien daar op praktiese oplossings wat in praktyk benutbaar is, gefokus is, 'n Navorsingshipotese is gestel naamlik: Indien dier-ondersteunde speltherapie vanuit 'n gestaltbenadering met adolosente met spesiale behoeftes benut word, sal dit hul selfbeeld versterk. Twee adolosente is deur doelgerigte steekproeftrekking as sub tipe van nie-waarskynlikheidsteekproeftrekking geselekteer en as respondente benut.

Die empiriese studie is uitgevoer deur die benutting van vraelyste en onderhoudvoering as data insamelingsmetodes. Die kwantitatiewe data is verkry deur die benutting van 'n self-gekonstrueerde vraelys en die "Psychosocial Functioning Inventory for High School Children (PFI-HIGH-C)" van Perspektief Kollege. Die navorser het van die A-B-A ontwerp gebruik gemaak om 'n voor-toets en natoets uit te voer. Kwalitatiewe data is verkry deur onderhoudvoering waar daar van dier-ondersteunde spelterapeutiese tegnieke gebruik gemaak is.

Die empiriese data het bewys dat die selfbeelde van beide respondente versterk is deur blootstelling aan die spelterapeutiese tegnieke. Dit dui dus aan dat die benutting van dier-ondersteunde speltherapie vanuit die gestaltbenadering wel die selfbeeld van adolosente met spesiale behoeftes versterk, en voordele vir verdere praktyktoepassing inhou. Die hipotese van die studie is dus as waar bewys.

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**KEY CONCEPTS**

|  |  |
|--|--|
| Animal-assisted therapy                | Dier-ondersteunde terapie                |
| Adolescence                            | Adolesensie                              |
| Gestalt therapy                        | Gestaltterapie                           |
| Play therapy                           | Spel terapie                             |
| Self-esteem                            | Selfbeeld                                |
| School for children with special needs | Skool vir kinders met spesiale behoeftes |

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

**1.1 INTRODUCTION**

In this research, the researcher focused on the influence of animal-assisted play therapy from the gestalt approach on the self-esteem of adolescents with special needs. The Tugela High School is a special school that caters for children with special educational needs. According to the sessional Clinical Psychologist, the learners at the Tugela High School have been diagnosed with mild mental retardation in terms of their academic achievement (De Bruyn, 2002). At some stage in their lives they have experienced some form of emotional trauma and as a result exhibit behavioural problems. They feel a deep sense of hopelessness, helplessness and have poor impulse control. Their sense of self is usually characterised by a low self - esteem, acting out, aggression and withdrawn behaviour.

Therapy forms an integral part of the treatment program at the school. The researcher was of the opinion that the use of animal-assisted play therapy from the gestalt approach would possibly be able to unlock the child's inner world thereby building their self-esteem.

The focus of this chapter, is on motivation of the choice of the subject, problem formulation, aims, goals and objectives of the study, hypothesis, the research approach, type of research, research design, research procedure and strategy, pilot study, description of the research population and sampling method, ethical issues and definition of the key concepts.

**1.2 MOTIVATION OF THE CHOICE OF THE SUBJECT**

The researcher chose this subject because she was interested in investigating self-esteem in adolescents. In her work with children with behavioural and socio-emotional problems, the researcher has identified many children that have a low self-esteem. It is also one of the presenting problems that often needed attention in therapy. Leedy (in Fouche & De Vos, 1998:52) states: "self-initiated research can be prompted by mere inquisitiveness about an interesting phenomenon or about something which presents a puzzle, for example something which attracts the researcher's attention because it is somewhat atypical." This research is atypical in that as far as it is known, animals have never been used in investigations with children with low self-esteem.

Further motivation for the researcher choosing this topic is that there exists a lack of knowledge on the use of animal-assisted play therapy to assist children with low self-

esteem. The researcher felt that this research would elicit valuable knowledge that may help therapists working with children with special educational needs. Animal-assisted therapy is a relatively new field of study in South Africa. Several authors (compare, Odendaal, 1990:14 -15; Limond, Bradshaw & Cormack, 1997:88; Wishon, 1987:426; Levinson, 1969: 244-245; Edenburg & Baarda, 1995:8; Dew, 2000:3) discuss the incredible emotional benefits of animal-assisted therapy in the lives of children. The researcher has noted that no pet therapy programmes are currently operational in schools in the KwaZulu-Natal region. This implies that a valuable therapeutic milieu is lacking.

### **1.3 PROBLEM FORMULATION**

A positive self-esteem is a crucial factor in one's socio-emotional well - being. Pope, McHale & Craighead (1988:5) see a positive self-esteem for children and adolescents as "especially valuable, since it serves as the foundation for a child's perceptions of life experiences. The socio-emotional competence derived from this positive self-appraisal can be a force that helps the child avoid future serious problems." Thus, the researcher is of the opinion that improving an adolescent's self-esteem enables an adolescent deal with the pressures of adolescence and other life issues with an enhanced ego-strength. According to the Diagnostic and Statistical Manual of Mental Disorders IV (1994:47,64,80,87,92,106,108), which contains the criteria most frequently used by psychologists and psychiatrists for making diagnoses, low self-esteem is frequently quoted as a feature of several childhood disorders. Although no evidence exists to prove that it is the cause of the mentioned disorders, the fact that it is associated with serious problems that children encounter warrants the need for therapeutic intervention. The researcher is thus of the opinion that building a child's self-esteem is likely to offset some childhood difficulties, resulting in less serious emotional and behavioural problems. Thus, an adolescent with a good self-esteem will be more emotionally, socially, psychologically and academically competent.

Pope, McHale & Craighead (1988:3) suggest that self-esteem is related to academic achievement. Researchers have found a positive correlation between self-esteem and higher grades at school. The researcher hoped that by increasing the self-esteem of the adolescents, this research would show a positive correlation between "academic self-esteem" (adolescents evaluation of themselves as learners) and good grades. This may in turn help educators and therapists at the school adequately meet the needs of adolescents. Furthermore, no research has been conducted on self-esteem using the

principles of both gestalt play therapy and animal-assisted therapy. Such a study will therefore be of benefit to the field of child and youth care.

Literature (Pope, McHale & Craighead, 1988:8) points to the fact that most interventions to enhance the self-esteem of a child involve direct intervention using praise and performance feedback. The researcher is of the opinion that this direct approach is not necessarily the best one and needs to be accompanied by an indirect approach, which targets the child's inner self and the environment through enhancing the child's mechanisms of control and sensory awareness. This may possibly be achieved through animal-assisted play therapy from the gestalt approach.

Gestalt therapy was founded by Frederick and Laura Perls in the 1940s. "Gestalt therapy focuses more on process (what is happening) than on content (what is being discussed)" (Yontef & Simkin, 1989:323). Of importance to gestalt therapists are the thoughts and feelings that people are experiencing at any given moment. In this way children can become emotionally aware, take control of their lives and in so doing, learn to handle their emotions. It is difficult to establish the benefits of gestalt play therapy and animal-assisted therapy without conducting an objective study into the impact that these two strategies may have on adolescents with a low self-esteem. If positive interactions with animals and gestalt play therapy improves the emotional awareness of adolescents, thereby increasing their level of self-esteem, then it is axiomatic that animal-assisted play therapy should be implemented with adolescents with special needs. This, however, cannot be done unless a thorough examination of all the facets involved in the interface between the adolescent with low self-esteem and the techniques of therapy are carefully examined.

Over the years the researcher has observed that children who have a low self-esteem dislike themselves, are unable to form stable relationships with significant others, experience rejection as their fault and are deeply hurt and troubled, hiding behind an aggressive façade. Animal-assisted play therapy seems to the researcher to be a suitable form of therapy to assist adolescents with low self-esteem. In light of the above, an effective approach for helping adolescents with a low self-esteem is needed. The researcher anticipated that principles of animal-assisted play therapy would enhance the self-esteem of adolescents with special needs.

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

### **1.4.1 Goal**

The goal of this study was to ascertain whether principles of animal-assisted play therapy would enhance the self-esteem of adolescents with special needs.

### **1.4.2 Objectives**

The objectives of this study were: -To compile a literature study to gain further knowledge on aspects of the study, namely, adolescence as a developmental stage, gestalt play therapy, animal-assisted therapy, and self-esteem of an adolescent with special needs.

-To conduct an empirical study to explore the influence of animal-assisted play therapy from the gestalt approach on the self-esteem of adolescents with special needs.

-To formulate conclusions and recommendations according to the findings and make them available for use by other therapists working with adolescents with special needs.

## **1.5 HYPOTHESIS FOR THE STUDY**

A hypothesis is a guess about the nature of the relationship between two or more variables. Collins (1990:251) defines the hypothesis as “a prediction of what is expected to be found.” The hypothesis is usually stated as a statement about the relationship between the independent and the dependent variable. The hypothesis is stated as true or false, depending on the findings of the study in relation to the initial hypothesis.

The hypothesis on which this study is based, can be stated as follows:

If animal-assisted play therapy from the gestalt approach is used with adolescents with special needs, their self-esteem will be enhanced.

## **1.6 RESEARCH APPROACH**

In research, the researcher has a choice of using the quantitative, qualitative or combined quantitative-qualitative approach (De Vos, Schurink & Strydom, 1998:15).

The quantitative approach, according to De Vos, Schurink & Strydom (1998:15) is “that approach to research in the social sciences that is more highly formalised as well as more explicitly controlled, with a range that is more exactly defined and which, in terms of the methods used, is relatively close to the physical sciences.” (Compare Mouton & Marais, 1990:155-156.) Reid & Smith (in Fouche & De Vos, 1998:71) add the following with regards to the quantitative approach:

- “The researcher’s role is that of the objective observer.
- Studies are focused on relatively specific questions or hypothesis
- These remain constant throughout the investigation.

- Data collection procedures and types of measurement are constructed in advance of the study and applied in a standardized manner.
- Data collectors are to avoid adding their own impressions and interpretations.
- Measurement is focused on specific variables that are quantified through rating scales, frequency counts and other means by obtaining the statistical breakdown.
- Analysis proceeds by obtaining the statistical breakdown of the distribution of variables.
- Statistical methods are used to determine associations (or differences) between variables.”

In contrast the qualitative approach, according to De Vos, Schurink & Strydom (1998:15) is that approach “in which the procedures are not as strictly formalized, while the scope is more likely to be undefined and a more philosophical mode of operation is adopted.” (Compare Mouton & Marais, 1990:155-156.) Reid & Smith (in Fouche & De Vos, 1998:71-72) mention the following characteristics of the qualitative approach formulation and data collection:

“The researcher attempts to gain first-hand, holistic understanding of phenomena of interest by means of a flexible strategy of problem formulation and data collection.

- This becomes shaped as the investigation proceeds.
- Methods such as participant observation and unstructured interviewing are used to acquire an in-depth knowledge used to guide further study.
- Qualitative methodology thus rests on the assumption that valid understanding can be gained through accumulated knowledge acquired first-hand by a single researcher.”

The researcher has chosen the dominant-less-dominant design of Cresswell (1994: 173-190) to combine the quantitative-qualitative approaches in this study. The dominant quantitative aspect involved the use of a standardized questionnaire for the adolescents as well as a self-constructed questionnaire for educators and therapists at the school to measure the influence of animal-assisted play therapy on the self-esteem of the adolescence. The smaller qualitative aspect involved the use of observation by the researcher during the animal-assisted play therapy process.

### **1.7 TYPE OF RESEARCH**

The type of research chosen for this study was applied research. Applied research is used when one wants to develop solutions to problems in practice (Fouche & De Vos, 1998:69).

Within the framework of applied research, intervention research was used. The researcher developed and implemented only the first five steps of the six-phase model of intervention research, which is:

- Problem analysis and project planning – having identified the area to be investigated as being that of low self-esteem, the research project implemented involved the use of animal-assisted play therapy.
- Information gathering and synthesis – the data gathering instruments used were observation and questionnaires. Data was analyzed using the dominant-less-dominant quantitative-qualitative approach.
- Design – a single system design as part of the quasi-experimental design was used in this study.
- Early development and pilot testing – a pilot test of the questionnaire was undertaken.
- Evaluation – evaluation of the research resulted in recommendations and conclusions being made (De Vos, 1998:385).

### **1.8 RESEARCH DESIGN**

The researcher used the single-system design as part of the quasi-experimental design. According to Fouche & De Vos, (1998:131) a quasi-experimental design provides both quantitative and qualitative descriptions of a situation or phenomenon. Quasi-experimental designs also provide information on the relationship between variables. The single-system design, according to Strydom (1998:140), is the study of a single subject on a repetitive basis. The single subject can be an individual, a family, a group, an organisation or a community (Thyer, 1993:95). In this study the single subjects were individual respondents. By implementing this design, the measurement of progress or regression with the intervention program was possible. In this way the quality of service and accountability was enhanced. This research design bears significance for social work practice as outlined by Bloom and Fischer (in Strydom, 1998:140) as “probably the most productive way of assessing whether or not our practice is successful then, is through the use of systematized, objective methods of research that are capable of being repeated (replicated) by others.” This design aids in enhancing the link between research and practice.

The single - system design identified as the most suitable for this type of study was the basic experimental design. Within this category the A-B-A design, where two comparisons are made between the first baseline and intervention, and between intervention and second baseline was used in the study (Strydom, 1998:145).

A refers to the first baseline or pre-measurement.

B is the intervention program.

A is the second baseline measurement.

### **1.9 RESEARCH PROCEDURE AND STRATEGY**

The researcher obtained permission from the Department of Education to conduct the research at the Tugela High School (see Appendix A). The standardized questionnaires were obtained from Perspective College (see Appendix B). A literature study and the self-constructed questionnaire were compiled. The pilot study of the questionnaire was conducted. The necessary amendments to the questionnaire were made before conducting the main study. The researcher used the A-B-A design, which is a basic experimental design on two subjects over eight sessions. This implied that both subjects received a first baseline measurement (A) which in the Psychosocial Functioning Inventory for High School Children (PFI – HIGH – C), followed by the intervention programme (B) and then a second baseline measurement (A), which was the PFI – HIGH – C.

Self-constructed questionnaires were drawn up for educators to complete on each child (see Appendix C). The Psychosocial Functioning Inventory for High School Children and self-constructed questionnaires as well as the observations of the researcher were used as the methods for data collection.

Strydom (1998:141-142) discuss that:

- “The baseline phase can be compared to a normal pilot study and entails the planned collection of data before the independent variable (which is animal-assisted play therapy) is implemented, in order to ensure the researcher has full control over the course of the research project. As soon as the baseline appears relatively stable, the intervention phase can be implemented.
- The planned intervention is implemented during this phase. The intervention phase is therefore the phase in which the independent variable is applied.
- Once the intervention programme is complete, the researcher has to analyse the data to determine if there were changes in the dependent variable (which is

the self-esteem of the adolescents) and whether the independent variable affected the dependent variable.”

Data collection and analysis followed the quantitative and qualitative approach methods. In the quantitative approach data was analyzed using frequency distribution and is presented in the form of tables and graphs (De Vos & Fouche, 1998:204-214). In the qualitative approach data was analyzed using analysis, inductive reasoning, synthesis bracketing and intuiting (Poggenpoel, 1998:336-337).

## **1.10 PILOT STUDY**

### **1.10.1 Literature study**

According to Fouche & De Vos (1998:66) the literature review refines and redefines the research questions and related tentative hypotheses by embedding those questions in larger empirical traditions. As the researcher conceptualizes the research problem, he locates it in a body of theory.“ As the researcher “explores theoretical literature, he must identify and state those assumptions in a framework of theory” Fouche & De Vos (1998:66).

For this study the researcher used the Academic Information Centre of the University of Pretoria in order to compile a literature study. National and international resources, journal articles and the internet was used. A search on the key aspects of this study was conducted and theoretical assumptions relevant to the study were made. The researcher used literature from different fields, such as, social work, education and veterinary sciences.

### **1.10.2 Consultation with experts**

According to Strydom (1998:180), it is important for researchers to consult with persons trained in a specialized field. They sometimes have expertise in research which is advantageous to the researcher. Various experts were consulted. The researcher consulted:

- Dr. J.M.C. Joubert (Lecturer - Department of Social Work, University of Pretoria) who has expertise in play therapy,
- Dr. M. van Heerden (Lecturer – Department of Social Work, University of Pretoria) who has expertise in human-animal interaction,
- Miss A.C.S De Bruyn (Clinical Psychologist at Tugela High School) for her knowledge in psychotherapy.

### **1.10.3 Feasibility of the study**

The use of sampling has implications for feasibility, as according to Strydom & De Vos (1998:191) a sample provides “more accurate information... time, money and effort can be concentrated on (to) produce better quality research, better instruments, more in depth information and better trained interviews or observers. For this research study the student has thus chosen animals (such as a horse, rabbits and fish) that are easily available and relatively inexpensive to maintain. The respondents are accessible in that they are all learners at the Tugela High School and live in Newcastle.

Respondents' permission and permission from parents were obtained (see Appendix D). Permission from the Department of Education has already been obtained. In terms of costs, the researcher was able to bear the costs of transport, the use of the stables and the hire of other pets to be used in the programme. The researcher had sufficient time available to conduct the research.

### **1.10.4 Pilot test of questionnaire/measuring instrument**

The pilot study is conducted in a small scale that closely resembles the sample intended for the research. The questionnaire to be constructed by the researcher was pilot-tested to rectify errors before being utilized in the main investigation (Fouche, 1998:158). Three individuals were used in the pilot study. The pilot study of the questionnaire was conducted in the same manner as with the actual study, using educators from the Tugela High School. For example, in the main study, the researcher planned to administer the questionnaire on an individual basis to each educator. Therefore in the pilot study the researcher did the same. The Psychosocial Functioning Inventory for High School Children does not have to be tested as it is a standardized measuring instrument. The researcher only ran a pilot study to test the practicality of the questionnaire. Brown & Brown (in De Vos, 1998:192) state that “once judged as reliable, the investigator conducts the research project administering the instrument with confidence, assuming that the instrument has appropriate validity.” The necessary changes to the main study were made.

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

A sample is considered to be representative of the population. Population is a term that sets boundaries on the study unit. In this case the population is the adolescents at the Tugela High School. Arkava & Lane (in De Vos, 1998:191) defines the sample as being “the element of the population considered for actual inclusion in the study.” The sample

selected should have the same characteristics as the larger population. De Vos (1998:195,198) further cites two types of sampling: probability sampling (random sampling) and non-probability sampling (no randomization). The sampling method that the researcher has chosen to conduct the research, is the non- probability sample using the purposive sampling method.

The researcher planned a study to ascertain whether animal-assisted play therapy enhances the self-esteem of adolescents with special needs. An experiment using the single-system design was planned, in which a sample of two subjects was drawn from a population of +/- 100 male adolescents at the Tugela High School , KwaZulu – Natal. The purposive sampling method was used. In purposive sampling criteria that are very specific are set in order to choose the sample. The criteria that was used in the selection of the subjects is:

1. Adolescents who were identified by the clinical psychologist during her assessments as having a low self-esteem.
2. Males in the early adolescent phase of development between the ages of 12 to 15 years.
3. Adolescents who loved animals and have not harmed them in any way.
4. Only English speaking children were used in the study.
5. The first two children to fit the criteria were chosen for the study.

A pre-test, using questionnaire measuring self-esteem, followed by a treatment programme that incorporated the principles of gestalt play therapy and animal-assisted therapy, followed by a post-test using the same questionnaire as administered in the pre-test, was administered to the subjects.

Some of the animals used in the treatment programme were fish, a horse, and rabbits. The unit of analysis was individual respondents. The research goal was to perform applied research (intervention research) to ascertain whether animal-assisted play therapy from the gestalt approach enhances the self-esteem of the adolescents. The research design selected was the quasi-experimental, single-systems design. This is a combined quantitative-qualitative design. The sample considered for the study was suitable for conducting the study.

### **1.12 ETHICAL ISSUES**

All the ethical aspects were discussed with each respondent during an interview before the empirical study was conducted.

The following ethical considerations as outlined by Strydom (1998:25) were taken into consideration by the researcher when conducting the research.

**1.12.1 Harm to experimental subjects and/or respondents**

The researcher was sensitive to the interests of the subjects, ensuring that no physical or emotional harm came to them. Subjects who appeared to be vulnerable in the presence of animals, allergic to animals, and fearful of animals were not used in the study. The researcher ensured that the respondents fitted the type of animals chosen and were comfortable with these animals.

**1.12.2 Informed consent**

All respondents were made aware of their participation in the research. Formal informed consent was obtained from the respondents themselves, parents/guardians and the Department of Education. Respondents were informed that they had a choice in participating in the research or not. A complete, clear explanation was given to the respondents.

**1.12.3 Deception of subjects/or respondents**

The researcher was committed to being honest with the respondents at all times.

**1.12.4 Violation of privacy**

The researcher ensured that the respondents' right to privacy and confidentiality was not breached. Respondents were assured that confidential information would not be disclosed to another party. Respondents were asked to choose pseudonyms for the purposes of the research and to ensure anonymity in analyzing and interpreting data. The co-operation of the respondents was respectfully requested and the importance of the study carefully explained. Refusal of the respondents to participate in the program would have been respected.

**1.12.5 Release or publication of the findings**

The researcher ensured that data was interpreted correctly and that the report was clearly and accurately written. Subjects will be informed of the findings. A true reflection of the study will be presented for perusal by other professionals. This study is being submitted in the form of a dissertation to the University of Pretoria as part of the degree MSD (Play Therapy).

#### **1.12.6 Restoration of subjects or respondents**

After the research the researcher debriefed subjects and discussed their experiences. There were no misconceptions that needed to be rectified. Dane (in Strydom, 1998:33) describes this as “a procedure by which any relevant information about the project that has been withheld or misrepresented is made known to participants. For the purposes of this study, eight sessions were used for the intervention program. There was no need for further therapy to be provided to the subjects.

#### **1.12.7 Ethical considerations concerning animals**

Subjects were made aware of the nurturance of humaneness, and helped to understand the “interrelatedness of all living things and the development of a sense of reverence for life” (Wishon, Brazee & Eller, 1986:88). The researcher ensured that the animals were not harmed in any way at any time. Care of the animals in terms of grooming, being fed and having all immunizations were ensured.

#### **1.12.8 Actions and competence of researcher**

The researcher has completed the modules on research, human-animal interaction and play therapy, and was capable of conducting this study. She respected the children at all times. There was collaboration with all contributors. The researcher was under the supervision of Dr. J.M. Yssel while conducting the research.

### **1.13 LIMITATIONS OF THE STUDY**

The limitations of this study were:

1. The sample size was small, and therefore not representative of the entire population.
2. Finding relevant literature on the link between gestalt play therapy and animal-assisted therapy was difficult.
3. Only the self-esteem questions and not other aspects of the PFI – HIGH - C questionnaire were analysed.
4. Only males were used in the study.

### **1.14 DEFINITIONS OF KEY CONCEPTS**

For the purposes of this discussion, the following definitions will apply:

#### **1.14.1 Animal-assisted therapy**

According to (All, Loving & Crane, 1999:50) it is a “goal directed intervention in which an animal meeting specific criteria becomes an integral part of the treatment process or treatment team.” They further add that animal-assisted therapy is “delivered by a human

service professional in groups or individually and is designed to promote improvement in physical, social, emotional and cognitive functioning.”

Adams (1997: 53) describes animal-assisted therapy as involving “the use of animals as an adjunct to other therapies.” The researcher views animal-assisted therapy as an intervention strategy using animals to facilitate the therapeutic process of individuals or groups.

#### **1.14.2 Adolescence**

Gillis (1992: 72) refers to adolescence as “a stage of development (+/- 12 to 18 years) dominated by a sharp acceleration in the physical rate of growth of the maturing body, and the influence this has on the child’s behaviour. During this period there is a pre-occupation with physical appearance often with extreme sensitivity to the comments of others.”

Louw (1998:386) views adolescence as a “developmental stage between childhood and adulthood...a growth process towards adulthood.” The researcher views adolescence as a period of transition from childhood to adulthood involving physical, psychological and emotional changes in the age range of 12 to 18 years.

#### **1.14.3 Gestalt therapy**

“Therapy based on the premise of gestalt theory which states that the most important areas of concern are the thoughts and feelings that people are experiencing at the moment” (Thompson & Rudolph, 2000: 164).

Clarkson (1995:13) mentions that “Gestalt therapists concentrate on the here and now and take into consideration how the here and now reflects on aspects of the past. The here and now refers to the whole person at any given moment including the fantasies, future plans, memories and experiences about the past that are relived in the present.”

The researcher views gestalt therapy as therapy designed to obtain wholeness in the individual by dealing with unfinished business of the past that surfaces in the present.

#### **1.14.4 Play therapy**

According to Landreth (1993: 33), play therapy involves the use of play which is “children’s symbolic language and provides a way for them to express their experiences and emotions in a natural, self - healing process.”

Bradley & Gould (in Thompson & Rudolph, 2000:373) view play as “a natural way for children to express themselves, to act out sensitive material, to gain security and to increase their confidence.” The researcher views play therapy as a means of entering a child’s world in a non-threatening manner, by using a number of appertenances such as toys, puppets, clay that may be found in a playroom in order to help the child deal with his or her unfinished business.

#### **1.14.5 Self – esteem**

Self-esteem refers to the “personal assessment of value or worth we place on ourselves. This value can be expressed either positively... or negatively.” (Gillis, 1992: 79-80).

According to Gurney (1988:13) “self-esteem is the relative degree of worthiness or acceptability, which people perceive self-concept to possess.” The researcher sees self-esteem as how highly one values oneself, based on a number of issues regarded by the individual as important to him or her.

#### **1.14.6 School for children with special needs**

The Tugela High School is a special school that caters for children with special educational needs. A special school is defined as: “A public school that caters for learners with special educational needs. Presently these schools are categorized according to the disability that they cater for. For example, there are schools for the Deaf, Severely Mentally Handicapped” (Gumede, 2001:5).

According to the South African Schools Act No. 84 of 1996, a special school is “a public school for learners with special educational needs.” In the researcher’s understanding, a special school is a public school that caters specifically for children with specific disabilities such as learning, sight or hearing.

### **1.15 CONTENTS OF THE RESEARCH REPORT**

**CHAPTER I: Introduction**

**CHAPTER 2: Adolescence as a developmental stage and the self-esteem of adolescents with special educational needs**

**CHAPTER 3: Gestalt play therapy and animal-assisted therapy**

**CHAPTER 4: Empirical research**

**CHAPTER 5: Conclusions and recommendations**

## CHAPTER TWO

### ADOLESCENCE AS A DEVELOPMENTAL STAGE AND THE SELF –ESTEEM OF ADOLESCENTS WITH SPECIAL EDUCATIONAL NEEDS

#### 2.1 ADOLESCENCE AS A DEVELOPMENTAL STAGE

##### 2.1.1 INTRODUCTION

*“Who are you? Said the Caterpillar... Alice replied, rather shyly,  
“I – I hardly know, sir, just at present – at least I know who I  
was when I got up this morning, but I must have changed  
several times since then” (Carrol, 1999:73).*

The story of Alice changing “several times” is typical of most adolescents. Adolescence is a time of dramatic change. Physical growth changes are seemingly the most obvious. Profound psychological and social development also takes place. The psychological development is characterized by an acceleration of cognitive development and personality formation (Cunningham, 1993:231).

In this chapter, the researcher will discuss the physical, cognitive, moral and psychosocial developmental processes that occur during adolescence, to give a holistic view of adolescent development.

##### 2.1.2 Adolescent physical development

Early adolescence and the onset of puberty are characterized by rapid physical growth known as growth spurt or accelerated growth and the development of sexual maturity. Boys develop more muscle tissue and girls develop fat tissue. Some physical changes that take place in adolescence include physical growth, voice changes, new hair growth under the arms and on the faces of males and skeletal growth (Compare Louw, 1998:388; Cunningham, 1993:231 & 234.)

Adolescents tend to be quite dissatisfied with how their bodies look. Girls usually spend many hours in front of the mirror examining their complexion. Boys tend to concern themselves with muscle development and beard growth. Acne problems are often frustrating and embarrassing for adolescents. Adolescents are sensitive to the opinion of their peers and constantly compare themselves with others. Sometimes this pre-occupation with body image and deviation from the peer norm, whether imagined or real may result in psychological sequelae such as, a low self-esteem,

depression, feelings of inferiority, loss of confidence and eating disorders (Compare, Saddock & Kaplan, 1998:43 and Cunningham, 1993:234.)

In the researcher's opinion, physical development in adolescence can be embarrassing at times, causing much anxiety, fear of ridicule and discomfort. Thus, adolescents may be prompted to dislike their bodies and view themselves as inferior. This research has elucidated the feelings that adolescents with special needs have of their physical development.

The next aspect that will be considered is, the cognitive development of adolescents.

### **2.1.3 Adolescent cognitive development**

In this section the researcher will discuss the cognitive development of adolescents according to the theories of Piaget and Vygotsky.

Adolescent cognitive development begins with the adolescent having increased thinking abilities. Piaget (1958) referred to this stage of development as the formal operational thought. He maintained that this stage of development was characteristic of the ability to think in terms of possibilities and to ask and imagine "what if." The characteristics of formal operational thought are:

- "combinational logic – the ability to find all the possible alternatives,
- separating the real from the possible – the ability to accept propositions that are contrary to reality and to separate oneself from the real world,
- using abstractions – the ability to deal with material that is not observable
- hypothetical – deductive reasoning – the ability to form hypotheses and to use scientific logic" (Cunningham, 1993:243 & Louw, 1998:612.)

Thinking becomes abstract, conceptual and future - oriented. The use of abstractions allows for the formulation of hypotheses (guesses about possible solutions to problems), testing the possible solutions and deducing the best path of action in solving the problem. In problem-solving, adolescents would mentally examine the outcome of each solution and speculate in advance which of the hypotheses are likely to be more successful. They may consider a number of alternatives, weigh them and discard the ones that do not fit. However, their lack of experience limits their ability to accept these possibilities in practical terms. They are able to interpret abstractions such as ideas and values because their thinking is more flexible than that of the younger child in the concrete operational stage. The abstract reasoning ability of adolescents allows them to examine art and literature and understand symbolism. Many adolescents show remarkable creativity, which they express in writing, music,

art and poetry. The abilities at the formal operational stage of development do not all develop at the same time. An adolescent may show one skill but not the other at any given time during his development. Not all adolescents use formal operational thought in every situation even when they have attained it (Compare, Cunningham, 1993:242 and Saddock & Kaplan, 1994:42.)

Piaget's theories were criticized because formal operational thought was not universal for all people and was more likely to apply to adolescents in technologically advanced countries. Whilst Piaget proposed that formal operational thought occurred at the adolescent stage of development, his critics pointed out that education and culture were strong influences on the acquisition of formal operational thought. Young school – age children, for example, could be taught to use formal operational procedures to solve a problem. Even in technologically advanced societies, formal operational thinking was more likely to be used when reasoning about familiar objects, people, situations and events rather than the unfamiliar. It was also found that individuals with higher intelligence quotients tended to use formal operational thought more often, irrespective of their age. The researcher finds this information to be valuable for this study as adolescents with special needs may not be able to function at the formal operational stage of development. This would then imply that one cannot generalize and assume that all adolescents will be at the formal operational stage of development. Neither does it mean that if an adolescent is not at the formal operational stage of his or her development then that individual is unable to successfully achieve wholeness at this stage of his or her development.

Emotional factors such as depression, reduces the chances of formal operational thought being used. Failure, vocational interests and educational levels strongly influenced the results of tests for formal operations (Cunningham, 1993:242-243). Hence, the researcher finds it questionable whether adolescents with special educational needs, such as mild mental retardation are able to function in the formal operational stage.

Piaget saw adolescents as being egocentric. Adolescents are primarily concerned with themselves and how others view them. They believe that when they walk into a room others are evaluating them. They fail to distinguish between the thoughts of others and that of their own. Piaget referred to the pre-occupations of adolescents in terms of egocentrism as occurring in three dimensions, namely the imaginary audience, the personal fable and the invincible fable. In terms of the imaginary

audience adolescents believe that everyone (the audience) is looking at and evaluating every action they perform. This is imaginary because most of the time the adolescent is not the sole focus of attention. The adolescent can become very self-conscious at this point and crave privacy. The self-consciousness that presents itself in the imaginary audience phenomenon eventually fades away during later adolescence, but not completely. It is sometimes evident even in adults (Compare, Dacey & Travers, 1994: 333; Cunningham, 1993: 244 & Louw, 1998:424.) The researcher is of the opinion that this self-consciousness of adolescents would have an impact on their sense of efficacy. Adolescents may then experience a low self-esteem. This can sometimes be anxiety provoking for adolescents.

The personal fable occurs as young adolescents reflect on their own thoughts and feelings and see themselves as unique. Feeling that one is unique is good as it is the essence of a good self-esteem and individuality. However, adolescents may project a grandiose sense of themselves as being clearly different from others (Cunningham, 1993:245 & Louw, 1998:424.) Whilst, Piaget's "personable fable" may hold true for adolescents who do not experience emotional problems, the researcher has found that in the case of adolescents with emotional and behavioural problems the opposite of what Piaget describes as the personal fable is true. Such adolescents frequently view themselves as being worthless and experience self-hate. Very often therapy has to center on empowering them to find uniqueness in their own individuality.

The invincibility fable works in direct contrast to formal operational thinking. Adolescents working under the influence of the invincibility fable believe that they are immune to the laws of nature. As adolescents perceive themselves as special and unique, they feel that they are invulnerable and invincible. They have such beliefs that drinking and drugs will not affect them because they can "hold their liquor" and drugs will affect other people but not them (Thom, Louw, van Ede & Ferns 1998:424 & Cunningham, 1993:245.) The researcher has identified that adolescents who experience emotional and behavioural problems do not perceive themselves as special and unique and take to drugs and alcohol as a result of feelings of helplessness, isolation, despair, insecurity and the need for acceptance; in order to numb their feelings for a while.

The problems faced by adolescents with formal operational thinking, lies with the developmental ability of adolescents to consider alternatives. Once they are faced with the many decisions and choices available, they feel trapped and become indecisive. Difficulty in deciding between alternatives breeds argumentativeness.

They see their parents whom they thought were perfect as having faults. This new revelation results because they are now practicing their reasoning ability and because they want to use every opportunity to practice attempting to reconcile reality with fantasy. Thus, finding fault with parents and those in authority is common (Cunningham, 1993:246). The researcher agrees that adolescence is a time of confusion and adolescents seek to challenge the environment in which they live.

Vygotsky's theory of cognitive development will be discussed next.

Vygotsky saw adolescent cognitive development as depending on the direct interaction of those around the adolescents. He emphasized the role of culture in cognitive development (Cunningham, 1993:40.) His ideas were in contrast with Piaget's ideas of the child trying to understand a problem on his own. The development of higher mental processes such as memory, attention, reasoning, occur as children learn and develop their mathematics, language and memory skills.

Vygotsky was concerned with how children grew intellectually through the help of others who were better informed. He introduced the notion of the zone of proximal development which describes a range of learning from the actual to the potential. This zone refers to the distance between a child's actual developmental level (problem-solving that he or she can do independently) and a higher level of potential development (problem-solving done with adult guidance or in collaboration with more capable peers). In other words he wanted to discover the difference between what learners can do by themselves and what they could do with help. Teaching awakens those functions that are ready to mature and are in the zone of proximal development (Dacey and Travers, 1994:40.)

The researcher is of the opinion that adolescents with special educational needs have limited cognitive abilities and therefore deficits in their ability to learn, process and transfer information. They also may have difficulty in the area of metacognition, which is the ability to identify how one learns and to evaluate, monitor and adapt their learning process. Thus, their cognitive development is not on par with those of adolescents without special needs. This according to the researcher is likely to influence the self-esteem of the adolescent with special needs. The next aspect to be discussed is adolescent moral development.

#### **2.1.4 Adolescent moral development**

In this section, the researcher will discuss the cognitive development of adolescents according to the theories of Piaget and Kohlberg.

At the adolescent stage of moral development, adolescents internalize ethical principles and control of conduct. Piaget described morality as developing gradually, in concurrence with cognitive development. Piaget discussed two stages of moral development:-

- “moral realism – children at age five believe that rules are absolute and fixed. There is a clear distinction between right and wrong. Punishment follows the breaking of rules. Actions are judged in terms of intention and the resulting consequences.
- moral relativism – begins its development between the ages 10 –11 and progresses throughout adolescence. Children see that social rules can be changed either by agreement or consensus. Children deduce that obedience to authority is rejected and replaced by the idea that moral rules result from co-operation, reciprocity and peer interaction. More flexibility in the child’s judgments develops. The individual takes into account individual circumstances, feelings and emotions. Once an adolescent, the individual’s beliefs lie in equal justice for all. Piaget asserted that the movement from moral realism to moral relativism involved the use of cognitive abilities and increased exposure to social experiences. More contact with peers increased the likelihood that the child will learn to co-operate and compromise”  
(Compare Kaplan & Saddock, 1998:45 and Cunningham, 1993:248.)

The researcher is of the opinion that Piaget’s theory on moral development does not seem to apply to adolescents with emotional and behavioural problems. The researcher has noted that such adolescents frequently view morality in terms of injustices done to them and a need for revenge. These adolescents when caught in a web of inner turmoil tend to respond to others in unjust ways.

Piaget set the stage for Kohlberg’s theory of moral development. Kohlberg described three major levels of morality with two stages in each level:

- Pre-conventional
- Morality of conventional role conformity
- Morality of self-accepted moral principles

Adolescents have to have a cognitive level of early formal operations before stage three could be achieved. For the purposes of this research, the researcher will only focus the reader’s attention to the development of adolescent moral reasoning in the conventional level and the morality of self-accepted moral principles (that is stages three - five). The conventional level pays homage to the social rules and laws of the community, religion, society and culture (Kaplan & Saddock, 1998:45 and Cunningham, 1993:249).

- Stage 3: “good girl/nice boy” stage. The reference group decides what is good or bad behavior and the child tries to follow these norms.
- Stage 4: “law and order” is noted. There is a respect for authority and the desire to follow rules.
- Stage 5: social contracts in which the society that is governed by rules, may change the rules if the rules fail. Kohlberg found that adolescents can understand moral arguments not only at their own level but also at lower stages or one stage higher. However, they were unable to understand arguments that were two or more stages higher. Based on these observations, Kohlberg believed that few adolescents developed past stage four (Kaplan & Saddock, 1998:45 and Cunningham, 1993:249.) It is the researcher’s opinion that in all likelihood, adolescents with special needs may also never reach stage 5. It is the researcher’s contention that adolescents with special needs may experience difficulty applying and transferring the principles of moral relativism. This may mean that once an adolescent with special needs has learned specific moral skills, they may have difficulty applying that same skill in another situation. It may be that adolescents with special needs have lacked in the development of early formal operations and may experience problems in generalization and transfer in stages 3 – 4 of Kohlberg’s theory of moral development. However, this may not necessarily be the case.

The next aspect draws the attention of the researcher to the psychosocial development of adolescents.

### **2.1.5 Adolescent psychosocial development**

In this section the theories of Sigmund Freud, Anna Freud and Erikson will be discussed.

As the adolescent’s body matures so does the thinking processes of the adolescent. The adolescent decides which lessons of the past will be integrated into personal reality and is willing to focus on possibilities for the future. As adolescents self-examine themselves, they ask the popular question, “Who am I?” This is a search for identity that becomes the most important aspect of the adolescent years (Dacey and Travers, 1994:167).

Hall, a psychologist in the 1900s, defined this period as one of storm and stress. The storminess represented not only the changes in the body’s physical development, but also the adolescents’ learning to cope with these changes. It was a stage of erratic

maturational changes and an erratic emotional adjustment period (Dacey and Travers, 1994:167 and Louw, 1998:386.) Freud described adolescence as a “reawakening of the sexual urges of the earlier phallic stages” (Dacey & Travers, 1994:255.) He called this the genital stage, which lasts until adulthood. The urges and impulses that drove the oedipal and electra complexes during the phallic stage, re-emerge after a time of being dormant in the latency stage. As sexual changes are the core of adolescence, these urges can now be channeled more and in more appropriate ways such as in heterosexual relationships outside the family. In order to establish these relationships, adolescents must free themselves from their parents. Freud explained that not all people successfully attain mature heterosexual love. Some may fixate here as well, giving rise to problems later on. He maintained that this stage had more impact on the child than any of the other stages (Dacey & Travers, 1994:255).

Anna Freud saw the major problem of adolescence as being the restoration of the delicate balance between the ego and the id, which is established during the latency period and disrupted by puberty. Latency, she felt, is the period in which children adopt the moral values and principles of those that they identify with. Childhood fears are represented by internalized feelings of guilt that are learned during this period. The id is controlled during latency by the strength of the superego. At puberty the force of the id becomes greater and the delicate balance is destroyed. The problems brought about by the internal conflict cause the adolescent to regress to the earlier stages of development. The renewed oedipal conflict brings about fears that are entirely unconscious and often produce intense conflict. This leads to the unconscious defenses of the ego to multiply rapidly, especially the defenses such as: repression, denial and compensation. The problem is that the use of defense mechanisms causes new stresses in the individual and tends to further increase the level of anxiety. Anna Freud described two additional defenses in adolescents:

1. asceticism – as a defense against the sexual, “sinful” drives of youth, the teenager frequently becomes extremely religious and devoted to God.
2. intellectualization – the adolescent defends against emotionality of all kinds by becoming extremely intellectual and logical about life (Dacey & Travers, 1994:305-306).

The researcher is of the opinion that Sigmund Freud’s and Anna Freud’s theories offer valuable explanations on the psychosocial development of adolescents. These explanations can be adapted to suite any adolescent and provide insight for therapists on the internal processes at work in the adolescent and how these interfere

with normal adolescent psychosocial development. Their theories explain the unconscious, subconscious and conscious psychological processes at work in the adolescent and may provide therapists with the framework necessary to treat troubled adolescents.

Erikson (1969) defined this stage as identity versus role confusion. Erikson saw adolescence as a period of moratorium – “a time out” period during which the adolescent experiments with a variety of identities without having to assume responsibility for the consequences of any particular one. Adolescents are allowed this moratorium because they need to experience a number of ways of being and becoming to come to own their particular identity. Indecision is seen as an essential part of the moratorium. Tolerance of it leads to a positive identity. The adolescent that makes his choices too quickly may come to regret them and become more vulnerable to identity confusion later on in life. In addition to thinking of identity as a general picture of oneself, Erikson refers to it as a “state toward which one strives. If you were in a state of identity, the various aspects of your self-images would be in agreement with each other, they would be identical” (Dacey and Travers, 1994:307). In order for adolescents to master this stage, they must:

- **separate their identities** from that of their parents whilst at the same time maintaining a healthy relationship with them. They deal with this, by questioning all aspects of their lives (Dacey & Travers, 1994:307).
- Form a continuous, integrated, unified self-image called **ego-synthesis**. This means that regardless of time and changes taking place the adolescent must see that he/she is still the same person.
- Form **socio-cultural identity**, which means that the adolescent must include the value-orientations of his or her culture.
- Establish a **gender-role identity** as being either male or female.
- Form a **career identity** by recognizing their own abilities and achievements in order to make a realistic career choice
- Develop their **own value system** to form their basic life philosophy, which may serve as an anchor in their lives (Thom, et al.1998:626-627).

Erikson contended that the successful completion of the above tasks promotes the adolescent's sense of identity and thus limits confusion. This provides a sense of faithfulness and fidelity. Through self-examination, experimentation and formulation of their own value system and philosophy of life, adolescents can know who they are and what they want from life. This establishes their self-esteem (Thom, et al., 1998:627.)

The researcher finds Erikson's theory enlightening. The researcher also agrees that identity formation is crucial to the development of adolescents and forms a foundation upon which they can build a self-image. The researcher believes that all the above stages, when mastered by adolescents enable them to find their own place in the world and see themselves as unique, valuable and worthwhile persons. In so doing, they are able to enhance their ego-strength thereby experiencing a positive self-esteem.

Cunningham (1993:256) maintained that the expectations and responsibilities thrust upon adolescents, leads them to further define their future. In trying to define themselves, adolescents must make choices based on the variables of crisis and commitment. The crisis is a period of upheaval and decision-making, when old values and choices are re-examined. This may occur abruptly or gradually. The crisis leads to commitment to a plan of action. As Erikson realized that adolescents could be in high or low states of crisis and commitment, he defined four states of crisis and commitment.

|  |      | Degree of 'crisis'                     |                           |
|--|------|--|---------------------------|
|  |      | high                                   | low                       |
| degree of commitment to a practical role or values | high | Identity achievement status            | foreclosure status        |
|  | low  | moratorium status (in midst of crisis) | identity diffusion status |

Figure 1: The Four Identity Statuses of Erikson

In terms of identity achievement, adolescents, while searching for an identity, pass through one or more of these stages. The adolescent has put much effort into searching for choices in response to the crisis and makes a final decision and commitment to a particular behaviour. In identity moratorium, the adolescent is experiencing a high degree of crisis and searches for choices without making any commitments. The adolescent is on the way to achievement and will probably reach identity achievement. Identity foreclosure has two components:

1. the adolescent who accepts the choice of the parents out of avoidance or fear of the evaluation process.
2. “negative identity” – the parental/societal answers are unappealing and the crisis is still being avoided. The adolescent makes the choice that is opposite to what was expected, for example becoming a juvenile delinquent because that is the opposite of what the parent wanted for the adolescent.

In both instances the individual puts off making choices for now, and later finds out that his or her unhappiness is the major part of the identity. Repudiation of choices is an essential aspect of reaching personal identity. In any choice of identity, the selection adolescents make means that they have given up (repudiated) all other possibilities at least for the present moment. A variety of choices is necessary for the formation of a well-integrated identity.

In identity diffusion, the adolescent experiences little or no crisis or commitment. Even if there was a crisis, no decision was made regarding it and the person is unconcerned with their lack of commitment. This may lead to the adolescent being a loner or drifter with no goals or a fun-seeker who avoids commitments. Such an adolescent usually has a low self-esteem. (Compare Cunningham, 1993:256-257; Dacey & Travers, 1994:310 and Thom, et al., 1998:628-629.)

Personality characteristics such as self-esteem, degree of moral reasoning, anxiety and social behavior patterns are a few factors that are related to the identity stages. All the aforementioned variables affect adolescents as they progress through one or more of the identity stages (Cunningham, 1993:257).

The researcher finds that Erikson’s Four Identity Stages, provides a sound explanation of the internal conflict that adolescents experience, in terms of making choices and decisions. When adolescents are unable to make choices and commitments, they struggle with issues of control and empowerment. Their failure to make choices leads to a lack of ego-strength. In working with adolescents, therapists need to identify at which stage of Erikson’s Four Identity Stages, the adolescent is in order to enhance their level of control and empowerment and move them to a status of high identity achievement.

During adolescence peers gain importance. The peer group helps adolescents develop identity and can be a sounding board for the adolescent. Within this

framework of having friends, they can try new identities, values and challenges to their self-esteem. Peer groups provide a source of support during a period of uncertainty. The peer group acts as “judge and jury” while the adolescent experiments with new behaviors. The process of self-discovery can be both painful and embarrassing for the adolescent, if the peer group is disapproving. Friends fill the gap as the adolescent separates from the parents. Opposite sex friendships and romance develop. This natural process sets the stage for the achievement of sexual identity. The adolescent finds that a relationship with the opposite sex meets a number of needs such as enhancing communication, search for maturity, peer conformity, love and support when faced with rejection. Peers are able to give valuable feedback and validate feelings. However, when peer group influence is negative, adolescents may separate or rebel against parents by experimenting with drugs and alcohol, smoking and behaving recklessly (Compare Cunningham, 1993:257-258; Dacey and Travers, 1994:316 and Thom, et al., 1998:642.)

The researcher agrees that peers play an important role in the lives of adolescents. Unfortunately, as adolescents struggle to gain acceptance from their peers, they find themselves easily influenced by their peers. Often this influence is so over-powering that they easily succumb to negative influences. In order to help adolescents resist negative peer pressure they need to be helped to gain mastery and control over their lives in the present moment and for the future, so that they can achieve wholeness.

The next aspect to be discussed is adolescent self-esteem development.

#### **2.1.7 Adolescent self-esteem development**

The preceding pages in this section have discussed the physical, cognitive, moral and, psychosocial development of adolescents. Each of these components, either directly or indirectly has a bearing on the self-esteem of the adolescent. This section will expound on the development of adolescent self-esteem.

As the identity of adolescents develop, so to do their view of themselves as being worthwhile people. Their descriptions of themselves change, according to Louw (1998:633) as follows:

- adolescents’ descriptions of themselves increasingly include less physical and more psychological aspects.
- Their self-descriptions become more abstract such as “I am in love” or “I am liberal.”

- They describe themselves in terms of their social competencies such as being friendly, helpful, kind. They include personal and moral values in their self-descriptions.
- They provide more integrated and coherent self-descriptions of both positive and negative characteristics, as well as contradictions. For example, “I am a talkative person but quiet in a group.” They include more fixed plans for the future.

In evaluating themselves (that is, their self-esteem) adolescents slowly include all aspects of themselves. This means that they include their cognitive, physical and social skills to form their overall self-opinions. In early adolescence, when the growth spurt, pubertal changes, cognitive and psychosocial changes and entrance into high school take place, they are inclined to have a lower self-esteem. As they adjust to the physical, cognitive and social changes, their feelings of self-worth develop again. Not all adolescents have positive views of themselves or a high self-esteem. Rejection, lack of support and love and family disorganization could have a negative influence on adolescents' self-concept (Thom, et al., 1998:634).

The researcher believes that the adolescent with special needs has his or her self-esteem affected in a similar manner as that of other adolescents. A significant dent to the self-esteem of the adolescent with special needs is formed as a result of the adolescent interpreting his or her developmental disability as limiting and devastating. By virtue of the fact that very often adolescents with special needs are separated from other so-called 'normal' adolescents, they tend to view themselves as less than normal. This in itself renders them feeling less important, less worthwhile and “less” by any other description assigned to those that are 'normal.' The researcher finds that there is, however no evidence to suggest that children with special educational needs cannot operate on the level of formal operational thought.

The researcher believes that adolescents with special needs may experience some of the same psychosocial developmental patterns as other adolescents. However, the metacognition of the adolescent with special needs may influence the adolescent's perception and understanding of emotional adjustments that need to be made. The researcher will expand on the self-esteem of adolescents with special educational needs in the next section of this chapter.

### **2.3 THE SELF-ESTEEM OF ADOLESCENTS WITH SPECIAL EDUCATIONAL NEEDS**

### **2.3.1 Introduction**

The preceding pages describing adolescent development, clearly indicate that the self is an important part of the development of the personality. According to Hamachek (1992:4) the self is the central core of peoples' identity. It is that private picture each individual has that reflects feelings about who they think they are. Broadly defined, the self is that component of human consciousness that gives people a sense of personal existence. Defined more specifically, the self is the sum total of all referred to as being "mine". As a central aspect of human existence, the self houses the total subjective and intrapersonal world. It is the distinctive center of human experiences and significance. It includes the basic system beliefs, attitudes and values. The self is what constitutes the inner world as distinguished from the outer world consisting of all other people and things. It is not just a physical entity surrounded by skin but a psychological construct in which the concept of "me" and "my" are blended into a unique identity (Hamachek, 1992:4). The self gives rise to an individual's self-esteem. We repeatedly hear the phrase "low self-esteem" mentioned at schools, on television and in the assessments of therapists. It is thus necessary to understand the concept self-esteem.

### **2.3.2 Definition of self-concept and self-esteem**

Gurney (1988:4) defines the self-concept as the image or picture that individuals have of themselves and which they carry around and use to define themselves and categorise their behaviour. Gurney (1988:4) maintains that a positive self-concept is necessary because it:

1. "maintains unity or consistency of behavior.
2. explains purposive behavior which operates over a long span of time, for example planning a career.
3. self-control – where people show that they are capable of deciding to give up rewards and even to volunteer directly for punishment in the process, for example in giving up smoking."

Gurney (1988:17,24) presents the development of the self-concept which eventually determines the level of self-esteem one possesses as occurring over three stages:

STAGE 1 Primitive Self (Pre-Self-Awareness Stage): 0 – 2 years

STAGE 2 Exterior Self: 2 – 13 years

STAGE 3 Interior Self: 13 years onwards

Adolescents fall into the interior self-stage. As mentioned in the previous section, adolescents describe themselves in terms of how they look, feel and the beliefs they hold. Gurney (1988:24) contends that the self-concept is not discontinuous and evolves slowly over time. For the researcher this implies that intervention at any developmental stage can impact and influence a person's self-concept, giving rise to their self-esteem.

A person's self-concept gives rise to the evaluation that he or she makes of himself or herself as either worthy or unworthy, loved or unloved, accepted or rejected, and successful or unsuccessful (Gurney, 1988:4 & Bryan, 1991:198). A high self-esteem is considered to be a "healthy" view of the self – one that acknowledges shortcomings but is not harshly critical about them. A person who has a positive self-esteem evaluates him or herself in a positive way and feels good about his or her strong points. Someone with a low self-esteem may present a façade of a positive self-attitude to others in a desperate attempt to make himself or herself believe that he or she is an adequate person or he or she may retreat, fearing contact with others who may reject him or her. A person with a low self-esteem is usually a person who sees little good in himself or herself and finds little to be proud of. McKay & Fanning (1992:1) assert that self-esteem is necessary for psychological survival and "Awareness of the self is equated with the ability to form an identity and then attach a value to it. It also involves defining who you are and then deciding if you like that identity or not. When children with special educational needs reject part of themselves, they damage the psychological structure that keeps them alive."

### **2.3.3 Characteristics of self-esteem in adolescents with special educational needs**

As described by Piaget, in adolescence, the most important cognitive change affecting the self-concept is the ability to think abstractly (Cunningham, 1993:243 & Gurney, 1988:24). Adolescents may develop advanced methods of reasoning if a situation demands it. Sometimes the environment in which children with special educational needs find themselves do not demand a higher form of reasoning. The child's development of self-awareness may as a result be hindered.

School plays an important role in the development and growth of children. A child's self-esteem is affected by his academic performance (Pope, McHale & Craighead, 1988:3 & Gurney, 1988:52). Teachers constantly act as agents of feedback; providing evaluations in terms of performance. The child's performance can

also be observed by his peers. As people often assign high value to academic success, children tend to use this as a yardstick by which to evaluate themselves.

For children with special educational needs, who fail frequently, school can be a sensitive issue. Academic achievement then becomes a crucial aspect in influencing their self-esteem (Gurney, 1988: 52). Gurney (1988:52) further reports that children with special educational needs will become “demoralized by failure, their academic self-esteem will suffer and with it their general self-esteem or overall feeling of worth.” The child with special educational needs sees himself as being a less “worthwhile person...with lower self-confidence, reduced motivation and less persistence in the face of work problems (Gurney, 1988:52). It is a fact that the children with special educational needs have other strengths and qualities that compensate for a lack in academic achievement. It becomes necessary for the teacher or therapist working with the child with special educational needs to capitalize on the child’s unique strengths and qualities and act as an iconoclast – causing the child to relinquish his negative self-image and free him to view himself differently and positively (Gurney, 1988:53).

The researcher is of the opinion that since the general conception of adolescents with special educational needs is that they have a problem or deficiency, the adolescents themselves become aware of these perceptions and view themselves in the same light. This labeling in itself already gives rise to these adolescents having feelings associated with a low self-esteem.

Self-esteem has an influence on a child’s ability to attempt and learn a task. There appears to be a dearth of recent research on academic achievement in general and self-esteem in children with special educational needs. , MacMillan , (in Gurney, 1988:55) reported that a positive correlation exists between self-esteem and academic achievement among children with special educational needs. Evidence from research conducted by Richmond & Dalton (1973) on the educable (mildly) mentally retarded suggests a positive correlation between low academic achievers and their self-esteem scores in general (Gurney, 1988:55). Gurney (1988:57) declares that whatever the relationship of causality between self-esteem and academic achievement in children with special educational needs, it is necessary to first enhance the self-esteem before remedial teaching can commence.

The researcher agrees with the above authors and proposes that if one can enhance an adolescent's self-esteem, then one can develop the awareness, control, commitment and achievement of that adolescent in all areas of his or her life.

In comparing the self-esteem of ordinary children with the self-esteem of children with special educational needs, authors have presented differing assumptions. More researchers, however, suggest that the self-esteem of children with special educational needs were lower than that of ordinary children (Gurney, 1988:70).

The child's environment at home and in school is an important facet in the development of the child's self-esteem. It is necessary that the people in the child's environment, like educators, parents, care-givers and significant others are warm, accepting, understanding and supportive of the child with special educational needs. For this reason the researcher has involved the teachers in the self-esteem assessment of the subjects of this research. The involvement of the educators will provide important descriptive information on the progress of the adolescents in terms of their individual, social and academic performance at school.

Bryan (1991:199) cites a number of studies conducted by Rogers and Saklofske (1985); Margalit & Zak (1984) & Jones (1985) that compare the self – concepts of children with learning disabilities and those of normal-achieving children. These studies found that learning disabled children rated themselves more negatively than normal achieving children. His analysis of the declarative statements of the Piers-Harris Scale revealed that the learning disabled subjects differed from the non-learning disabled in terms of their intellectual abilities, social status, physical appearance and attributes.

In a study in which Rosenberg & Gaier (1977), used the Coopersmith Inventory, they found that self-esteem of learning disabled children differed from that of their normal achieving classmates as the learning disabled children rated themselves as less easy to like, more fun to be with and more popular with peers (Bryan, 1991:200). In another study by Kistner & Osborne (1987), using the Harter Scale that asks children to rate themselves on scholastic competence, social acceptance, athletic competence, physical appearance, behavioral conduct and global self-worth, learning disabled learners rated themselves lower on all of these scales than non- learning disabled learners. These findings revealed that learning disabled learners perceived

themselves as having “more ability in both academic and non-academic areas and report having less self-esteem than normal-achieving classmates” (Bryan, 1991:200).

The researcher finds these studies to be significant in that they suggest that non-learning disabled children appear to have the advantage of not having to deal with being labeled as learning disabled and therefore are able to enjoy a healthier self-esteem.

As part of the developmental process, children and adolescents generally internalize their attributes for success and failure outcomes. Bryan (1991:203) maintains that students with learning disabilities are likely to internalize attributions for failure but are less likely than normal achieving classmates to internalize their attributions for success. The learners with special educational needs would believe that their failures are a result of their lack of ability.

The researcher believes that adolescents with special educational needs are less accepted and more rejected than their peers that do not have special educational needs. This rejection leads to a low self-esteem and may be associated with problems such as later adjustment difficulties, school drop-out and loneliness.

The adolescent with special educational needs is confronted with an array of psychosocial issues. It is the researcher’s opinion that the low self-esteem, external locus of control and experiences of learned helplessness among adolescents with special educational needs is best explained by Kohut’s formulation of the self. Kohut saw the self as “the center of the individual’s psychological universe.” The self-object is that person or persons who are a “functional part of the individual and enhances a solid sense of self” (Rosenthal, 1992:217). The self-object can be the mother, teachers or other significant people such as friends. Self-object approval is necessary to reinforce one’s sense of completeness and self-worth throughout life. In Kohut’s theory there are three different sectors of the self, consisting of basic needs. In order for the reader to fully understand the self-esteem of the adolescent with special educational needs, it is necessary to discuss these aspects of the self:

1. “grandiose and exhibitionistic needs” – this refers to the need to express and present an impression of greatness. These needs are first supplied by the caregiver and are also needed throughout life. It is fulfilled by the “mirroring” and admiration of self-objects. This is evident in the “gleam in the mother’s eye” that reflects the child’s need to feel and show the self as being special and desirable. When the caregiver is not available to fulfill these needs and

this unavailability constitutes an “optimal frustration” rather than a severe traumatic experience, then the child will be able to grow and through the process of “transmuting internalization” (which is changing the gleam into a healthy internal sense of approval) have positive feelings about the self (Rosenthal, 1992:217-218).

2. “admiring and idealizing needs” – this refers to the need for the self to be admired and presented as having an ideal form or character. These needs are first met by the experience of a calm and soothing caregiver who is seen as all-powerful. Through “optimal frustration” and “transmuting internalization” (changing what has originated from the outside and making it part of the self-structure), this “idealizing need” becomes that part of the self that includes the individual’s values, ideals and capacity for self-comfort (Rosenthal, 1992:218).
3. “twinship or alterego needs” – is the need to experience oneself as the same as others. These needs facilitate the development of talents and skills of the mature self (Rosenthal, 1992:218).

When a lack of empathy involving injury to the self occurs, then self-growth is arrested. According to rather than the three sectors of the self developing healthily to promote self-esteem and a solid sense of values and connectedness to other human beings; the self is traumatized and becomes imbalanced, fragmented and impoverished (Rosenthal, 1992:218).

The self also has “adversarial needs” (that is the need for autonomy, to be able to oppose the self-object without severing the relationship) as well as “efficacy needs” (that is the need for self-experience, being effective, meeting challenges and sustaining self-object responses. When these needs are met the individual develops assertiveness, independence and self-growth. Through misunderstandings and failures the child experiences low self-esteem and other problems with the self.

The researcher’s opinion is that children with special educational needs see themselves as being different from those without special educational needs, and comparatively feel inferior and view themselves as failures, thereby developing a low self-esteem. In applying Kohut’s theory for the adolescent with special educational needs, the researcher proposes that in the period of separation-individuation (in which the individual begins to separate from the primary care-giver), the child with special educational needs may find it difficult to break away from the mother or care-giver, as he or she needs more help than others in the struggle for a separate identity.

During this time, the child with special educational needs may be at risk and, learning about the self and the environment may be slow and painful. The researcher further believes then, that the child with special educational needs may fail to have his or her “self-object twinship needs” met.

Rosenthal (1992:218) proposes that a healthy sense of partnership between the self and others is affected by the child’s learning, playing and problem-solving difficulties, causing a rupture in the child’s sense of belonging. The researcher feels that when the demands of the social world increase at school and in interactions with peers, the adolescent with special educational needs may lack self-awareness, fail to meet the expectations of social situations and may become frustrated. Feelings of isolation, loneliness and powerlessness may develop as the adolescent with special educational needs becomes more at risk of failure and rejection by peers. Rosenthal (1992:219) postulate that adolescents with special educational needs struggle with the need for efficacy and believe that their locus of control lies beyond their reach. This proliferates their low motivation, lack of persistence, low academic self-concept and lack of expectations for success.

#### **2.4 CONCLUSION**

Adolescent development in itself is a stressful, confusing and difficult period. The researcher finds that not many adolescents understand the cognitive, physical and emotional changes that take place during this stage of their lives. To add to the hormonal changes that are surging, they are now faced with a myriad choices and decisions that have to be made. External pressures from parents, teachers, friends and the opposite sex leave them even more confused as to whom to please. At this stage they require much sensitivity and understanding. Adolescents with special needs have this and even more to deal with. They develop to a large extent in a very similar fashion as those without special needs but it must be understood in the light of this research, however, that the effect of “being different from others” by virtue of having special needs is a debilitating factor for the adolescent with special needs. The adolescent with special needs has his or her overall development affected as all the strands of development, that is, cognitive, moral, physical and psychosocial are very much intertwined. Hence, a deficit in any one area of development impacts on the other areas of their development.

Additionally, adolescents may be able to use formal operational thought in some situations but not in others. Thus, abstract thinking is situation specific, and depends

on the adolescents real - life experiences and the amount of practice they have had in using their new – found skills. There is sufficient evidence in this section of the chapter to suggest that adolescents with special educational needs have lower self-concepts on scales that measure academic self-concept. This, according to the researcher, is not surprising as adolescents with special needs have usually had many experiences of school failure. The researcher is of the opinion that such adolescents generalize their negative views of their academic performance to other areas that they battle with. As they are exposed to repeated failures, they tend to experience learned helplessness, a poor self-concept and low self-esteem.

## Chapter 3

### ANIMAL-ASSISTED PLAY THERAPY FROM THE GESTALT APPROACH

#### 3.1 ANIMAL-ASSISTED THERAPY

##### 3.1.1 Introduction

“Father gave me my first pony and also my first lesson in riding. The pony was a very gentle one and I was so small that he tied me in place on the pony’s back. In time I sat on my horse by myself and I rode by father’s side. That was real achievement, for I was very small indeed.”

Standing Bear Native American Sioux  
Brendtro, Brokenleg & Bockern (1990:39)

Much research over the past two decades has focused on the use of animals to improve the quality of life of individuals faced with physical, social and psychological challenges (All, Loving and Crane 1999: 49 –54). Documented animal-assisted therapy programs provide factual accounts of animals being used for specific individuals and community needs such as in therapeutic efforts for the physically and mentally handicapped, the elderly, the sick, in nursing homes, mental hospitals and prisons.

Based on this, the researcher’s aim was to ascertain the specific improvement and outcome that may be achieved from using animal-assisted play therapy from the gestalt approach, for enhancing the self esteem of adolescents with special needs.

##### 3.1.2 Definition of animal-assisted therapy

Animal-Assisted Therapy has been placed in two categories: -

- a) Pets used as companions within the home situation or in assisted living facilities.
- b) Resident pets used in institution for therapy.
- c) The use of visiting animals to form an adjunct to therapy over the duration of the visit. (All, Loving and Crane: 1999:55).

Each category is sufficiently described hereafter, in terms of the benefits of animal-assisted therapy to the psychological, social, physical and emotional capacity of individuals exposed to animal assisted therapy. For this chapter the researcher has scrutinized literature on the sensory, physical, social and emotional benefits of animals in the rehabilitation and care of children.

### **3.1.3 The historical development of animal- assisted therapy**

The first documented history of using animals in therapeutic settings dates back to 1792, in the York Retreat Asylum for the mentally disturbed. Barnyard animals such as rabbits and poultry were placed in the courtyards. The patients took responsibility for caring for the animals and this became a positive reinforcement for self-control (Wilson & Netting, 1987: 60). In an epileptic facility called Bethel in Belfield West Germany, pets were used as a part of the treatment program for the patients. The patients interacted with, and cared for the birds, cats and dogs. Later horses and other farm animals were introduced to treat epileptics. Their treatment of epilepsy became so successful that the center began treating other disorders as well (Wilson & Netting, 1987:60).

In 1942, organized animal-assisted therapy began in the U.S.A. During World War II when convalescing soldiers who were injured or experienced emotional trauma were exposed to animals from a park as well as the livestock, horses and poultry of the working farms. In 1966 Erling Stordahl, who was blind, established a rehabilitation program using dogs and horses for the blind and physically disabled. This enabled many disabled persons to participate in some sports activities (Wilson, 1987: 422).

Boris Levinson was the first to provide detailed reports on the value of animals. Levinson described the benefits of pets for children in residential treatment settings. Levinson (1969:244) maintained that the pet could be used both inside the therapist's office as an adjunct to other therapies or outside the office as a companion in therapy. He reported that the pet was able to solve issues associated with sharing, separation and the formulation of self-image. Children deprived of love and affection were not able to easily receive affection from adults but were able to receive affection from a pet (Compare Wilson, 1987:422 – 423.)

The researcher contends that animal-assisted therapy has a rich history surrounding the benefits of using animals to aide in the emotional, physical and psychological recovery of humans.

### **3.2 The effect of animal-assisted therapy on the functioning of an adolescent**

Over the past two decades researchers have begun to assess the benefits of human-animal interaction over a vast array of facilities and treatment areas and through out the life span of human beings. The physical, psychological, emotional and social benefits of animals to human well - being cannot be over-emphasized. It is these

benefits on the adolescent's overall functioning that the researcher wishes to determine in her study, as a high self-esteem is indicative of a healthy individual in all areas of functioning.

### **3.2.1 The effect of animal-assisted therapy on the physical and sensory awareness of the adolescent**

Recently pets have become the suggested choice in books and journals for improving health through out the lifespan. Baun, Bergstrom, Langston & Thomas (1984:126) reported that petting dogs and horses helped decrease heart rates and improved respiration, decreased blood pressure and provided relaxation equivalent to that of quiet reading (Compare Becker, 1992: 42 and Anderson, Reid & Jennings, 1992:298-300.) Katcher reported that a person's blood pressure was lowered when stroking animals and presented seven functions of pets that positively affect one's health:

1. "Companionship
2. Something to care for
3. Something to touch
4. Something to keep one busy
5. Focus of attention
6. Exercise
7. Safety" (Mc Culloch, 1985: 27)

Researchers agree that the body has "internal opiates." Findings by Cousins and Goldstein describe laughter as "effective for reducing stress...endorphins...act to reduce pain and instill feelings of elation...laughter may...produce not only a reduction in physical stress and pain but a sense of euphoria as well." Pets are a common source of humor, laughter and play in the lives of people and may also act through this neuroendocrine pathway to mediate the effect of laughter (McCulloch, 1985:28).

Horseback riding has been used for rehabilitating persons with physical disabilities. It is based on the rationale that hippo therapy (or horseback riding used as a form of treatment) provides the disabled person with a "normal sensorimotor experience that contributes to the maintenance, development, rehabilitation and enhancement of physical skills" (All, Loving & Crane, 1999: 94). Positive health and psychosocial outcomes have been reported in rehabilitation therapy using animals (Compare Becker, 1999: 42 & Edney, 1995: 706).

Liz Hartel of Denmark, who was stricken with polio in 1943, won a Silver Medal in Dressage at the Olympic Games, held in Helsinki in 1952. She struggled to regain her ability to ride a horse, eventually succeeding. Horse riding therapy proved to enhance physical therapy benefits, improve concentration and social interaction. In cerebral palsy victims a lessening of spasticity was found as a result of horseback riding (Mc Culloch, 1985: 27). Those involved in therapeutic riding have been “observed to have a higher level of interest and motivation to learn as well as improved self-confidence and self-esteem” (Mc Culloch, 1985: 28).

Wishon (1987:427) points out that many delinquent youth have experienced abuse and neglect. Pets “can be very important to those (adolescents) for whom pets frequently become substitutes for other human relationships.” Furthermore, the use of animals in therapy is very useful for a child who is striving for competency in coping with his life. In our relationship with people from infancy to adulthood, touch is essential. It reduces stress and when used with gentle talk creates a feeling of “intimacy, closeness and completion” (Wishon, 1987:427). Touch stimulates sensory contact. Hence, in this research, touching/stroking/grooming of the animal will be used to enhance tactile sensory contact in the participants.

Pets can help to ease the stresses placed on children. Previously, when mothers stayed at home, children only had school and relationships with family to deal with. Now, new responsibilities are added, such as caring for younger siblings, doing extra chores or caring for themselves, since many families are single parent or have both parents working. In our world of ‘high tech,’ children are deprived of ‘high touch’ (Long, 1990:9). They lack the hugs and touches of parents. Pets can help satisfy the ‘high touch’ need in the absence of parents. This does not mean that pets should be a substitute for the touches of parents, but a pet can provide joy and comfort and fulfill the emotional void experienced by children. Pets can provide an important sense of play, care and responsibility and make a child feel needed.

Graham (1999:11) cites the positive effects of stroking horses in a recent Japanese research study, in which three groups of people, one of which was made up of individuals who had negative attitudes towards animals. Participants experienced a decrease in tension after stroking the horses. Animals were also able to provide tactile stimulation to children (Graham, 1999:50).

The researcher believes that the role of tactile contact in physical well-being is valuable to the extent that touch is essential for physical health. The positive effect of sensory stimulation through touch, has been well outlined in the above literature. In gestalt therapy sensory awareness is important in that it enables the individual to be in contact with himself or herself, with the environment and with others in the environment (Oaklander, 1988:110-114). Sensory awareness is gained through the five senses of touch, taste, smell, sight and hearing. In this study the researcher explored the sensory awareness of the adolescents with special needs by introducing animals in the treatment sessions.

In the next section, the researcher will discuss the effect of animal-assisted therapy on the socio-emotional functioning of the adolescent.

### **3.2.2 The effect of animal-assisted therapy on the socio-emotional functioning of the adolescent**

Rehabilitation programs for the blind, deaf, emotionally disturbed and mentally retarded have increasingly employed animal-assisted therapy programs over recent years. An Australian group agreed that pets could help ease the blow of institutionalization. In a survey of administrators of institutions it was discovered that pets assumed great significance in the lives of “maladjusted, emotionally deprived, physically handicapped or otherwise deficient children” (Arkow, 1982:26). Furthermore, pets provide advantage in terms of extending the range and quality of their social relationships, provide an aid to settling into their new environment and soften the harshness of their reality, especially in instances where the atmosphere had institutional overtones (Arkow, 1982:26).

At the Green Chimney’s Children’s Services, in Brewster, New York, a residential treatment center, for children who have experienced emotional loss and trauma, separation from loved ones, school failure and poor social networks, the staff try to get the children to connect with animals. These children have learning disabilities, emotional disturbances and behavioral problems. It was apparent that “exposure to the animals seemed not only to reduce symptoms of hyperactivity and what we call ‘conduct disorder,’ but it also increased the children’s learning capabilities” (Golin & Walsh, 1994:280).

In drug and alcohol treatment facilities, pets were used to facilitate the recovery of drug addicts and alcoholics. In the Guenster House in Bridgeport, Connecticut, a

halfway house for alcoholics, each inmate is assigned a puppy. Several dogs that worked with patients were sent home with them after their treatment, to remind them of their treatment and to give them a sense of purpose. In a nursing home in Colorado Springs, a dog was used in the treatment of an alcoholic patient. It was reported that the dog gave the patient “a new interest in life, arrested his drinking problem and caused the patient to display the interest in group activities” (Arkow, 1982:26).

The researcher finds that when children adolescents and adults are admitted to treatment facilities they leave their loved ones behind. This separation from parents and significant others is especially traumatic for children and adolescents. They experience fear, apprehension, anxiety, loneliness and adjustment problems. Animals can be especially beneficial to such children and adolescents as they offer comfort, unconditional love and acceptance and take away the emotional hurt of the separation. Some adolescents may find purpose in life through these animals.

At the Brain Injury Rehabilitation Centre, in Orlando, Florida, animal-assisted therapy is offered to the patients. Victor Roberts, the physician who heads the Center has remarked: “These animals are awesome. I would invite skeptics to visit the hospital when the dogs are here. The patients are so calm. Although the results are hard to quantify scientifically, once physicians see the interactions, they will be persuaded to try the program” (Swift, 1997:16).

Individuals who are depressed are often apathetic and feel helpless and powerless to bring about change. This is also true for those that are chronically ill and disabled. Often out of hopelessness, they develop “I can’t” attitudes. Animals can provide meaning to their lives by decreasing the preoccupation with their predicament, instilling a sense of humor and providing unconditional acceptance and regard (McCulloch, 1985:29; Odendaal,1990:15 & Lapp, 1991:73).

The researcher finds the benefits of animal-assisted therapy cited in the above literature to be relevant for children and adolescents that have experienced emotional trauma. They too are individuals that are often depressed, apathetic and feel helpless and powerless to bring about change in their own lives. Many are emerged in feelings of hopelessness and develop “I can’t” attitudes. The researcher believes that animals will have immense positive effects on these children and adolescents.

Over the past decades, research on the socio-emotional and cognitive development of children has gained much focus and attention. Children who own pets are seen as having a positive self-esteem. A child's socio-emotional development "can be measured by self-esteem and a positive social orientation of the child, but social skills and a sense of social or moral responsibility can also contribute to the building of the self-esteem" (Edenburg & Baarda, 1995:9 & Edney, 1995:705). Thus, the researcher finds self-esteem to be an important aspect of the socio-emotional development of children.

In the criteria for clinicians prescribing animal-assisted therapy for patients, the following list was compiled by McCulloch (1985:26-27):

- Chronic illness or disability
- Depression
- Positive previous relationships with pets
- Role reversal
- Negative or angry dependency
- Loneliness and isolation
- Low self-esteem
- Helplessness
- Absence of humor

In a study conducted by Bergesen, children's self-esteem scores increased significantly over a nine-month period of keeping pets in their classroom at school. Of particular significance was the finding that children with originally low self-esteem scores showed the greatest improvements. Pets have the ability to make children feel unconditionally accepted. It has been suggested that animals might also enhance verbal skills in children. (Edenburg & Baarda, 1995:11 & Dew, 2000:200).

In a study by Granger, Kogan, Fitchett & Helmer (1998:174) using animal-assisted therapy it was recorded that for participant B who was required to problem-solve during the sessions in order to determine potential strategies in successfully training a dog, their problem-solving skills were enhanced as a result of this exercise. The implementation of using animals to "develop critical thinking directly influenced the subject's sense of control and decreased his feelings of helplessness, thereby increasing his self-esteem." This finding supports the researcher's belief that animals can play a vital role in schools for children and adolescents with special needs. This research is also important because it has bearing on the study of the researcher.

In pre-adolescence and adolescence the pet can serve as a playmate/companion that communicates regard for its owner and fosters responsibility. Wishon (1987:426) maintain that pets have a special meaning to children who are emotionally disturbed, delinquent, lonely or needy. Such children often have poor self-esteem. Literature in the developmental approaches to evaluating human-animal interaction indicates that pets reinforce self-esteem in children, adolescents and young adults (Compare Wilson, 1995:5 ; Granger, Kogan, Fitchett & Helmer (1998:174; Wishon,1987:426 & Levinson,1969:244.)

Children have a natural tendency to be drawn to animals. An animal is non-threatening and does not make any demands on the child. Research conducted at the Devereaux Foundation, which has the largest treatment facility for children in need of special education and care, supports the use of animal-assisted therapy (Kaduson, 1997:357).

The researcher finds that the physical benefits of animal-assisted therapy parallel the socio-emotional benefits of animal-assisted therapy. It is interesting to note that this high touch intervention can be contrasted with the high tech world. The researcher believes that providing high touch in a high tech world encourages self-nurturing and can change a person's negative view of themselves as they realize their worth and value themselves as special and unique human beings. Thus, animal-assisted therapy becomes a must rather than a "need-to-have" as an adjunct to other forms of therapy.

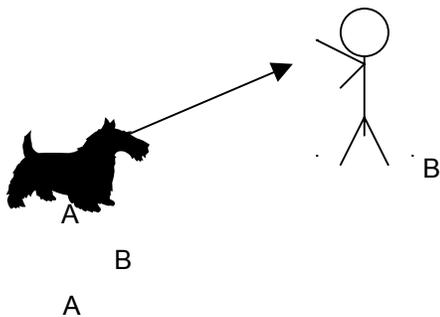
### **3.2.3 Contact with reality and contact with others**

Lapp (1991:75) noticed that "the animal can help a person bridge a gap to make contact with reality." Children have often been observed to relate to pets before they can relate to adult therapists (Levinson, 1969:244). "A transference of the positive exchange from this human-animal contact appears to extend beyond the initial interaction to include other persons." Often children who have given up speaking and choose to withdraw into a world of silence would burst forth with speech. Beck & Katcher (in Wishon, 1987:428) maintain that pets do this because "the love they stimulate in people is unambivalent, unalloyed with the distrust and fear that frequently color relationships with other people..." The pet "acts as a bridge by which therapists can reach patients who are withdrawn, unco-operative and uncommunicative" (Compare Wishon, 1987: 428; compare Dew, 2000: 200; McCulloch, 1985:25.)

The researcher is of the opinion that a therapeutic relationship has to be established with the adolescent in order for the adolescent to trust the therapist and allow the therapist to enter into his or her world. In order to grow and develop through the counseling process, there must be a “therapeutic interchange” (Clarkson, 1995:16). In gestalt therapy the relationship between the therapist and the client is “the true essence of therapy” (Clarkson, 1995:16). The above information is important for this study, as it is able to elicit valuable information on what animals can contribute to the “therapeutic interchange.”

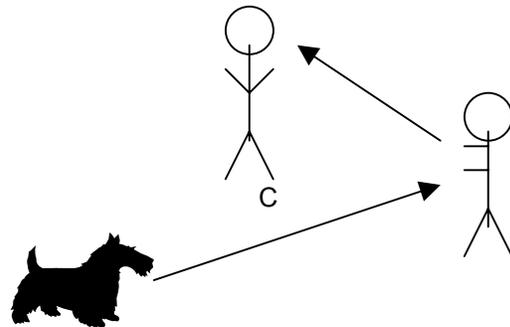
Lapp (1991: 75) provides the following diagrammatic representation of the animal enabling the therapist to join with the client:

Step 1. Response elicited by pet



The introduction of a spontaneous, attentive animal (A) may elicit a positive response from the person (B).

Step 2. Transference



Subsequent “warming” effect facilitated by the animal (A) and the positive response by person (B) are transferred to another person in the Environment (C).

**Figure 2: Two - step process of communication enhancement**

The researcher is of the opinion that children and adolescents who have behavioral and emotional disorders require special attention and therapy. As numerous positive results of animal-assisted therapy have been recorded, it was the researcher’s intention to ascertain the validity of animal-assisted therapy for adolescents with special educational needs.

The next section of this chapter will focus on play therapy from the gestalt approach.

### **3.3 Play therapy from the gestalt approach**

#### **3.3.1 Introduction**

The child therapist “studies the significant stimuli in the child’s environment, from the time of conception, as they interact with his organism ... and attempts to bring about positive changes within his organism ... and the environmental stimuli, until the whole integrative state of the organism along with the whole setting of the stimuli produce an adequate pattern of behavior” Bunt (1970: 26). In the researcher’s opinion, play therapy from the gestalt approach involves the use of a range of techniques to allow the child or adolescent express his desires, unfulfilled needs and unfinished business in the “here and now” in order to achieve a complete gestalt. In the following pages the researcher will discuss the definition, goals, general concepts and play therapy techniques from the gestalt approach. This approach has been selected because it is a holistic approach.

#### **3.3.2 Definition**

“Gestalt” is a German term meaning whole shape or pattern. Gestalt therapy was founded by Fritz & Laura Perl’s in the 1950s (Clarkson, 1995:2). The meaning of gestalt can more accurately be explained as follows: “a form, a configuration or a totality that has, as a unified whole, properties which cannot be derived by summation from the parts and their relationships. It may refer to physical structures, to physiological and psychological functions or to symbolic units” (Thompson and Rudolph, 2000:163). According to Gestalt theory, the most important areas of concern are the thoughts and feelings people are experiencing at the moment.

According to Axline (1989: 8), play therapy is based on the fact that play is the child’s natural medium of self - expression. Through play therapy the child is given an opportunity to “play out” his feelings and problems. “Play therapy could be described as a psychotherapeutic technique through which the therapist gives the child the opportunity to express him or herself either verbally or non-verbally (Blom, 1997: 9). Bradley & Gould (1993) maintain that play is said to be a natural way for children to express themselves, to act out sensitive material, to gain security, and to increase their self-confidence.” (Thompson & Rudolph, 2000: 273).

Gestalt play therapy involves the application of gestalt principles in play therapy. Oaklander (1997) admonishes that the gestalt play therapist meets the child where he or she is and uses suggestions rather than pushing the child. Contact is an important part of gestalt play therapy. Gestalt play therapy includes exercises and experiences

that involve the use of the senses and the expression of feelings (Thompson & Rudolph, 2000:380).

The researcher agrees with Oaklander (1997) that it is important for the therapist to follow the child's process and allow the child or adolescent to be in control of his or her life, dealing with unresolved issues as and when they arise. Through the use of animals in this study adolescents may be able to make choices, resolve issues, deal with their unfinished business and gain control and empowerment as they interact with the animal and the therapist.

The therapeutic goals of play therapy from the gestalt approach will now be discussed.

### **3.3.3 Therapeutic goals**

The aim of gestalt therapy is for the individual to rediscover, explore and experience his/her own shape, pattern and wholeness. In this way people can integrate themselves into what they already are and what they have the potential to become. The central goal of gestalt therapy is to make the client aware of the existence of the self in the here-and-now. The therapeutic goals of gestalt in achieving a sense of fully living in the here-and-now is:

- Reintegration of the polarities of the self
- Establish contact with others and the self
- Self-support and independence instead of dependence
- Awareness of what's happening in the here-and-now
- Establish personal boundaries
- Transforming insight into action
- Re-establish a healthy and natural functioning (Clarkson, 1995:107).

The researcher argues that dealing with what is uppermost in the adolescent's mind during therapy constitutes working in the "here and now" and facilitates the therapeutic process so that each unresolved issue is attended to at the pace to which the adolescent is able to handle resolution of his or her own unfinished business. The researcher finds that the following general concepts of gestalt therapy warrant some attention.

### **3.4 General concepts of gestalt therapy**

Perls (1969) in Clarkson (1995:107) compared human personality to a "rubber ball rolling and floating in the water." Gestalt therapists work on whatever part of the ball was "uppermost" (figure) at any given moment, investigating its function for the client

in the here-and-now. The general concepts to be discussed in this section are: awareness, control, therapeutic contact and play therapy techniques.

### **3.4.1 Awareness**

Yontef (1993:203) defines awareness as “a form of experiencing. It is the process of being in vigilant contact with the with the most important event in the individual environment field with sensorimotor, emotional, cognitive and energetic support.” Being aware of oneself is an ongoing process. The new figure or foreground need that becomes the focal point of gestalt therapy involves a deep awareness of oneself. The gestalt therapist notices and observes action, feelings, thoughts, bodily sensations and the present needs of the client. Awareness enables the client to make contact, realizing what is being done and why it is being done. Contact refers to having the ability to be fully present in the here-and-now and using one’s sense to connect with the environment (Thompson & Rudolph, 2000:380). Sensory awareness gained through the senses of touch, taste, sight, smell and hearing provide a full range of emotional expressiveness (Oaklander, 1988:110-114). The sense of living fully in the “here and now” (present) deepens the awareness of the self. Schoeman (1996:30) sees awareness as the means by which the individual can choose to regulate him or herself.

Oaklander (1997:285) indicates that gestalt therapists focus on helping the client become aware of his or her process. She postulates that as children become aware of themselves in the therapy they experience a sense of “who they are, what they feel, what they like and do not like, what they need, what they want, what they do, and how they do it – they find that they have choices they can make, choices for expression, getting needs met, and for exploring new behaviors.” Awareness is possible through the many experiences and experiments that the therapist affords the child in the process of Gestalt play therapy (Oaklander, 1997:285).

The researcher finds that as adolescents become aware of themselves and their hidden strengths and potential, they use their energy previously spent on the problem to bring about resolution. The therapist needs to use techniques that create new dimensions of awareness in the child, thereby strengthening the child’s capacity to change, grow and develop. Animals in therapy tend to enhance the adolescent’s level of awareness of themselves and their environment. Animals also serve to provide sensory contact through sight, touch, smell and hearing. Animals provide tactile stimulation to children (Graham, 1999:50). Animals also satisfy the “high touch need”

(Long, 1990:46). Horses provide a decrease in tension after stroking them (Graham, 1999:50).

### **3.4.2 Control**

Usually children in therapy have diminished or a lost sense of control over their lives. They experience a lack of power and might fight for control or engage in power struggles. Oaklander (1997:302) points out that the control that occurs in a therapeutic session is “not the same as fighting for power – it is a contactful interaction, but one where the child, in the play (and the child always knows it’s play), has the experience of control.”

The researcher postulates that giving an adolescent control within set limits can help to change his or her locus of control from external to internal thereby fostering nurturance of the self and others. The use of animals in therapy allows for adolescents to control the animal to some extent and to internalize this control. Animals in therapy are useful for children who strive for competency in coping with their lives (Wishon, 1987:427). The researcher believes that there has to be a level of control, empowerment in the adolescent’s life in order for competency to be achieved. This then would imply that the animal in therapy is able to move the adolescent to a point of taking control and responsibility for his or her life.

### **3.4.3 Therapeutic contact**

Perls (1969) viewed the relationship between the therapist and the client as “the true essence of gestalt therapy” (Clarkson, 1995:16). Oaklander (1993:282) alluded to the work of Martin Buber (1958) who maintained that the therapist and the client in which both people are equal to each other. “The therapist brings herself or himself fully to the session, genuinely and congruently. The therapist meets the child, however he or she presents the self, with respect and honour and without judgment or manipulation” (Oaklander, 1993:282). The role of the counselor is that of active and present participant in the therapeutic interchange (Clarkson, 1995:16). “The relationship itself is therapeutic – “it may be the only time that the child has had an experience of this kind. Without a relationship, further therapeutic intervention is fruitless” (Oaklander, 1993:292). Buber (in Yontef, 1993:311958) postulated that the “I – Thou” relationship in Gestalt therapy involved a “healing through meeting.” (Compare Oaklander, 1997:292.)

The researcher is of the opinion that the therapist has to be open about his or her own feelings and approach the adolescent with honesty, trust, unconditional acceptance and positive regard. The researcher also sees the animals as a medium through which contact is established and maintained. The animals are able to “act as a bridge by which therapists can reach patients who are withdrawn, unco-operative and uncommunicative.” (Compare Wishon, 1987:428; Dew, 2000:200; McCulloch, 1985:25.) for this reason the researcher has used animals in the therapeutic sessions.

The play therapy techniques used in this study will now be discussed.

### **3.5 Play Therapy Techniques**

Thompson & Rudolph (2000: 386) assert that play media should be chosen according to the following criteria:

1. “Facilitating the relationship between the counselor and the child
2. Encouraging the child’s expression of thoughts and feelings
3. Helping the counselor gain insight into the child’s world
4. Providing the child an opportunity to test reality, and
5. Providing the child with an acceptable means for expressing unacceptable thoughts and feelings (compare, van der Merwe, 1996: 13 – 14.)

In choosing play material, the therapist has to take into account “the child’s personality, his problems and needs, the plans for intervention and the form of play” (compare van der Merwe, 1996:14; compare Geldard & Geldard, 1997: 90).

For the purposes of this research the researcher will discuss the following play therapy techniques that have been used in collaboration with animal-assisted therapy.

- Clay
- Drawing
- Guided fantasy
- Miniature animals
- Relaxation
- Collage
- Sand tray work
- Construction
- Sensory experience

#### **3.5.1 Clay**

Children enjoy using clay because it is pleasant to touch and can be easily manipulated. It enables a child to be creative and express a wide range of emotions. Geldard & Geldard (1997:113) have observed that many children readily engage with the clay. They become absorbed in pulling, punching, pressing, feeling, stroking, shaping and squashing the clay. It provides tactile and kinesthetic experiences that are both pleasant and satisfying. (Compare, Geldard & Geldard, 1997:113; Schoeman, 1996:51 and Oaklander, 1988:67.) Geldard & Geldard (1997:114) maintain that as clay stimulates tactile and kinesthetic senses, “it allows children that have shut down or blocked their sensory and emotional experiences to get in touch with them again.” Geldard & Geldard (1997:115) cite the following goals when working with clay:

- To help the child tell and share her story by using clay to illustrate elements of her story;
- To enable the child to project her inwardly contained feelings on to the clay so that they can be recognized and owned;
- To help the child to recognize and deal with underlying issues;
- To help the child to explore relationships and to develop insight into those relationships
- To enable the child to experience success and satisfaction in completing a creative task.

The researcher is of the opinion that sometimes adolescents that come from emotionally and physically deprived backgrounds, take easily to playing with clay and begin to get in touch with their childhood. In this way underlying issues come to the fore and the adolescent begins to explore those feelings that once lay dormant. In this study adolescents with low self-esteem were involved with the animals before the clay work commenced.

Next the techniques of drawing, collage and construction will be discussed.

### **3.5.2 Drawing, collage and construction**

Drawing, collage and construction have been grouped together because they form part of the expressive arts. The focus of using drawing, collage and construction in this research was to enable the adolescent to express his or her thoughts, experiment with and experience negative emotions in an acceptable manner. The adolescent can then channel his or her behaviour constructively. Symbols and representations can be used to depict past, present and future situations. Sometimes children find it difficult to draw because they have a low self-esteem (Geldard & Geldard, 1997:120-121). This information is important in the context of this study. Oaklander (1988:48) states

“painting has its own special therapeutic value. As paint flows, often so does emotion.” van der Merwe (in Schoeman & van der Merwe, 1996:146) describes the drawing of the person as depicting the child’s self-image. According to Geldard & Geldard (1997:124-125) drawing and painting can help the child achieve the goals of:

- Enabling the child to tell his story.
- Enabling the child to express repressed or intense emotional feelings
- Helping the child to gain a sense of mastery over events which he has experienced or is experiencing.

A collage is “any design or picture made by pasting or attaching materials of any variety to a flat backing such as cloth or paper” (Oaklander, 1988:80). Collages are useful in that they allow the child to make connections between the texture of objects and emotions. It is a good technique in helping children to explore their perceptions of themselves, perceptions of issues and events in their lives (Geldard & Geldard, 1997:128). Oaklander (1988:82) believes that collages can also be used as a sensory experience.

Geldard & Geldard (1997:129) point out that construction is useful for children who experience little success in their lives and allows the therapist to observe the “child’s responses to failure, success, decision-making, problem-solving and completing tasks...The child’s awareness of his behaviour is raised, so that relevant issues can be addressed.” Oaklander (1988:80) views construction as an activity that children love and cannot get enough of. The child’s exploration of insight and understanding of himself is enhanced through the use of construction.

The researcher contends that drawing, collage and construction offer the adolescent freedom to use their imagination, exhibit their skill and feel good about their “creation.” There is some internal reflection that “I have done this” which may result in an increase of self-confidence. In this study the subject was first introduced to the animals and allowed to interact with them before the techniques of drawing, collage and construction were used.

The researcher will next discuss imaginary journey as another play therapy technique.

### **3.5.3 Guided fantasy**

The imaginary journey or guided fantasy, as referred to by Oaklander (1988:3) is a powerful technique in play therapy. It involves telling a child a story and allowing him or her to freely explore it in his or her imagination, filling in details from his or her own experiences. In this way, the child can project his or her own inner world. As the child

moves through the journey, his or her own memories, emotions and fantasies are triggered. The child then becomes aware of them and can work through them with the help of the therapist. (Compare Geldard & Geldard, 1997:130; Oaklander, 1988:6-12.) Geldard & Geldard (1997:131) provide the following summary of the goals when using the imaginary journey:

- To enable the child to tell his story;
- To help the child to get in touch with, and work through, painful experiences that have been repressed; to help the child to re-experience happy or successful events;
- To help the child to experience imaginary completion of unfinished scenarios or events, with resolution of related issues;
- To help the child to gain mastery over past issues or events;
- To help the child to discover alternative behaviors or options which might have more satisfactory outcomes for him;
- To help the child to gain insight into his own behavior and the behavior of others;
- To help the child understand the reasons why past events occurred.

The researcher has found that some adolescents fear using their imaginations as they struggle to develop their own cognitive abilities and face reality at the same time. Sometimes this reality is one of doom and gloom, especially if compounded by emotional upheaval. The researcher contends that Oaklander (1988:125) is rightly of the opinion that providing opportunities for the adolescent to be taken on a relaxing and pleasant guided fantasy or imaginary journey, leaves him or her feeling refreshed, relaxed and much more present in the “here and now.” In this study this play therapy technique was preceded by the presentation of the animals to the subjects. The guided fantasy technique used, was based on the imagery of animals. The use of the sand tray as a play therapy technique will be discussed next.

#### **3.5.4 Sand tray work**

Lowenfeld (in Oaklander, 1988:166) described the values of sand play by affirming that: “sand and water lend themselves to the demonstration of a large variety of fantasies...When wet the sand may be moulded, and when dry it is pleasant to feel, and many tactile experiments can be made with the gradual addition of moisture.” The child is able to create his own miniature world in the sand, saying a lot without using words. The goals when using this technique are outlined by Geldard & Geldard (1997:108) as follows:

- To explore specific events, past, present and future;

- Explore themes and issues relating to these events;
- Act out those things, which are not, or were not, acceptable to him or her;
- Gain a cognitive understanding of the elements of events in his or her life, and thus gain insight into those events;
- Integrate polarities;
- Alter his or her story, as created in the sand tray, by projecting his or her fantasies onto it;
- Experience a sense of control through physical expression;
- Gain mastery over past and current issues and events;
- Think of what might happen next;
- Find resolution of issues through the development of insight.

The researcher asserts that sand tray work offers vast opportunities for adolescents to create a physical representation of hidden emotional turmoil in a manner that they enjoy and feel safe. Adolescents enjoy the novelty of sand tray work as they create and re-create scenes from their world of what it is now and what they would like it to be. Animals were first introduced to the subjects before the use of the sand tray technique.

In the next section, the use of miniature animals will be discussed.

### **3.5.5 Miniature Animals**

Geldard & Geldard (1997:105) advocate that miniature animals encourage behaviors in the child that are introspective and private because the child is required to project thoughts and feelings on to the animals. Working with miniature animals enables the child to achieve the following goals as described by Geldard & Geldard (1997:100):

- Explore past, present and future relationships with others;
- Gain a fuller understanding of his or her place in her family;
- Explore fears related to his or her own future relationships;
- Fantasize about possible future relationships;
- Explore fears about future relationships between others;
- Explore possible solutions to relationship problems.

In the researcher's opinion, troubled adolescents can be cynical and resistant at times. The researcher is of the opinion that such adolescents may respond to the use of miniature animals as they focus on their relationships with others in the world and form perceptions of these relationships via the use of the miniature animals. It is important for the adolescent to be aware that family members are not likened to the animals, but the focus is on a comparison of the qualities and attributes of family

members in relation to each other. The therapeutic sessions involved the presentation of the animals to the subjects before the sand tray technique was employed. Sensory experience as a play therapy technique will be discussed next.

### **3.5.6 Sensory experience**

Sensory experience encompasses a range of activities that lend themselves to stimulating the senses. In this section the researcher has chosen to discuss sight, sound, touch and relaxation.

Sensory contact strengthens a child's awareness of the basic senses such as sight, sound, taste and smell. Oaklander (1988:109) maintains that it is through these modalities that we experience and find meaning for ourselves and make contact with the world. Very often children who experience emotional disturbances become numb and their sensory awareness is dulled. In this study animals were used to heighten the sensory experiences of the subjects.

#### **3.5.6.1 Sight**

The famous adage that our "eyes are the windows to our soul" implies that our innermost being is fed through seeing, observing, noticing, examining and inspecting things. It is the researcher's opinion that the soul is powerfully awakened and renewed, renewed and strengthened as an adolescent experiences the self through sensory stimulation. Oaklander (1988:111) points out that "the ability to see the environment and the people around us is necessary for making good contact outside the self. To be able to see others clearly expands our horizon." (Compare Schoeman, 1996:41,43.) In this study animals were used for increasing the visual sensory perception of the subjects.

#### **3.5.6.2 Sound**

Our hearing is equally important for making contact with ourselves, others and the environment. The researcher supports Schoeman's (1996:44) view that "a child who does not have contact with sound will have difficulty in making contact with connected feelings. Feelings and sound are often interrelated." The researcher agrees with Oaklander (1988:114) that helping adolescents "appreciate sound increases their sense of being in the world." The sounds of the animals were used to heighten the subjects' sense of hearing in this study.

### **3.5.6.3 Touch**

Touch is another means through which adolescents are able to experience themselves, others and the environment. Oaklander (1988:110) states that tactile sensations is an important cognitive functioning that facilitates the ability to discriminate. Touch is central to awakening the body, mind and emotions. The researcher echoes Schoeman's (1996:47) statement that "when people touch something, either with hands or feet, they get the feeling of what it really is. The world is explored to a great extent by touching objects." The researcher is of the opinion that when adolescents use their sense of touch, they bond with the environment and with others. In this study, animals were introduced to the subjects' to heighten their sense of touch.

Relaxation as play therapy technique will be discussed next.

### **3.5.7 Relaxation**

The researcher finds that adolescents who experience trauma tend to live in a "straight jacket". Their muscles feel tight and tense and may experience difficulty relaxing. The researcher supports Oaklander's (1988:124) opinion that "physical and emotional tension is sometimes expressed through behavior that on the surface seems to be irrational." Teaching children how to relax can help ease the tension and express the reason for the tension (Oaklander, 1988:124). Prior to the technique of relaxation being used in the study, animals were introduced to the subjects. The relaxation technique made use of the sounds of dolphins and nature. Animal imagery was also used in the relaxation technique.

The last play therapy technique to be discussed next is metaphor.

### **3.5.8 Metaphor**

The most important function of metaphors in play therapy, according to Schoeman (1996:86), is that it allows adolescents to find new ways of being and doing and of choosing the best possible alternative. Through the use of metaphors, adolescents learn that people's actions may be different from their own and they could adopt the behavior of characters in the metaphor. The researcher is of the opinion that animals used as a metaphor in a story are enjoyed by children of all age groups. In such stories the animals may be fully anthropomorphized or they retain their animal characteristics whilst able to hear, understand and talk. In this way the researcher believes that adolescents may feel free to verbalise their own fears, discuss unfulfilled needs, find meaning for their own lives and adopt new coping strategies. In this study,

animals were first introduced to the subjects. Animal metaphors were used while the subjects interacted the animals.

### **3.6 CONCLUSION**

The researcher finds that although animal-assisted therapy is a relatively new concept for many human service professionals in this country, it has achieved much acclaim in overseas countries. The remarkable benefits of this form of therapy to the physical, emotional, social and psychological well - being of the human race cannot be overlooked. It is therefore necessary that this new form of therapy becomes an adjunct to other forms of therapy.

Several authors (Oaklander, 1988; Schoeman(1996); van der Merwe(1996) and Geldard and Geldard, 1997) cited in this chapter emphasize the emotional benefits and healing nature of play therapy. The proverb “Necessity is the mother of invention” is true to play therapy, in the sense that therapists discovered a need for more innovation and creativity in assisting the increasing number of children and adolescents with emotional disturbances. The researcher finds that play therapy has become the hallmark for success with children and adolescents experiencing poor socio-emotional functioning. Play therapy has thus become the key to unlocking the inner self and bringing healing to those with emotional malaise.

The researcher is of the opinion that children and adolescents with emotional and behavioural problems require special and innovative therapies to assist them in achieving wholeness or a complete ‘gestalt.’ Therapies presently offered could be a long drawn process that is expensive and often inadequate to address the emotional problems of adolescents. For adolescents at special schools resistance to authority and the school system is generally the norm. Services for emotionally disturbed children (included in this category is the child with low self-esteem), are often ineffective and inappropriate due to constraints such as a lack of resources and ineffective therapeutic interventions. It is within this context, that the combined use of animal-assisted play therapy was researched. The literature presented in this chapter, clearly indicates the individual benefits of animal-assisted therapy and gestalt play therapy, separately. Imagine the force and impact of a combined approach to these two therapies. The outcome should have remarkable and astounding therapeutic benefits for children and adolescents with emotional and behavioural problems.

## CHAPTER 4 Empirical Research

### 4.1 INTRODUCTION

This chapter draws the reader's attention to an analysis of the research findings based on the qualitative and quantitative data gathered during the research. In the pages that follow, the researcher will present and analyze qualitative data from the transcripts of the eight interview sessions conducted with each subject. In the first session, subjects were asked to choose their own pseudo-names. Subject I chose the name Christopher. This name will be used as a pseudonym in this research. In the transcripts, R will be used to represent the researcher and C will be used to represent Christopher. This data will be linked and compared with quantitative data gathered from the Psychosocial Child Functioning Inventory – High School (hereinafter referred to as the CFI – High Profile) and questionnaires completed by educators. The data of Christopher will be presented first, followed by the data of the Undertaker.

### 4.2 QUALITATIVE DATA: CHRISTOPHER

An analysis of the transcripts of Christopher, reveal the following:

#### SESSION 1

The objectives of the session were to build a therapeutic relationship and create an emotionally safe environment for the subject where awareness and control could be facilitated. To achieve the objective, fishes and awareness exercises as well as guided fantasy were introduced to the child. In this session, the subject was introduced to the fish tank and was given the responsibility of feeding the fish on every alternate day. Guided fantasy was used as a technique of play therapy.

The following themes emerged:

#### **\*Christopher's awareness of his life:**

Christopher has drawn his world and discussed it with the researcher. He was able to acknowledge that his real life is not always very nice, and was able to identify some specific negative aspects and positive aspects in his life. He was not able to find a solution for the negative aspects of his life.

#### **\*Christopher's need for control in his life**

The researcher asked the subject what he would like to be. He answered that he would like to be a big tiger, and then explained that the tiger has a lot of control over its life and can do whatever it would like to. This indicates that he experienced a great need for control in his life.

**\*Christopher's body image**

The subject acknowledges that he does not like to be overweight. It makes him feel down. The researcher challenged the subject to find a solution but he was not able to find one.

The objectives of the session to build a therapeutic relationship and create an emotionally safe environment for the subject where awareness and control could be facilitated were achieved to some extent.

**ASSESSMENT OF THERAPEUTIC ASPECTS**

**- Therapeutic contact**

It was clear that the situation was new to Christopher, and he was not very comfortable. As this was the first session, it is acceptable that there was not a high level of therapeutic contact. Christopher did give his co-operation, but broke contact with the researcher as soon as any personal information was asked.

In the first session the subject was unable to close his eyes during the guided fantasy. This indicated that he struggled to establish therapeutic contact. Since therapeutic contact was not established, he also struggled to reveal and acknowledge his feelings.

**- Awareness**

Although Christopher reacted positively to the sensory exercises, it was clear that he is not able to maintain good contact with his environment. His "sense of self" or contact with himself is also not strong, and he is hesitant to give detailed answers.

**- Control and level of empowerment**

Christopher enjoyed feeding the fishes and taking responsibility for them. He also chose the name Christopher. When he faces with the fact that he does not like being overweight, Christopher is not able to find a solution for his problem – this indicates a poor sense of self and a lack of ego-strength.

The objective of creating an emotionally safe environment was met. However, the subject still needs to establish therapeutic contact with the researcher.

**SESSION 2**

The objectives of this session were to continue to build a therapeutic relationship with the subject and help him develop self-awareness and emotional awareness.

To achieve these objectives, caged birds and making a collage were introduced to the subject.

The following themes emerged:

**\*Christopher's self-perception and self-disclosure**

This was the main theme of the session. Christopher was able to express his likes and dislikes with regards to birds. When he made a collage he was able to freely discuss the collage, in detail (see Appendix E). He showed that he felt fine about making the collage. His sense of self started emerging. A little resistance to delve deeper into his own emotions occurred, but he was less resistant than in the preceding session. Christopher was able to describe himself in terms of his past, present and future. The subject used this opportunity to express his dreams for the future. These are - wearing a smart suite, having lots of money, being a singer or actress, making things from metal.

The researcher explained the different changes during adolescence. He is able to identify with the changes that take place during adolescence. Christopher was able to express himself more and make statements about how he sees himself. His sense of self emerged as a symbolic representation of how he fits into his environment. He was able to create a sequence of his life events and express the chronological development of his life story. A higher level of awareness of the self was facilitated in this session.

**\*Christopher's body image**

Christopher's poor body image emerged again. He mentioned: "I was fat. It's not nice when you are fat." He saw himself as a fat baby and related this to his present feelings of dislike for his body. In his collage, he made a picture of himself being thin and explained that that is the way he would like to look. In this session he was specifically able to say what he would like to change in his body – "Just to make it thinner on my tummy."

**\*Christopher's relationships with others**

Christopher indicated that he does not have a good relationship with his cousins. His interaction with them is minimal when they visit. It seems that he is excluded from their company. This was his foreground need that needs attention.

**ASSESSMENT OF THERAPEUTIC ASPECTS**

**- Therapeutic contact**

The subject responded positively to the researcher. This was an indication that a relationship has been established and could be strengthened during this session. The subject seemed more relaxed and more co-operative.

**- Awareness**

The subject's sensory awareness was enhanced. He was able to link the fact that he has cockatiels to the therapeutic situation. He was able to describe the birds in detail and hence showed more awareness of his environment. He was able to copy the sounds of the birds. This shows that he had a higher level of sensory awareness than in the first session. This session helped the subject become more aware of his perception of himself and gave him the opportunity to move from superficial descriptions to greater self-disclosure.

The following discussion illustrates the abovementioned aspects:

R: How do adolescents feel?

C: Strange?

R: What do you mean by strange?

C: I can't say. It's just a strange feeling. I don't know how to explain it.

R: What are some strange feelings that your body has?

C: I think...I don't know.

R: What do you think of your body?

C: I think I'm too fat.

R: Do you like your body?

C: It's alright. Only it's a bit big this way. (He indicates that his body is broad).

R: What would you like to change about your body?

C: Just to make it a bit thinner on my tummy...

R: Describe yourself as a baby from what you've seen in the pictures.

C: I was fat. It's not nice when you are fat?

R: Do you think that you are fat?

C: Not too much, just a little bit here (points to his stomach)...

R: I notice that you chose a picture of yourself as being thin.

C: Yes.

R: Is that perhaps how you would like to look?

C: Yes, only on my tummy, not anywhere else.

Although the subject was easily distracted during this session and frequently looked out of the window, he was able to focus longer on activities than in the previous session. This session helped the child become more aware of his perception of himself and gave him the opportunity to move from superficial descriptions to greater self-disclosure. Not only was Christopher able to express his own emotions, but also the emotions of the birds. He mentioned: "They're scared of people. When I put my hand there they move away."

**- Control and level of empowerment**

The metaphor of birds going through a lot of struggle to hatch and grow strong was used to show the subject that it is possible to develop control over difficult situations. The subject is not able to find solutions for the needs he expressed. At this stage he lacks control and empowerment.

A thread of a relationship between the therapist and the researcher was formed. The subject experienced emotional and sensory awareness. Therefore the objectives were met. The objectives of this session to continue to build a therapeutic relationship with the subject and help him develop self-awareness and emotional awareness, was achieved.

**SESSION 3**

The objective of this session was to encourage the subject to express his emotions and integrate polarities. To achieve these objectives, rabbits and sensory exercises as well as relaxation techniques and clay work were presented to the subject.

The following themes emerged:

**\*Christopher's safety and security needs**

The subject's emotional awareness of the rabbit's eyes: "This white one has red eyes. I don't like those eyes...They look so scary," reminds the subject of his own fears and promotes the expression of the subject's feelings of being unsafe. He reports that the red eyes remind him of " A scary thing...Things are very unsafe. My dad says that there are people that will just steal and kill you, that's not nice."

**\*Christopher's expression of anger**

Christopher expresses feelings of anger over crime. He also reports: "We have two big dogs...they'll eat anyone who comes to our yard." This leads to a further emotional expression of anger and shows that the subject is getting in touch with his feelings.

**\*Christopher's family situation**

This theme was explored and revealed that he has one brother who complains to their mother unnecessarily, and then Christopher gets scolded. He is able to acknowledge and express his dislike about it. He finds his father to be strict and this means: "We can't just do our own thing or just go anywhere." He describes his mother as nice and caring and indicated that he shares a good relationship with his parents.

**\*Christopher is quiet**

This theme was evident during the subject's interaction with the rabbits and was explored by the researcher. The following excerpt showed that the subject is feeling

comfortable about not talking too much, and this must be accepted as part of his process:

R: Which one do you think you are like?

C: The quiet one.

R: Being quiet – what does that mean for you?

C: Just to be by myself...I like to be by myself...I have friends, I like to just do what I like to do.

**\*Christopher integrates his polarities**

The researcher used modeling clay to help the subject to focus on his strong and weak points and likes and dislikes. The subject made two clay figures – one has his arms flexed to show his muscles and the other figure is sitting down. He mentions: “My strengths is that I can play soccer. I’m good in soccer. Here my weakness is that I’m not so good in talking too much.” He then explained that he is trying to get into the school’s soccer team.

**\*Christopher’s body image**

Again the theme of being overweight emerged. In this session he was ready to find a solution. He decided to start exercising.

**ASSESSMENT OF THERAPEUTIC ASPECTS**

**- Therapeutic contact**

During the relaxation exercises, the subject was willing to close his eyes. This is an indication of a higher level of trust towards the researcher. The subject responded well to the relaxation exercise, looked comfortable and appeared to enjoy the exercise. He was more relaxed and offered good co-operation.

**- Awareness**

The emotional awareness of the subject was very good. The researcher was able to facilitate a high level of body awareness. The subject was able to bring his emotional awareness into the conversation of himself when he comments that the rabbit’s eyes look scary. He is also able to link this with the memory of watching scary movies. The subject’s sense of self was emerging as his emotional and sensory awareness increased. He was able to integrate polarities in terms of his likes and dislikes, strengths and weaknesses.

**- Control and level of empowerment**

The subject was empowered by the researcher to focus on his strong points. The researcher facilitated the subject’s process towards finding solutions for his foreground needs. The subject was empowered to seek a solution and was willing to

try it out. In deciding to find a solution by exercising, he showed a higher level of control.

This theme of being quiet was explored by the researcher and showed that he is feeling comfortable about not talking too much.

The objectives of expressing emotions and integrating polarities were fulfilled in this session.

#### **SESSION 4**

The objective of this session was to help the subject gain mastery over issues and events and develop his ego-strength. To achieve these objectives, the subject was exposed to a horse and the use of miniature animals was employed as a play therapy technique.

The following themes emerged:

##### **\*Christopher's relationships with others**

This theme emerges again. This time the subject is able to discuss his relationship with others in greater detail. He chooses a rhino to describe himself at the present moment and explains that the rhino just eats the grass and does his own thing. It "doesn't chase other animals around or attack." In other words it is not aggressive. He then refers to people who "talk to you like they don't care." These people are his cousins with whom he shares a poor relationship. Here, he struggles to understand his cousins' behavior towards him. He views himself as a person who does not harm others yet feels harmed by his cousins whom he says: "just go and sit by their father...not playing and not talking." He is still unable to acknowledge that this affects him. Although he views himself as a harmless person, he struggles to balance his perception of his "self" with his cousins' behavior towards him. This might be a bit confusing to him. He decides to be accepting of the behavior of others towards him and states it in these words: "If they talk to me it's alright. If they don't talk to me it's also alright."

The subject also saw himself as being different from his brother who has a "big mouth." He expressed feelings of irritation towards his brother.

##### **\*Christopher's expression of unfairness in his life**

To describe his feelings of hurt, he chose a cow and remarked that it "doesn't live a quiet, normal life like other animals. He just stays and eats the grass." Here he is becoming emotionally aware of his feelings of hurt, which he previously denied in the discussion about his cousins. He now sees his life as not being normal. He projects his feelings of hurt arising from him giving too much of himself and not receiving anything in return, onto the cow that feels hurt because it is "giving too much milk."

The process of this session was projective and therefore a safe context in which the subject could acknowledge his feelings of hurt through the animal chosen. He was able to make a connection between the cow's feelings of hurt and his own hurt, by saying that it is "sad...and unfair." However, when the researcher probed further, he regressed and became emotionally blocked. The researcher was sensitive to the subject's process as the experience of re-living the hurt might have been too painful.

**\*Christopher's unconscious anger and aggression surfaces**

Christopher expresses his anger by choosing a lion. He describes himself as looking mad, just like lion. He is suddenly in touch with his feelings and the earlier reluctance that he experienced concerning his emotional hurt disappears. He begins to answer the questions directly, giving more details. He feels angry when people tease him, "Aldebo, (who) was a guy with big eyes." He describes his body's reaction to the anger – his "fist is itchy." He has become aware of the messages that his body sends. His suppressed aggression and feelings of loss of control present themselves as his foreground needs. At first, he is unable to deal with this issue and find a solution. As the researcher encourages him to explore alternatives he realizes that he can use self-talk: "Stop myself and say, 'You're crazy. What do you want to do that for? It's something small,'" and he can keep himself calm.

**\*Christopher's self-perception**

To describe himself when he is happy, he chose a giraffe "because the giraffe has enemies, but he doesn't have any evil things on his mind. He's just happy." He identifies the lion, tiger and rhino as the enemies. These are three strong animals, with the lion and rhino representing strong negative emotions in his life. In session 1 he chose to be a tiger because it has a lot of control in its life. The tiger here symbolizes a lack of control. He elaborates that his enemies are: "People who don't like tease you and swear you." The teasing makes him feel like he is stupid, others will laugh at him and makes him want to change something about himself, but he is not sure of what to change. His self-perception emerges as being poor, as a result of the teasing. To deal with this situation, he would like to fight his enemies but is fearful of being suspended from school. He then decides to choose to be happy in spite of these "enemies" in his life as he realizes that he cannot change the way his eyes look.

**ASSESSMENT OF THERAPEUTIC ASPECTS**

**-Therapeutic contact**

The subject made good contact with the therapist. When the subject experienced the hurt as a catharsis, he became emotionally blocked. The ability of the researcher to

sensitively allow the subject some space to deal with his internal processes in a safe manner without further probing, enabled the subject to move on to other feelings related to the hurt that he was unable to verbalize. He felt at ease discussing his foreground needs and dealing with them. Thus, contact with the therapist was established and maintained throughout the session.

**- Awareness**

The subject experienced heightened emotional and sensory awareness in this session. Heightened sensory awareness was experienced through prolonged physical contact with the horse by grooming, feeding, patting and riding the horse. The subject indicated that he liked patting, grooming and feeding the horse and the horse-ride made him feel nice. He became aware of the shape of the horse's body and the rhythm of his gallop while riding the horse. Heightened emotional awareness was experienced through the use of miniature animals that served as a projective technique for the subject.

**- Control and level of empowerment**

The subject experienced control and mastery through identifying and acknowledging his feelings and finding solutions to his foreground needs. At the end of the session he was able to own his projections. The researcher allowed the subject the freedom to choose and make his own decisions. This allowed the subject to experience control and empowerment in the session.

The objectives of this session were achieved through the use of the horse and the use of miniature animals.

**SESSION 5**

The objective of this session was to help the subject discover his own uniqueness, improve his self-confidence and find resolution of issues through the development of insight. To achieve these objectives dwarf hamsters were introduced to the subject and the use of drawings and metaphor were incorporated as the play therapy techniques. The subject was asked to make a model of himself (see Appendix F).

The following themes emerged:

**\*Christopher's body image**

This theme surfaces yet again. The subject is able to see himself as an adolescent that is growing bigger. This adolescent development also means that he is "growing a little bit side-ways everywhere." During the discussion on the model of himself, he again mentions that he does not like his tummy. He is again able to find solutions such as exercising to deal with the problem. He acknowledges that he must do something even though he has not done anything as yet. It seems as if he has

developed enough insight into his problem and has to now take responsibility for his weight.

**\*Christopher's self-confidence**

The subject is able to identify development in the way that he thinks. He relates this to: "My mind is growing. If I did something right, then it's growing. Then I know I'll do something right and I can do it the second time, third time." He readily says that when he does not do something right he feels a little bit mad, then goes to somebody and asks them how to do it. This indicates that he is developing insight, self-awareness and problem-solving skills. As the researcher allows him to explore the issue of self-confidence, he acknowledges that he does not feel like a normal person when: "I do something wrong or I get it right but I feel other people might do things better than you." This makes him not feel good. When requested to find a solution to this problem, he is able to. He presents two options – seeing how someone else has done it and then trying it that way or asking his father. Christopher further mentioned the need to be sure that one day he can do things. Here his future perspective feels threatened by his low self-confidence. The researcher drew his attention to an earlier session in which his strengths and weaknesses were discussed and encouraged him to improve on his weaknesses. He agreed to this. Through identifying solutions he is able to improve his self-confidence.

**\*Christopher's boredom**

In discussing Christopher's uniqueness on the inside he finds his feelings to be "strange" – "sometimes I just don't know what I'm doing ... my voice goes a little bit harder and softer. It plays with me...sometimes I don't wanna be sleeping but ...I'm out." As he explores these issues and events, he realizes that his voice breaking is part of adolescent development and he sleeps too much and is in fact bored. He starts to seek solutions for these issues.

**ASSESSMENT OF THERAPEUTIC ASPECTS**

**-Therapeutic contact**

The subject was quite excited and fascinated with the dwarf hamsters. He was curious to know where the researcher was getting all the animals from, as he wanted something for his birds. He knew some things about hamsters and this perked his interest and stimulated conversation between him and the researcher. It also made him feel good about himself. Contact with the child was easy and maintained throughout the session.

**- Awareness**

The subject was able to increase his awareness through self-exploration. The researcher sensitized him to the sharp claws of the dwarf hamster, but he was already aware of this: "I know. I feel it when they walk on me." Through awareness a development of insight into his internal processes and development as an adolescent came to the fore. He notices strange feelings such as his vocal changes, associated with adolescent development.

**- Control and level of empowerment**

Christopher indicated that he would be able resist peer pressure. His spontaneous, firm and quick response: "Yes, I'll say, "No!" showed some assertiveness. He was able to find solutions. He mentioned: "I think my mind is growing. If I did something right then it's growing, then I'll know I did something right and I can do it the second time, third time." This suggests cognitive growth and a strengthening of the ego. He is able to commit himself to starting an exercise program.

The objectives of this session to help the subject discover his own uniqueness, improve his self-confidence and find resolution of issues through the development of insight was achieved.

**SESSION 6**

The objective of this session was to increase the subject's awareness of his behavior and so that emotions so that issues related to a poor self-esteem can be addressed. To achieve this objective the researcher used birds, fish, rabbits and dwarf hamsters. The play therapy technique of using construction was employed with the subject (see Appendix G).

The following themes emerged:

**\*The influence of the animals on Christopher**

Christopher showed that he benefited from the animals and that they had a positive influence on him. the presence of the animals had the effects of making him: "feel calm...It feels soft...takes away the stuff you're thinking about and you think about the animal and you're calm." He further indicated that if something bothers him he will take an animal and stroke it and he will calm down. Even a big, tame bird will have this effect on him. He was able to express that he did not like the horse so much because it was too big. He preferred the rabbits. The subject might have felt the horse overwhelming while the other animals were easier to manipulate and control without harming them. He enjoyed all the sensory experiences used.

**\*Christopher learns nurturance**

Christopher as able to relate the behavior of the animals' to human behavior and to his own behavior. He observed that the dwarf hamsters do not fight and make way for

each other. When one hamster is hungry it just goes underneath the other one to the food. He felt that if he was pushed around and someone tried to take his space he would not like it. He said that he learnt that each animal is different and how to respond differently to and care for each animal – some can be stroked “harder” others “softly.” He learnt how to control the animals and how to respond to them differently. Christopher also stated: “I learnt not to be scared of anybody because they (the animals) are scared of people...I did learn also if you don't get something right, you must put yourself in that and you must do it much more than you did before.”

**\*Christopher is easily distracted**

Christopher is able to acknowledge that he is easily distracted. He stated that in the class, when he sees something that captures his interest he then focuses his attention on it, as he gets bored in the class. He affirmed that it then becomes difficult to follow the teacher.

**\*Christopher's low self-esteem**

Christopher was requested to make a construction of anything that he wished, out of a variety of materials. He indicated that he felt strange making the construction because he did not know what to make. He felt that his construction would have looked nice if he knew what to make. He also felt that he would have made a good construction if he was told exactly what to make. The subject lacks creativity and the ability to work independently. This is possibly linked to his special needs and academic performance.

Christopher also mentioned that he feels “bad...not nice...a little bit angry...upset...mad” if he makes things and they do not come out the way he likes. He was able to express himself in the ‘here and now’ and deal with his foreground needs. When discussing the title of the construction and he came up with a second name he was reluctant to share the title with the researcher as he felt that it was “not a very good name.” Upon approval from the researcher to continue, he mentioned the second title, which was in fact a good one. The researcher reinforced at the end of the session that his construction was good and it was able to raise a lot of discussion.

**\*Christopher's safety issues**

Christopher entitled his construction: “Freedom at Last or A Fine City.” He felt that he lived in a crime-ridden city as he heard of murders, housebreaking, theft and suicides. Some of these things were taking place in his neighborhood. He was afraid that something bad would happen to him. He also felt afraid for the safety of his family and that they would be victims of crime. He is also fearful of the traffic, taxis and cars speeding. This makes his life unpleasant as he is not allowed to go places without his parents, he cannot spend time with his friends and this contributes to his boredom.

His construction represents a safe place in which “people are friendly towards each other and don’t do things that harm other people.”

### **ASSESSMENT OF THERAPEUTIC ASPECTS**

#### **- Therapeutic contact**

During this session the subject sought the approval of the researcher. This need for affirmation from the researcher suggests that the subject now sees the researcher as a significant other in his life and is willing to express his emotions on a deeper level. The subject did not break contact with the researcher during this session.

#### **- Awareness**

In this session the subject became aware of positive qualities in the rabbits – “this one is friendlier than the other one...that one is cute.” He was aware of the fear of the rabbits and told them: “You don’t have to be scared because I won’t hurt you. I like you.” He became emotionally aware of how he felt when he does not do things well. He also became aware of his environment being unsafe and contrasted this with the ideal, safe world that he created in his construction.

#### **- Control and level of empowerment**

In this session the subject experienced a number of fears that were related to an external locus of control. The researcher held him accountable for things that were in his control, like dealing with his boredom and exercising. He admits that he gets lazy and committed himself to start exercising. The use of animals in therapy encouraged the subject’s ability to nurture. The subject acknowledged loss of control over societal problems but was able to follow a regimen to keep himself safe in an unsafe world by not causing harm to himself and others. This aspect of nurturance encouraged the subject to change his locus of control from an external to an internal one. The objectives of this session to increase the subject’s awareness of his behavior and emotions so that issues related to a poor self-esteem can be addressed were achieved.

### **SESSION 7**

The objective of this session was to help the child explore events related to the past, present and future. To achieve this objective the horse (see Appendix H) as well as the sand tray were introduced to the subject.

The following theme emerged:

#### **\*Christopher’s unfinished business**

In this session, when Christopher made a scene in the sand tray he said that he felt strange because it reminded him of “that thing that happened...that day that I did

fight.” He explained that he assaulted another child because that child wanted to hit him with a ruler over his head and said that he has big eyes. He explained that he lost control and “went out of my mind.” This issue emerged as the subject’s foreground need since it is his unfinished business and he needs to find resolution of the incident that took place two years ago. He mentioned that he felt bad about the fight because it was not necessary and because he hit the other person too hard which caused him to sustain injuries to his lip and eye. He is able to relate the feelings of insecurity that the horse has because of an eye infection, to his own insecurity: “When I fought then I knew that something is not right, something is wrong, and I don’t know what to do.” Here he also feels like the horse – helpless.

### **ASSESSMENT OF THERAPEUTIC ASPECTS**

#### **-Therapeutic contact**

The subject was able to maintain and sustain good therapeutic contact with the researcher throughout the session. He even started to feel more comfortable with the horse owner and made comments or answered questions spontaneously.

#### **- Awareness**

The subject was aware of how he felt the first time that he fed and rode the horse to this time. He was able to make suitable comparisons – the first time he fed the horse the carrot it felt “strange because he’s pulling it off” and now it is “Better than last time...Now I know how to feed him.” concerning the horse-ride – “For the first time I felt a bit strange because it gallops...this time I know it better, how it walks.” The sensory awareness gained through the horse caused the subject to express his own emotional issue of when he fought. He was again reminded of this fight when doing a scene in the sand tray and related his scene to that fight.

#### **- Control and level of empowerment**

The subject’s feelings of helplessness were dealt with by giving him power and control to find solutions. He mentions many solutions and alternatives: “ I can... if I had time I can pray. If I have no time...then I’m going to turn around and walk away. But if it’s in a corner...turn around and make way for myself...keep out of his way.”

The subject is able to see himself empowered but not an aggressive person.

The objectives of this session to help the child explore events related to the past, present and future were achieved.

### **SESSION 8**

The objective of this session was to assess the subject's level of awareness and control in relation to his self. To achieve these objectives the subject was taken to a private farm that cared for exotic birds and wildlife.

The following themes emerged:

**\*Perseverance**

The subject is able to extract from the behavior of the tortoise that is unafraid of humans and pushes forward when one places their leg on the shell, that: "We must push through the life...Yes. We must be like this one." He learns from a steenbok that keeps on trying to jump over the fence and eventually succeeds: "If you don't get it right, just try again." Thus the subject is able to relate the behavior of the animals to his own life situation.

**\*Christopher's sense of self**

The subject was asked to think of another pseudo-name to describe how he thinks and feels about himself now. After thinking for a long time, he chooses the name "Ben." He indicates that this name sounds nicer and different and makes him feel nicer and different now. The meaning that he assigns to the name is: "Ben is big, strong, healthy." For the future this name means: "Ben like big plans to do in the future, big stuff to do like everything I want to do. Every time I saw the animals I think I want to become a person who works with animals and take care of animals, any animals except tigers and lions. And for a happy work with metal. Not with cheap metal. To make big things that look nice."

Clearly, the subject's perspective of his life in the present moment and for the future is positive. His interaction with the animals has also had a positive influence on him. His self-esteem has improved as he sees himself as being "big, strong, healthy." No foreground needs emerged in this session, indicating that for now the subject has achieved a complete gestalt.

**ASSESSMENT OF THERAPEUTIC ASPECTS**

**-Therapeutic contact**

The subject experienced excellent contact with the researcher. For the first time he referred to the researcher by name and this occurred often in the session. He felt extremely comfortable with sensitizing the researcher to sounds, the behavior and different types of animals and his observations. He was comfortable asking questions and expressed enjoyment at visiting this farm. He mentioned that he did not see anything like this before.

**- Awareness**

The subject experienced heightened sensory and emotional awareness. He also made contact with the environment. He was able to hear the sound that the tortoise made – “Shh shh like a suction sound” - and made the researcher listen carefully. The researcher herself did not take notice of the sound before the subject. He became aware of his environment, noticing, “ (the tortoise’s shell) Looks like sea-shells on the rocks... Inside here I saw chickens...Ducks with their ducklings...There’s a springbok.” He was struck with awe and wonder. Christopher was able to become emotionally aware of himself as having grown, feeling nicer and different. He was even hopeful about his future.

**- Control and level of empowerment**

The subject’s level of control and empowerment was enhanced. He almost took charge of the session, leading himself through the process. The researcher provided an opportunity for him to freely explore his environment. The subject was more in touch with his feelings of control over his life and his environment.

Christopher’s sense of self emerged as being powerful and in control.

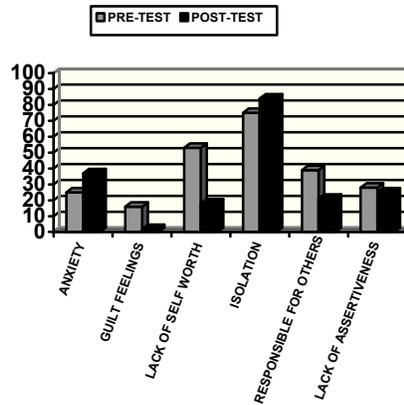
The objective of this session to assess the subject’s level of awareness and control in relation to his self was achieved.

In summary, several themes emerged during the eight sessions that presented themselves as Christopher’s foreground needs. Some of the themes such as: the Christopher’s body image, Christopher’s self-perception and self-disclosure, Christopher’s self-esteem and Christopher’s relationship with others were repeated in successive sessions. The subject was able to successfully attend to his foreground needs and seek resolution of issues through the use of animal-assisted play therapy. It is evident that sensory and emotional awareness was achieved in each session. By the end of the treatment program, the subject experienced heightened sensory and emotional contact. It is clear also, that the subject’s self-esteem developed throughout the sessions and culminated in a highly positive sense of self in the last session. It is not possible to enhance a child’s self-esteem without enhancing their emotional awareness. The literature, cited below supports the researcher’s contention that both animal-assisted therapy and gestalt play therapy played a vital role in helping the subject achieve therapeutic contact, sensory and emotional awareness and control and empowerment (Thompson & Rudolph, 2000:380; Oaklander, 1988:110-114; Schoeman and van der Merwe, 1996:30; Geldard and Geldard, 1997:93-96; Oaklander, 1997:285; Clarkson,1995:16; Wishon,1987:428; Dew, 2000:200; Long, 1990:9; Mc Culloch,1985:28 and All, Loving and Crane, 1999:49).

**4.3 Quantitative Data: Christopher**

In the pages that follow, the researcher will analyse empirical data gathered from: The Psychosocial Functioning Inventory (hereinafter referred to as the CFI - High Profile) and self-structured questionnaires completed by educators. A pre-test and post-test was completed by Christopher.

#### 4.3.1 Analysis of Psychosocial Functioning Inventory



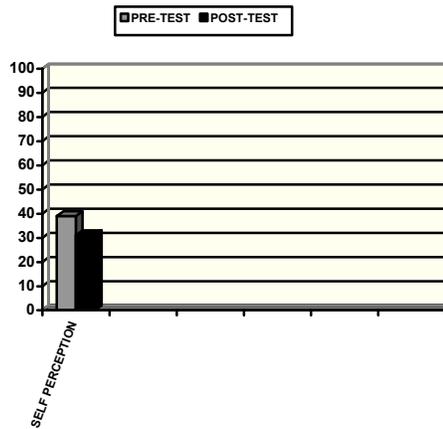
**GRAPH 1: SELF-PERCEPTION SCORES OF CHRISTOPHER**

Scores in the areas of self-perception are shown above. Scores range from 0 to 100. A score above 36% shows a need for improvement; a score between 30% and 36% indicates a warning area that needs attention and a score of less than 30% is in the recommended range. Thus, the lower the score the greater the improvement in the construct. Christopher's anxiety score increased from 15% to 37%. Perhaps this is due to something that happened to him before he completed the second test. Christopher's scores on the isolation construct shows an over-activated figure in the post-test. This figure further increases by 9% in the post-test, showing a deterioration in the isolation construct.

The following constructs do however show improvement:

|                        |       |
|------------------------|-------|
| Guilt feelings         | + 14% |
| Lack of self worth     | + 42% |
| Responsible for others | +25%  |
| Lack of assertiveness  | +3%   |

In general the subjects self-perception shows improvement with regards to four out of the six self- perception constructs.



**GRAPH 2: CHRISTOPHER'S OVERALL SELF PERCEPTION**

Graph 2: reveals a 8% improvement in the subjects overall self-perception.

#### **4.3.2 Analysis of questionnaires completed by educators**

##### **Question 1: Describe your observations of the participant's behaviour patterns on the playground and in the classroom.**

The educators reported the following in the pre-test:

“Quiet but works well in the group that he is placed in.

Hardly participates in activities but does know his work.

Quite active, seems happy, looks for approval.”

The post-test results by the same educators showed improvements such as:

“Well-behaved and does his work well.

Does participate and always knows his work.

Fairly quiet. Behaves well. More talkative towards me.”

##### **Question 2: What are the participant's strengths in terms of his academics/social skills/individual qualities?**

Most educators were unable to list his strengths in both the pre-test and the post-test.. The comments of others revealed no changes.

**Question 3: What are the participant's weaknesses in terms of his academics/social skills/individual qualities?**

Improvements in this area were only noted by one educator who indicated in the pre-test that : "Geography and History needs improvement. Does not always pay attention. Is easily distracted".

Improvements were noted in the educator's response of the post-test: "Geography and History. He is trying hard to improve."

**Question 4: Is the participant generally successful or unsuccessful in his attempts?**

Two out of 5 educators reported changes in the subject's success attempts.

In the pre-test the respondents reported:

"He is cautious and scared to make mistakes or fail."

"Reasonably successful."

In the post-test the same respondents indicated that the subject was:

"Successful".

"Successful (Gets information in order to succeed)."

**Question 5: How does the participant respond to success and failure?**

Four out of 5 educators reported the following in the pre-test.

"He keeps on trying until he succeeds and when he gets stuck he asks for help."

"He is very pleased when he has small and big successes."

"Apologetic when failing. Tries to succeed."

"Not very emotional."

The responses of the same educators in the post-test were as follows:

"Apologetic when failing."

"He is always willing to try harder."

"Is pleased with himself if he succeeds."

"Apologetic – failures. Pleased and proud in respect of success."

**Question 6: Does the child continuously seek attention or does he appear fearful and withdrawn? Explain.**

Two of the educators reported the following in the pre-test.

"Anxious to please."

"Seeks attention. Sometimes he appears over-eager to please. Tends to pull 'big eyes' as if he is required to do tasks with serious intent and to perfection. Perhaps he thinks that he will be scolded if he does not perform well."

In the post-test, the responses of the same educators were:

“Not one of the above.”

“Relatively calm. Anxious to please. Not withdrawn – serious worker.”

**Question 7: Does the participant show confidence and assurance in his actions towards his teachers and classmates? Tick in the appropriate box.**

| PRE-TEST  |   | POST-TEST |   |
|-----------|---|-----------|---|
| ALWAYS    |   | ALWAYS    |   |
| USUALLY   | 1 | USUALLY   | 3 |
| SOMETIMES | 4 | SOMETIMES | 2 |
| SELDOM    |   | SELDOM    |   |
| NEVER     |   | NEVER     |   |

**TABLE 1: Christopher’s Confidence and Assurance Levels**

This table shows an improvement in the frequency of Christopher’s confidence and assurance.

**Question 8: Is the child well accepted by his classmates?**

All respondents answered ticked ‘Yes’ for the subject in the pre and post-test.

**Question 9: On a scale of 1-10, how would you rate the child’s level of self-esteem?**

Pre-test average score            5.4

Post-test average score           6.4

Improvement (Average score)   1.0

The qualitative data of the Undertaker will be analysed in this section:

A comparison of the qualitative and quantitative data of Christopher reveals the following:

Christopher’s anxiety score increased by 8% in the post-test on the CFI-HIGH Profile, suggesting that he might have experienced more anxiety- provoking situations.

During the treatment sessions he mentioned that crime and the reckless driving of taxi drivers made him feel afraid. This social malaise appeared to place a lot of strain on his normal functioning. He mentioned that they “can’t go anywhere.” He named his sculpture ‘Freedom at Last’ and ‘A Fine City.’ This was suggestive of his desire to live

in a world that was free from the evils of crime. It is unknown whether his participation in the treatment sessions could have influenced his anxiety levels. However, this was not evident during the course of the treatment. One possible explanation could be that, he achieved increased emotional awareness during the sessions, and this triggered an awareness of exactly how unsafe he really feels in the world. The responses from the educators did not suggest that the subject experienced feelings of anxiety. Educators may not have commented on the child's anxiety levels as there was no specific question to this effect.

The improvement of 14% made in the subject's guilt feelings could be attributed unconscious feelings of guilt that presented itself in the 'here and now' during therapy. Previously unacknowledged issues related to a fight he has been involved in and his 'fat tummy' were projections that he eventually owned, verbalized and dealt with during the sessions. An improvement of 35% in the subject's lack of self-worth is an amazing improvement, that was quite unexpected. When the subject made a sculpture, he said that he didn't make a nice sculpture. He would have done a better job if he was told exactly what to make. This shows that he probably feels unsuccessful in his attempts and he lacks creativity. Comparatively, the questionnaires revealed that less than 50% of the educators reported that the subject is successful in his attempts. These educators reported that "He is pleased with small and big successes and feels proud when he succeeds." However, the researcher did not observe this in the treatment sessions. One educator observed that he does not always pay attention and was easily distracted. This was confirmed in the treatment sessions. The significant improvement in the subject's lack of self-worth, might also be a direct result of improved emotional and sensory awareness during the treatment sessions. Another plausible reason could have been that the researcher did in fact choose activities and media in the treatment sessions, that promoted self-fulfillment and independence in the subject, enabling him to explore, accept and value his strengths and weaknesses as well as his successes and failures. Literature supports this contention (Geldard and Geldard, 1997:95). The subject acknowledged that he needed to improve his communication patterns when he made a clay model and said to his weak part: "Talk a little bit more to people." One educator reported in the post-test that he became more talkative towards her. Hence, there was transference of what was learnt in therapy into the school context. Improvement in the subject's confidence and assurance were noted by both the educators and the researcher. The average score of the subject's level of self-esteem in the questionnaire, showed an improvement of 1. These findings correlate with the

findings of the subject's self-perception on the CFI – High Profile, which is a 2% improvement and is also consistent with the subject's view of himself as purported in his statement in which he sees himself in terms of his new name 'Ben', which means "Big, strong and healthy."

The figures for isolation were highly exaggerated in the pre and post-test. This could also be attributed to heightened emotional awareness, the subject did mention that he spends most of his time alone and does not go anywhere after school or without his parents. He also mentioned that because of crime they can't go anywhere. However, no definite explanation can be provided.

In terms of the subject's responsibility for others, his score improved by 25%. In the course of the sessions, he expressed fear of social malaise such as crime, murders and suicides. He expressed concern for the safety of his family. These fears might have decreased as he interacted with the animals, ventilated and experienced a sense of control in the sessions.

Although the subject appeared to be quite an assertive person in the sessions, his lack of assertiveness improved by 3%. This could have happened as he learnt more assertiveness skills in the sessions.

The researcher observed that during the sessions the subject sometimes experienced difficulty with getting in touch with his feelings. Whilst educators reported that the subject sought attention, this was not evident in the sessions. This was obviously so because in the class the subject had to compete for the teacher's attention. However, in the treatment sessions interaction occurred on a one-to-one basis.

Educators were unable to cite improvements in terms of emotional growth and well-being of the subject as that presented by the researcher as they tend to focus their attention more on academic issues and classroom behavior rather than socio-emotional growth.

#### **4.4 Qualitative Data: The Undertaker**

the qualitative data of the Undertaker will now be discussed. An analysis of the transcripts of the Undertaker reveal the following:

## **SESSION 1**

The objectives of the session were to build a therapeutic relationship and create an emotionally safe environment for the subject where awareness and control could be facilitated. To achieve the objective, fishes and awareness exercises as well as guided fantasy was introduced to the child. In this session, the subject was introduced to the fish tank and was given the responsibility of feeding the fish on every alternate day. Guided fantasy was used as a technique of play therapy.

The following theme emerged:

### **\*Undertaker's need to feel powerful**

When asked to choose a pseudo-name for himself, the subject chose the name Undertaker. He wants to be like the Undertaker because the Undertaker is a wrestler and the subject sees the wrestler as being strong and powerful because he is able to fight. He is able to explain that he needs to be powerful and strong so that he can defend himself from a friend that drinks and swears him and makes him feel bad. He is afraid of this friend whilst the Undertaker is not afraid of anyone. He also needs to protect his mother from the neighbor who does nasty things to his mother. He does not like the Undertaker when he hits the Rock because the Rock is stupid. He feels that because the Rock is stupid he should not be hit. The subject feels quite helpless over his own situation.

## **ASSESSMENT OF THERAPEUTIC ASPECTS**

### **-Therapeutic contact**

The Undertaker appeared a bit tense and nervous at first and then started to relax after he became absorbed in watching the fish. His speech is soft and inaudible at times. Sometimes he is unsure of himself and of what to say. He frequently answers in monosyllables. As this was the first session, it is acceptable that therapeutic contact was minimal. The subject co-operated with the researcher by choosing to close his eyes during the guided fantasy trip.

### **- Awareness**

The subject was quite engrossed in looking at the fish tank. He was able to observe colours, objects in the tank and the behaviour of the fish. However, his awareness was limited to the happenings in the fish tank. He did not show good contact with himself.

### **-Control and level of empowerment**

The Undertaker enjoyed watching the fish and feeding them. This was a new experience for him. He was unable to find solutions for his problems and fears. This indicates that he has a poor sense of self and lacks ego-strength.

The objectives of the session to build a therapeutic relationship and create an emotionally safe environment for the subject where awareness and control could be facilitated were achieved.

## **SESSION 2**

The objectives of this session were to continue to build a therapeutic relationship with the subject and help him develop self-awareness and emotional awareness.

To achieve these objectives, birds and making a collage were introduced to the subject. In this session, the subject was introduced to caged birds.

The following themes emerged:

### **\*Undertaker's need to feel powerful**

When discussing the development of human beings, the subject mentioned that he wants to have more power. He is able to relate feeling powerful to the birds. He describes that the birds feel powerful because when: "Anyone tries to touch the birds, they come to hit (peck) them." He also sees the fish as being powerful – "They're powerful because they can go up and down." He on the other hand is: "A little bit powerful." He says that there are people that are more powerful than him. He wants to make himself more powerful than them. He is able to find a solution and informs the researcher that he can train himself and go to the gym to become more powerful. The subject reported that he felt nice while doing the collage. (see Appendix I). In the following conversation between the boy and the Rock this theme re-emerges:

U: My boy can you fight?

R: And what would the boy say to the Rock?

U: I can't fight like you.

R: What would the Rock say to the boy?

U: I can teach you. Come.

R: What would the boy say to the Rock?

U: Okay. I'll come.

### **\*Undertaker's poor body image**

The Undertaker indicates in this session that he does not like his body the way it is. He would like his body to "look a little bit powerful." In the collage of himself as an adolescent he wants to become a singer or a wrestler. He would like to become like the Rock because: "he's strong. He can hit the other man." He further says that he would like to hit his friend who says stupid things to him and hits him.

### **\*Undertaker feels unsafe**

In this session the subject repeats his reason for wanting to have more power: “To keep my family safe...(because)...People are killing each other...In Nqutu.” He mentions that he and his family go to Nqutu often. He is afraid of the killings.

## **ASSESSMENT OF THERAPEUTIC ASPECTS**

### **-Therapeutic contact**

The researcher was able to create an emotionally safe environment for the Undertaker by introducing the birds and linking them to the subject's life. This facilitated more self-disclosure and interaction with the researcher.

### **- Awareness**

The subject experienced good sensory contact. He was able to imitate the sounds of birds after some persuasion from the researcher. As he whistled, he was able to make the sound louder and louder. He confused the reality of humans with that of birds by saying that baby birds are fed by their parents with a spoon. Some enmeshment took place as he related his world to that of the birds. The researcher quickly and non-threateningly helped the subject to make the necessary distinctions between our world and the world of the birds. The subject was able to share his likes and dislikes concerning food. He was able to understand the metaphor of the birthing process of birds and relate this to his own development. The Undertaker also became more emotionally aware.

### **- Control and level of empowerment**

The subject experiences some control over his situation and as he finds solutions, he becomes more empowered. When he imitates the birds, he repeats the sound, several times before he stops yet he initially said: “I can't,”. He was quite pleased with the sounds that he made. When asked if he could identify which bird made the sound, he imitates the sound again. This shows a high level of control and empowerment. The objectives of this session to continue to build a therapeutic relationship with the subject and help him develop self-awareness and emotional awareness were achieved.

## **SESSION 3**

The objective of this session was to encourage the subject to express his emotions and integrate polarities. To achieve these objectives, rabbits and sensory exercises as well as relaxation techniques and clay work were presented to the subject.

The following themes emerged:

**\*Undertaker's need for protection**

This theme surfaces early in the session. The red eyes of the rabbit remind the subject of Shaka Zulu, the king of the Zulu tribe. The subject describes Shaka Zulu as : “He’s boss. That man was created. It was like he can protect him like gold.” He further says that he watched a movie about Shaka Zulu and the Skeleton. The Skeleton who can’t be seen follows and guides Shaka Zulu. Later on in the session, he is reminded of another movie and talks about the Skeletons chasing people. The strong man chases the skeletons away. Another skeleton came. The Skeleton wins and the strong man loses. The Skeleton represents “the good guys” and the strong man the bad guys. The sub-theme of good versus evil also surfaces from this discussion. According to a pre-test questionnaire filled in by one teacher, the subject is teased ‘Skeleton’ by his classmates. In this session the subject starts to deal with this issue of powerlessness by portraying the Skeleton as the “good guy” who wins and defeats the bad guys. His sense of self is starting to emerge as he deals with his foreground needs.

**\*Undertaker is quiet and wants friends**

The subject likened himself to the rabbit that was quiet. He said that the rabbit might be thinking that “he wants to have so many friends.” He acknowledges that in his life he would like to have more friends his age. He explains that he does not have friends his age: “Because they do something I don’t do...Wrong things...Breaking windows in peoples’ houses...hit birds.” He feels that he can make friends with children that are nice.

**\*Relationship with family**

Earlier on the Undertaker wanted to know if the rabbits ever met like friends. When challenged to decide this for himself, he decided that they were brother and sister as well as friends. In relating the rabbits each other, and his relationship to his siblings, he felt that he was not too close to his brother’s and sisters as “they trouble me. Like some people try to fight with me. They try to fight when they do something wrong...I don’t go with them.” He mentioned that he gets a hiding from his mother when he does something wrong, like swearing. He admitted to swearing his sisters when he gets angry.

**\*Undertaker's need to be good in cricket**

The Undertaker used modeling clay to depict his strengths and weaknesses. He felt happy while doing the clay work. For his weaknesses, he made a ball and a bat. He described feeling terrible because he was not good at bowling. The other children tell him to “try another game” because he does not bowl well. He also feels angry that he cannot play rugby and soccer but he does not like these sports. He likes to play

cricket because: “You can’t hurt yourself... You won’t hurt somebody.” He was encouraged to develop his weaknesses. He finds his own solution. He decides that he will practice bowling and ask someone to help him.

## **ASSESSMENT OF THERAPEUTIC ASPECTS**

### **-Therapeutic contact**

The subject established and maintained good contact with the therapist throughout the session. Although he said that he was sick and the researcher was willing to release him from this session, he indicated: “I will carry on.” His conversation was more audible and he expressed himself better in this session.

### **-Awareness**

The subject felt uncomfortable and holding the rabbits as this was a new experience for him. He became emotionally aware in this session. He was able to acknowledge that he is lonely, has few friends, is not close to his siblings and swears his sisters. He is acting out his foreground needs through characters that he finds non-threatening and at the same time he is dealing with his issues. He is beginning to safely explore his emotions.

### **-Control and level of empowerment**

The subject showed responsibility in feeding the fish. He was able to find solutions to his problems. He portrayed the Skeleton as a powerful figure. This means that he is willing and able to develop his ego-strength. The aspect of nurturing himself was discussed. He was able to identify things that he can do to take care of himself – “wash yourself... make food...sleep...watch a movie.” This is important for gaining control of one’s life and feeling good about oneself. The subject made a model of an elephant to depict his strength in running. He felt that he was good in making runs in cricket. This further empowered him to improve in this sport.

The objective of this session to encourage the subject to express his emotions and integrate polarities was achieved.

## **SESSION 4**

The objective of this session was to help the subject gain mastery over issues and events and develop his ego-strength. To achieve these objectives, the subject was exposed to a horse and the use of miniature animals was employed as a play therapy technique.

The following theme emerged:

**\*Undertaker's hidden emotions**

When using the miniature animals the subject began to get in touch with his feelings. He chose the horse be most like him at that moment. He used the horse to represent his ability to run and said that he felt happy at that moment. He is able to see himself emerge as powerful. He chose the lion to represent his anger and said that when people do terrible things to him and fight with him, he feels like hitting them. He is not an aggressive person but needed to verbalise his aggression.

To represent feelings of hurt he chose the goat and explained that he feels hurt when he fails at sport. He was able to share that he had indeed started to exercise. This shows his commitment and desire to work through his problems and improve on his weaknesses. The dog represented his feelings of sadness. He discussed that he also felt angry when he was sad. He went on to explain that this occurred when he came home from school hungry and there was nothing to eat. He decided that he would tell his parents when there was nothing to eat in future.

The cow was representative of him when he was afraid. Scary movies and fighting with someone made him feel fearful. A discussion of the animals that chose to represent his family, revealed that he generally shares good relationships with his family. He fights with his sisters at times. The family dynamics indicate no problems at home.

**ASSESSMENT OF THERAPEUTIC ASPECTS**

**-Therapeutic contact**

The subject responded positively to the researcher, indicating that a relationship was established and was being strengthened during the session. The subject related well to the researcher. He is trusting of the expectations of the researcher with regards to his interactions with the animals even though these are new experiences for him. He is co-operative.

**- Awareness**

The subject was reluctant to go near the horse. He explained that he felt scared; "it's my first time." He enjoyed the ride on the horse and asked if he could have a photograph.

He was able to groom and pat the horse but was fearful of feeding the horse. He dropped the carrot five times as he was afraid of being bitten. His emotional awareness was heightened in this session.

**- Control and level of empowerment**

The subject was unable to experience much control near the horse as it was a new experience for him. The researcher allowed him to make choices pertaining to his

interaction with the animal, as she sensed his fear. He showed a sense of responsibility by feeding the fish. He took control of his own life outside the therapeutic environment by starting to exercise. This indicated a high level of control and empowerment and an increase in his ego-strength.

The objective of this session to help the subject gain mastery over issues and events and develop his ego-strength was achieved in this session.

## **SESSION 5**

The objective of this session was to help the subject discover his own uniqueness, improve his self-confidence and find resolution of issues through the development of insight. To achieve these objectives dwarf hamsters were introduced to the child and the use of drawings and metaphor were incorporated as the play therapy techniques. The subject was requested to make a model of himself (see Appendix J).

The following themes emerged:

### **\*Undertaker's body image**

The subject sees his body as being too slow and he wants it to be a bit better. He says he would like to change all of his body and make it bigger. The researcher challenges him to find a solution. He says that he can train himself.

### **\*Undertaker's feelings as adolescent**

The subject referred to feeling "happy, sad and worried" as an adolescent. He feels happy when he wins something, like a soccer match played at home. He feels sad "some when people don't do anything right" – like shouting, treating him badly, making him feel bad. He feels worried when he leaves dust in the workshop at school by mistake and his teacher shouts at him.

## **ASSESSMENT OF THERAPEUTIC ASPECTS**

### **-Therapeutic contact**

As soon as the subject saw the researcher and greeted, he started to tell her of a nasty experience that he had this weekend that nearly resulted in him going to the hospital. This shows that he has developed a high level of therapeutic contact with the researcher.

### **- Awareness**

The subject's response to the animals has changed. He is no longer fearful and apprehensive about touching them. He gently picks up the dwarf hamsters and strokes them. He is able to share his thoughts about their behaviour and how they look. He is in touch with his own emotions. He makes more references to his positives than his negatives. Through the metaphor he says that we should like ourselves the

way God make us. He is aware of his uniqueness. He has made better sensory contact and is more in touch with his inner self.

**- Control and level of empowerment**

The undertaker showed that he felt empowered as an adolescent by saying: “I can do anything that I like...I can come to school and do what I am asked to do.” He was able to practice the assertiveness skills. As he practiced his voice became very audible and assertive. The Undertaker showed responsibility in caring for the fish. His nurturing feelings were displayed as he helped the hamsters get out from under the newspaper.

The objective to help the subject discover his own uniqueness, improve his self-confidence and find resolution of issues through the development of insight was achieved.

**SESSION 6**

The objective of this session was to increase the subject’s awareness of his behavior and so that emotions so that issues related to a poor self-esteem can be addressed. To achieve this objective the researcher used birds, fish, rabbits and dwarf hamsters. The play therapy technique of using construction was employed with the subject (see Appendix K).

The following themes emerged:

**\*Undertaker’s experiences of the animals**

The Undertaker felt that he learnt from his interaction with the animals how to feed and care for them. He felt like he never wanted to stop playing with the animals. When saying good-bye to the animals told them to have a nice Christmas. When asked what they would say to him, he said: Take me with you.” He told the animals: “Good-bye. I’ll miss you guys.” He also realized that he must buy rabbits for himself. He can help animals. The animals made him feel happy. He also felt that he is able to do something for animals. He learnt about himself while interacting with the animals that: “I can do all things.”

**\*Undertaker’s need for control**

The subject made a construction and then discussed it with the researcher. This activity made him want to make a bigger construction. He made a construction of the weather and said: “I am this sculpture. I can control the weather.” He was able to relate this to his lack of control in his personal life. He felt that he could not control: “My body. Like walking so fast. And then I can’t shout at another person when I’m

sick.” He also felt out of control when he is called: “Skeleton and ...other names...like Chris Jerico.” He felt that sometimes he did not like being called, Skeleton, and would react by laughing. This is obviously so because he felt helpless when teased. When challenged he was able to find a solution. He informed the researcher that: “I’m gonna see if I change my mind then I don’t want anyone to call me that.” He decides that they must stop calling him Skeleton and then decides that he has to first think of how to tell them to stop teasing him. He decides to say it this way: “Guys. Now stop this. I don’t like this anymore.” He said this spontaneously and firmly with more confidence than he has ever displayed before. He was able to find a solution and seek resolution. The researcher noticed that he is speaking louder now and is more confident. His speech is also more succinct. The researcher does not have to keep on asking for clarity.

### **ASSESSMENT OF THERAPEUTIC ASPECTS**

#### **-Therapeutic Contact**

The subject established and maintained good therapeutic contact with the researcher. This is evident in that at one point in the discussion of his construction, he wanted to say something and started talking in the midst of the researcher’s sentence. He was more self-assured in his interaction with the researcher.

#### **-Awareness**

The subject’s sensory awareness increased as his contact with the animal increased in this session. He became aware that he also needed to buy an animal for himself. Emotional awareness took place as he followed his inner process and decided whether or not he wanted to do something about the teasing and then what he needed to do about it. The researcher did not disturb his process and allowed him freedom to make choices. This showed some emotional maturity. He showed emotional growth and developed ego-strength.

#### **-Control and level of empowerment**

The subject was empowered to make choices and decisions for his life. The fact that he spoke more succinctly and audibly is indicative of the fact that he has developed greater self-confidence. He discussed his construction in great detail. When asked to describe the feelings of the squashed up drum, he said that: “The drum is feeling happy, if it’s one of God’s people...(and is thinking) God loves him forever.” He also felt happy, just like the drum. This shows that the subject feels good about himself even though he has weaknesses that still need to be developed. His self-esteem has definitely boosted.

The objective to increase the subject's awareness of his behavior so that emotions and issues related to a poor self-esteem can be addressed, were achieved.

## **SESSION 7**

The objective of this session was to help the child explore events related to the past, present and future. To achieve this objective the horse (see Appendix L), as well as the sand tray were introduced to the subject (see Appendix M).

The following theme emerged:

### **\*Undertaker's need to be powerful**

This theme emerged again. In the subject's interaction with the horse he experienced a sense of power and control in his interaction with the horse. In his sand tray he made a scene of a soldier and named him, Undertaker, and a man who is called, Zulu Dancer. He saw the Undertaker as a "big, strong man" and the Zulu Dancer as a "stupid thing." He laughed when he said: "this stupid thing," and said it is "Because he is stupid. He does some stupid things." In the discussion he saw himself as both the Undertaker and the Zulu Dancer. He admitted that sometimes in his life he feels stupid when: "People shout at me and I couldn't even stop them." He also said that there are times when he feels strong like the Undertaker, "Then I'm over two hundred happies," – meaning that he is very, very happy. He is able to relate this happiness to the present moment and says that he is very, very happy. In his story the Undertaker picks up Zulu Dancer and throws him down. This shows that the subject is able to integrate polarities in himself and presents a picture of having emerged strong and victorious.

## **ASSESSMENT OF THERAPEUTIC ASPECTS**

### **-Therapeutic contact**

The undertaker continues to have very good contact with the researcher. While discussing his sand tray scene, he started to express what he wanted to say by using actions. He showed no inhibition. This proves that he felt comfortable to be able to do this with the researcher, especially since in other sessions he was more of an introvert.

### **-Awareness**

The subject experienced more sensory contact with the horse in this session than in the previous session with the horse. He was observed to move closer to the horse without being encouraged to do so. He mentions that in the first session he was a

little bit scared but now he feels: “To never stop,” interacting with the horse. His emotional awareness was heightened as he integrated polarities, sought resolution of issues and attended to his foreground needs.

#### **-Control and level of empowerment**

The subject experienced more control and ease in his interaction with the horse this time. He gained control over his own life through the use of the horse and the sand tray. He was able to make choices and find solutions. Having taken control of his life led him to playfully teach a five-year-old boy to defend himself, “So that some big people won’t hit him.” He showed responsibility by training and exercising to become stronger and better in cricket. This indicates that he has been empowered to change that which he is unhappy with in his life.

The objective of this session to help the child explore events related to the past, present and future was achieved.

#### **SESSION 8**

The objective of this session was to assess the subject’s level of awareness and control in relation to his self. To achieve these objectives the subject was taken to a private farm that cared for exotic birds and wildlife.

The following themes emerged:

#### **\*Undertaker’s self-esteem is enhanced**

In the subject’s interaction with the animals and discussions with the researcher, he showed increased self-confidence. The subject was very excited about this session. He enjoyed watching the animals and their behaviour. He chose a pseudo-name for himself – “The Big Show.” He said that he shoes this name for himself: “Because I’m growing bigger now... I have few years to finish school.” The name means that he can: “Do something for people that he likes, that’s a show for them. Helping them. Showing I can behave to my parents.” For his future, this name: “Means I can fight for myself. I’m strong enough to other people – not all the people.” This indicates that the subject’s sense of self has emerged as strong and healthy.

#### **ASSESSMENT OF THERAPEUTIC ASPECTS**

##### **-Therapeutic contact**

The Undertaker was extremely talkative in this session. He made conversation concerning his personal life and television with much ease. While interacting with the

animals, he was reminded of interesting stories from his culture and he shared these with the researcher. His contact with the researcher was excellent.

**- Awareness**

The subject experienced heightened sensory awareness in this session. He pointed out the behaviour of the animals and could name some of them. He was in contact with his environment. When Christopher asked what we would do if the bucks ran towards us, the Undertaker says: "I'm gonna go like a lion" and he made a roaring sound. This can be related to a high level of awareness. He also showed an awareness of his emotional growth by choosing the name, "Big Show" and assigning important traits to that name. This must mean that he sees himself as having developed increased self-confidence and self-esteem.

**- Control and level of empowerment**

The Undertaker saw himself as powerfully in control of his own life. By saying that this name means that he can fight for himself and is strong enough, even though not to all people, he shows that he has achieved a high level of empowerment. After watching the steenbok fail several times before he successfully jumps over the fence, the researcher asked the subject what he learnt from this situation. His stated: "In the beginning you can lose and in the end you can win." Again, we see that the subject has become more empowered in his life.

The objective of this session to assess the subject's level of awareness and control in relation to his self was achieved.

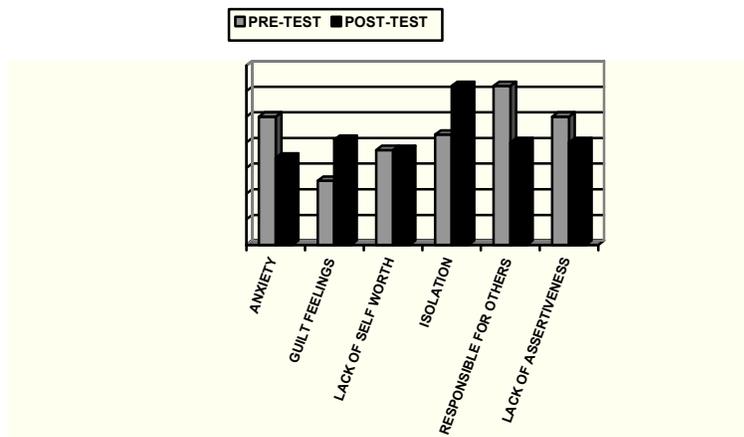
In summary, several themes emerged during the eight sessions that presented themselves as the Undertaker's foreground needs. Some of the themes such as: the Undertaker's need to feel powerful and his poor body image were repeated in successive sessions. The subject was able to successfully to attend to his foreground needs and seek resolution of issues through the use of animal-assisted play therapy. It is evident that sensory and emotional awareness was achieved in each session and by the end of the treatment programme, the subject experienced heightened sensory and emotional contact. It is clear also, that the subject's self-esteem developed throughout the sessions and culminated in a highly positive sense of self in the last session. Without enhancing emotional awareness it is not possible to enhance a child's self-esteem. The literature, cited below supports the researcher's contention that both animal-assisted therapy and gestalt play therapy played a vital role in helping the subject achieve therapeutic contact, sensory and emotional awareness and control (Thompson & Rudolph, 2000:380; Oaklander, 1988:110-114; Schoeman and van der Merwe, 1996:30; Geldard and Geldard, 1997:93-96; Oaklander,

1997:285; Clarkson,1995:16; Wishon,1987:428; Dew, 2000:200; Long, 1990:9; Mc Culloch,1985:28 and All, Loving and Crane, 1999:49).

**4.6 Quantitative Data: The Undertaker**

In the pages that follow, the researcher will analyse empirical data gathered from: The Psychosocial Functioning Inventory (hereinafter referred to as the CFI - High Profile) and self-structured questionnaires completed by educators. A pre-test and post-test was completed by each subject.

**GRAPH 3: UNDERTAKER’S SELF-PERCEPTION SCORES**

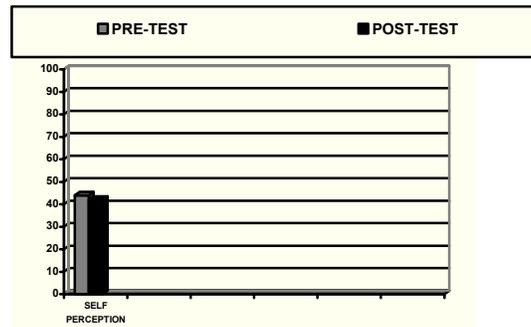


Scores in the areas of self-perception are shown above. Scores range from 0 to 100. A score above 36% shows a need for improvement; a score between 30% and 36% indicates a warning area that needs attention and a score of less than 30% is in the recommended range. Thus the greater the score, the greater the improvement made. The Undertaker’s scores show a deterioration of –16% in terms of his guilt feelings and a deterioration of –19% in the area of isolation. Scores for lack of self worth remain the same.

The following constructs show improvement:

- Anxiety +16%
- Responsible for others +22%
- Lack of assertiveness +10%

In general the subjects’ self-perception shows improvement with regards to 3 out of the 6 constructs. The subject’s average improvement in the area of self-perception shows an improvement of +16%.



**GRAPH 4: UNDERTAKER'S OVERALL SELF-PERCEPTION**

Graph 4: shows an improvement in the subjects overall self-perception. Although some improvement has occurred over the duration of the treatment programme, the subject's self-perception still needs improving.

#### **4.5.2 Analysis of the questionnaires completed by educators**

##### **Question 1: Describe your observations of the participant's behaviour patterns on the playground and in the classroom.**

Educators reported as follows in the pre-test:

"A loner, never in trouble."

"Very quiet and withdrawn. He usually sits quietly observing others. Good behavior – no disciplinary problems."

The same educators reported the following in the post-test:

"Makes conversation with other learners."

"A quiet child. Very friendly, yet reserved. Has friends."

##### **Question 2: What are the participant's strengths in terms of his academics/social skills/individual qualities?**

Educators reported the following in pre-test:

"He keeps to himself and does what is expected of him."

In the post-test they reported:

"He is very polite and friendly."

##### **Question 3: What are the participant's weaknesses in terms of his academics/social skills/individual qualities?**

Educators reported in the pre-test.

"Totally withdrawn. He has almost no friends."

“Totally withdrawn. Not sociable at all. A loner. Very shy.”

“Shy. Very low self-esteem.”

“Poor self-esteem.”

In the post-test they reported:

“He is shy but does talk at times to the right people.”

“Tries to mix with other learners. Most of the time on his own.”

**Question 4: Is the participant generally successful or unsuccessful in his attempts?**

One educator reported in the pre-test and post-test respectively:

“Relatively successful.”

“Successful.”

**Question 5: How does the participant respond to success and failure?**

One educator reported in the pre-test and post-test, respectively:

“Seems very sedate.”

“Has been more expressive lately.”

**Question 6: Does the child continuously seek attention or does he appear fearful and withdrawn? Explain.**

Three educators responses in the pre-test were:

“Does not seek attention but is very withdrawn.”

“Fearful and withdrawn. He makes no attempts to approach me as a teacher when he has a problem. I sometimes forget he is in the class.”

“He is fearful and withdrawn.”

The same educators responses in the post-test were:

“He is more withdrawn.”

“Lately he appears more friendly and even greets me when I pass him which he never did before.”

“Answers when spoken to albeit few words.”

**Question 7: Does the participant show confidence and assurance in his actions towards his teachers and classmates? Tick in the appropriate box.**

| PRE-TEST  |   | POST-TEST |   |
|-----------|---|-----------|---|
| ALWAYS    |   | ALWAYS    |   |
| USUALLY   |   | USUALLY   |   |
| SOMETIMES |   | SOMETIMES | 4 |
| SELDOM    | 4 | SELDOM    |   |
| NEVER     |   | NEVER     |   |

**TABLE 2: Undertaker’s Confidence and Assurance Levels**

This table shows marked improvement in that the subject’s frequency of being confident and assured increased.

**Question 8: Is the child well accepted by his classmates?**

All respondents answered ticked ‘Yes’ for the subject in the pre and post-test.

**Question 9: On a scale of 1-10, how would you rate the child’s level of self-esteem?**

The responses of four educators revealed the following scores:

|                             |      |
|-----------------------------|------|
| Pre-test average            | 3.5  |
| Post-test average           | 4.25 |
| Improvement (Average score) | 0.75 |

A comparison of the qualitative and quantitative data of the Undertaker revealed the following:

The Undertaker’s anxiety scores showed an improvement of 16% on the CFI - High Profile. During the treatment sessions the issues that frequently emerged were the subject’s feelings of loss of control, fear and powerlessness. These issues must have been anxiety provoking for him. Through the activities and media afforded to him in the treatment sessions, he was able to re-experience past events of concern.

Through this process the child was able to change roles. Initially, he wanted to be like the Undertaker who was strong and powerful, hence he chose the name Undertaker as a pseudonym for himself. In the session in which the sand-tray was used, he identified himself with the Undertaker, enacting a powerful role and portraying an ability to powerfully impact his environment. In this session he was powerful through physical expression and enabled to feel in control. Geldard and Geldard (1997:94) support the researcher’s assessment.

The scores for the subject's guilt feelings showed a deterioration of -16%. The researcher is unable to ascertain the reason for a decline in this concept as this theme did not emerge in any of the sessions unless the subject felt guilty about expressing his own inadequacies and weaknesses.

Although educators reported a 0.75% increase in the subject's self-esteem, the CFI – High Profile showed no improvement in the area of self-perception. The subject's score remained the same. The researcher observed that the subject became more of an extrovert as the treatment sessions progressed. This was especially so in the eighth session, when the subject spontaneously shared stories from his culture with the researcher. More confidence in the subject's actions were noted by the educators. This was evident in that the subject moved from displaying confidence and assurance seldom in the pre-test to sometimes (denoting more frequency) in the post-test. Comments about the subject's self-esteem suggested that it was very low and poor. One educator responded by saying that it was "Nothing worth mentioning. Classmates call him a skeleton." This teasing was affirmed in the treatment sessions. In session three, the subject portrayed the Skeleton as a powerful figure, who guides Shaka Zulu and defeats the strong man of his story. In session six, he was able to disclose that he was teased "skeleton." This was something that he did not like. Again the subject became powerful through physical expression, gained mastery over his low self-esteem and developed insight into himself. Geldard and Geldard (1997:93-94) provide support through their literature for the findings of the researcher.

The score for isolation on the CFI – High Profile shows a deterioration of -19%. These findings are not consistent with the responses of educators and the subjects responses in the treatment sessions. Educators reported in the pre-test that the subject was "totally withdrawn," "a loner," "not sociable at all" and "very shy." In the post-test, the subject was reported to be talking at times and trying to mix with other learners. One educator commented: "He has been more expressive lately." Another educator observed: "He makes conversation with other learners. Has friends." Another educator also mentioned that the subject was "Fearful and withdrawn. He makes no attempts to approach me as a teacher when he has a problem. I sometimes forget he is in the class," noted in the post-test that lately he appears more friendly and even greets me when I pass him which he never did before." Other educators who also mentioned that he was "Fearful and withdrawn" observed him to be "less withdrawn and to answer when spoken to albeit few words." The researcher

also observed an improvement in the subject's communication skills. He communicated in a more audible, understandable and spontaneous manner. It would then certainly follow that if the subject became more verbally expressive, his communication with others would increase. The result of this should then be a decrease in isolation and an increase in interaction with others. The scores of the isolation construct are therefore inexplicable.

## CHAPTER 5

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 INTRODUCTION

From the research results presented in Chapter 4, it is clear that animal-assisted play therapy from the gestalt approach, is an effective means of improving the self-esteem of adolescents with special needs. The aim of this chapter is to determine to what extent the goal and objectives that were outlined in this study, and used to answer the research problem, were achieved. Conclusions and recommendations arising from the research results of this study will also be made.

#### 5.2 AIM OF THE STUDY

The aim of the study was to determine the influence of animal-assisted play therapy on the self-esteem of adolescents with special needs.

The abovementioned aim was reached as follows:

The self-esteem of adolescents with special needs was tested using the self-constructed questionnaire and the PFI – HIGH – C questionnaire, before and after the treatment programme was implemented. An empirical study was conducted and the influence of animal-assisted play therapy on the self-esteem of the adolescents with special educational needs was assessed. It was found that the self-esteem of each subject that participated in the study, improved. Animal-assisted play therapy therefore had a positive effect on the self-esteem of these adolescents with special needs.

#### 5.3 OBJECTIVES OF THE STUDY

The researcher developed the objectives to structure the study as discussed in 1.4 of chapter 1. The objectives of the study will subsequently be discussed:

- To compile a literature study to gain further knowledge on aspects of the study, namely, adolescence as a developmental stage, gestalt play therapy, animal-assisted therapy and the self-esteem of adolescents with special needs.
- This objective was achieved as the researcher, with the help of the literature study and discussions with experts, gathered information and developed a theoretical framework on adolescence as a developmental stage, gestalt play

therapy, animal-assisted therapy and the self-esteem of adolescents with special needs, as set out in chapters two and three.

- To conduct an empirical study to explore the influence of animal-assisted play therapy from the gestalt approach on the self-esteem of adolescents with special needs. This goal was achieved by doing a pre-test, implementing the treatment programme, and doing the post-test, using self-constructed questionnaires and the PFI-HIGH-C questionnaires for each subject. The results of the empirical study are presented in chapter four.
- To formulate conclusions and make recommendations according to the findings and make them available for use by other therapists working with adolescents with special needs. Recommendations in respect of the above will be made in this chapter. An article in which the research results, conclusions and recommendations will again be presented, is being written for a journal.

The aims and objectives of this study have thus been successfully achieved.

#### **5.4 RESEARCH HYPOTHESIS**

As the study was done from a combined quantitative-qualitative approach, the following research hypothesis was formulated:

If animal-assisted play therapy from the gestalt approach is used with adolescents with special needs, their self-esteem will be enhanced.

The hypothesis was tested by analyzing both the quantitative and qualitative data, which confirmed that if animal-assisted play therapy from the gestalt approach is used with adolescents with special needs, their self-esteem is enhanced.

#### **5.5 SUMMARY OF THE RESEARCH RESULTS, CONCLUSIONS AND RECOMMENDATIONS**

##### **5.5.1 Summary**

During the treatment sessions, the subjects showed improvement in the following areas:

1. Gaining mastery over issues and events – the subjects were able to re-experience past events and present concerns by expressing and re-enacting them through the play therapy techniques of guided imagery, drawings, relaxation, clay work, the use of miniature animals, collage, sculpture and the sand tray. The use of animal-assisted play therapy stimulated the subjects to

acknowledge, verbalize, confront, and deal with their feelings and unfinished business.

2. Developing a sense of power and control through physical expression – both the subjects felt empowered to grow and develop in the treatment sessions and outside the treatment sessions.
3. Developing awareness – subjects were able to make contact with their emotions and the world around them.
4. Expression of emotions – the principles of animal-assisted play therapy employed encouraged and helped the subjects to express their emotions. As the treatment progressed, the subjects expressed their emotions much more easily and effectively. The subjects were able to own their projected thoughts and emotions.
5. Developing problem-solving and decision-making skills – in the treatment sessions, the subjects were able to explore options, make choices, take risks and experiment with new or challenging behaviours.
6. Communication skills – at times the story of the Undertaker was confusing and incongruent. By the end of the sessions, both subjects were observed to have improved their communications skills.
7. Developing insight – subjects developed insight and understanding of themselves, their feelings and how they fit into wider social contexts.
8. Developing social skills – the subjects learnt different ways of relating to animals. This was extended to the way they relate to others and others relate to them in the wider social system. Thus, the subjects were able to learn ways to get some of their needs met, make friends and be appropriately assertive.
9. Establishing contact – the animals facilitated the process of establishing therapeutic contact with the subjects. The 'I-Thou' relationship between the researcher and the subjects was established. Subjects were also able to establish contact with the environment.
10. Sensory contact – through the animals, the subjects experienced heightened sensory contact through touch, sight and hearing. Hence, the sensory perceptions of the subjects were stimulated.
11. Building self-perception and self-esteem – through this study, the subjects were able to experience self-fulfillment and independence. Subjects were enabled to explore, accept and value their strengths and weaknesses and discover their unique abilities.

Following the completion of the treatment sessions, the subjects were able to extend the derived personal and emotional benefits into the wider school context.

Christopher experienced emotional growth in the areas of becoming more in touch with his feelings, more trusting of the relationship, less anxious, increased self-disclosure and more accepting of his weaknesses. Thus, the implementation of animal-assisted play therapy had a positive influence on his self-esteem. The Undertaker experienced growth in terms of becoming more assertive and learning communication skills. The implementation of the principles of animal-assisted play therapy directly influenced his sense of control and mastery and decreased his feelings of helplessness and powerlessness, thereby increasing his self-esteem.

### **5.5.2 Conclusions**

It appears that in general the subjects of the study viewed the animals positively and commented on the “calming effect” of exposure to the animals. Positive regard for the animals was demonstrated. That the animals became objects of affection were expounded by the subjects’ responses: “I like you...I will miss you...I will miss you too much ...I will not hurt you...” One subject indicated that he would like to buy a pet. Wishon (1987:431) found that animals satisfied the need for touching and the uninhibited expression of feelings. The tactile behaviours of the subjects towards the animals were however more prevalent in Christopher than in the Undertaker. This could be a result of cultural beliefs concerning animals and that the behavioural repertory of the subjects to the animals was limited to stroking and patting. Only for the horse was grooming included.

For the Undertaker, the animals aided in “decentering.” This was evident in the Undertaker’s interaction with the dwarf hamsters, as he expressed care and concern for the hamsters, ensuring that they felt safe. The caring responsibility aspect of Christopher is embedded in his statements: “I will not hurt you...I want to look after animals.” The researcher is of the opinion that this may be indicative of a healthy self-esteem, as only when you are able to view yourself as a worthy individual can you care for and focus on the needs of others. The study of Holbrook, Stephens, Day, Holbrook and Strazar (<http://www.amsreview.org/amsrev/theory/holbrook01-01.html>) supports the findings that contact with animals provides an opportunity for the expression of altruistic and nurturing behaviour. The descriptive statements of both subjects in the analysis of the verbal vignettes, shows that animal-assisted play therapy can stimulate growth in the area of poor self-esteem in adolescents.

It was interesting to note that common themes emerged in the sessions with the two subjects. These themes were:

- the need for control in their lives
- feelings of unsafety
- poor body image
- relationships with others
- lack of friends
- quietness.

This might suggest that the subjects chosen for the study were suitable for the study itself.

The use of animal-assisted play therapy in this study enlarges on the work of Granger, Kogan, Fitchett and Helmer (1995:172-174), who also found that animal-assisted therapy influenced the participant's sense of control and decreased his feelings of helplessness, thereby increasing his self-esteem. The findings of the researcher's study reflect the comment by Belk (1996:136) that: "Play therapy may have been able to offer a feeling of control and mastery and so might pets when used capriciously or in order to gain a sense of power and control."

In line with the findings of other studies already mentioned in the literature chapters, this study showed improvement in the self-esteem of the subjects through the implementation of animal-assisted play therapy. Whilst the literature suggested that improved self-esteem leads to improved academic performance, this was only mildly evident in the case of Christopher, where educators reported that he is trying to improve in History and Geography. In the case of the Undertaker, no academic improvement was reported. Therefore, no correlation can be made in this study concerning the effect of enhanced self-esteem on the academic performance of the subjects.

The questionnaire design proved to be useful, valid and relevant in providing evidence to compare against the researcher's findings in the treatment sessions and the results of the CFI-HIGH-C Profile. The measured variables indicate that animal-assisted play therapy had a positive effect on the self-esteem of the adolescents with special educational needs. There is no evidence to suggest that the same results would have been obtained if only play therapy or only animal-assisted therapy were utilised. However, enough evidence exists to support the hypothesis that if animal-

assisted play therapy from the gestalt approach is used with adolescents with special educational needs, their self-esteem will be enhanced.

It can be stated that the amount of change in the self-esteem of the subjects with special educational needs after treatment is significantly associated with the utilization of animal-assisted play therapy. There appeared to be a process at work whereby the animals facilitated the subjects' interaction with the researcher. Thus, the presence of animals in therapy can increase the self-esteem of adolescents with special educational needs and encourage more contact with others in the adolescent's environment. This implies that the association of adolescents with self-esteem needs, with animals, may indicate that increased self-esteem is a benefit of the presence of animals in play therapy.

### **5.5.3 Recommendations**

For future research, it is recommended that animals be kept at the Institution throughout the duration of the study. Subjects should be afforded the opportunity to select the animal of choice to use in therapy. The interaction of the subjects with the animals outside the treatment setting should also be observed and form part of the data collection. The care-responsibility aspect of the subject's interaction with the animals should be further explored. Changes in other contexts of the subject's lives, that is, home and other social settings, should be included in the study to get an overall view of the impact of animal-assisted play therapy.

The emergence of the theme of feeling unsafe and the need for self-preservation for both subjects and their families throws new light on the development of adolescent self-esteem in a crime infested and hostile world. This requires consideration and exploration in future research of a similar nature.

Some research questions that might be investigated in the future are:

1. The effect of animal-assisted play therapy on the safety and security needs of adolescents with behavioural and emotional problems.
2. An investigation into the emotional and academic benefits of pet therapy programs in institutions.

### **5.6 Closing Comments**

The potential benefits of animal-assisted play therapy from the gestalt approach cannot be ignored. Although this is a time consuming method of doing therapy, it provides a safe and exciting environment for adolescents to experience emotional growth. In conclusion, the statement of the Undertaker, who emerges as the "Big

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Show” in the last session, aptly sums up the benefits of this research for adolescents with low self-esteem. He said: “In the beginning you can lose and in the end you can win.”

**BIBLIOGRAPHY**

Adams, D.L. 1997. Animal – Assisted Enhancement of Speech Therapy: *A Case Study*. **Anthrozoos**, 10(1), 53-56.

All, C. Loving, G.L & Crane, L.L. 1999. Animals, Horseback Riding and the Implications for Rehabilitation Therapy. **The Journal of Rehabilitation**, July-September: 65(3), 49.

Anderson, W.P., Reid, C.M. & Jennings, G.L. 1992. Pet Ownership and Risk Factors for Cardiovascular Disease. **The Medical Journal of Australia**, September: 157, 298-301.

Arkow,P. 1982. **Types of Pet Facilitated Therapy: A Study of the use of companion animals in selected therapies**. Colorado Springs:Humane Society.

Baun, M.M, Bergstrom, N., Langston, N.F. & Thomas, L. 1984.Pysiological Effects Of Human/Companion Animal Bonding. **Nursing Research**, May/June 33(3): 126-129.

Becker, M.1999. Pets Keep People Healthy. **Veterinary Economics Special Edition**, 40-45.

Blom, B. 1997. **Die Benutting van Gestelterapie met die adolessente en die hersamegestelde gesin: 'n Maatsklaplikewerk Perspektief**. Unpublished thesis.

Brendtro,L.K., Brokenleg,M. & Van Bockern, S. 1990. **Reclaiming Youth at Risk: Our Hope for the Future**. U.S.A: National Education Service.

Bunt, M.E.1970. A Gestalt Approach to the Diagnosis and Treatment of Early Childhood Psychopathology. **Psychology**, 7(1): 17-26.

Carrol, L. 1995. **Alice's adventures in Wonderland**, London: MacMillan Publishers Ltd.

**Clarkson, P. 1995**. Gestalt Counselling in Action. **London: Sage Publishers**.

**Collins, K. 1990. Social Work Research**. In **McKendrick, B. W**. Introduction to Social Work in South Africa. **Pretoria : HAUM Tertiary**.

Cresswell, J. W. 1994. **Research design: Qualitative & quantitative approaches**. Thousand Oaks: Sage.

Cunningham. B. 1993. **Child Development**.U.S.A: Harper Collins Publishers.

- Dacey, J. & Travers, J. 1994. **Human Development Across the Lifespan**. U.S.A: Brown & Benchmark Publishers.
- De Bryun, A.C.S. 2002. **Interview with Miss A.C.S. de Bruyn, Clinical Psychologist**, Newcastle School of Industries, Newcastle, 03 June 2002.
- De Vos, A.S. , Schurink, E.M. & Strydom, H. 1998. The Nature of Research in the Caring Professions. In De Vos, A.S. (ed.) **Research at Grass Roots: A primer for the Caring Professions**. Pretoria: Van Schaik Publishers.
- De Vos, A.S. (Ed.) 1998. **Research at Grass Roots : A primer for the Caring Professions**. Pretoria : J. L. van Schaik Publishers.
- Dew, B. L. 2000. **Co – Therapy with Moses**. Family Journal, April, 8(2): 199 – 202.
- Diagnostic & Statistical Manual of Mental Disorders-IV**. 4<sup>th</sup> ed. 1994.  
Washington: American Psychiatric Association.
- Edenberg, N. & Baarda, B. 1995. **The Role of Pets in Enhancing Human Wellbeing: The Effects of Child Development**. U.S.A: Waltham Publication.
- Edney, A.T.B. 1995. **Companion Animals and Human Health: An overview of the Royal Society of Medicine**, December: 704-708.
- Fouche, C.B. 1998. Data Collection Methods. In De Vos, A.S.(ed.). **Research at Grass Roots: A Primer for the Caring Professions**. Pretoria: Van Schaik Publishers.
- Fouche, C. B. & De Vos, A. S. 1998. Selection of a Researchable Topic. In De Vos, A. S. (ed.) **Research at Grassroots: A Primer for the Caring Professions**. Pretoria: J. L. van Schaik Publishers.
- Geldard, K & Geldard, D. 1997. **Counselling children: A Practical Introduction**. London: SAGE publications.
- Gillis, H. 1992. **Counseling Young People**. RSA: Lynn Publications.
- Golin, M. & Walsh, T. 1994. Heal Emotions with Fur, Feathers and Love. **Prevention**, December: 46(12): 80-84.
- Graham, B. 1999. **Creature Comfort: Animals that Heal**. Australia: Simon & Schuster.
- Granger, P, Kogan, L, Fitchett, J & Helmer, K: A Human Animal Intervention Team Approach To Animal-Assisted Therapy. **Anthrozoos**, 11(3): 172-175.
- Gumede, H.P. 2001. **Policy Framework for Educating Learners with Special Education Needs**. Kwa Zulu: – Natal Department of Education and Culture.

Gurney, P.W. 1988. **Self – Esteem in Children with Special Educational Needs**. New York: Routledge.

Holcomb,R. 1997. Use of an Aviary to Relieve Depression in Elderly Males. **Anthrozoos**, 10(1): 32-36.

Hamachek,D.E. 1992. **Encounters with the Self**. Geneva: Holt, Rinehart and Winston, Inc.

Kaduson, H.G. & Schaefer, C.E.1997. **101 Favourite Play Therapy Techniques**. New Jersey: Aronson.

Kaplan, H.I. & Saddock, B.J. 1998. **Synopsis of Psychiatry: Behavioural/Clinical Psychiatry**. USA: Lippincott Williams & Wilkins.

Landreth, G.L.1993. **Innovations in Play Therapy: Issues, Process and Special Population**. Philadelphia:Brunner/Routledge.

Lapp,C.A. 1991. Nursing Students and the Elderly: Enhancing Intergenerational Communication through Human-Animal Interaction. **Holistic Nursing Practice**, 5(2): 72-79.

Levinson, B. 1969. Pets: A Special Technique in Child Psychotherapy. **Mental Hygiene**, 48(2), 243 –248.

Limond, J. A, Bradshaw, J. W. S. & Cormack, K. F. M. 1997. Behaviour of Children with Learning Disabilities Interacting with a Therapy Dog. **Anthrozoos**, 10(2/3), 84 – 89.

Long,L. 1990. **On My Own: A Child's Perspective**. (Reference Unknown).

Louw, D.A., van Ede, D.M. & Louw, A.E. 1998. **Human Development** (2<sup>nd</sup> ed.). Cape Town:Kagison Tertiary.

McCulloch,M.J.1985. In Bischoff, F.A.(ed.) **The Human Pet Relationship: International Symposium**. Proceedings, Vienna Institute for Interdisciplinary research on the human-pet relationship. October: 25-30.

Mouton, J. & Marais, H.C. 1990. **Basic Concepts in the Methodology of the Social Sciences**. Pretoria: Human Sciences Research Council.

Oaklander,V. 1997. The Therapeutic Process with Children and Adolescents. **Gestalt Review**, 1(4): 292-317.

Oaklander,V. 1988.**Windows to our children: a gestalt therapy approach to children and adolescents**. New York: The Gestalt Press.

Odendaal, J. S. J. 1990. Companion Animals in Therapy. **CHASA – Journal of Comprehensive Health**, 1(1): 14 – 16.

Poggenpoel, M. 1998. Data Analysis in Qualitative Research. In De Vos, A.S.(ed.) **Research at Grass Roots: A Primer for the Caring Professions**. Pretoria: Van Schaik Publishers.

Pope, A.W.; McHale, S.M. & Craighead, W.E. 1988. **Self – Esteem Enhancement with Children and Adolescents**. U.S.A.:Pergamon Press.

Schoeman, J.P. 1996. Sensory contact with the child. In Schoeman, J.P. & van der Merwe, M. (ed.) **Entrance to the child's World: a play therapy approach**. Pretoria: Kagiso.

Schoeman, J.P. 1996. The art of the relationship with children – a Gestalt approach. In Schoeman, J.P. & van der Merwe, M. (ed.) **Entrance to the child's World: a play therapy approach**. Pretoria: Kagiso.

South African Schools Act No. 84 Of 1996. **Education Law and Policy Handbook**, RSA: Juta & Co. Ltd.

Strydom, H. 1998. Ethical Aspects of Research in the Caring Professions. In De Vos, A.S. (ed.) **Research at Grass Roots: A Primer for the Caring Professions**. Pretoria: Van Schaik Publishers.

Strydom, H. 1998. Single-System Designs. In De Vos, A.S. (ed.) **Research at Grass Roots: A Primer for the Caring Professions**. Pretoria: Van Schaik Publishers.

Strydom, H. & De Vos, A. S. 1998. Sampling and Sampling Methods. In De Vos, A.S.(ed.) **Research at Grass Roots: A Primer for the Caring Professions**. Pretoria: Van Schaik Publishers.

Thompson, C.L. & Rudolph, L.B. 2000. **Counselling Children**. 4<sup>th</sup> Edition. Pacific Grove: Brooks/Cole Publishing Co.

Thyer, B.A. 1993. Single-Systems Research Designs. In Grinnel, R.M., **Social Work Research and Evaluation**, 4th edition. Itasca, IL:Peacock

Van der Merwe, M. 1996. Basic components of play therapy. In Schoeman, J.P. & van der Merwe, M. (ed.) **Entrance to the child's World: a play therapy approach**. Pretoria: Kagiso.

Van der Merwe, M. 1996. Creative play. In Schoeman, J.P. & van der Merwe, M.

(ed.). **Entrance to the child's World: a play therapy approach**. Pretoria: Kagiso.

Wilson, C.C. & Netting, F.E. 1987. **The Human-Animal Bond: Implications for Practice**. *Social Work* 32(1): 60-64.

Wilson, C.C. 1995. A Conceptual Framework for Human-Animal Interaction Research: The Challenge Revisited. **Anthrozoos**, 7(1):4-17.

Wishon, P. M. 1987. An Examination of Childhood Companion Animal Interactions in Facilitating Physical, Emotional and Social Wellbeing. **Early Child Development and Care**, 29, 417 – 433.

Yontef, G.M. & Simkin, J.S. 1989. **Gestalt Therapy**. In Corsini, R.J. & Wedding, D. (Eds). *Current Psychotherapies*. USA : FE Peacock Publishers.

Participant's Name : \_\_\_\_\_

Date : \_\_\_\_\_

Principal Investigator : Mrs Gail Sentoo  
Private Bag x 6649  
Newcastle  
2940

#### Informed Consent

1. *Title of Study* :  
The influence of animal –assisted play therapy on the Self-Esteem of Adolescents in a Special School.
2. *Purpose of the Study* : The purpose of this study is to investigate the effects of animal-assisted play therapy on the self-esteem of adolescents in a special school.
3. *Procedures* : I will be asked to be involved in eight therapeutic sessions involving the use of techniques of animal-assisted play therapy. I will be asked to complete a questionnaire before the therapeutic sessions and a questionnaire after the therapeutic sessions. The completion of the questionnaires will take approximately one hour. I will be tested at my convenience.
4. *Risks and Discomforts* : There are no known risks or discomforts associated with this research. However, I may experience difficulty in completing the questionnaires. I will be assisted by the principal investigator.
5. *Benefits* : I am aware that there are no known direct medical benefits to me for participating in this study. However, the results of the study may help researchers gain a better understanding of enhancing the self-esteem of adolescents.
6. *Participant's Rights* : I understand that I may withdraw from participating in the study at any time.
7. *Financial Compensation* : I will not receive any reimbursement for my participation in this study.
8. *Confidentiality* : In order to record exactly what occurs in each therapy session a tape will be used. The tape will only be listened to by the Principal Investigator. I understand that the results of the testing will be kept confidential unless I ask that they be released. The results of this study may be published in professional journals or presented at professional conferences, but my records or identity will not be revealed unless required by law.
9. If I have any questions or concerns, I can call Gail Sentoo at 083 6208701 at any time during the day or night.

I understand my rights as a research subject, and voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

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Subject's Signature  
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Date  
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University of Pretoria etd – Sentoo, G S (2003)

Signature of Investigator

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

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Parent's Signature

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Date

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Signature of Investigator

Educator's Name : \_\_\_\_\_

Date : \_\_\_\_\_

Principal Investigator : Mrs Gail Sentoo  
Private Bag x 6649  
Newcastle  
2940

#### Informed Consent

10. *Title of Study* :  
The influence of animal –assisted play therapy on the Self-Esteem of Adolescents in a Special School.
11. *Purpose of the Study* : The purpose of this study is to investigate the effects of animal-assisted play therapy on the self-esteem of adolescents in a special school.
12. *Procedures* : I will be asked to observe two of the participants in the study and complete a self-structured questionnaire on each participant. The questionnaires are to be completed before the therapeutic sessions commence and after they have been completed. The completion of the questionnaires will take approximately thirty minutes. I will be able to complete the questionnaires at my convenience.
13. *Risks and Discomforts* : There are no known risks or discomforts associated with this research. However, if I experience difficulty in completing the questionnaires, I will be assisted by the principal investigator.
14. *Benefits* : I am aware that there are no known direct medical benefits to me for participating in this study. However, the results of the study may help researchers gain a better understanding of enhancing the self-esteem of adolescents.
15. *Participant's Rights* : I understand that I may withdraw from participating in the study at any time.
16. *Financial Compensation* : I will not receive any reimbursement for my participation in this study.
17. *Confidentiality* : My responses on each participant will be kept confidential unless I ask that they be released. The results of this study may be published in professional journals or presented at professional conferences, but my records or identity will not be revealed unless required by law.
18. If I have any questions or concerns, I can call Gail Sentoo at 083 6208701 at any time during the day or night.

I understand my rights and voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

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Signature of Educator

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Date

-----  
Signature of Investigator

University of Pretoria etd – Sentoo, G S (2003)

I understand my rights as a research subject, and voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

-----  
Subject's Signature

-----  
Date

-----  
Signature of Investigator

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

-----  
Parent's Signature

-----  
Date

-----  
Signature of Investigator

QUESTIONNAIRE FOR EDUCATORS

NAME OF EDUCATOR: \_\_\_\_\_

SEX: M      F

SUBJECT TAUGHT: \_\_\_\_\_

NAME OF PARTICIPANT: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

DESCRIBE YOUR OBSERVATIONS OF THE PARTICIPANT'S BEHAVIOUR PATTERNS ON THE PLAYGROUND AND IN THE CLASSROOM.

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WHAT ARE THE PARTICIPANT'S STRENGTHS IN TERMS OF HIS:-

ACADEMICS?

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SOCIAL SKILLS?

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INDIVIDUAL QUALITIES?

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WHAT ARE THE PARTICIPANT'S WEAKNESSES IN TERMS OF HIS:-

ACADEMICS?

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SOCIAL SKILLS?

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INDIVIDUAL QUALITIES?

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IS THE PARTICIPANT GENERALLY SUCCESSFUL OR UNSUCCESSFUL IN HIS ATTEMPTS?

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HOW DOES THE PARTICIPANT RESPOND TO SUCCESS AND FAILURE?

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DOES THE CHILD CONTINUOUSLY SEEK ATTENTION OR DOES HE APPEAR FEARFUL AND WITHDRAWN? EXPLAIN.

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DOES THE CHILD SHOW CONFIDENCE AND ASSURANCE IN HIS ACTIONS TOWARDS HIS TEACHERS AND CLASSMATES? TICK IN THE APPROPRIATE BOX.

ALWAYS

USUALLY

SOMETIMES

SELDOM

NEVER

IS THE CHILD WELL ACCEPTED BY HIS CLASSMATES?

YES

NO

ON A SCALE OF 1 – 10, HOW WOULD YOU RATE THE CHILD'S LEVEL OF SELF-ESTEEM? CIRCLE THE APPROPRIATE NUMBER.

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1    2    3    4    5    6    7    8    9    10



Shortcut to Pic1.lnk