

The experience of the adolescent in a place of safety

by

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Summary

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Statutory involvement with adolescents is based on the assumption that it is a means of serving the adolescent's best interests. In South African society, the adolescent is placed in a place of safety as an interim measure, until the children's court investigation is finalized. When the children's court investigation has been finalized, the adolescent will be placed in a long-term placement for two years at a time.

The ideal length of a children's court investigation is six months. However, the reality is that adolescents remain in places of safety for periods far exceeding the legal and departmental guidelines.

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The adolescent developmental phase presents unique and varied developmental challenges. Adolescents develop a self-image, self-knowledge and knowledge of how and where they fit into society. The question arises whether placement in a place of safety serves the adolescents' best interests, or whether it adds to the trauma that the adolescent experiences. The best interests of adolescents can only be served if their experiences within the place of safety placement are the central motivation for care in the place of safety.

In order to develop insight into the experience of the adolescent in a place of safety, the researcher conducted a phenomenological study, based on the qualitative research design. The researcher conducted a literature study, which forms the knowledge base for this study. The literature study focuses on adolescents' developmental tasks and adolescence as seen from a gestalt perspective. When an adolescent is not able to reach the important developmental milestones, this might impact negatively on the adolescent's adult life. From a gestalt approach, the integrated functioning of the adolescent should form the basis of all care provision. The adolescent can only take control of his or her life if a state of homeostasis or organismic self-regulation has been achieved, by the creation of a full awareness of the self and of the surroundings.

The study included in-depth interviews with eight (8) adolescents in places of safety. The in-depth interviews provided the researcher with the opportunity to explore, together with the adolescents, the experiences which they felt were important. By doing so, the researcher could gather data about the adolescents' experiences from the adolescents' perspectives. The empirical study, contributed to the knowledge base by providing evidence that the adolescents in a place of safety experience secondary trauma, based on their being ill-informed of the statutory process. Empirical evidence further showed that adolescents experience uncertainty, feelings of depression, isolation, and anxiety in places of

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safety. Because of the isolation they experience in a place of safety, they are denied the opportunity to feel part of the society, and also to develop a self-image and self-knowledge.

Social workers and places of safety need to take responsibility to support adolescents in continuing with their development process in a healthy manner. If the adolescent is not supported in this way, he or she experiences feelings of anger and depression, as well as developmental difficulties, within an environment in which it is difficult to develop optimally.

The following key concepts are used in this study:

- Experience.
- Adolescent.
- Place of safety.
- Developmental tasks.
- Gestalt.

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Opsomming

Die belewenis van 'n adolessent in 'n plek van veiligheid.

deur

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Statutêre betrokkenheid by adolessente is gebaseer op die aanname dat dit 'n wyse is waarop daar in hulle beste belang opgetree kan word. In die Suid-Afrikaanse gemeenskap, word adolessente in 'n plek van veiligheid geplaas as tussentydse plasing totdat die kinderhof-ondersoek afgehandel is. Wanneer die kinderhof-ondersoek afgehandel is, word die adolessent in 'n lantermynplasing geplaas vir 'n tydperk van twee (2) jaar op 'n keer.

Die ideale duur van 'n kinderhof-ondersoek is ses maande. Die realiteit is dat adolessente in plekke van veiligheid verkeer vir tydperke wat die wetlike en departementele riglyne ver oorskry.

Die ontwikkelingsfase van adolessensie omvat unieke en 'n wye verskeidenheid ontwikkelingsgerigte uitdagings. Adolessente ontwikkel 'n selfbeeld, selfkennis en kennis rakende hulle posisie binne die gemeenskap. Die vraag ontstaan of 'n

plek van veiligheid-plasing in die beste belang van die adolessent is en of dit bydra tot die trauma wat die adolessent beleef.

Daar kan slegs in die beste belang van die adolessent opgetree word as die omstandighede in die plek van veiligheid die sentrale motivering vir versorging is.

Ten einde insig te ontwikkel in die ervaring van die adolessent in 'n plek van veiligheid, het die navorser 'n fenomenologiese studie gedoen wat gebaseer is op die kwalitatiewe navorsingsontwerp. Die navorser het 'n literatuurstudie gedoen wat die kennisbasis vorm vir hierdie studie. Die literatuurstudie fokus op die adolessent se ontwikkelingstake en adolessensie gesien van 'n gestaltperspektief. Wanneer 'n adolessent nie daartoe in staat is om belangrike ontwikkelingsmylpale te bereik nie, mag dit 'n impak hê op die kind se volwasse lewe. Gesien vanaf 'n gestaltbenadering, moet die geïntegreerde benadering tot die adolessent se funksionering gesien word as die basis van alle voorsiening van versorging. Die adolessent kan slegs beheer oor sy lewe neem wanneer 'n toestand van homeostase en organismiese self-regulasie bereik word deur die ontwikkeling van bewustheid van die self en die omgewing.

Die studie het in-diepte onderhoude met agt (8) adolessente in plek van veiligheid ingesluit. Die in-diepte onderhoude het die navorser die geleentheid gebied om saam met die adolessente die ervarings te eksploreer wat deur hulle belangrik geag is. Sodoende kon die navorser data insamel vanuit die adolessente se perspektief rakende hulle eie ervarings. Die empiriese studie het bygedra tot die kennisbasis deur die voorsiening van getuienis dat die adolessent in 'n plek van veiligheid sekondêre trauma beleef. Die sekondêre trauma is gebaseer op hulle oningeligtheid rakende die statutêre proses. Empiriese bewyse het getoon dat adolessente onsekerheid, depressiewe gevoelens, isolasie en angstigheid in 'n plek van veiligheid beleef. As gevolg van die isolasie

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wat hulle in die plek van veiligheid beleef, word hulle die geleentheid ontnem om hulself as deel van die gemeenskap te ervaar.

Maatskaplike werkers en plekke van veiligheid moet verantwoordelikheid neem om die adolessente te ondersteun om hulle ontwikkelingsproses op 'n gesonde wyse te voltooi. Indien hierdie behoefte nie bevredig word nie, ervaar die adolessent gevoelens van woede, depressie asook ontwikkelingsprobleme in 'n omgewing waarin dit moeilik is om optimaal te ontwikkel.

Die volgende sleutelbegrippe is in hierdie studie gebruik:

- Ervaring.
- Adolessent.
- Plek van veiligheid.
- Ontwikkelingstake.
- Gestalt.

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1. Chapter one.

General orientation.

1.1. Introduction.

The nature of social work in South Africa is as diverse as the profile of the South African population.

As stated in Anderson, Dodd and Roos (2003:21), the Constitution of South Africa contains a Bill of Rights, which protects the basic fundamental rights with which people are born as children (thereby including all children). Any infringement of these rights is unlawful and the government has a responsibility to protect the people against it.

Statutory removal of a child realizes on the basis of Article 14 of the Child Care Act, as amended, Act 74 of 1983 (Bosman-Swanepoel & Wessels, 1995:39). The social worker then makes a recommendation for the child to be placed in a temporary place of safety. Based on the recommendation, the Commissioner of Child Welfare issues a legally binding children's court order to place the child in a place of safety.

The assumption is made that the placement of a child in an approved place of safety has the primary objective of acting in the best interest of the child concerned, thus that the child's needs should be provided for (Schultz, 2002:9) in that place of safety. The child's needs include the following:

- Secure attachment with a primary caregiver.
- That the primary caregiver observes the child's needs and responds appropriately.
- Emotional and physical availability of the caregiver to the child.
- The need to experience quality (not ambivalent) relationships.
- To experience continuity in relationships.

The motivation for statutory involvement with children is generally based on the assumption that it is an action based on ensuring that the involved child's best interest is being served.

The student is of the opinion that the research study is important to explore the adolescents' experiences and to provide each adolescent with an opportunity to express his or her experience within a place of safety. In order to promote understanding and indeed serve in children's best interests, it is important that children have the opportunity to express themselves.

The principle of "the best interest of the child" can be defined, according to guidelines provided in the case of *McCall vs. McCall* 1994 (3) SA 201, as:

- The love, caring and emotional ties that exist between parent and child.

- The ability, character and temperament of the parent and the influence of this on the child's needs and wishes.
- The ability of the parent to communicate with the child and the parent's insight, understanding and sensitivity for the child's feelings.
- The parent's ability to provide the child with the guidance he or she needs.
- The ability of the parent to provide in the basic physical needs of the child, e.g. food, clothing and housing.
- The ability of the parent to provide in the basic developmental needs of the child.
- The child's preference.
- The current care position of the child.
- The idea of keeping siblings together.

Above mentioned guidelines are related to divorce proceedings, but are also important when dealing with children within the statutory care continuum, as the government replaces the parents as primary care givers and is thus responsible for the care of that specific child. According to Bosman-Swanepoel and Wessels (1995:47), the removal of children by social workers should not take place without an in-depth investigation and all attempts to

provide the child to grow up in that child's parental home, should be made. The substitute placement of a child should in all circumstances be the last step to be taken and the social worker needs to remain in a partnership with the biological parents (Bosman-Swanepoel & Wessels, 1995:48). Statutory care has to serve the best interest of the child at all time in order to ensure that the child experiences the least possible trauma during the intervention process.

When referring to a child's best interest (the Constitution of the Republic of South Africa, Act 108 of 1996. Section 28(2)), every child:

- Is equal before the law and has the right to be protected by and to benefit from the law.
- Has inherent dignity and the right to have his or her dignity respected and protected.
- Has the right to freedom and security.
- Has the right to approach a competent Court, alleging that a right in the Bill of Rights has been infringed, and the Court may grant appropriate relief.

In this regard any child in South Africa, who is in the statutory care continuum, has the right to be treated as any other child in this country, and thus has the right to live in a safe and secure community, to be loved, and to be respected.

According to the Constitution of the Republic of South Africa (Act 108 of 1996), every child has the right to be protected from maltreatment, neglect, abuse or degradation (Section 28(1) (d)). Due to the nature of a place of safety (ideally for a maximum period of six months) the provision in the needs of the child is a difficult task to fulfil. It is even more of a challenge to fulfil the needs of the child within the adolescent developmental stage. It is the experience of the student that children who enter the statutory care system, often get stuck in the place of safety placement for an unacceptable length of time, which impacts negatively on their emotional-, physical- and psychological development.

According to the Commissioner of Child Welfare (2006) in Pretoria, Mrs S Hitchcock, the time-frame in which the Children's Court investigation should be completed and finalized, is ideally a period of six months. By keeping within this time frame, the child's needs (Schultz, 2002:11) and the child's rights (Anderson, Dodd & Roos, 2003:82) can be honoured in the best possible manner. Bosman-Swanepoel and Wessels (1995:49) mention that children often do not receive the proper needs-orientated treatment within places of safety, based on the fact that such treatment opportunities do not exist within places of safety. Children are often left in places of safety pending the allocation of suitable children's homes or schools of Industries, by means of an Article 15(1) (b), (c) or (d) order of the Children's Act (Act 74 of 1983, as revised). The traumatic and disruptive nature of the statutory involvement can be minimized by completing the children's court investigation as speedily as possible.

Children experience trauma when they are not able to cope with the demands of a certain situation. According to Lewis (1999:5) children in crisis who are faced with a situation such as statutory removal from parental care, can

experience this traumatic incident as a negative or positive turning point in their lives.

According to Erikson's developmental theory (Murray Thomas, 2005:92), adolescence as a developmental phase, is characterised by the child experiencing many physical changes with the arrival of puberty. These changes are generally very disturbing to both girls and boys. Adolescents' social roles also take on new forms, and their views of themselves change to fit their new physical appearances. During the adolescent developmental phase, the adolescent is faced with the psycho-analytical developmental crisis of identity versus identity diffusion, which entails that the adolescent integrates his or her basic drives with their physical and intellectual endowment and opportunities in life. Murray Thomas (2005:93) states that adolescents should be able to gain an increasing strength of purpose and understanding of reality as they recognise their own way of mastering reality and dealing with life.

According to Thompson, Rudolph and Henderson (2004:17), the following interventions should be present during the adolescent developmental stage:

- Adults should make adolescents feel accepted as they develop their identity through group activities, work, or play.
- The key questions are: "Who am I?" and "Where am I going?"
- It is a period of exploration for further education, training, career, and marriage.

When children are taken out of their known environment, even a very poor environment, they are often left in circumstances where they don't have the "luxury" to deal with these interventions, because they have to deal with ways to survive these circumstances.

When adolescents have been unable to successfully find themselves within their peer group, the great danger exists that they can not really develop self knowledge of knowing who they are to themselves and others. This state is termed as identity diffusion. As a result of identity diffusion, adolescents may over-identify with heroes or cliques and with crowds and causes and in effect loose their own individuality temporarily (Murray Thomas, 2005:93).

According to Blundon (2007:2, 3) every child needs to have an emotional bond with a specific person, which will endure across time and space in the first several years of that child's life. This emotional bond is called attachment. According to Schultz (2002:17) attachment refers to the strong loving bond between parent and child that contains emotional involvement and it is a psychological relationship that forms when the adult carer observes the needs of the child and responds appropriately to it on a day to day basis. It does not only consist of physical care, but also of attentive, loving physical contact and positive social interaction. Bonding is a process which takes place between the child and the primary caregiver (Schultz, 2002:17).

When children are in their adolescent developmental phase, it is important that they have adults in their lives who understand their unique reality and their unique needs. Adolescents cluster together with other adolescents, stereotyping themselves in order to help each other through these years. When the adolescent has not been able to form a secure attachment in the past, or when a secure attachment has been broken due to statutory removal,

it is often the case that they form cliques with other adolescents. This may create an opportunity for them to become subject to negative influences from other adolescents.

In cases where children are found in need of care according to Article 14(4) (a) and (b) of the Children's Act 74 of 1983, as amended, children are often removed from their primary caregivers, thus their important adults (possibly a mother or a father), and often moved around from one place of safety to the other until the children's court investigation is finalized. The result is that these children do not have secure attachments with primary adults and this will inevitably lead to feelings of guilt, shame and inferiority (unresolved developmental crises in their earlier developmental stages). In addition, children who experience these feelings move into adolescence, without a sense of autonomy, initiative and industry (Murray Thomas, 2002:91-94).

As stated by Neumark (Child-rearing: Microsoft ® Encarta ® Premium Suite 2004. © 1993-2003 Microsoft Corporation) the British psychiatrist, Dr. Bowlby, who came to child-rearing theory from ethology (the study of animal behaviour), researched the effects of maternal deprivation and concluded that both monkeys and children deprived of stable attachment figures neither grew nor learned properly, or even died. The work of the British paediatrician Donald Winnicott carried Bowlby's understanding of attachment further by looking at the use of "transitional objects", such as teddy bears, to ease the passage from the child's inner imaginary world to outer concrete experience.

In the event of children being removed from parental care, the reality in general is that maternal deprivation may set in. It is important to be aware of these children's needs and to assist them in dealing with their feelings of guilt,

anger and a feeling of being deprived of a mother's nurturing.

In order for children to be provided with suitable therapeutic assistance to deal with the absence of a primary attachment figure, it is important to facilitate play into therapy in order to provide children with a space in which they can experiment with imaginative choices and maintain distance. Children need to be provided with the therapeutic and physical space to explore new ways of dealing with their lives in line with their developmental phases. They also need to learn more about themselves within these developmental phases and to feel safe (Thompson et al., 2004:408).

Bradley and Gould (in Thompson et al., 2004:408) states that further advantages of play therapy exist, namely that the child is given the freedom to make choices, and that play evokes fantasies and unconscious feelings. Play provides boundaries to keep the child safe from harm and provides the child a safe space to act out feelings and to gain understanding.

In situations where children are not provided with adequate support and are not being brought up in an environment where they have the opportunity to deal with their developmental crises, it will definitely impact on their social functioning as adults. The reality is that children will probably have an unrealistic perception of themselves and will be at risk of not forming secure attachments with primary adults, to mention only a few outcomes. Blundon (2007:1) mentions that attachment is the root of an individual's socio-emotional development. Thus, the traumatic experience of being placed in place of safety forms a basis for that individual's future adult functioning. It is important that children, who are placed in place of safety, receive need-orientated therapeutic assistance to ensure that their functioning is as near to an optimal level as possible.

Having been a social worker in the highly diverse and multi-problematic field of social work with children and families in South Africa since the year 2000, the student has been involved with several cases where statutory intervention had realized. Statutory intervention is generally based on the credo that children's rights, are being served. These rights include the right to be cared for by family, the right to shelter, health care, food and protection against neglect and abuse (Anderson, Dodd & Roos.2003:82). The social worker is the professional who is responsible for children's court investigations, and is also the case manager of each individual case under supervision of senior social workers. The researcher experienced that social workers often decide on statutory involved in cases, with little or no experience in the statutory field. The result is often that cases are not managed in the best interest of the concerned child.

According to De Vos, Strydom, Fouché and Delport (2002:99), a topic is sometimes researched merely for reasons of curiosity. During the researcher's employment as senior social worker at Pretoria and District Child and Family Welfare Society, Laudium, an awareness and curiosity arose regarding the current position of statutory cases and the unmanageability thereof due to resource shortages, the turn-over of social work positions and other factors. The researcher experienced a curiosity in terms of the adolescent's experience of being placed in a place of safety after being statutorily removed.

Based on her observation of reality, the researcher experienced a sense of professional responsibility to contribute to the enhancement of the underlying knowledge base of the profession (De Vos *et al.*2002:96). It also became apparent to the researcher that the statutory care system, the role-players within it, as well as the children would benefit from a structured, theory and

practice based research study not only to clarify the current position, but also to develop insight into the experiences of the adolescent in a place of safety.

1.2. Problem formulation.

Based on the above mentioned literature (Anderson, Dodd & Roos. 2003:82), children are removed from their original caregivers/ families, based on the rationale that the statutory involvement with them, is in their best interests.

The statutory process starts with the children being removed from their families. The removal from their families may be accompanied by the children's experience of loss. It is the responsibility of the social worker to take the necessary steps to investigate the feelings of loss that the children experience, and to act appropriately. It is the expectation that the social worker should take responsibility to ensure that the children's sense of loss is assessed, evaluated and that the children receive adequate and appropriate therapeutic assistance in order to minimise the trauma.

The reality is however, that children rarely if ever remain in place of safety for periods shorter than six (6) months, which is proclaimed and recommended by the statutory care system. Children in places of safety rarely receive the therapeutic assistance to deal with the traumatic change in their lives. The student has been in the field of statutory social work for the past eight (8) years, and during this period of time, a number of children's level of functioning (scholastic, emotional, and social functioning) in fact deteriorated whilst awaiting the finalization of children's court proceedings. At several instances, the student had been confronted with the fact that "the system had failed" a specific child. When referring to the "failure of the system", the

assumption is made that the involvement with a specific child did in fact not serve in the best interest of the concerned child. This realisation presented the student with ethical dilemmas in the past. Children's circumstances in the care of biological parents were clearly not optimal, but the alternative of remaining in place of safety (and as such in a state of "limbo" / transition – not being able to resolve and finalize their care positions) posed a clear threat to their long-term development and functioning.

Working with adolescents poses a unique and very different challenge to social workers, seen in the light of their developmental stage in which they endeavour to place themselves within the world and to clarifying their roles and identities within it (Murray Thomas, 2005:93).

Statutory removals and subsequent statutory placement by a social worker are rarely focussed and based on the needs and experiences of the adolescent, but on available resources and having a good working relationship with the adults involved. The result is often that the child's feelings, experiences and needs are not taken in account during the involvement, though the best interest of that child ought to be the primary objective of statutory involvement.

When children are statutorily removed and placed in places of safety, the assumption is made that the place of safety is a short-term arrangement during which time the children's court investigation should be completed. According to Swanepoel (Bosman-Swanepoel & Wessels, 1995:148), committed and dedicated professionals in this field need to make use of available knowledge and resources within the community when they are involved in the field of children and families.

It is the view of the researcher that social workers often explain the absence of care as a product of unavailable resources such as funding for necessary therapy. It is the view of the researcher that poor commitment to the children by allocated social workers, and poor communication between the role-players (professional and non-professionals) generally play a large part where children remain in places of safety for an extended time.

It is the experience of the researcher that places of safety often feel isolated because of poor communication between the social workers concerned, the biological parents and the child. The poor communication adds to the traumatic nature of statutory involvement for the child. It is a given that social workers do receive formal practice based training in the therapeutic assessment of children and families who are in need of help.

The problem exists that even in the light of social workers being trained and equipped to provide optimal social work assistance, children are not receiving adequate therapeutic care during the traumatic place of safety placements. The researcher is of the opinion that children's emotional experience of being placed in a place of safety is often not the primary focus for social workers, and therefore children's feelings and emotions are not utilized as the primary indicator of the social workers' service provision. This is the case due to the shortage of social workers in South Africa.

Adolescents have very specific developmental needs which social workers and professionals working at places of safety need to keep in mind in order to provide in those needs.

1.3. Purpose, aim and objectives of the study.

- **Purpose**

It is essential to provide a specific and clearly defined research proposal in order for the reader to understand the study (Mark, 1996:364).

The purpose or goal of this study is formulated as follows:

To explore the experience of adolescents in places of safety.

- **Aim**

The aim of the research study is to explore the adolescent child's experience of being placed in a place of safety.

- **Objectives**

According to Bless and Higson-Smith (1995:214) exploratory objectives may be utilized in order to gain insight into a situation, phenomenon, community or individual. The need for exploratory research in general arises out of a lack of basic information on a new area of interest, or in order to become acquainted with a situation so as to formulate a problem.

The objectives of this study are the following:

- To do an in-depth **literature study** to shed light on important aspects relating to the research study, by using existing literature available on the subject. The focus of the literature study is to provide a frame of reference and also identify further aspects within the field that might need further exploration.
- To do an **empirical study** on the research study by means of in-depth interviews with eight (8) adolescents in places of safety to provide insight into the experiences of adolescents in places of safety.
- To do a compilation of **conclusions and recommendations** regarding the experiences of adolescents in places of safety. To provide recommendations regarding ways in which social workers can deliver professional and more effective service to adolescents in places of safety.

1.4. Research question.

The qualitative research study has an explorative nature. According to Bless and Higson-Smith (1995:114) exploratory research is based upon an exploratory study in order to formulate a hypothesis.

The qualitative research study does not start with a hypothesis, but rather with a research question in order to explore new knowledge. The student formulated the following research question:

What is the experience of an adolescent in a place of safety?

1.5. Research approach.

The research approach can be identified once the research topic has been finalized.

The Qualitative research approach (De Vos *et al.*, 2002:79) is based on anti-positivistic, interpretive research and aims to understand social life and the meaning that people attach to everyday life. The important part of qualitative research is the participants' meanings that they attach to certain experiences or perceptions.

According to De Vos *et al.* (2002:79), qualitative research produces prescriptive data and is usually compiled in the participants' own written or spoken words. It involves the identification of the participants' beliefs and values which underlie a certain phenomena. The characteristics of qualitative research are:

- The focus is on the understanding rather than explanation of a certain phenomena.
- It consists out of naturalistic observation rather than controlled measurement.

- It entails the subjective exploration of reality from the perspective of an insider, as opposed to an outsider's perspective/from the quantitative paradigm.

The quantitative approach (De Vos *et al.*, 2002:79) is based on positivism and takes scientific explanations to be nomothetic (based on universal laws). It aims to measure the social world objectively, to test hypotheses and to predict and control human behaviour. It can be seen as an enquiry into a social or human problem, based on testing a theory composed of variables, measured with numbers and analysed with statistical procedures in order to determine whether the predictive generalisation of the theory hold true.

Based on the theoretical studies done as a part of the modular theory of this degree, the student found it useful to remember that the quantitative approach is based on testing hypotheses by objective research, while a qualitative approach is based on developing a hypothesis based on information gained about recipients' subjective experiences.

The research study is qualitative by nature, and focuses primarily on the development of insight and understanding into the experience of the adolescent in a place of safety.

According to Neuman (2000:41), qualitative research entails an inductive form of reasoning, and aims to understand phenomena within a particular context. The aim of the research study is to understand the specific experiences of adolescents in a place of safety.

1.6. Type of research.

The researcher had the choice of making use of applied or basic research.

According to De Vos, Strydom, Fouché and Delpont (2002:108) basic research seeks empirical observations that can be used to formulate or refine theory. It is not concerned with solving the immediate problems of the discipline, but rather with extending the knowledge base of the discipline. Applied research is however aimed at solving specific policy problems or at helping practitioners accomplish tasks. It is focussed on solving problems in practice. It is focussed on providing possible solutions to practical problems (De Vos, Strydom, Fouché, Poggenpoel and Schurink, 1998:69).

During this study, the applied research type is utilized, as it focuses on extending the knowledge base of the social work practitioner in order to understand the adolescent's experience in a place of safety.

1.7. Research design, data-collection and data interpretation.

Mouton (2001:55) defines a research design as a plan or blueprint of how one intends conducting the research. The research design focuses on the end product, formulates a research problem as a point of departure and focuses on the logic of the research.

Huysamen (1993:10) is of the opinion that the research design is the plan or blueprint according to which data is collected to investigate the research hypothesis or question it in the most economical manner.

The research study is based on an in-depth interview. An in-depth interview is an attempt to understand the world from the participants' points of view (De Vos *et al.*, 2002:287). Thus, the in-depth interview focuses on really getting down to understanding the emotions that adolescents experience in place of safety. Geldard and Geldard (2002:5) explain that children can not be counselled in the same way that adults are counselled. Because of the fact that respondents are at a developmental stage where they are able to express themselves verbally, an in-depth interview is an appropriate method of data collection.

Because this study is applied research, social work practitioners will be provided with clear guidelines regarding the rendering of services to adolescents in places of safety. A better understanding into the experience of the adolescent in a place of safety will also be developed.

1.8. Pilot test.

According to De Vos *et al.* (2002:108) a pilot test can be defined as trying the measuring instruments out on a small number of persons having characteristics similar to those of the target group. Probability does not play a role because the researcher does not plan to generalise the findings. It can also be described as a dress rehearsal for the final main investigation.

The New Dictionary of Social Work (1995:45) defines a pilot study as a process by which the research design for a prospective survey is tested.

The value of making use of a pilot test during this study was that the suitability of the in-depth interview could be tested and the measuring instruments could be adapted before the final implementation.

1.8.1. In-depth interview.

An in-depth interview was conducted with one (1) identified adolescent before the proposed research study was conducted with the eight (8) respondents in places of safety. The pilot study was done on a respondent with similar characteristics than those of the target group (age and developmental level). The single questions that were posed to the adolescents in the individual in-depth interviews, was asked to the adolescent that was involved in the pilot interview.

Because of the fact that a qualitative research approach was utilized in the research study, it was important to test the suitability of the question that would be asked to the adolescent. The pilot interview assisted the researcher in ensuring that adequate, rich information would be obtained and the purpose of the proposed research study would be served. The purpose of this research study is to explore the experience of an adolescent in a place of safety.

1.8.2. Feasibility of the study.

The proposed research study was feasible based on the following:

- The respondents were already receiving services from welfare organizations within Mpumalanga province, and thus possessed the characteristics necessary to qualify as respondents.
- The respondents were on the caseload of welfare organizations in Mpumalanga, and thus already within the statutory care continuum.
- The interviews could be conducted at the concerned places of safety. The researcher was able to ensure beforehand that the places of safety had adequate consultation rooms, where confidentiality of the respondents would be honoured.
- Permission for the completion of the study was obtained per letters of permission (see attachment) from the concerned places of safety and welfare organizations. Permission will also be obtained from the concerned children per letters of permission.
- The children's experiences within places of safety were explored, and thus the study contributed to the professional knowledge base of the adolescent's experience in places of safety.

1.9. Description of universe, population, sampling and sampling procedures.

1.9.1. Universe and population.

According to De Vos *et al.* (2002:198) the universe refers to all potential subjects who possess the attributes in which the researcher is interested. In

the case of the proposed research study, the universe will be referring to all adolescent children in place of safety in South Africa.

According to De Vos *et al.* (1998:190) a population is a term that sets boundaries for the study units. It refers to individuals in the universe who possess specific characteristics. In the research study, the population refers to the children who possess the characteristics of being in place of safety in Mpumalanga.

The population refers specifically to elements that have the following properties:

- Adolescents between the ages of twelve (12) and eighteen (18) years;
- Adolescents who had been in place of safety for a period longer than three (3) months.

1.9.2. Sampling.

The sample refers to the elements of the population considered for actual inclusion in the study, or it can be viewed as a subset of measurements drawn from a population in which we are interested in. We study a sample in an effort to understand the population from which it was drawn. De Vos, Strydom, Fouché and Delport (1998:191) mention that a sample is a small portion of the total set of objects, which at the end comprise the subject of the study. The sample group in the research study consisted of the adolescents identified from the population. The respondents, who formed part of the

sample, were adolescents (between the ages of twelve (12) and eighteen (18) years) who had been in place of safety for a period longer than three (3) months and less than one (1) year. The separate sample groups were:

- **Belfast Children’s Home, Belfast.**

Belfast Children’s Home is also a registered place of safety, which means that children can be placed there, awaiting the finalization of children’s court proceedings. Belfast Children’s Home is able to accommodate two hundred Children, either after children’s court proceedings has been finalized or when the children’s court investigation is in the process of being finalized.

- **“Die Pottebakkershuis”, Witbank**

“Die Pottebakkershuis”, a place of safety that is an approved place of safety in Witbank, that is financially supported by the fraternity of Christian churches in Witbank and the surrounding areas. “Die Pottebakkershuis” accommodates six children, placed there by social workers from CSC Witbank.

- **A private place of safety**

A private place of safety was identified. In the private place of safety, an adolescent was placed with a family that was living in residential Witbank and surrounding areas at the time of the study.

1.9.3. Sampling method.

The respondents who formed part of the sampling group were identified through a process of probability sampling where the children were systematically and randomly identified to be a part of the sample group. These children were, very importantly selected to the population based on the characteristics which qualified them as part of the population from which they were randomly selected.

The description by which the children were identified was as follows:

- Adolescents between the ages of twelve (12) and eighteen (18) years.
- Adolescents who had been in place of safety for a period longer than three (3) months, but less than one (1) year.

When selecting a sampling plan, the type of sampling that is proposed is very important. Kerlinger (in De Vos *et al.*, 2002:198) describes sampling as a process by which any portion of a population or universe is identified as being representative of that population or universe. The larger the population, the smaller percentage thereof will form part of the sample group.

The method of probability sampling was utilized, which entailed that each person/sampling unit had the same known probability of being selected, and the selection was based on some form of random procedure. The purpose of the sampling was to obtain a manageable number of adolescents who

adhered to certain outlines and characteristics, which made them part of the sampling group – thus, “qualified” them as members of the sampling group.

Eight (8) respondents were identified (based on the mentioned criteria qualifying them as respondents) per systematic sampling. The respondents were identified based on their placement in place of safety within the three (3) places of safety, namely Belfast Children’s Home (only place of safety placements), “Die Pottbakkershuis” and private place of safety placements.

Systematic random sampling entailed that a list was compiled of the children who possessed the characteristics described in the mentioned criteria. Each adolescent was listed alphabetically and individually. Starting randomly, all subsequent respondents were selected according to a particular interval depending on the percentage sample that was identified.

After the eight (8) respondents had been identified, the researcher did an in-depth interview with each of the eight (8) respondents. The in-depth interview, as discussed earlier, was based on a single question, namely “What is your experience of this place of safety?” Because of the qualitative nature of the study, the researcher focussed on exploration of the child’s experience, and not on specific questions or fixed questions.

1.10. Ethical issues.

According to De Vos *et al.* (2002:65) the following ethical issues need to be kept in mind, when doing a research study:

1.10.1. Harm to experimental subjects and/or respondents.

The student focussed on the protection of the research subjects from any form of physical or emotional discomfort that could emerge. When the student did in-depth interviews with the children, the focus was on ensuring that the children felt comfortable and safe.

De Vos, *et al.* (1998:25) strongly emphasises that a researcher is ethically obliged to change the nature of the research rather than to expose the respondents to physical or emotional harm. In this instance it was of utmost importance that the respondents were kept well-informed about the research before-hand, and guided throughout the research process.

The researcher focussed on the obtaining of a safe, secure and confidential environment at each place of safety in order to ensure that the in-depth interview took place in an environment where the child did not feel unsafe and insecure. The researcher communicated the requirements for the office in which the interview would realize beforehand with the management of the places of safety, or the private place of safety parent. The office needed to adhere to all health and safety requirements, including adequate ventilation, electrical compliance to national regulations, appropriate furniture in order to provide a safe environment. The offices that were utilized adhered to the mentioned specifications.

Throughout the in-depth interview the adolescents were not forced to talk about anything that they did not want to talk about. According to Neuman (2000:446) certain researchers induce feelings in subjects to evoke reactions.

This study was phenomenological and explorative by nature – and the researcher did not focus on inducing emotions, but rather on exploration of the respondents' experiences.

The researcher did not at any stage provoke the adolescents' emotions, or ask questions which were leading, but provided the adolescents with a safe environment to explain their experiences in the places of safety.

The researcher monitored the adolescents' behaviour and reactions during the interview, in order to ensure that their emotional pain and trauma was noted, and dealt with in either a debriefing session after the interview, or if necessary were referred to the specific child's allocated social worker. In this manner, the adolescent received support to deal with the unearthed emotions and painful memories.

1.10.2. Informed consent.

The research units should be legally and psychologically competent (De Vos *et al.*, 2002:65).

All possible or adequate information on the goal of the investigation, the procedures that were followed during the investigation, the possible advantages, disadvantages and dangers to which respondents were exposed, as well as the credibility of the researcher were rendered to the respondents.

According to Neuman (2000:450), written consent statements are recommended. In this manner the respondents are informed of all aspects of the research.

Written consent letters were received from the following role-players who granted permission to make use of the adolescents:

- The Belfast Children's Home, Belfast
- "Die Pottbakkershuis", Witbank
- CSC Witbank.

The adolescents, who were respondents in the research study, were orientated regarding the goal, purpose, procedures and outcomes of the research interviews. The respondents signed letters of permission stating that they were willing to take part on the study. Before the start of the in-depth interviews, the student introduced herself and the planning for the sessions to the individual adolescents. During this session the student motivated the respondents and prepared them for the interview. The researcher remained obligated at all times to give complete explanation of the investigation without applying unnecessary interference, in clear and understandable language (Kutchens, 1991:111 in De Vos *et al.*, 1998:27).

The children had been allocated to a specific social worker when they entered the statutory care system, and if that social worker deemed it inappropriate to include the adolescent in the study, the adolescent was not included – in an effort to keep the child safe, and to act in the best interest of the child.

1.10.3. Deception of respondents.

By deceiving the respondents/research units a researcher would attempt to hide the goal and the function of the research (De Vos *et al.*, 2002:66)

According to Strydom (in De Vos *et al.*, 2002:67), no form of deception should ever be inflicted on respondents.

The Commissioner of Child Welfare, the allocated social workers, as well as the children involved were provided with true information regarding the goal, procedures and based on that will still have the opportunity to take part in the research, or not to.

The goal of the proposed research study was in itself to understand the adolescent's experience of being placed in a place of safety. When doing the research, it was thus of utmost importance that the child's best interest was served. The adolescent's deception was not acceptable, and in direct opposition with the proposed research study's goal.

The place of safety managements were informed of the nature of the study, the extent of the study and the procedures that were followed. The adolescents were orientated regarding the procedures to be followed, the reason for the involvement, and what they could expect.

The researcher focussed on being honest with the children, their social worker's as well as the professionals at the places of safety. The goal and function of the research were communicated clearly with all the involved role-players, including the adolescents.

1.10.4. Violation of the research subjects' privacy/ anonymity/confidentiality.

The actions and competence of researcher should safeguard the research subjects' privacy and anonymity, and the information should be dealt with in a confidential manner. (De Vos *et al.*, 2002:67). Researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation.

The proposed research study was done under the close supervision of Prof. Spies, a highly skilled and professionally competent social work lecturer at the University of Pretoria.

The respondents were still under the statutory care of the Department of Social Development, and as such were protected by the Children's act against any form of the breaching of confidentiality. The result was that the research study needed to be completed accordingly. No identity or personal identification information was made known after the research had been completed.

By using proper, scientific sampling, the privacy of the respondents can be ensured (De Vos, *et al.*, 1998:28). During the study the adolescents were sampled scientifically to ensure proper, scientific research.

The researcher is committed to not publishing any information which would identify the respondents in the study, or providing information to any other source regarding the information obtained through the in-depth interview. The fact that no details regarding the individual cases will be published or made

known ensures that the children's right to confidentiality will be honoured in future.

The adolescents were informed about who will have access to the findings of the study and that it will be utilized to ensure that other children receive optimal service in future.

1.10.5. Debriefing of respondents.

It is of utmost importance that the respondents, who take part in research, are debriefed adequately after the process of gathering information, especially when the experience itself was traumatic, of emotionally draining. (De Vos *et al.*, 2002:73)

In the research study, the children shared information that could be emotionally upsetting and potentially traumatic. The researcher provided debriefing sessions for the adolescents if they were experiencing emotional trauma as a result of the in-depth interviews.

1.11. Definition of key concepts.

According to Mouton (1996:109) clarification is the analysis of the key concepts in a study and also the way in which one's research is integrated in the body of existing theory and research.

In order to place the research study into context, find enclosed brief definitions of key concepts:

- **Experience**

According to the Encarta Dictionary (2004) the word **experience** refers to:

- the sum total of the things that have happened to an individual and of his or her past thoughts and feelings,
- direct personal awareness of or contact with a particular thing, or;
- The sum total of the things that have happened to an individual and of his or her past thoughts and feelings.

The South African Pocket Oxford Dictionary (2002:310) defines **experience** as "... the practical contact with and observation of facts or events or knowledge or skill gained over time or an event which leaves an impression on one."

During this study **experience** refers to the adolescent's practical contact and personal encounter with the placement in place of safety.

- **Place of safety**

The respondents in the proposed research study will all be adolescent children in **place of safety**.

When referring to a **place of safety**, one refers to a place, built in relation to Art 28 of the Children's Act (Act 74 of 1983), which is suitable for the reception of a child, and for which the owner,

occupant of person in control of it, has agreed to house the concerned child.

According to Bosman-Swanepoel and Wessels (1995:18) a **place of safety** is used for the

- a) Temporary care of children until the finalization of children's court proceedings;
- b) Observation of the child, or the medical examination of that child; and
- c) Care after the finalization of children's court proceedings, while a placement in a suitable institution is being awaited.

For the purpose of this study, a **place of safety** is a place where the owner or person in control has agreed to act temporarily as a place of safety for a concerned child who is awaiting the finalization of children's court proceedings or a placement in a suitable institution after the finalization of children's court proceedings.

The adolescents, who were respondents in the research study, had been placed in places of safety, as defined.

- **Adolescent**

During this study the researcher focuses on the experience of the **adolescent** in a place of safety.

When referring to an **adolescent**, one is referring to a child between the ages of twelve to eighteen years, thus including a child within his puberty stage of development (Murray Thomas.2005:90).

According to Wikipedia (2006) the word **adolescent** has its roots in the Latin word “adolescere” which means “to grow up”. It is a period of developmental between childhood and adulthood.

According to Murray Thomas (2005:96) a person reaches the developmental stage of **adolescence/puberty** between the ages of twelve and eighteen years. During the adolescent stage a person is afforded the opportunity to successfully integrate basic drives with physical and intellectual endowment and opportunities in life. During this phase, the adolescence should gain an increased strength of purpose and understanding of reality as he or she recognizes that dealing with life in a proper variant of the ways in which other people successfully deal with their lives. When an adolescent is not able to reach this important developmental milestone, it might impact on that child’s adult life negatively.

The task within the **adolescent** developmental stage is to develop a self-image, self-knowledge and knowing how their roles will fit into their futures (Thompson, Rudolph & Henderson.2004:17)

During the **adolescent** developmental stage children encounter specific developmental tasks, and experience during this stage is generally characterised by intense emotions and feelings.

For the purpose of this study, an **adolescent** refers to a child between the ages of twelve (12) and eighteen (18) years, within the developmental stage of adolescence, in which certain developmental tasks need to be completed in order to reach adulthood.

1.12. Division of the research report.

The research report can be viewed as the final product of a long research process that had been completed (De Vos *et al.*, 2002:248).

The research report consists of five (5) chapters:

Chapter 1 The introduction	Introduction and the research process of the study.
Chapter 2 Literature study of the topic	The developmental tasks of the adolescent.
Chapter 3 Literature study of the topic	The gestalt approach and adolescence.
Chapter 4 The empirical findings	The empirical process.
Chapter 5 Conclusions and recommendations	Conclusions and recommendations.

Table one (1): Division of the research report.

2. Chapter two.

The developmental tasks of the adolescent.

2.1. Introduction.

The developmental phase of adolescence presents unique and widely-publicized developmental challenges and developmental conflicts. Professional persons who are involved with traumatized adolescents should have a clear and extensive knowledge base in this regard.

In this chapter, the researcher will conduct an in-depth study that will focus on adolescence as a developmental phase. The researcher will describe the meaning and definition of adolescence as a developmental phase and discuss the different developmental theories surrounding adolescence, the developmental tasks that adolescents face and the developmental conflicts that they may be confronted with.

Focus will also be placed on the identification of the important aspects of optimal development of an adolescent.

2.2. Definition.

Geldard and Geldard (1999:2) state that the definition of adolescence is likely to vary from culture to culture. These authors consider adolescence to be the stage in a person's life between childhood and adulthood, which can also be described as the period of human development during which the movement from dependence to independence, maturity and autonomy

should realize. The individual needs to move from being part of a family group, to being part of a peer group, and to become autonomous as an adult. Karpov (2005:222) states that a popular view of adolescence is that of the universal and inevitable period of “storm and stress”. This period is characterized by conflicts with parents, mood disruptions and adolescent risk behaviour. Development is seen as a product of the continuous interplay between individuals and their social and cultural environments (Newman and Newman, 1997:5). Development can be characterized by stages (which are distinct) in which developmental tasks are dictated by the interaction of biology and culture.

When referring to adolescence as a developmental phase, Geldard and Geldard (1999:2) conclude a section by defining the adolescent development phase as being a developmental process, which extends over a significant period of a person’s life, and which presents many challenges on social, biological and psychosocial levels. Murray Thomas (2005:93) states in this regard that the changes in the lives of adolescents are disturbing. Their social roles take on a new form, and the views they held of themselves in childhood no longer fit their new appearances and their new feelings for the opposite sex. Louw, van Ede and Louw (1998:392) emphasise that optimal functioning of the individual in the adult development phase is only possible when the developmental tasks have been successfully achieved in adolescence.

According to Newman and Newman (1997:5) there are predictable conflicts in each stage of adolescence, which is referred to as a psychosocial crisis. A psychosocial crisis is produced by the discrepancy between an individual’s skills and his or her abilities.

Development is a product of the interaction and integration of three major factors, which are:

- Biological evolution and the biochemical bases of behaviour.
- The interaction between the individual and its environment (immediate social group and social institutions).
- Contributions individuals make to their individual development.

Horne and Kiselica (1999:46) describe the fifth developmental phase (identity versus role confusion) as a stage which marks the end of childhood when the child needs to establish a good awareness of skills and tools. It is a stage in which the youth has a growing sense of the role that a career will have in his or her life, and during which childhood morality evolves into adult ethics. According to Karpov (2005:223) adolescence is characterized by self-reflection which often results in adolescents' realization of discrepancies between what they would like to be and what they perceive themselves to be. Karpov states that their ability to use formal logical thought is partially responsible for adolescents' mood disruptions.

According to Geldard and Geldard (1999:2), dealing with developmental challenges is of utmost importance, as the inability of the adolescent to deal successfully with these challenges, can result in unpleasant psychosocial, emotional and behavioural consequences. Thompson, Rudolph and Henderson (2004:17) refer to the developmental stage between the ages of twelve (12) and eighteen (18), as being a stage in which the individuals develop a self-image and get to know who they are and how their roles will

fit into their future. According to Horne and Kiselica (1999:46), lower self-esteem and role confusion can be a result of the inability to successfully manage the developmental tasks in this developmental stage of adolescence. Geldard and Geldard (1999:2) also states that if the adolescent is not capable of dealing with the developmental challenges of adolescence, counselling will be necessary to assist the individual in finding new ways to proceed adaptively along the required developmental journey.

The researcher is of the opinion that most definitions of adolescence centre around the developmental phase in which the child is faced with the final preparatory developmental tasks on the road to adulthood.

Therefore, the researcher defines adolescence as the developmental stage between the ages of twelve (12) and eighteen (18) years, in which the developmental crisis of identity versus identity confusion needs to be faced. Upon the successful completion of this developmental phase, the adolescent will have adequate skills to function optimally as an adult within a social environment.

2.3. Different theories as a theoretical framework to understand adolescence as a developmental phase.

According to Murray Thomas (2005:4), a theory of child development can be defined as a lens through which children and their growth are viewed. Louw, van Ede and Louw (1998:43) maintain that a development theory consists of more than just a description of the individual's development. A

development theory is an effort to describe and explain the development of the individual systematically, from a specific perspective.

The theories of child development from 1920 to 1975 can be summarized as follows (Geldard and Geldard, 2002:33):

Theories of child development	
Abraham Maslow	<ul style="list-style-type: none"> • Hierarchy of needs.
Erik Erikson	<ul style="list-style-type: none"> • The individual has the potential to solve his or her own problems. • The eight stages of development. • The belief that ego strength was gained through the successful resolution of developmental crises.
Jean Piaget	<ul style="list-style-type: none"> • The concept of children obtaining particular skills and behaviours at particular developmental stages and recognition of stages of cognitive development.

Lawrence Kohlberg	<ul style="list-style-type: none">• The relationship between Piaget's concepts of cognitive development and the acquisition of moral concepts.
John Bowlby	<ul style="list-style-type: none">• The introduction of the theory of attachment whereby a child's emotional and behavioural development was seen to be related to the way in which a child was able to attach to its mother.

Table two (2): Theories of child development

For the purpose of this research study, the researcher will explore the development of a child and more specifically the developmental stage of adolescence, as seen from the perspectives of:

- The psychoanalytical developmental theory.
- The psychosocial developmental theory.
- The theory of the Gestalt approach to childhood development.

2.3.1. The psychoanalytical development theory.

The psychoanalytical theory regarding childhood development was introduced as a model of development by Sigmund Freud (1856-1939). Freud's studies involved focus on the memories of adults who suffered from neurosis, and therefore focussed less on the development of healthy personalities than troubled ones. According to Louw, van Ede and Louw (1998:45), Freud was of the opinion that all behaviour is determined by urges and moral rules in the individual's personality.

According to Freud, each individual has a psychological arena consisting of three main components that compete and cooperate to produce performance. Freud identified these components as the following (Murray Thomas, 2005:56):

- The id.
- The ego.
- The superego.

Freud was of the opinion that these three components do not appear simultaneously during the child's development. The id is present at birth, the ego develops out of the growing infant's efforts to satisfy needs through transactions with the environment, and the superego develops as an internal representative of the rules and values of the environment (Murray Thomas, 2005:56).

2.3.1.1. The id.

According to the psychoanalytical theory, the source of all energy is instincts- inborn factors that give force and direction to psychological activities. Freud also identified basic instincts, namely the supreme life (libido) and death instincts. He formulated a theory whereby the individual's id operates on the pleasure principle, which entails the concept that the id wants as much pleasure as possible, and to avoid as much pain as possible.

According to Murray Thomas (2005:57), a newborn baby functions solely as an id, which means that a baby seeks immediate satisfaction of its needs (food, drink, warmth, elimination of bodily wastes, freedom from skin irritants, and affection). As time passes, the infant's worldly experience increases, and as awareness increases, the primary process begins. The primary process concerns the baby's act of creating in its memory an image of an object that will fulfil a need.

2.3.1.2. The ego.

The ego is the second component of the psychic apparatus of the developing individual. The ego serves as a decision maker that tries to negotiate a satisfactory solution to conflicting demands that come on the one side from the id and on the other side, from the environment. According to Freud (Murray Thomas, 2005:58), the ego operates on the reality principle, which can be defined as the recognition of the conditions and demands of the real world and then the finding of methods of fulfilling the id's needs that are acceptable in the real world.

2.3.1.3. The superego.

The third component of the psychic apparatus is the superego (Murray Thomas, 2005:59). When a baby is born, it presents as being amoral (neither moral nor immoral) – it has no knowledge of good or bad. However, babies are born with a capacity for two things, namely: developing internal values and feeling good when they abide by these values and to feeling bad when transgressing them. (Murray Thomas.2005:59).

According to Freud the superego has two aspects, namely the conscience (representing the reasons for which the child has been punished) and the ego ideal (the positive moral values that the child has been taught). Freud stated that in the case of infants, the parents take responsibility for punishing bad behaviour and rewarding good behaviour. However, as the child develops, the child's superego plays the punishing and rewarding roles by introducing feelings of guilt, shame and fear as punishment, and feelings of self-righteousness, self praise and pride as reward (Murray Thomas, 2005:60).

2.3.1.4. Psychosexual stages of child development.

According to Home and Kiselica (1999:12), Freud's psychosexual developmental theory emphasized psychosexual development (life history), instincts (genetic impulses), libido (life energy) and unconscious motivation.

Freud produced a model of child development that featured a series of growth stages, which he labelled as psychosexual growth stages. According to Murray Thomas (2005:61), Freud believed that the

development of the personality – *the psyche* – was critically influenced by the manner in which the child learned to expend sexual energy (libido) from one period of life to the next.

Freud identified five developmental periods between birth and adulthood, as indicated by Murray Thomas (2005:62):

<u>The developmental phases of the child</u>			
Developmental period number	Developmental phase	Approximate age of the child	Discussion of the period
	The traumatic beginning		The birth process is seen as the first great shock of the child's life. The birth trauma is the prototype of all subsequent fear-producing situations that children will meet as they grow to old age. According to Freud an easier birth (involving less shock) can be expected to build less fear into the unconscious



			of the growing child. This will equip the child to be able to face frustrating experiences later in life with greater emotional control.
Stage one (1)	The oral period	Birth to age one (1)	During stage one of the developmental periods, the adequacy with which the child's needs for food, drink, and breath are met gives the first impressions of the world as well as of his or her position within the world. If the child's attempts at having his or her needs satisfied are frustrated, fixation may occur in the form of a constant seeking to gain Satisfaction in symbolic ways in subsequent years. Also, if too much satisfaction is experienced, the child may not wish to abandon these pleasures,



			and again may fixate at the first developmental stage.
Stage two (2)	The anal period	Age two (2) to age three (3)	During the second and third years of the child's life, the child's focus shifts to the establishment of proper control over the bowels, because parents play such an important part in the process of potty-training and the establishment of control over the urinary functions, it is a critical time for the child to learn how to earn love, praise and approval. If this stage is not dealt with adequately by parents, children may retain feelings of guilt, fear and defiance. Repressed conflict during this stage can lead to the child becoming a compulsively regular adult or, in



			contrast, one who is bitter and fixated at the anal stage.
Stage three (3)	The infantile genital period	Age three (3) to age four (4)	During the third and fourth years of the child's life, the child's genital organs become the key objects of erotic pleasure. During this stage, boys encounter a conflict called the Oedipus Complex (wanting to possess his mother) and girls encounter the electra complex (a girl's need to have her father as a love partner). In both instances the child experiences defeat from his or her own sex/gender. During the process of solving the Oedipus conflict (by repressing sexual desires and adopting parental characteristics); the superego of the child



			<p>evolves. During this stage children incorporate parental values into their lives, which enable them to reward and punish themselves and to control their own behaviour in the absence of outside authority figures. If the Oedipus conflict can not be solved adequately during this developmental stage (through the repression of sexual urges) remnants of the conflict remain in the unconscious and distort the personality of the adolescent or adult.</p>
Stage four (4)	The latency period	Age four (4) or five (5) to puberty	<p>During the fourth stage, the child is still repressing sexual behaviour. During the latency phase, the child shows tendencies to socialize with children of the same gender, because</p>



			<p>of the repression of sexual acts. During this stage, the superego serves as a strong, moralistic, internal representative of parental rules. If the Oedipus conflict can not be resolved adequately during this phase, the individual can become fixated at this stage and may never feel comfortable around the opposite sex, or may avoid sexual relations with the opposite sex.</p>
Stage five (5)	The mature genital period	Age fourteen (14) to sixteen (16), to age eighteen (18) to twenty-one (21)	<p>Stage five is the stage in which the adolescent reaches the age between fourteen (14) or sixteen (16) and eighteen (18) or twenty-one (21) years. This stage is characterized by the maturing of the sexual</p>



			<p>functions, such as the start of menstruation and the rounding of the breasts in girls, and the growth of the genital organs, the appearance of sperm cells and the lowering of the voice pitch in boys. Whereas during the previous stage the child was interested in its peers of the same sex, his or her attention now turns to the opposite sex. For the purpose of the current research, the researcher will discuss this particular developmental phase (according to Freud) in detail.</p>
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Table three (3): The developmental phases of the child.

2.3.1.5. The therapeutic involvement with adolescents from a psychoanalytical perspective.

It is important to remember that the focus of Freud's work was developing an aid by which both children and adults who suffer from neuroses (psychiatric disorders which are distressing but which do not cause the person to view the world in a seriously distorted way, as is the case with psychoses) can be treated. Freud's theory was introduced to cases by means of digging up the conflict within the process, and reliving it emotionally and intellectually (Murray Thomas, 2005:68). The core truth about psychoanalysts is that they do not attempt to change neurotic symptoms directly, but rather attempt to find the repressed conflict that is causing the symptom. They also believe that once the conflict has been found, the conflict will be resolved and psychologically integrated, and the symptoms will evaporate.

As stated by Horne and Kiselica (1999:12) the psychoanalytical model hypothesized that male adolescents coveted their mothers and perceived their fathers as dangerous competitors who would harm and even kill the young male contender. Thus, Freud was of the opinion that young males negotiated the need to establish a rapprochement with their fathers in an attempt to deal with the trauma experienced during this phase.

2.3.2. The Psychosocial theory.

According to Murray Thomas (2005:86) the psychosocial theory regarding human development was developed by Erik Homburger Erikson (1902–

1994), who was a German-born psychoanalyst. Erikson was a student of Freud, but was strongly influenced by Adler's social interest theory. According to Horne and Kiselica (1999:13), Erikson stressed that psychosexual and psychosocial growth take place simultaneously, and that in each stage of development, people face the task of establishing equilibrium between themselves and their worlds.

The most important features of Erikson's refinement of Freud's notions of personality development are the following:

- The development of a healthy personality (versus Freud's focus on the cure of neurotic behaviour).
- The process of the child's development into a particular culture through the process of passage through a series of innately determined psychosocial stages.
- The individual's achieving ego identity through solving specified identity crises at each psychosocial stage of growth.

Louw, van Ede and Louw (1998:51) add to the above-mentioned features by stating the following:

- Erikson saw the ego as the most important stimulus of development, and not the id.

- Erikson did not recognise the Oedipus complex. He was of the opinion that a healthy relationship between parents and children could exist.
- Erikson's theory is relevant to the whole lifecycle of the individual. His theory does not recognise the historical determination that Freud identified.

For the purpose of this study, the researcher will provide a short discussion on a number of relevant concepts within the psychosocial theory, as well as the psychosocial stages of development.

2.3.2.1. Ego identity.

Erikson focussed on the refinement of healthy personalities by identifying the characteristics of a healthy personality.

According to Murray Thomas (2005:87), Erikson defined the process of becoming an adult as a process of achieving ego identity. Erikson described ego identity as being an individual's ability to know and accept oneself, and also an ability to have a clear picture and an acceptance of the group culture in which that individual exists.

Erikson describes the developmental process as a description of "conflicts, inner and outer, which the vital personality weathers, re-emerging from each crisis with an increased sense of inner unity, an increase of good judgment and an increase in the capacity 'to do well' according to his/her own standards and to standards of those who are significant to them"

(Erikson, 1968:92). When an individual has reached an adequate level of self-knowledge and a clear understanding of where he or she fits into the specific culture group, ego identity has been achieved. A well developed ego identity leads to the individual being able to assert him/herself personally and socially.

2.3.2.2. The Epigenetic principle.

Erikson proposed that members of the human species pass through an identifiable series of psychosocial stages as the individual journeys to adulthood. These stages are determined genetically, regardless of the culture in which the individual finds him/herself (Murray Thomas, 2005:88). However, Erikson does acknowledge that the social environment in which the individual functions has a significant effect on the nature of the crises during each psychosocial developmental stage and the success with which the child and adolescent will master the developmental stage (Murray Thomas, 2005:88). The epigenetic principle is however based on the individual's predisposition to genetic developmental stages.

2.3.2.3. The psychosocial stages of development.

Murray Thomas (2005:90) identifies the psychosocial development stages, the approximate ages at which they occur, and the associated psychosocial crises, as follows:



Stage number	Psychosocial crisis	Approximate ages (in years)
1	Trust versus mistrust	0-1
2	Autonomy versus shame and doubt.	2-3
3	Initiative versus guilt.	3-6
4	Industry versus inferiority.	7-12
5	Identity and repudiation versus identity diffusion.	12-18
6	Intimacy and solidarity versus isolation.	The 20's
7	Generativity versus self- absorption.	Late 20's – 50's

8	Integrity versus despair.	50's and beyond
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Table four (4): The psychosocial stages of development.

With regard to the table above, the relevant psychosocial development stage during adolescence is stage 5, which refers to the psychosocial crisis of identity and repudiation versus identity diffusion.

According to Erikson, the adolescent developmental stage is characterized by rapid physical changes, changing social roles, and the fact that the views adolescents held of themselves in childhood no longer fit their appearance. Murray Thomas (2005:93) also states that during the development stage, adolescents experience new feelings for the opposite sex, and their peers and adults develop new expectations of them. Louw, van Ede and Louw (1998:35) state that at this stage it is the adolescent's task to establish a feeling of identity, which consists of the following components:

- An answer to the question "Who am I?"
The adolescent needs to develop certainty about his or her characteristics.
- An answer to the question "In which group do I belong?"
The adolescent needs to develop certainty about his or her social identity.
- An answer to the question "What do I want to achieve?"

The adolescent needs to develop certainty about his or her own values and ideals.

Murray Thomas (2005:93) states that the great danger during adolescence is role confusion or identity diffusion. When role confusion occurs, adolescents do not know who they are to themselves or others, over-identify with heroes or cliques, and can temporarily lose their own individuality. When this developmental crisis can be dealt with sufficiently, adolescents are able to come through the stage with a strong sense of their own individuality, and recognition that they are acceptable to the society. Murray Thomas (2005:94) states the following regarding role confusion:

“Those who fail to work their way through the identity crisis continue to display in later life such marks of immaturity as intolerance, clannishness, cruel treatment of people who are “different,” blind identification of loyalty to heroes and idols, and the like.”

Karpov (2005:226) states that the development of adolescents' self-consciousness, that is, their personal identity, is the major achievement of the adolescent period.

According to Horne and Kiselica (1999:13), the adolescent stage calls on young men to work toward identity versus confusion over rules. During this period, adolescent males are attempting to break their ties of dependence on parents and family, and try on new roles and behaviours to establish an independent identity. If this development cannot take place, it can result in confusion about one's role and personality identity.

Newman and Newman (1997:676) mention that a developmental conflict that adolescents face is the group identity versus alienation conflict. These terms are elaborated on in the following paragraphs:

- Group identity refers to the aspect of an individual's self-theory that focuses on membership and connection with social groups. Adolescents experience a search for membership and internal questioning about the groups of which they are most naturally part of. In the process of seeking group affiliation, adolescents are sometimes confronted by clashes between personal and group needs and values. A positive resolution of the conflict of group identity versus alienation is one in which adolescents associate with an existing group that meets their social needs and provides them with a sense of belonging.
- Alienation refers to a sense of social estrangement and an absence of social support or any meaningful connection to a certain group. During the early adolescent developmental stage, adolescents often exercise caution in sharing their most private concerns out of fear of rejection and security. The tension between group expectations and barriers to group commitment is a product of self-consciousness and egocentrism. The lack of peer social support that may result from the negative resolution of this crisis can have significant implications for adjustment in school, self-esteem, and subsequent psychosocial development.

2.3.3. The cognitive developmental theory.

Geldard and Geldard (2002:32) state that Jean Piaget contributed to the concept of children acquiring particular behaviours and skills at various stages of their development. Piaget noticed that children interact with both human and non-human objects. The relationships which children have with these objects allow them to become more adaptive. They can develop higher levels of cognition and start to understand their environment in a more complex way.

2.3.3.1. Piaget's theory of formal operational thought.

According to Newman and Newman (1997:646), Piaget described the development of complex cognitive capacities in the adolescent stage as formal operations. Studies of the physical maturation of the brain suggest that two distinct phases of new development occur in this stage, one linked with the visuo-auditory, visuo-spatial, and somatic systems from about age thirteen (13) to seventeen (17) years and one linked with the frontal executive functions from about age seventeen (17) to twenty-one (21) years.

Piaget hypothesized, during adolescence, a qualitative shift in thinking occurs from concrete to formal operational thought, which is governed more by logical principles than by perceptions and experiences. According to Newman and Newman (1997:644), children use mental operations to explain changes in tangible objects and events in the period of concrete operational thought. In the period of formal operational thought, young

people use operations to manipulate and modify thoughts and other mental operations. Furthermore, Piaget identified the following conceptual skills that emerge during the stage of formal operational thought (Newman and Newman, 1997:646):

Conceptual skills that emerge during the stage of formal operational thought	
1	The ability to manipulate mentally more than two categories of variables simultaneously
2	The ability to think about the changes that come with time
3	The ability to hypothesize about logical sequences of events
4	The ability to foresee consequences of actions
5	The ability to detect logical consistency or inconsistency in a set of statements
6	The ability to think in relativistic ways about self, others, and the

	world
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Table five (5): The conceptual skills that emerge during the developmental stage of formal operational thought.

Generally, the changes in conceptual development that occur during early adolescence result in a more flexible, critical, and abstract view of the world. The adolescent acquires the ability to hypothesize about logical sequences of action. These abilities contribute to a more realistic sense of future, which includes hopes, educational attainments, starting a family and fears (Newman and Newman, 1997:646).

Piaget's theory focuses on the development of the adolescent's ability to view the world in a more critical and abstract way, by defining the following relevant terminology

- **Egocentric thought**

Geldard and Geldard (1999:5) are of the opinion that adolescents often feel omnipotent (all powerful) and that they cannot be hurt. Egocentric thought is part of the complex process of becoming a separate unique individual on a journey to adulthood. According to Newman and Newman (1997: 646), the term egocentrism refers to the child's limited perspective at the beginning of each new phase of cognitive development Heightened egocentrism occurs in the transition from concrete to formal operational thought. During this transition, in early adolescence, adolescents develop the capacity to

formulate hypothetical systems. They begin to generate assumptions about their own and others' behaviour that fit into these abstract formulations. During early adolescence, the adolescent's egocentrism reflects on an inability to recognize that others may not share one's own hypothetical system, or one's own ideals, goals and aspirations. Newman and Newman (1997:647) state that early adolescents gradually realizes that neat, logical life plans must be constantly adapted to the expectations and needs of relevant others.

The early adolescent's egocentrism has two characteristics:

- Preoccupation with his or her own thoughts and a belief that others' thoughts are also preoccupied with him or her. Adolescents might become slightly withdrawn and isolated as their domain of consciousness expands. They may also conclude that they alone have certain insights or certain difficulties. The tendency to withdraw can lead to them cutting off their access to new information or ideas, and inhibit them from social interaction.
- The assumption that they are the centre of interest of others' thoughts and attention; adolescents envision their own thoughts as being the focus of other peoples' attention.

During the cognitive process, the adolescent develops the ability to place him/herself within the world, but also to start seeing the world from other people's points of view. This can only be achieved when the adolescent has successfully gone through the development of

egocentric thought – a step towards positioning him/herself within the world.

- **Abstract thinking**

Geldard and Geldard (1999:5) states that the transition from concrete operation to formal operations facilitates the move from the limitations of concrete thinking to being able to deal with ideas, concepts and abstract theories. During this stage, adolescents become able to be passionately interested in abstract concepts and notions and also to discern between what is real and what is ideal.

By developing the ability to think abstractly, adolescents extend their thinking process beyond that of childhood, and they become able to:

- Imagine possible and impossible events.
- Think of a number of possible outcomes from single choice.
- Think of the ramifications of combinations of propositions.
- Understand information and act on the understanding thereof.
- Solve problems involving hypothesis and deduction.
- Solve problems in a wider variety of situations and with greater skill than in childhood.

Adolescence is a stage in which the development and utilization of newly acquired cognitive skills are challenged, and learning realizes through a process of success and failure.

- **Critical thought**

Geldard and Geldard (1999:5) state that the adolescence is characterized by the adolescent's ability to think about other people, along with a sense of uniqueness and individualization. Adolescents develop the ability to think critically about other people and interpersonal issues. The development of critical thought enables adolescents to make decisions about how to interact with others, and to think about social issues more critically, which impacts on their understanding of socializing.

- **Creative thought**

According to Geldard and Geldard (1999:6), adolescents develop the ability to think creatively. Thinking creatively involves divergent thinking, flexibility, originality, the consideration of remote possibilities and the ability to consider a variety of solutions to the same problem.

Throughout the development process, the adolescent develops the ability to think creatively and to better understand and use metaphors. This can be very useful within the counselling process, where the counsellor can utilize metaphors to assist the adolescent in developing insight.

- **The development of moral reasoning**

The cognitive development of the adolescent includes the development of moral reasoning (Karpov, 2005:214). The studies that have been completed regarding moral reasoning have been obtained from Kohlberg's theory of moral reasoning. The outcome of these studies conducted by Kohlberg, concluded that there is a strong correlation between the developmental stages of children and their levels of reasoning.

Karpov (2005:214) states that the development of moral reasoning realizes through the following stages:

- **Preconventional thought**

Moral thought proceeds from a self-interest perspective, thus children see "good" behaviour as a means to receive reward, just as "bad" behaviour leads to punishment.

- **Conventional thought**

Reasoning proceeds from social conventions (what the society expects from them), rather from a self-interest perspective. In this stage, behaviour that is in line with the expectations of the community/society is now associated with good behaviour.

- **Post conventional level**

Moral thought proceeds to an understanding of the social rules and laws. The adolescent develops the ability to understand that the society's rules and laws are not carved in stone. Therefore, it is the society's responsibility to change the rules that contradict certain human rights and values.

Karpov (2005:215) indicates that a number of empirical studies have confirmed that the educational level of the individual also plays a role in the level of moral reasoning of the individual. In particular, a study of high school graduates showed that those graduates who went to college continued to advance in moral reasoning, while those who did not go to college showed a decline in moral reasoning several years after their high school graduation (Rest & Narvaez, 1991 in Karpov, 2005:215). Karpov mentions a further study done by Tietjen and Walker (1985), which indicated that in a cross-cultural study in Papua New Guinea, ordinary members of the Papua New Guinea society who did not enjoy a high level of schooling, most often remained at the preconventional level of moral reasoning.

Furthermore, the adolescents' ability to engage in the social life of their community also promotes their reasoning. Karpov (2005:216) states that Piaget's theory stressed the role of adolescents' interaction with peers and disregarded the interaction of adolescents with their parents.

The major role of adults in the development of adolescent personality is to provide adolescents with social consciousness, whereas

interaction with peers serves the purpose of mastery and internalization of this social consciousness by adolescents. A state of social consciousness is achieved when the adolescent has adequate adult role models and interaction with peers in order to be able to internalize the positive examples set by the adult role-models.

2.3.4. The gestalt approach to child development.

According to Geldard and Geldard (2002:33) there are a number of humanistic/existentialist approaches in theory which one can use in working with adults. One of these is the gestalt approach. The gestalt approach was developed by Frederick Perls, and was proved to be a very valuable tool when working with children.

2.3.4.1. Introduction to gestalt.

According to Harris (2007:13), gestalt therapy is one of the humanistic group of therapies, now in its sixth decade of development. Gestalt therapy grew out of the awareness that possibilities for change and growth in a person might best be supported by an 'experience-near' approach and that growth is characterized by immediacy and attention to the present.

Perls, who was the originator of gestalt therapy, was of the opinion that the focus during therapy should be on the client's current experience rather than on the client's past, and that the client should take responsibility for that experience rather than blaming others or the past (Geldard & Geldard, 2002:35).

Perls concentrated on raising the client's awareness of current bodily sensations, emotional feelings and related thoughts by encouraging clients to become fully in contact with their current experiences in the 'here and now'. His focus was on:

- Assisting clients in working through their unresolved issues.
- Assisting them in sorting out their emotional confusion.
- Assisting them in achieving a state that he called a gestalt or 'ah ha' experience, which left the individual feeling more integrated and whole.

2.3.4.2. Definition of gestalt.

The concept "gestalt" can be explained as:

"a form, a configuration or a totality that has, as 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".

(English & English, 1958:225)

Gestalt therapy can also be explained as an existential and experiential psychotherapy that focuses on the individual's experience in the present, the therapist-client relationship, the environmental and social contexts in which these experiences take place, and the self-regulating adjustments

people make as a result of the overall situation. Gestalt therapy emphasizes personal responsibility.

(http://en.wikipedia.org/wiki/Gestalt_therapy)

2.3.4.3. The nature of people from a gestalt perspective.

Perls viewed a human being as a total organism and not just as a brain. He believed that awareness alone can be curative, and that a person with full awareness, can develop a state of organismic self-regulation, enabling the individual to take control of his or her life. (Thompson, Rudolph & Henderson, 2004:184).

In Perl's theory, the key to successful adjustment is the development of personal responsibility – responsibility for one's life and response to one's environment.

Much of Perl's doctrine is summarized in his famous gestalt prayer:

“I do my thing and you do your thing. I am not in this world to live up to your expectations, and you are not in this world to live up to mine. You are you and I am I. And if by chance we find each other, it's beautiful. If not, it can't be helped.”

(Thompson, Rudolph and Henderson, 2004:185)

According to Thompson, Rudolph and Henderson (2004:185), Perls stated that a healthy person focuses sharply on one need (the figure) at a time, while relegating other needs to the background. When the need is met (the

gestalt is closed) it is relegated to the background, and the individual can focus on the new need that inevitably arises. The foreground need of the organism at any time becomes the foreground figure and the other needs recede, at least temporarily, into the background.

Thompson, Rudolph and Henderson (2004:185) state that individuals must be able to determine what they need, and that they must know how to manipulate themselves and their environment. By doing so, they will be able to satisfy their needs, close the gestalt, and move on to other needs. According to Perls, as stated in Thompson, Rudolph and Henderson (2004:185), neurotic people are those who try to attend to too many needs at one time and as a result, fail to satisfy any one need fully.

2.4. The developmental tasks of the adolescent.

Newman and Newman (1997:632), state that early adolescence begins with the onset of puberty. This developmental stage is characterized by rapid physical changes, the development of significant cognitive abilities, emotional maturation, sexual awakening, and a heightened sensitivity to peer relations. During this developmental stage a strong sense of belonging to groups emerges, resulting in the ego quality of loyalty to groups of family members, friends and others. During the adolescent development stage, adolescents experience developmental challenges. For the purpose of this study, the researcher will proceed to discuss the different spheres of adolescent development.

2.4.1. Physical development.

According to Freud, certain physical changes set in during the mature genital psychosexual developmental stage of the adolescent. Physical maturation during puberty results in a total revision of a young person's physical appearance (Newman and Newman, 1997:634). Louw, van Ede and Louw (1998:393) state that the physical growth and sexual development are initiated by growth hormones and sex hormones, named somatotrophine and gonadotrophine.

Pubertal development can influence physiological and social development in at least three ways (Newman and Newman, 1997:634):

- Physical growth alters a person's actual ability to perform tasks. Young adolescents become stronger, taller and have greater coordination and endurance than younger children.
- Physical growth alters the ways in which one is perceived by others, and adolescents may be perceived as less cuddly and more threatening.
- Physical growth influences the way in which adolescents perceive themselves.

It is clear that the physical development that an adolescent experiences is profound. These physical changes play a role in adolescents' physical appearances, their ability to perform physical tasks, and their own perception of themselves.

2.4.1.1. Physical maturation in boys.

Newman and Newman (1997:638) are of the opinion that physical maturation poses very different challenges for males and females. Both sexes must adjust to a changing body image. Cultures also place distinct values and taboos on the kinds of changes experienced by each.

Boys welcome increased muscle mass and height as a step to adult maturity. Mature physique is usually accompanied by well developed physical skills that are highly valued by peers and adults. Rapid growth – which does not occur at the same rate in all parts of the body - may leave a boy feeling awkward and uncoordinated for a time. It is important to note that the peak increase in muscle strength occurs about twelve (12) to fourteen (14) months after the peak height spurt. During this time, a boy simply cannot accomplish what he might expect, given his physical size (Newman and Newman, 1997:638). The male sex hormones are testosterone and adrosterone. These sex hormones stimulate the testes to discharge male hormones (Louw, van Ede and Louw, 1998:393).

According to Murray Thomas (2005:67), the physical changes boys undergo, include:

- The growth of genital organs.

Newman and Newman (1997:639) state that the growth of the testes and penis also poses important problems for the young adolescent male, in that they are in general not well prepared for testicular growth. The adolescent male might find the growth of

genital organs traumatic, if not prepared for these extensive physical changes).

- The appearance of sperm cells.
- Nocturnal emissions of semen (often accompanied by erotic dreams).
- Lowering of the voice pitch.
- The growth of underarm, facial and pubic hair.

2.4.1.2. Physical maturation in girls.

Newman and Newman (1997:635) state that in girls, the onset of puberty occurs at approximately eleven years, which is two years sooner than the parallel experience for boys.

The female sex hormones are known as oestrogen, progesterone and androgen. These hormones are responsible for the development of primary and secondary gender characteristics. (Louw, van Ede & Louw, 1998:393)

During puberty girls might find themselves becoming taller than boys of the same age, because of the height spurt that they experience as part of the early adolescent developmental stage (1997:635). At the onset of the growth spurt, most girls notice their features becoming plumper, and in an attempt to ward off what they perceive as a tendency towards obesity, many

young adolescent girls begin a regimen of strict and often faddish dieting. Newman and Newman (2002:635) points out that this strategy is ill-timed, since girls' bodies require well-balanced diets and an increased calorie intake during the period of rapid growth.

Murray Thomas (2005:67) mentions the following physical changes in adolescent females:

- Menstruation.
- Secondary bodily changes such as the rounding of the breasts.
- The growth of underarm and pubic hair.

For most girls the development of primary sex characteristics includes the maturation of the reproductive organs and the onset of the menstrual cycle. According to Newman and Newman (1997:637), most girls are prepared by their mothers for the specific events associated with menstruation. Often, girls do not understand the relation of menstruation to the total process of reproduction, and at this stage, most male peers may still be ignorant of this phenomenon. Girls react to menstruation with a mix of positive and negative feelings. They may experience feelings of pride in maturing and the confirmation of their womanliness. In contrast with this, they may also experience a sense of inconvenience, some unpleasant symptoms, and the possible embarrassment caused by menstruation.

2.4.1.3. The psychological meaning of the physical development of adolescents.

According to Louw, van Ede and Louw (1998:397), adolescents are intensely aware of the physical changes that they experience. An important developmental task is the acceptance of their physical appearance.

The acceptance of these physical changes is a difficult process, and the cultural environment in which the adolescent functions plays an important part in this acceptance. Louw, van Ede and Louw (1998:397) mention as an example female weight increase being extremely traumatic for westernised girls, whereas in the traditional Zulu culture, for instance, female adolescents are isolated during initiation ceremonies to be “fed” in order to encourage weight gain. The Botswanan adolescent girls experience the development of their breasts and pubic hair as a very proud moment; whereas western orientated adolescent girls tend to feel ashamed and uneasy about these physical changes (Louw, van Ede and Louw, 1998:400).

Newman and Newman (1997:641) indicate four points regarding the psychological meaning of physical changes:

- Physical development enables adolescents to think of themselves as approaching adulthood.
- Physical development influences a young person’s identification with the role of man or woman.

- The developing adolescent becomes more egocentric and self-involved.
- These physical changes produce ambivalence. If the family and peer group are not supportive, negative feelings and conflicts are likely to result.

2.4.2. Emotional development.

According to Karpov (2005:225), the adolescent developmental stage is characterized by the typical period of conflict with parents. These conflicts experienced are partially due to the adolescent's newly developed capacity of formal logical thinking, which results in starting to question parental regulations. This may have an impact on the parents' ability to discipline the adolescent.

According to Horn and Kiselica (1999:8), boys are taught from an early age to stifle tears and show no feeling. Adolescent males do not want to be seen as weak, so these stifled feelings do not get the chance to ventilate, and they remain bottled up inside. According to these authors, feelings then often emerge in the form of anger. The emotional shut down that begins during a boy's childhood is refined during adolescence and can become a way of being in adulthood. It is therefore important that the emotional development of the adolescent occurs in an optimal manner, to ensure that adult behaviour takes place at an optimal level of functioning.

In studies conducted by Horn and Kiselica (1999:10), it was found that the young male's experience with both the feminine and masculine energy of

the adults around him will be very influential in how he relates to both sexes, as well as to himself in later life. A loving, nurturing mother can play a very important, positive role in the male child's future relationships with women and his relationship with himself, if she supports, accepts, honours, and shows confidence in his "boyiness". A loving father in turn can in turn have a positive effect on his son's identity development as a male, his self-image, his success in later life and the honouring of his own maleness.

Generally, girls are more dissatisfied with their physical appearance than boys are with theirs, and their overall body image is poorer than that of boys. Girls' dissatisfaction and self-consciousness about their appearance reaches a peak between the ages of thirteen (13) and fifteen (15). Adolescents' hormonal development acts in conjunction with changes in social relationships, changes in beliefs and attitudes, and changes in self-perception, which all lead to emotional experiences during adolescence (Geldard and Geldard, 1999:4). Louw, van Ede and Louw (1998:400) state that the physical changes during puberty and the start of the menstruation cycle can lead to increased social prestige within the immediate social group, as well as an increased feeling of self-consciousness.

Newman and Newman (1997:635) state that a great concern regarding the development of girls is that adolescent girls express their perception that they are too fat. They state that in a national survey done about adolescents' health concerns, 85% of adolescents said that they thought that girls cared a lot about controlling their weight. Despite this strong interest in controlling their weight, less than 10% of adolescents thought that their peers cared a lot about eating healthy foods. Newman and Newman (2002:635) also mention that a strong concern about controlling weight was

more likely to be linked to cigarette use and drug use than to healthy eating patterns.

Newman and Newman (1997:658) are of the opinion that girls are more vulnerable to depression than boys, based on the following theories:

- During puberty, girls become especially critical of their bodies. This may lead to prolonged feelings of dissatisfaction with the self and subsequent depression.
- Girls tend to look for internal explanations for their failures, blaming problems on their own lack of ability, whereas boys do not: boys tend to focus on factors outside the self, blaming other people or unfair conditions for their failures.
- Although girls tend to receive strong social support from parents and friends, they are also somewhat more sensitive to problems that people in their support network are experiencing, and these impacts on their individual negative moods.
- Girls have the tendency to want to explain negative events, allowing these events to continue to disturb them, while boys tend to put problems out of their minds and move on.
- Adolescent girls are regularly affected by the experience of numerous micro-aggressions from other people (such as teachers and male peers), which create for the adolescent girl a worldview in which she is less important, less competent, and less entitled to

her own independent ideas than her male peers. The result of this is increased feelings of insecurity, lack of confidence, and feelings of worthlessness.

Psychologically, the awkward period of early adolescence poses strong challenges to boys' self-esteems, as they believe that they simply look funny and awkward. They become easily embarrassed by this condition, and are not able to accept their new body image, or that they are acceptable to others (Newman and Newman, 1997:639).

According to Newman and Newman (1997:639), boys are generally not taught about spontaneous ejaculation, and they may be surprised, scared, or embarrassed by it. A study on Nigerian and American boys done by Adejoke in 1993 showed that the experience itself was associated with mild to strong feelings of pride and pleasure, and made the boys feel grown up (Newman and Newman, 1997:639). However, many boys also experienced feelings of upset, embarrassment, and shame. There was also no difference in reaction between boys who had been well prepared for their experience and those who had not been prepared at all.

According to Newman and Newman (1997:652-657), descriptions of adolescence often refer to increased emotional variability, moodiness and emotional outbursts. Many problems of early adolescence are linked to the expression, control, and over-control of emotions, which can lead to the following:

- **Eating disorders such as anorexia nervosa**

Compared to other types of emotional disorders found in adolescents, anorexia nervosa brings about less emotional expressivity, greater timidity and more submissiveness. Adolescents diagnosed with anorexia nervosa have been described as “duty bound, rigidly disciplined, and moralistic with underlying doubts and anxious hesitancy” (Newman and Newman, 1997:652). According to Louw, van Ede and Louw (1998:398), adolescents in industrialised countries, such as South Africa, are extremely aware of their physique. As a result of their need to be accepted in their peer group, it is important to them not to be overweight. The authors state that an over-emphasis on being slim, which is often encouraged by the community and the mass media, has a strong correlation with eating disorders such as anorexia nervosa and bulimia nervosa.

- **Depression**

Depression during early adolescence is of special concern, for several reasons. Depression is associated with adolescent suicidal attempts, and is linked to alcohol and drug abuse as a way of alleviating depressed feelings. Depressed adolescents may be unable to participate effectively in the classroom, which may lead to lower academic performance. Depression during adolescence may also be a forerunner of severe depression in adulthood.

- **Delinquency**

Delinquency realizes in contrast with adolescents experiencing problematic over-control of emotions, in the sense that delinquents are impulsive and highly reactive to any emotionally arousing environmental stimulus. Newman and Newman (1997:655) state that some adolescents' commitment of delinquent acts may weaken their ability to impose social constraints.

2.4.3. Social development.

Karpov (2005:222) states that the adolescent developmental stage is a universal and inevitable period of "storm and stress", which is characterized by conflicts with parents, mood disruptions, and adolescent risk behaviour. However, various empirical studies have come to contradict such a nativist view. The following studies have been done:

- According to Mead (1928/1973), classical observations in Samoa and many other cross-cultural observations have demonstrated that adolescents in pre-industrial societies do not experience storm and stress at all. If they do experience it, they experience it to a lower degree than their westernised peers.
- Empirical studies by Larson and Richards (1994:86) found that contrary to folk wisdom, there was little relationship between the pubertal stage and negative emotion or variability in emotion. Peterson (1988:594) concluded that research linking pubertal

effects on psychological status has found little evidence for pervasive pubertive effects on psychological difficulties. Lastly, Arnett (1999:322) found that “the hormonal contribution to adolescent mood disruptions appears to be small and tends to exist only in interaction with other factors”.

According to Karpov (2005:216), the adolescent’s interactions should consist of two types, which are:

- **Interactions with peers**

The adolescent must have the opportunity to share information and opinions while reasoning at relatively comparable levels.

During interaction with peers, adolescents internalize the norms and values (received from their parents) as their own personal choices. Interaction with peers is viewed as instrumental in identity formation (Karpov, 2005:227) Newman and Newman (1997:658) state that adolescent friendships provide opportunities for emotional intimacy, support and understanding, as well as companionship and fun.

Popularity and acceptance into a peer group in high school may be based on the following characteristics: good looks, athletic ability, social class, academic performance, future goals, affiliation with a religious, ethnic or racial group, sexual orientation, special talents, involvement with drugs or deviant behaviour, or general alienation from school (Newman and Newman, 1997:659). According to Horne and Kiselica (1999:11), lack of friendship in

the adolescent developmental stage can set off a feeling of isolation, and also competitiveness in later life.

- **Interactions with parents**

The adolescent should be provided with advanced models of moral reasoning within the zone of proximal development of the adolescent's moral reasoning. Newman and Newman (1997:685) state that it is hard for parents and adolescents to keep the channels of communication open, as adolescents find it extremely important to express their own points of view and assert behavioural and emotional autonomy from their parents. Conversations between parents and adolescents are marked by increased assertiveness on both sides, and conflicts arise over rather mundane issues such as performing household tasks, spending money, doing schoolwork, or adhering to curfews.

Chapman and Campbell (2005:16) state that when raising children, the success of the process is dependent on the love relationship between the parent and the child. They also state that only a child who feels genuinely loved and cared for can do his or her best. The communication of love also needs to realize in the manner that is acceptable to that individual child. Furthermore, if children feel loved, they will be more responsive to parental guidance in all areas of their lives. According to Chapman and Campbell (2005:24), meeting an adolescent's need for love is especially difficult. An adolescent who enters the adolescent years without emotional investment (from their parents since birth) may turn to acting out feelings of anger and resentment.

According to Karpov (2005:224), formal logical thought results in adolescents' starting to question parental regulations, and they start to see some of their parents' rules as capricious and arbitrary. Adolescents' tendency to question and resist parental regulation often leads to conflict with parents.

Karpov states that a second major contributor to storm and stress relates to socio-cultural factors. Contemporary researchers suggest the following:

“Adolescence is more stressful when individuals are confronted by a large number of choices, as they frequently are in Western cultures. In non-Western societies, in which roles are frequently more clearly defined and choices are more limited, the transition to adulthood appears to be much smoother. For example, if the first-born child is expected to take over the family business and assume care of the aging parents, it is not necessary for him to explore a variety of social roles to find a suitable adult identity. The important decisions have already been made for him”. (Gardiner and Kosmitzki, 2002: 144).

Kaprov (2005:224) also states that the large number of choices imposed on adolescents by modern society can be seen as partially responsible for adolescents' risk behaviour. Other socio-cultural factors that contribute to adolescent mood disruption and risk behaviour are poor school performance, troubled peer relationships, family problems, and parents' inability to serve as adequate role models.

Giving more freedom to adolescents in making their own choices over minor issues could substantially reduce the frequency of their conflicts with parents. Conflicts between adolescents and their parents are heavily determined by parent-adolescent styles of interaction, which are inevitable (Karpov, 2005:225). In contrast with the mentioned authors, Louw, van Ede and Louw (1998:450) state that the conflict between parents and adolescents is not as intense as implied by the “storm and stress” view of Stanley Hall. They further state that the generation gap, which refers to differences in views, values and opinions between parents and adolescents, is also greatly overemphasised. Conflict does not undermine the bond between adolescents and their parents, and it is essential for the adolescent’s development of a personality. The more satisfied a young woman is with her body image by the age of eighteen (18), the more likely she is to have positive social relationships with people (Newman & Newman, 1997:637).

Piaget describes the developmental stage of the adolescent as a stage of formal operational thought. Formal operational thought also alters a young person’s interpersonal behaviour and social outlook by permitting an adolescent to speculate about another’s point of view and to analyze the consequences of having different opinions or beliefs. It also leads to speculation about how life might be improved if social conditions were altered (Newman and Newman, 1997:646).

2.4.4. Development in sexual relationships and gender identity.

According to Karpov (2005:228), sexual motives propel young adolescents to become engaged in interactions with peers. This interaction requires that adolescents meet social standards for their behaviour. By taking advantage of their new cognitive abilities, adolescents use social norms and values as standards for their own behaviour.

According to Horne and Kiselica (1999:18), the movement of the child into the direction of becoming a “whole” person occurs in specific stages. During the conformist stage of development (which normally peaks in early adolescence), the gender identity question has passed from the simplistic cognitive identification of sex to a full knowledge of the role expectations for maleness and femaleness. At this stage, adolescents desire to be attractive to the other sex, and being acceptable to their own sex motivates them to fulfil their roles as females or males as prescribed by the society. Adolescence is a time when there is a tendency to describe oneself in socially desirable terms. It is a time to experience shame for transgressing the norms of what is socially acceptable.

Louw, van Ede and Louw (1998:461) state that the development of romantic relationships is one of the most important social changes that occur during adolescence. During adolescence, peer relationships are modified by new sexual interests and behaviour, which stem from social expectation, as well as from sexual maturation and the related desires for romance and physical intimacy (Newman and Newman, 1997:661). The sexual transition can take place in very different contexts for adolescents, and can therefore be a

planned event or an unplanned impulse. Adolescents can also view the sexual transition as a marker of independence or as an act of rebellion and defiance against the family. It can take place in the context of an ongoing close relationship or as part of a casual encounter. The earlier the age of entry into sexual activity and intercourse, the more likely the act is to be apart of a profile of high-risk behaviours, including alcohol abuse, drug abuse and related delinquent activities (Newman and Newman,1997:663). Louw, van Ede and Louw (1998:462) mention that romantic relationships can take on several forms, such as the following:

- Group activities that involve both genders, without them having much contact with each other.
- Group dates that involve a group of boys and a group of girls that go out together.
- Informal dates in pairs.
- Serious involvement between a specific girl and a specific boy.

Newman and Newman (1997:639) state that the equipment and the ritual behaviour associated with shaving are closely linked to the masculine sex role. Most boys are eager to express their identification with this role through the act of shaving, and they use the slightest evidence of hairy outgrowth as an excuse to take razor in hand. The shaving ritual not only provides the boy with some affirmation of his masculinity, but also allows him an acceptable outlet for his narcissism.

Sexual orientation is based on the adolescent's preference for partners, which could mean an adolescent's preference for sexual partners of the same sex, or of the opposite sex. According to Newman and Newman (1997:665), the realization of an adolescent that he or she is homosexual is extremely stressful. This realization is commonly accompanied by negative reactions from parents and friends, and open acts of hostility from school peers.

2.4.4.1. Problems and conflicts associated with sexual development.

Newman and Newman (1997:665) state that sexual development is of the most problematic components of psychosocial development, because of the fact that parents feel uncomfortable discussing sexual development with their children. Adolescents' private thoughts, impulses, and fantasies may result in feelings of guilt or confusion, and adolescents are generally confronted with conflicting messages about sexual behaviour from peers, the mass media, and the religious community. The lack of both supervision by and frank conversation about sexuality, with caring adults can place adolescents at risk for early sexual experiences that are negative or abusive. Premature subjection to sexual behaviour may in turn lead to sex-linked problems like unintended pregnancy, marital infidelity, rape and other forms of unwanted sexual contact, child sexual abuse, pornography, and sexually transmitted diseases. The existence of above-mentioned problems is evidence that socialization by parents, teachers, and religious leaders is failing to promote mature sexual development in a significant number of adolescents and adults.

2.5. The developmental crises of adolescence.

2.5.1. Psychosocial developmental crises.

For the purpose of the research study, the researcher will elaborate on a number of psychosocial developmental crises that adolescents are confronted with.

2.5.1.1. The consequences of differences in maturation rate.

The consequences of early and late maturation differ for girls and boys (Newman and Newman, 1997:640). Both early- and late-maturing girls experience some difficulties with regard to physical development.

According to Newman and Newman (1997:640), several studies suggest that early pubertal onset is a source of stress for girls, and that early-maturing girls experience a higher level of conflict with parents and are more likely to report depression and anxiety. However, the timing of the transition to puberty is in itself not the sole strong predictor of a girl's emotional wellbeing. The timing of puberty interacts with other events such as school transition, family conflict, or peer acceptance, to influence a girl's response to this physical transition.

According to Newman and Newman (1997:641), late-maturing boys are treated as if they were younger than their age, leading them to become isolated from their peers and behave silly or childish in an attempt to gain attention. Boys who mature earlier than their age-mates tend to have an

advantage, as they develop a positive self-image, in part because they are likely to be given increased responsibility by parents and teachers. Generally, early-maturing boys experience the positive mood and sense of centeredness that are reflected in the social qualities of leadership and personal confidence.

Newman and Newman (1997:641) state that these psychological consequences of the timing of physical maturation highlight the interaction among the biological, physiological, and social systems. Early-maturing girls and late-maturing boys may become isolated from their peers. Individuals who deviate from the normal physical growth pattern may be rejected by their peers as they look different and are experiencing different psychological events. Similarly, the admiration and leadership role accorded early-maturing boys can have several advantages. Louw, van Ede and Louw (1998:397) furthermore state that the effect of early or late physical maturation correlates with the following:

- **Physical attractiveness.**

What is seen as physical attractiveness differs from community to community. In most cultures physical attractiveness in males is associated with length, broad shoulders and a muscular body. In westernised communities, female attractiveness is associated with a slender body.

- **The norms of the peer group.**

Adolescents' body image has a strong correlation with their self-image and their experience of the way in which other people perceive them. It is important for adolescents to comply with the norms of their peer group. Adolescents that mature earlier or later than expected will not live up to the standards set by the peer group.

Differences in timing of physical maturation can result in negative perceptions of body image and dissatisfaction with one's physical appearance that persist well beyond adolescence.

2.5.1.2 Personal Identity formulation.

According to Karpov (2005:217), the notion of identity has not been clearly defined and "identity is generally seen as related to the self". The "self", in turn, is described in terms of "self-concept, self-image, self-esteem, self-worth, self-evaluation, self-perception, self-representations, self-schemes, self-affects, self-efficacy, and self-monitoring, to name but a few (Harter, 1999:3). Karpov (2005:218) states that the development of the self is a cognitive construction. Harter (1999:62) found that the cognitive explanations of the development of the self were not adequate, and that both cognitive and social processes contribute to the proliferation of selves.

Karpov (2005:218) differentiates between two kinds of social factors in the development of the self, which are adolescents' interactions with parents, and interactions with their peers. The interactions with parents lead to the

adoption of social values and norms by adolescents, whereas interactions with peers are instrumental in adolescents' mastery and internalization of these norms and values.

Karpov (2005:224) states that the adolescent's engagement in risk behaviour is often a consequence of the adolescent's stressful search for personal identity. Furthermore, Horne and Kiselica (1999:46) mention that if adolescents have not developed a good sense of identity, one that is self-respected, then their choice of negative alternatives may be enhanced.

2.5.1.3 The development of ethnic-group identity.

Newman and Newman (1997:695) are of the opinion that one of the most challenging aspects of establishing group identity during adolescence is the formation of an ethnic group identity. As adolescents begin to make important life choices, their ethnic group becomes a significant reference group whose values, outlook and beliefs influence those of the adolescent.

Ethnic identity development realizes by means of a five stage model, adapted from Newman and Newman (1997:697) and presented in the table below:

Step one (1)	Conformity	Identification with the values, beliefs and practices of the dominant culture.
Step two (2)	Dissonance	Recognition of and confusion



		about areas of conflict between the values, beliefs, and practices of the dominant culture and those of one's own ethnic group.
Step three (3)	Resistance and immersion	Rejection of many elements of the dominant culture; education about and involvement with one's own ethnic group and its beliefs, values, and practices.
Step four (4)	Introspection	Critical examination of the values, beliefs, and practices of both the dominant culture and one's own ethnic group.
Step five (5)	Articulation and awareness	Synthesis of values, beliefs, and practices from the dominant culture and one's own ethnic group, which forms a personal, cultural identity.

Table six (6): The development of ethnic identity by means of a five (5) stage model.

In the above-mentioned model, the interaction between personal and group identity becomes clear. The multiple views that the adolescent is subjected to must be reconciled somehow. According to Newman and Newman (1997:698), this resolution can be aided by the support of people who have arrived at a similar perspective, and who have a clear understanding and confirmation of the adolescent's ethnicity and the adolescent's basic sense of self-acceptance.

2.5.1.4 The formulation of attachment.

The word attachment refers to the tendency of a child to repeatedly seek closeness with a specific person, usually the mother, in order to reduce internal tension. Bowlby (1969) believed that attachment is an enduring affectionate bond, which has a vital biological function indispensable to survival, and that the relationship between the child and the attachment figure provides a secure base from which the child can explore and master the world (Geldard & Geldard, 1999:16).

According to Geldard and Geldard (1999:16), young people who have relatively secure attachments experience fewer and less stressful events than those with less secure attachments. The authors explain this as follows:

“Early attachment with primary care-givers seems to have an effect on much of an adolescent's later experiences and to influence the way in which the adolescent deals with stressful situations. Insecure or unsatisfactory attachments during childhood have

been linked with later substance abuse, eating disorders, early sexual activity and high-risk sexual behaviour and poor self-image in adolescents”.

Geldard and Geldard (1999:16) state that it has been confirmed through research that anxiety disorders were more likely to occur in adolescents who experienced anxious attachments to their mothers as infants, when compared with those who experienced secure attachments.

Harrington, in Horne and Kiselica (1999:280), found that exposure to early adverse experiences such as any form of abuse, loss of a parent through either death or divorce, or failure to attain secure attachments with one or both parents, increases the likelihood of childhood depression. Bowlby (1969, 1988) (in Geldard and Geldard, 2002:33) placed great emphasis on a child's attachment to the mother, and believed that a child's behaviour later in life would depend on the way in which he or she attached to the mother. Secure and well-adjusted children had attached more securely to their mothers. Where attachment was less secure the child would be likely to become socially and emotionally maladjusted.

2.6 Optimizing development in adolescence.

2.6.1 Problems experienced by adolescents.

Young (2002:39) states that a striking observation from longitudinal studies is that female children who are reared in dysfunctional families without external support in the early years are at an increased risk of behavioural and mental health problems in later life. The studies have confirmed that

females generally show an increased risk of mental health problems, such as depression, in adult life. Male children reared in dysfunctional families show clear evidence of antisocial behaviour and one third of them will be delinquent in their adolescent years.

Adolescent depression predicts future adjustment problems such as dropping out of school, becoming unemployed, abusing alcohol or drugs, and engaging in illegal activities, and also increases the risk of adult depression (Horne & Kiselica, 1999:279).

According to Horne and Kiselica (1999:279), studies assessing the causes of adolescent depression and mental health disorders have predominantly focused on familial and environmental factors. They state that the likelihood of children developing mental health disorders is greatly enhanced by the circumstances of parental depression, such as withdrawal of parents, the restriction of the child's social activities, increased parental criticism, hostility towards the child, and general ambivalence and avoidance on the part of the depressed parent.

Horne and Kiselica (1999:280) state that an extensive study on the psychosocial risk factors for adolescent depression was done by Lewinsohn, Roberts, Seeley, Rhode, Gotlib and Hops (1994). The authors describe the most common deterrents of adolescent depression as:

- Existence of any past mental health disorder or physical problems.
- Previous suicide ideation.

- A negativistic thinking style.
- Poor body image.
- Low-self-esteem.
- Being excessively emotionally dependent.
- Being more self-consciousness.
- Having less effective coping skills.
- Having less social support.
- Smoking more cigarettes.

Some studies have shown that males are more likely to suffer from depression prior to puberty, but it appears that after puberty, females are more prone to depressive disorders. According to Horne and Kiselica (1999:280), one explanation of this is that females are more likely to engage in ruminating behaviour, thus increasing the severity of their symptoms, whereas males tend to distract themselves from depression by doing something they enjoy, or thinking about other things and ignoring their problems. Nolan-Hoeksema (1990) concludes the section by mentioning the following:

“Being active and controlling one’s moods are part of the masculine stereotype, but when taken to

maladaptive extremes, the tendency to ignore or distract from moods may lead to other problems, such as aggressiveness, alcohol and drug abuse, and general acting out”.

According to Chapman and Campbell (2005:157), there is only one period of life when passive-aggressive behaviour is normal, and that is during early adolescence. However, it can be seen as normal only if it doesn't bring harm to anyone. During this time it is the objective for parents to assist their children in managing their anger and adapting to other, more mature and acceptable ways of behaving.

2.6.2. Counselling adolescents in challenging circumstances.

Parents need to take an active role in the emotional education of their children (Shapiro, 2003:329). The natural order of things has changed and there are influences on the emotional and social development of children that no one could have anticipated even ten years ago. Being an adolescent today can be bewildering. As Carolin (in Milner and Carolin, 1999:151) says of modern times:

“family and community patterns are in flux; religious and educational institutions are beleaguered; medical and legal practices are changing; technology, the media and advertising wield unprecedented power; and political ideologies seem to have lost their way. Add to this complex scenario the confusions of

inhabiting a rapidly changing body eager for sexual activity but ignorant of its consequences; capable of energetic action and apathy alike; tending to mysterious ailments and eating disorders but also to robust health and high spirits; inclined to risk life and limb but also anxious; disposed to contemplate and sometimes commit suicide.”

Carolin (in Milner and Carolin, 1999:151) states that at this difficult time, the steady support of understanding people who can offer unconditional respect, confidential counselling and guidance can be enormously helpful to a young person in making sense of the challenging developmental phase of adolescence.

The principles and practices required for counselling adolescents are significantly different from those required for counselling children or adults (Geldard and Geldard, 1999), the developmental processes, and the impact of internal and external stimuli on the adolescent’s development need to be kept in mind. “When an adolescent is unable to confront and deal with a developmental challenge successfully, there are likely to be unhelpful psychological, emotional and behavioural consequences. It is in dealing with this that counselling may be useful with helping the young person to find new ways to proceed adaptively along the required developmental journey” (Geldard & Geldard, 1999:2).

Horne and Kiselica (1999:45) state that when abuse has occurred in the life of an adolescent, adjustment difficulties arise in five separate clusters, namely:

- **The relational cluster**

The relational cluster refers to the development of the child's own set of defence mechanisms to deal with the abuse by a person that he or she has a relationship with. These defence mechanisms result in inhibition of the adolescent's socialization.

- **The territorial cluster**

The territorial cluster refers to the difficulty in personal space and the need for security. The child may become aggressive or withdraw from social contact. The child may also establish clear physical boundaries around himself or herself.

- **The habitual cluster**

After abuse has occurred in the life of an adolescent, a habitual cluster often develops, whereby the abused individual has a need for regularity and the security of repetition. Adolescents experiencing this habitual cluster tend to regularize the chaotic thinking in their minds, and this may lead to inappropriate habits.

- **The reactional cluster**

Within the reactional cluster, internal adjustments are made. The abused child's locus of control shifts from the internal world to his or her external world. This may result in aggression, fighting, sexuality, perfectionism, compulsiveness and boundary construction. Secondary to depression, a loss of self-esteem, insomnia, nightmares and a feeling of hopelessness, these abused adolescents have a fear of being stigmatized and shamed.

- **The physiological cluster**

Physiological symptoms of abuse arise when the adolescent develops an internal locus of control, often resulting in encopresis and enuresis, genital discomfort, masturbatory difficulties, chronic illness and eating disorders. These symptoms are adolescents' attempts to regain control over their bodies.

It is important to remember that when giving counselling to such adolescents. Treatment should be based on the territorial and relational clusters of behaviours. A good rapport in the therapeutic relationship becomes of paramount importance for these adolescents.

When dealing with adolescents in a counselling relationship, Horne and Kiselica (1990:281) emphasize that adolescence is a time of volatility of mood, and as a result, depression is often not as straightforward and easy to recognize in adolescents. The accurate understanding of adolescent

development regarding mood, self-concept, and social functioning is important for practitioners. In general, adolescents are reluctant to admit that they need help from adults, because they are sensitive to being embarrassed and they do not want to be perceived as being childish. At the same time, by its very nature depression causes problems with communication, focusing, and concentration, so that depressed adolescents are likely to be slow to respond and easily confused, act sullen and display flat affect and speech, or to be tense, fidgety, and restless. They may also have difficulty identifying and verbalizing their symptoms. Therefore, it is important for practitioners to use short sentences and simplified explanations of the symptoms of depression.

Geldard and Geldard (1999:5) state that it is important for counsellors to remember that the adolescent's cognitive developmental level (egocentric thought, etc) leads to the adolescent's thinking that no-one else is able to understand him or her.

When considering the diagnostic criteria for depression, one must look at the following (Horne & Kiselica, 1990:282):

- The symptomatology as a function of age, gender, and developmental level.
- Weight the effect of age-related phenomena on the development of depressive symptoms.
- Consider the impact of depressive symptoms on the personality of the child.

However, in both male and female adolescents, depressive symptoms differ from what is regarded as socially acceptable behaviour (Horne & Kiselica). Furthermore, It is important to assess functioning and skill level prior to the depressive episode (i.e. academic functioning, achievement scores and medical information). The degree of seriousness of the depressive symptoms must be assessed, and the risk of suicide (specifically) must be taken very seriously within the adolescent population.

Throughout the development process the adolescent develops the ability to think creatively and develops the ability to better understand and use metaphors, which can be very useful within the counselling process (Geldard and Geldard, 1999:6)

Milner and Carolin (1999:23) state that much of a counsellor's work in listening to young people is giving them a safe space in which to explore their perceptions of their experiences. In this way, they can try out different perspectives and alternative strategies for coping and can develop their own intrinsic feelings of self-worth, thus giving themselves permission and time to heal.

2.7. Conclusion.

Adolescence is defined in this study as a period in which individuals find themselves in a phase that confronts them with developmental tasks. During the last decade, there has been extensive research done on the adolescent development phase. The adolescent developmental phase poses extensive and traumatic challenges to all adolescents. For the purpose of this

research study, the Gestalt approach as a theoretical framework to child development will be used as a frame of reference.

3. Chapter three.

The gestalt approach and adolescence.

3.1. Introduction to gestalt.

According to Harris (2007:13), gestalt therapy is one of the humanistic groups of therapies, now in its sixth decade of development. Gestalt theory grew out of the awareness that possibilities for change and growth in a person might best be supported by an 'experience-near' approach. Change and growth are characterized by immediacy and attention to the present.

Gestalt therapy was developed by Frederick (Fritz) Perls. Perls believed that, in therapy, the focus should be on the client's current experience rather than on the client's past, and that the client should take responsibility for that current experience rather than blaming others or the past (Geldard & Geldard, 2002:35). He concentrated on raising the client's awareness of current bodily sensations, emotional feelings and related thoughts, by encouraging clients to become fully in contact with their current experiences in the here and now. His focus was on assisting clients in working through their unfinished business, sorting out their emotional confusion, achieving a state that he called a gestalt or 'ah ha' experience, and thus feeling more integrated.

Clarkson (2004:20) is of the opinion that the cornerstone of the gestalt approach is its emphasis on the wholeness of the person in the counselling relationship.

3.2. Definition of gestalt.

According to Nelson-Jones (2002:149), every living organism has a tendency to strive for balance: thus every organism is continually faced with imbalance. The organism experiences this imbalance as disturbing. The process by which the organism satisfies its needs by restoring balance when faced with a demand or need which upsets its equilibrium is known as homeostasis or organismic self-regulation.

The concept “gestalt” can be explained as:

“a form, a configuration or a totality that has, as 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.” (English & English, 1958:225)

According to the Random House Unabridged Dictionary (2006), gestalt is defined as: “a configuration, pattern, or organized field having specific properties that cannot be derived from the summation of its parts; a unified whole.”

O'Connor and Braverman (1997:184) state that gestalt therapy is a humanistic, process-oriented form of therapy that is concerned with the integrated functioning of all aspects of the person: the senses, body, emotions, and intellect. The fundamental principles and concepts of gestalt therapy are rooted in:

- Psychoanalytical theory.
- Gestalt psychology and humanistic perspectives.
- Phenomenology.
- Field theory.
- Existentialism.
- Reichian analysis of physical resistance.

3.3. The historical development of gestalt.

Perls, the father of gestalt therapy, was educated as a medical doctor in Germany. He was trained in psychoanalysis, after which he started practising as a psychiatrist. He assisted Kurt Goldstein at the Frankfurt University, where he met his wife, Lore Posner (Laura), who had a doctorate in gestalt psychology. Perls and his family fled Nazi Germany in 1933 and settled in South Africa. During their years in South Africa they became influenced by Jan Smuts and his holism. (http://en.wikipedia.org/wiki/Gestalt_therapy). During his twelve years in South Africa, Perls formulated the basic ideas underlying what would later be called gestalt therapy (Thompson, Rudolph & Henderson, 2004:183)

Dryden (1996:91) states that gestalt therapy was first articulated as a unified approach and named around 1950 in New York. A group of writers, artists, therapists and political activists clustered around Perls and his wife, which led

to vigorous discussions and expressions of differences. Perls and his wife, Lora, founded the first Gestalt Institute in New York City in 1952.

Perls viewed the theory of gestalt as being in progress at the time of his death in 1970. Perls viewed gestalt theory development as a process of becoming, like human development. He was the one to revise his own theory to fit observations of human behaviour (Thompson Rudolph & Henderson, 2004:184).

3.4. Psychoanalysis as the basis of gestalt therapy.

Psychoanalysis formed the basis of the development of gestalt therapy. Psychoanalysis was part of a continuum moving from the early work of Freud, to the later Freudian ego analysis, to Wilhelm Reich and his notion of character armour, where attention was given to non-verbal behaviour. To psychoanalysis was added the insights of academic gestalt psychology regarding perception, gestalt formation and the tendency of organisms to complete the incomplete gestalt, thereby forming "wholes" in experience. Perls redefined Freud's defence mechanisms as "neuroses". Whereas psychoanalytical thought dealt with resistance by interpreting the client's behaviour, Perls directly confronted resistance by raising the client's awareness of it. He raised the client's awareness by encouraging the client to explore the experience of resisting and to explore the resistance itself (Geldard & Geldard, 2002:35).

Central to Fritz and Laura Perls's modifications of psychoanalysis was the concept of dental or oral aggression. In "Ego, Hunger and Aggression" (1944), Fritz Perls's first book, to which Laura Perls contributed, the Perlses suggested that when an infant develops teeth, the infant has the capacity to chew and break apart food, and by analogy to experience, taste, accept,

reject and assimilate. This was in opposition to Freud's notion that introjection only takes place in early experiences in life. Thus the Perlses made assimilation (as opposed to introjection) a focal theme in their work, and the prime means by which growth occurs in therapy.

In contrast with the psychoanalytical perspective, in which the individual introjects the (presumably more healthy) attitudes or interpretations of the analyst, in gestalt therapy, the individual must taste the experience, and either accept or reject it. The individual does not introject the experience by swallowing it whole. From the gestalt perspective, the emphasis is on avoiding interpretation of experience, and encouraging discovery. Furthermore, from the gestalt perspective, growth occurs through gradual assimilation of experience in a natural way, rather than by acceptance of the interpretations of the analyst (http://en.wikipedia.org/wiki/Gestalt_therapy).

3.5. Understanding human beings from a gestalt perspective.

Perls saw the person as a total organism, not just as a brain. He believed that awareness alone can be curative, and that a person with full awareness can develop a state of organismic self-regulation, which enables the individual to take control of his or her life (Thompson, Rudolph & Henderson, 2004:184). In Perls's theory, the key to successful adjustment is the development of personal responsibility: responsibility for one's life and responsibility to one's environment.

According to Dryden (1996:46) the individual's relation to the world, without which, from an existential perspective, human beings cannot conceptualize, is swept away.

O'Connor and Braverman (1997:185) state that each human being is conceived, born, and grows in context. Each child is an individual with unique biological and psychological predispositions for certain behaviour, but also interacts within a given context, or field. These interactions include the finding and utilization of resources from the environment that assure the sustenance and growth of this individual. The child is constantly faced with needs, whether they are physical, emotional, or intellectual. According to O'Connor and Braverman (1997:185), the child experiences discomfort until he or she finds a way to satisfy each need, and to assimilate the experience in order to achieve a sense of satisfaction or a new equilibrium. The process of organismic self-regulation requires awareness of an interior and exterior environment.

According to Thompson, Rudolph and Henderson (2004:185), Perls stated that a healthy person focuses sharply on one need (the figure) at a time, while relegating other needs to the background. When the need is met (and the gestalt is closed), it is relegated to the background, and the individual can focus on the new need that inevitably arises. Perls stated that a smoothly functioning figure-ground relationship characterizes a healthy personality. The foreground need of the organism at any time becomes the foreground figure, and the other needs recede, at least temporarily, into the background. Thompson, Rudolph and Henderson (2004:185) state that for individuals to be able to satisfy a particular need, close the gestalt, and move on to other needs, they must be able to determine what they need, and they must know how to manipulate themselves and their environment. According to Perls, as quoted in Thompson, Rudolph and Henderson (2004:185), neurotic people are those who try to attend to too many needs at one time and, as a result, fail to satisfy any one need fully.

The principle of organismic self-regulation is fundamental to the Gestalt theory of personality development. The organismic process of self-regulation allows for the needs of the child to be met and supports the integration of experiences. This results in learning, growth, and the fulfilment of the potential of a child. The child is a total organism, which consists of biological and psychological processes, structures, and functions. To further this standpoint, one can view a child as a fully functioning, integrated organism, encompassing senses, body, emotions and intellect. O'Connor and Braverman (1997:185) state that children develop according to their unique genetic blueprint, and these development processes become more differentiated and the individuality of the child evolves further as the child grows.

3.6. Gestalt as a theoretical approach.

3.6.1. The nature and basic principles of gestalt therapy.

Yontef and Jacobs (2000) believe that most humanistic theories of personality are holistic. Holism implies that human beings are in inherently self-regulating, that they are growth-oriented, and that people and their symptomatic behaviour can only be understood within their environment. According to Blom (2006:22), holism can be considered the most important theoretical concept of Gestalt therapy. Blom states that a fundamental principle of holism is that all elements in the world, such as plants, animals, people and things, survive in a changing process of coordinated activities. She emphasizes her opinion that although humans always function as an entity, they cannot survive without the environment, as they need the environment to satisfy their needs.

According to Parrett and Lee (in Woldt and Toman, 2005:44) central preoccupations of gestalt therapy have been the unitary outlook, the relationship between parts and whole, and the balancing of connecting with others while also maintaining a separate identity.

Crocker and Philippon as quoted in Woldt and Toman (2005:66) are of the opinion that gestalt therapy is an example of the Aristotelian paradigm. It is a way of understanding, which focuses on concrete and specific individuals, situations, and events, seen in their environmental contexts. Furthermore, it is a series of attempts to understand the nature of change and how things – particularly living things - come to be as they are and to behave as they do.

In counselling, gestalt therapy assists the client in understanding the context in which certain situations develop, and how these situations impact on the individual. In addition thereto, Edwin Nevis (2000:3) describes gestalt therapy as a conceptual and methodological base from which helping professionals can craft their practice.

Latner (2000:135) asserts that gestalt therapy is built around two central ideas, namely: the focus of psychology is the experiential present moment and everyone is involved in relationships. It is therefore only possible for an individual to know him or herself against the backdrop of his or her relation to other things.

Gestalt therapy focuses on the individual's experience in the present, the therapist-client relationship, the environmental and social contexts in which these things take place, and the self-regulating adjustments people make as a result of their overall situation. Gestalt therapy emphasizes personal

responsibility. According to McConville and Wheeler (2001:254), the focus of gestalt therapy is on contact between the human being and his or her environment. For this reason, gestalt is a relational, intersubjective theory, and this separates it from individualistic approaches such as behaviouristic and psychodynamic theories. Geldard and Geldard (2002:35) add to the view of gestalt as an inter-subjective theory, by stating that gestalt does not focus on the past, but rather on the here and now, and on the individual coming into full contact with his or her current experience.

Gestalt therapy is a holistic therapeutic approach (incorporating mind, body and culture) and is present-centred. Gestalt therapy is related to existential therapy in its emphasis on personal responsibility for action, and the valuing of the “I-thou” relationship in therapy. (http://en.wikipedia.org/wiki/Gestalt_therapy). Gestalt therapy is also a method of awareness, by which perceiving, feeling, and acting are understood to be separate from interpreting, explaining and judging using old attitudes. This distinction between direct experience and indirect or secondary interpretation is developed during the process of therapy. The client learns to become aware of what he or she is doing psychologically, and how he or she can change it. By becoming aware of and transforming their functioning, clients develop self acceptance, and the ability to experience more in the now without too much interference from baggage of the past.

3.6.2. The therapeutic process of gestalt therapy.

O'Connor and Braverman (1997:187) state that when a child enters into therapy, it is assumed that the child's behaviour or symptoms are the result of the child's efforts to have his or her individual organismic needs met within a given environment. It is the therapist's objective to help children to find a way

to restore the natural functioning which they once had but now appear to have lost. Natural functioning of the organismic self-regulatory process allows the child to assimilate new situations in life, including therapy, and to get on with living.

Ill functioning in children stems directly from the fact that a major function in the mental life of a child is introjection (O'Connor & Braverman, 1997:187). Introjection is the process of abstraction and representation of reality into mental symbols for reflection and valuing. Children construct gestalts of themselves. These gestalts are based on the organization of the child's experience of self and, very importantly, the reactions, responses, and instructions of significant others in the child's life. The child swallows these internal and external events as a whole, and these introjects are unquestionable to the child. These views get absorbed in total, not as one of many possible ways of being, and without the consideration that the view may be wrong. Children do not have cognitive nor emotional maturity to discriminate between accurate and inaccurate gestalts. As a result, they tend to accept everything they hear, or imagine they hear, about themselves. They form whole schemes of beliefs about themselves, how they are, and who they are supposed to be in the world and in relationships with others. These beliefs are generalized beliefs about the self, such as "I'm stupid", "I'm to be nice to everyone", "There s something bad about me", "Life is too much for me" or "I never do anything right". When these beliefs are experienced, the child is left to believe that something within the self is very wrong. The more the child absorbs both negative and unassimilated positive self messages, the more the child feels actual loss of the self. The result of the latter may be that the child begins to interrupt and constrict his or her own process of growth by trying to shut down senses, contract muscles, and withhold expressions,

which limits the use of intellect. O'Connor and Braverman (1997:188) add to this by stating the following:

“Such constriction results in a fragmentation within the self. The useful, healthy function that allows us to withhold responses begins overfunctioning. The child’s spontaneity and natural contact functioning become inhibited, even attacked, by her controlling capacity. Such constriction and self-attack results in a diminished experience of the organizing capacities of the sensoric and motoric functions.”

Consequently, contactful relating with oneself, others, and the environment is disturbed, and often the child will despair when trying to cope with particularly chronic or traumatic experiences (such as coping with an alcoholic father or the divorce of parents). Developmentally, the cognitive and emotional development of the child (egocentricity) may predispose him or her to a blaming of the self for the negative experience or situation, such as divorce of the parents. A child’s capacity to organize these expressions meaningfully is naturally limited, and environmental resources are often not available to assist him or her are often not available. In an attempt to protect the self from psychological collapse, the child places the experiences within the ground of its life, where it often remains as unfinished business, which unnecessarily drains any child of energy levels.

O'Connor and Braverman (1997:185) state that the creation of awareness requires the full use of the sensorimotor system, which includes hearing, seeing, tasting, kinaesthetic smelling, proprioception and touch. The awareness of stimuli from within or without the organism results in excitement

or arousal of the organism's motor system. The awareness leads to contact with the identified source of need gratification. The experience is then assessed, assimilated, chewed up, and used by the child, and it results in individual growth.

Oaklander (in Nevis, 1996:277) states that it is the therapist's task to make it possible for the child to remember, regain, renew, and strengthen that which he or she had as a tiny baby. She states that the therapist needs to provide many experiences to awaken children's senses, to give them back the joyful, zestful use of their intellect in conjunction with language to make declarations of who they are (and who they are not), what they need, what they want, what they like and dislike and what their thoughts and ideas are. Only when a child begins to develop a stronger sense of self within the therapeutic relationship can the therapist and the child take on the task of confronting negative introjects.

Yontef and Fuhr, (in Woldt and Toman, 2005:81) explain that the gestalt therapist is an agent in the quest to create conditions that maximize growth. Conditions that allow growth to happen when it has been arrested or limited, and conditions that focus attention on healing and growth, where needed, need to be created. Yontef and Fuhr state that gestalt therapy trusts organismic self-regulation more than therapist-directed change attempts. The gestalt therapist believes in meeting patients as they are and using increased awareness of the present. This awareness includes awareness of figures that start to emerge (thoughts, feelings and impulses) so that the person might or might not be allowed to organize new behaviour.

The counsellor will always have as a guided principle, the integration of all the facets of the unique individual. According to Clarkson (2004:20), acceptance

and celebration of this multi-dimensional wholeness is considered a possible goal of the individual. This is not imposed on the client, but is based on the belief that human beings want to experience individual richness, wholeness and the integration of diversity.

3.6.3. Goals of gestalt therapy.

For the purpose of this research study, the following goals of gestalt therapy have been identified:

- According to O'Connor and Braverman (1997:192), gestalt therapy would require the therapist to let go of expectations of a child, or what the course of therapy should be or what should take place. It is essential that the therapist disallow any form of expectation of the child, for only then can the child be fully available in every moment to the therapeutic interaction as it unfolds. The therapeutic relationship with the child is in itself the most important treatment goal: the child can only experience security and structure in a secure therapeutic relationship.
- According to Jacobs (in McConville and Wheeler, 2001:298), one aim of gestalt therapy is to increase the range and intensity of a child's affectivity. Jacobs states that shame about feelings or the intensity of the feelings can interfere with the individual's capacities for contact and self-regulation.
- Blom (2006:51) states that one of the central objectives of gestalt therapy is to enhance children's awareness, in order to promote

their ability to live in the here and now. She adds to this primary objective teaching children to be self-supporting, by accepting responsibility for themselves, and to facilitating the achievement of personal integration.

- According to Bauer and Toman (2003:56-71), gestalt therapy is useful in working with crisis survivors. Gestalt therapy focuses on the awareness of the individual, and when dealing with survivors of trauma, the creation of awareness is of utmost importance. When a human being is subjected to trauma, the human emergency response system kicks in, as there is a perceived threat to survival. In such a situation, the body prepares to fight or flee. Cognitive functions are impaired or shut down and emotional reactions are heightened as the body's biochemistry changes (Young, 1998). From a gestalt perspective, this appears to be a leap from sensation to action, skipping awareness, saving precious seconds in a life-threatening situation. If a threat is emotional rather than physical, a block can occur earlier in the cycle of contact, preventing even sensation from registering. The initial reaction to a severe crisis is often denial and shock; it is as if the mind and spirit block the formation of the figure that contains new and terrible information. Crisis survivors report feeling numb, going blank, or being frozen in place. During these situations it is useful to focus on the creation of awareness in order to create contact with reality.
- In gestalt therapy, the therapist seeks to reclaim the fullness of who the person is. The individual is guided in reclaiming aspects of the self – feelings, wishes and goals – which have been disconnected

and blocked. When the aspects of the self have been reclaimed, the individual can move ahead and create greater joy and fulfilment in his or her life.

(<http://www.soulcenteredtherapy.com/textfiles/gestalttherapy.htm>).

- Gestalt therapy embodies the gestalt goals of closure and finishing of unfinished situations. The focus in gestalt therapy is on holistic integration of feelings, values, and actions.

3.7. Adolescence as viewed from a gestalt perspective.

Fernandes, Cardoso-Zinker, Nogueira, Lazarus and Ajzenberg (1999:99) conceive of child development as circular and successive processes of creative adjustments that embody action and reaction, expansion and contraction, differentiation and abstraction, analysis and synthesis, destruction and integration, and disorganization and reorganization.

According to Harris (2007:13), adolescent development can be seen as a time of profound renegotiation of the life space of the young person. Adolescents become aware of the differentiation between objective and subjective reality. During adolescence, individuals make increasingly realistic assessments of elements of their world, as well as of other people in their world. They differentiate between aspects of their life space, and face the challenge of differentiating between the different spheres of their world (for example at school, in their peer group, at home, or at church).

The developmental phase of adolescence, as discussed thoroughly in chapter two (2), is characterized by extreme emotional and physical challenges.

During this phase, adolescents have to find themselves, and become aware of themselves within the environment in which they exist.

3.7.1. The importance of gestalt therapy in working with adolescents.

Gestalt field theory focuses on the combination of the inner and outer components of life. According to McConville and Wheeler (2001:253), these components influence the individual's development and behaviour. The field is one's mapping (or construction) of inner needs, temperament, attributes, desires, skills, and limitations, in combination with the outer environmental set of resources and limitations. From a gestalt perspective, the inner and outer elements of the field are always connected. Our mapping or knowing of the self is always linked to our mapping or knowing of the other. (Goodman in Mc Conville and Wheeler, 2001:253).

Adolescent development can be seen as a time of profound renegotiation of the life space of young people; the totality of their relating to themselves and to their world. During adolescence, the life space increases in complexity, expanse, as well as time, as past and future come more sharply into focus. Adolescents' life space also becomes more differentiated, and a key element of this feature is the differentiation between the "subjectively" and the "objectively" real. Adolescents make increasingly realistic assessments of elements of their world, and in particular of other people. They also increasingly differentiate between aspects of their life space: an example might be the way in which they present different behaviour at school, at home, or when they are out with a group of friends. They begin to be able to make statements along the lines of: "Here, I am like this, but when I'm there,

then I'm more Y or less X". This implies that there may be many places in their world where support for change may be necessary and possible.

According to O'Connor and Braverman (1997:190), failures in a child's environment, and the subsequent traumas that these have caused the child, can impair a child's development and natural functioning. These traumas occur from infancy and lead to the development of the child's ability to have his or her needs met through contacting processes with the world. O'Connor and Braverman state that the dulling of the child's senses and the restrictions of input about the internal and external worlds result in a faulty sense of security and an impaired ability to make contact with the environment. A child's experience of disillusionment as a result of trauma is overwhelming and the child internalizes the experience as disillusionment of him or herself. The overwhelming pain as a result of the feeling of disillusionment cannot be assimilated, and results in the child not being able to place the experience within the foreground of his experience. The experience remains unprocessed and unassimilated.

In order to understand the nature of gestalt, it is important to have a sound knowledge of a number of concepts that are relevant. For the purpose of this study, the researcher will discuss the following concepts:

- The field (environment).
- The self.
- Contact.

- Dialogue.
- Change.

3.7.1.1. The Field.

The field is a profoundly integrating description of the life space in which a child functions. The field undercuts the dualistic split of inner and outer experience that the adolescent experiences.

The field can be considered in two ways; namely the ontological dimensions, and the phenomenological dimensions of one's field:

- The ontological dimensions of the field are all of the physical and environmental contexts in which a person lives and moves. They are the office in which one works, the house in which one lives, the city and country of which one is a citizen, and so on. The ontological field is the objective reality that supports our physical existence.
- The phenomenological dimensions of the field are all of the mental and physical dynamics that contribute to one's sense of self, and one's subjective experience, but are not merely elements of the environmental context. They could be the memory of an uncle's inappropriate affection, one's colour blindness, or one's sense of the social matrix in operation at the office in which one works. It is in the way that gestalt therapists choose to work with field dynamics

that makes what they do strategic (http://en.wikipedia.org/wiki/Gestalt_therapy).

According to Harris (2007:13), phenomenology is a practical philosophy and method of examining and experiencing the world, and in particular the here and now. Harris (2007:13) states that the key element of this stance is to bracket previous assumptions. The adolescent develops the skills to adopt a position of sustained enquiry, to track and describe immediate experience, and to give equal potential to all elements of the field.

A field is a systematic web of relationships. It is a unitary whole, in which everything affects everything else (Fairfield, 2004:336). These characteristics should arouse suspicion of simple, linear, one-way causality, and internal and external influences should be understood as multiple, mutual and complex. Internal and external influences form a unified interactive whole. Fairfield (2004:336) states that a field approach would attend to developmental issues as well, but not to the exclusion of other conditions that have an effect on it.

McConville mentions three aspects of Kurt Lewin's field theory relevant to conceptualizing the life space of an adolescent client (Woldt and Toman, 2005:183):

- The extension of the life space:

The field of the developing individual widens or expands over time. According to Woldt and Toman, the life space of the infant or toddler is very narrowly defined, compared to that of the typical teen.

- The increased differentiation of the life space:

The self experiences increased differentiation in experience and behaviour, and between the parts of the self.

- The change in organization of the life space:

The differentiated parts become reassembled into a mature whole.

3.7.1.2. Self.

Self is a phenomenological concept, and in contrast with “other”. Without the other, there is no self, and how I experience the other is inseparable from how I experience the self (http://en.wikipedia.org/wiki/Gestalt_therapy). The continuity of selfhood (personality functioning) is something achieved rather than something inherent inside the person, and has its advantages and disadvantages.

Personality functioning is achieved on a continuum, as indicated below:

← a	b	C →
The function of the personality does not have enough self-continuity to be able to form meaningful relationships, or to have a workable sense of identity.	Personality is a loose set of ways of being that work for me; commitments to relationships, work, culture and outlook are always open to change where I need to adapt to new circumstances, or just want to try something new.	A rigid, defensive denial of the new and spontaneous. I act in stereotyped ways, and either induce other people to act in particular and fixed ways towards me, or I redefine their actions to fit in with the fixed stereotypes.

Table seven (7): The continuum of personality functioning.

Wheeler (in Lee & Wheeler, 1997:37) states that gestalt therapy with children and adolescents ultimately rests on a radically revisited understanding of self, self-experience, human nature and human process. The understanding of the mentioned aspects underlies and unifies a great variety of approaches, applications and methods under the gestalt model.

As a reaction to the input from significant others, negative beliefs about the self are built up in the early years of life (perhaps before age six). Often, this sense of personal identity is a response to the lack of validation, or the negativity and criticism, which are addressed to the child. This criticism is built into a set of beliefs about the self that are based on the perceived truth of the criticisms. According to The Gestalt Center of Gainesville, when this happens, the person behaves in a way that reinforces the negative self-concept (<http://www.afn.org/~gestalt/self.htm>).

According to Nevis (1996:277), even favourable introjects can be harmful, as they are not assimilated into children's being as their very own. Oaklander (in Nevis, 1996:287) states as follows:

“Often there is a disbelieving aspect of the child that says, “That’s not really true. I’m not that good.”

When this happens, fragmentation rather than integration occurs. Favourable introjects can only occur when children experience themselves more fully. Oaklander states that the adolescent or adult who has never experienced the integration of favourable introjects often feels like a fake person.

3.7.1.3. Contact.

According to O'Connor and Braverman (1997:185), in gestalt theory, the interaction with the environment is called contact. As the child develops, differentiation occurs through physical maturation and contact with the environment. Contact is defined as the process of being aware of a need, and the action of moving into the environment to fulfil it. Mc Conville and Wheeler (2001:253) define contact as the meeting of the self and other. Contact is a process from which our experience and knowledge of the self and the others emerges.

According to McConville and Wheeler (2001:86-87), contact involves having the ability to be fully present in a particular situation, with all of the aspects of the organism, which include sensory presence, physical presence, emotional expression and intellectual presence. Nothing therapeutic can happen without contact:

“Children who have troubles, who are worried and anxious, frightened, grieving, or angry, will armour and restrict themselves, pull themselves in, cut parts of themselves off, inhibit healthful expression. When the senses and the body are restricted, emotional expression and a strong sense of self will be negligible”.

Good contact also involves the ability to withdraw appropriately. Poor contact rather may cause the child to act in a rigidified manner in a supposedly contactful space. When this happens the child is making a fake attempt to stay in contact, and this is not contact. An example of this is the child, who never stops talking, needs to be with people at all times and cannot play on his or her own. In the development of a child, contact skills need to be developed. These contact skills involve touching, looking, and seeing, listening and hearing, tasting, smelling, speaking, sound, gesture and language, as well as moving in the environment. During therapeutic involvement with a child, it is necessary to create opportunities for the child to open the pathways to contact (McConville & Wheeler, 2001:87).

When children receive therapy for trauma, they have desensitized themselves in order to cope with the traumatic incident or circumstances (McConville & Wheeler, 2001:88). These children often display resistance as a manifestation of energy, and this is an indication of the contact level of the child. The authors explain that such a child would engage in an activity or technique with the therapist, but then suddenly a drop in energy would occur, and the contact would shift away from the task at hand. Some children also show resistance in passive ways, by ignoring, acting distracted, or seemingly not hearing what the therapist is saying.

Mackewn (1997:27) mentions several styles of contact, namely:

- **Introjection**

Introjection involves taking into our systems aspects of the environment (such as food or ideas), without assimilating them.

- **Projection**

Projection involves denying or repressing a quality or feeling and attributing it to other people or institutions.

Hamilton (1997:135) states that projection is when we place out there what is within ourselves. When projection occurs, people perceive the world in their own image, although they may not even be aware that they are doing it. Hamilton (1997:134) describes projection as

“a trait, attitude, feeling, or bit of behaviour which actually belongs to your own personality but is not experienced as such; instead, it is attributed to objects or persons in the environment as directed toward you by them instead of the other way around. The projector, unaware, for instance, that he is rejecting others, believes that they are rejecting him; or, unaware of his tendencies to approach others sexually, feels they make sexual approaches to him. This mechanism, like retroflection and introjection, functions to interrupt the mounting excitement of a kind and degree with which the person cannot cope”.

- **Confluence**

Confluence occurs when two people or two parts of the field flow together with no sense of differentiation.

- **Retroflection**

Retroflection means doing to oneself what one would really like to do to other people or the environment.

- **Deflection**

Deflection involves a turning aside from direct contact with other people or aspects of the environment. Mackewn (1997:27) states that deflection may involve indirectness in outgoing overtures which the person initiates or a turning aside from overtures of contact from others. Hamilton (1997:138) describes deflection as a way of self-regulating, or of managing the level or intensity of contact.

- **Desensitization**

Desensitization is the process by which the individual numbs him or herself to sensations in the body or to external stimuli.

- **Egotism**

Egotism is the slowing down of spontaneity by deliberate introspection and self vigilance, to make sure that there is no risk of making a mistake.

3.7.1.4. Dialogue.

The word “dialogue” is used by gestalt therapists in a particular way. Dialogue refers to assumptions about the potential mutuality of meeting and relating, and it conveys an expectation of communication that can foster the possibility of I-Thou relation. Harris (2007:14) states that the therapeutic situation is one in which the client or patient is not likely to be able or supported enough, at least initially, to meet in this way. Dialogue does not apply only to the verbal interchange, but to the total sum of experiences that meet.

During the process of dialogue, there is always the potential for contact. Dialogue encapsulates the ways in which human beings, including children, meet with their external environment through the senses, and with their internal environment through the proprioceptive senses. During the phase of adolescence, the process of contacting develops into a level of maturity. Changes in the capacity for awareness and relationships also occur during this phase, and all processes of connection undergo differentiation and integration. Harris (2007:14). McConville (1995:156) explains dialogue more specifically when he formulates as follows:

“In a process that unfolds both recursively and progressively throughout adolescence, the field of the child’s experience evolves from its pre-adolescent status of relative embeddedness, through a disembedding process of differentiation, toward a reorganized integration of the field”.

According to McAdams (1997:27), human beings are storytellers by nature, and stories appear in every known human culture. The story is the natural package for organizing many different kinds of information. Children need to be afforded the opportunity to formulate their own stories, and to convey them by making contact with others. When contact occurs, awareness develops. Forming and hearing the survivor's story are keys to facilitating healing. Narrating their truths gives survivors the opportunity to organize the facts and expel some of the emotional overload (Bauer, A. L. & Toman, 2003:61).

3.7.1.5. Change.

According to Houston (2003:23), in gestalt therapy, change is often assumed to take place in a way that appears paradoxical. It is implied that change comes about as a result of full acceptance of what is, rather than a striving to be different. McConville and Wheeler (2001:109) expand on this view by stating that "change occurs when one becomes what he is, not when he tries to become what he is not."

When people identify with their current experiences, the conditions of wholeness and growth support change. Change comes about as a result of full acceptance of what is, rather than a striving to be different.

3.7.2. Behavioural challenges in the developmental phase of adolescence.

McConville and Wheeler (2001:253) are of the opinion that gestalt field theory, with its constructivist, intersubjective foundation, offers a unique lens with through which adolescent behavioural challenges can be viewed and assessed.

Kruger and Spies (2007:180) state that adolescent developmental challenges occur in several spheres, including the physical, intellectual, emotional and social spheres. Kruger and Spies (2007:181) compiled a checklist to assist the professional role-player in working with children by enabling them to assess which abilities the adolescent is capable of at what age. The table below summarises this checklist.

Needs	Spheres	Life tasks
Adapting to physical and emotional changes	Physical	<ul style="list-style-type: none"> • The solving of problems experienced outside the family. • Adjusting to changing body growth. • Dealing with an awakening sexuality and the powerful drives which accompany it.
	Intellectual	<ul style="list-style-type: none"> • The growing sense of autonomy and individuality. • The vast expansion of the capacity for abstract thinking. • The mastering of new, complex ways of thinking.
	Emotional	<ul style="list-style-type: none"> • The psychological separation from family. • Identity issues. • Achieving a satisfactory sexual identity.

		<ul style="list-style-type: none"> • Attaining emotional independence from parents, family and other adults.
	Social	<ul style="list-style-type: none"> • The overhauling of the outlook on life • Learning to relate to peers and to society in a mature way.

Table eight (8): The developmental checklist.

It is important to be aware of these challenges in order to understand adolescents and provide them with adequate support. According to Newman and Newman (1997:719), development in the adolescent phase can be optimized by the role-player doing the following:

- Participating with adolescents in ongoing interactions, in which they are encouraged to examine their assumptions, find evidence to support their views, and evaluate the sources of their information.
- Acknowledging the value of participating in a more heterogeneous peer group, for the part this plays in fostering formal operational reasoning.
- Helping adolescents to find ways of acknowledging and accepting a variety of emotional experiences, as well as devising strategies for expressing and controlling their emotions.

In addition to the mentioned developmental challenges in the previous paragraph, Mc Conville and Wheeler (2001:125) refer to male adolescents specifically by stating that there is one aspect of Freud's theory regarding the Oedipus complex that we can take as clinically valid. Freud's theory indicated that if a father is domineering and abusive, the child or victim of the abuse will mysteriously repeat the pattern in some way. Freud described this process as internalization of the paternal superego, or identification with the aggressor. Oaklander (1988:291) is of the opinion that troubled adolescents have introjected many faulty messages which affect their feelings about themselves. Adolescents have many feelings, memories and fantasies from their pasts that disrupt adolescents' natural flow of development. Oaklander further states that adolescents have a depth of feeling that they find difficult to share with their families. They need assistance in expressing their feelings of anxiety, loneliness, frustration, self-disparagement, sexual confusion and fear. Adolescents need to take responsibility for their own lives as much as possible, and for how they interrupt their own organismic flow, as far as possible.

Oaklander (in Nevis, 1996:277) is of the opinion that children who are disturbed have an impaired sense of self, which in turn interferes with good contact with others. Deep down, these children feel that something is missing, that they are different in some way; they feel lonely, and that something is wrong. These children blame themselves, although they may outwardly and defensively blame others. Newman and Newman (1997:719) encourage parents and professional role-players who work with children to try to prevent a sense of isolation by empathizing with adolescents, and giving them the reassurance of being understood and valued.

3.8. Conclusion.

In this chapter, the researcher provided a literature study on the definition of gestalt, the historical development of gestalt, and the role that psychoanalysis played in forming a basis for gestalt.

The researcher conducted a literature study in order to clarify and better understand human beings from a gestalt perspective, which included a discussion on the state of organismic self-regulation, a process by which the individual's needs can be met and experiences can be integrated. In order to broaden the knowledge base regarding gestalt therapy, the nature of gestalt therapy, including the theoretical principles, the therapeutic process and the goals thereof was discussed.

For the purpose of this study, the researcher progressed to discuss the adolescent developmental phase as seen from a gestalt perspective. The importance of gestalt therapy in working with adolescents was discussed by elaborating on five important concepts within the theoretical framework of gestalt therapy, namely: the field (environment), the self, contact (including the several styles of contact), dialogue and change. The researcher discussed the behavioural challenges the adolescent faces, in order to place these challenges into the gestalt perspective.

4. Chapter four.

The empirical process.

4.1. Introduction.

This study is an exploration of the experience of adolescents in a place of safety. In this chapter, the researcher will present, analyse and discuss the empirical findings of the study. According to Miller and Salkind (2002:13), certain elements must be included in the outline or plan of action for research in social science before the actual fieldwork is undertaken. In order to obtain, analyse and present the necessary empirical information, the researcher systematically formulated the proposed research study in chapter one (1), which served as a plan of action for the research study.

When the proposed research study's methodology had been outlined, and before the empirical study could be undertaken, the researcher needed to acquire a sound knowledge base regarding the two (2) main aspects of the research study, namely the adolescent developmental phase, and the gestalt approach regarding adolescence. In chapters two (2) and three (3), the researcher proceeded to complete literature studies in order to form the above-mentioned knowledge base. In chapter two (2) the researcher described the developmental tasks of the adolescent, the different theories as a theoretical framework for studying adolescence and the developmental challenges that adolescents face.

In chapter three (3), the researcher focused on the gestalt approach and adolescence. The researcher performed a literature study in order to better understand the nature of gestalt, the historical development of gestalt, adolescence as viewed from a gestalt theoretical perspective, and the behavioural challenges that adolescents face from a gestalt perspective.

In chapter four (4) the researcher attempts to provide an account of the empirical process based on the research approach and research design as described in chapter one (1).

4.2. Goals and objectives of the research.

According to Engel and Schutt (2005:18) the goal of social work research is based on a scientist's aim to develop an accurate understanding of empirical reality. The research problem in this study was formulated, based on the observation of the researcher that there is a need for professionals to acquire knowledge about the adolescent's experience in a place of safety. Engel and Schutt (2005:18) state that the goal of social work research is not to come up with conclusions that people will like, or to find answers that make our agencies look better or that suit our own personal preferences, but to figure out how and why aspects of the social world operates as they do. The outcome of research procedures and the main goal of exploratory research is the production of inductively derived generalizations about the group.

Stebbins (2001:28) defines exploratory research as research that relies primarily on qualitative data to confirm hypotheses. In the case of this study, the researcher's goal was to explore the experience of the adolescent in a place of safety, and thereby to develop knowledge based on the exploratory

research study. In this study the researcher obtained qualitative information in order to formulate conclusions and recommendations regarding the adolescent's experience in a place of safety.

Bless and Higson-Smith (1995:214) state that exploratory objectives are functional in gaining insight into a situation, phenomenon, community or individual. These objectives assist the researcher in acquiring basic information regarding a situation. The objectives of this study were as follows:

- A literature study was completed. According to Engel and Schutt (2005:34), the main concern when researching literature is to draw as many lessons as possible from previous research. An in-depth literature study was completed, which formed the knowledge base for this research study:
 - Chapter two (2) described the different theories as a theoretical framework for understanding adolescence as a developmental phase, the developmental tasks of the adolescent, the developmental crises of adolescents, and the optimizing of development in adolescence.
 - Chapter three (3) described the historical development of the gestalt approach, the development of the gestalt approach, gestalt as a theoretical approach, and the goals of gestalt seen in relation to adolescence.

- An empirical study was undertaken, and the experience of adolescents in a place of safety was explored and documented in this chapter.
- Conclusions and recommendations based on the outcome of the study will be presented in chapter five (5). Focus will be placed on the experience of the adolescent in a place of safety, in order to develop insight into the importance of providing professional and effective service to adolescents.

4.3. Methodology.

The research study is qualitative by nature, and is focused on obtaining information regarding the experience of the adolescent in a place of safety.

The proposed research study was conducted by means of an in-depth interview with eight (8) adolescents who were in place of safety. According to De Vos *et al.* (2002:300), the aim of an in-depth interview is to actively enter into the worlds of people and to render those worlds understandable from the standpoint of a theory that is grounded in the behaviours, languages, definitions, attitudes and feelings of those studied. The researcher decided to use an in-depth interview in order to acquire as much information as possible from the adolescents. The researcher decided not to make use of a semi-structured interview, but rather to give the respondents the opportunity to guide the researcher onto themes and issues that they felt were relevant to their experience in a place of safety. In this manner, the researcher was able to reconstruct the reality of the adolescent in place of safety, from the world of the interviewee. The adolescents were all able to communicate and express

themselves verbally, and thus it was possible to obtain as much varied information as possible.

The format of the in-depth interview was guided by the adolescent, and started off with one open-ended question, namely: “What is your experience in a place of safety?” Based on the premise of the in-depth interview (De Vos *et al.*, 2002:300), the researcher could identify themes based on the information that the adolescents provided during the in-depth interview.

4.4. Pilot study.

According to Rubin and Babbie (2004:357) it is a good idea to conduct a pilot study before implementing the main study to help the researcher detect problems that might occur during the actual study. During the research, the researcher conducted a pilot study with two adolescents who had been in a place of safety, in order to test the in-depth interview to ensure that the required information would be obtained. The researcher identified two (2) adolescents as was discussed in chapter one (1). The researcher conducted an in-depth interview with each of the adolescents.

During the pilot study, the researcher asked the adolescents a single question, namely: “what is your experience in the place of safety?” The adolescents were then able to engage in a discussion about their experiences in a place of safety.

The researcher did not ask leading questions, and it became apparent that the adolescents were eager to discuss their experiences. In the case of the second adolescent, the researcher explained why the research was being

done, and when the adolescent understood that the research would assist professionals in rendering better service to adolescents in a place of safety, the adolescent started to provide information more eagerly.

The pilot study was conducted by means of an in-depth interview, but was characterized by informal conversation in which the adolescents appeared comfortable and at ease, and felt safe to share intimate information.

During the pilot study, both adolescents wanted assurance that the information they would provide would be treated confidentially. The researcher took note of the fact that they felt comfortable sharing information only if the in-depth interview took place in a confidential environment.

Before the pilot study, the researcher had not planned on exploring the circumstances of the parents, or carers, from which the adolescents had been removed. During the pilot study, it became apparent that both adolescents wanted to discuss their parents' circumstances as well as contact with their parents. The research study was thereby enriched by the inclusion of information about the adolescents' contact with their parents.

4.5. Sampling.

In this study, the universe refers to all adolescents in a place of safety in South Africa. The population refers to the children who possess the characteristic of being in place of safety in Mpumalanga Province, South Africa.

The sample group was identified from the population that had the mentioned properties:

- Adolescents between the ages of twelve (12) and eighteen (18) years.
- Adolescents who have been in a place of safety for a period longer than three (3) months.

The researcher obtained permission to involve adolescents from three places of safety in the research. The places of safety that were involved were:

- **Belfast Children’s Home, Belfast.**

Belfast Children’s Home is also a registered place of safety, which means that children can be placed there awaiting the finalization of children’s court proceedings. Belfast Children’s Home is able to accommodate two hundred Children, either after children’s court proceedings has been finalized or when children’s court investigations are in the process of being finalized.

- **“Die Pottebakkershuis”, Witbank**

“Die Pottebakkershuis”, Witbank is an approved place of safety in Witbank, which is being financially supported by the fraternity of Christian Churches in Witbank and the surrounding areas. “Die Pottebakkershuis” accommodates six (6) children, placed there by social workers from Christian Social Council Witbank.

- **A private place of safety**

A private place of safety will also be identified. The place of safety will be the home of a family living in residential Witbank or one of the surrounding areas, in which an adolescent has been placed.

The researcher discussed the proposed study with the social workers who are rendering services to the adolescents in the above mentioned places of safety, after which adolescents were identified to take part in the study. The researcher proposed to make use of a process of probability sampling. After exploration, it became apparent that the population was much smaller than was initially thought, and the whole population therefore had to be utilized in order to have a large enough sample group. Eight (8) respondents were identified, consisting of seven (7) female respondents, and one (1) male respondent. Two (2) respondents had an African background, and six (6) had a Western background. The respondents were identified as the only adolescents who possessed the attributes as discussed in chapter one (1). One (1) of the respondents was in a private place of safety, two (2) of the respondents were in “Die Pottebakkershuis” and six (6) were in place of safety in Belfast Children’s Home. All of the respondents were able to communicate fluently in either Afrikaans or English.

4.6. Empirical data collection.

Empirical data collection took place by means of in-depth interviews with eight (8) adolescents in a place of safety. It became apparent that several themes arose throughout the interviews.

4.7. Collection method, analysis and management of data.

The data collection method that was followed was that of the in-depth interview, which is discussed in chapter one (1). According to de Vos (2002:300), an in-depth interview best enables the researcher to obtain an insider view of the social phenomenon, and to explore other avenues of research emerging from the interview. The in-depth interview also provided the researcher with the opportunity to discuss socially and personally sensitive subjects with the respondents in a relaxed and qualitative manner.

During the first phase of the interview, the researcher encouraged the respondents to discuss their innermost feelings and experiences with the interviewer. The researcher introduced the topic of the discussion, and invited the respondents to disclose information freely. During the second part of the interview, the researcher started to identify themes and associations between the themes. During the third phase of the interview, the researcher started asking related open-ended questions.

The researcher conducted the interviews with the five (5) respondents from Belfast Children's Home in one day, the interviews with the two (2) respondents from "Die Pottebakkershuis" on two separate days and the one (1) respondent in the private place of safety on a separate day. The interviews thus took place on four (4) separate dates.

During the interviews, five (5) of the respondents became tearful. The respondents' respective social workers were informed, and they were offered therapeutic intervention afterwards, which they all took part in. The researcher followed up with the managers of the places of safety, and it was confirmed

that these five (5) respondents had been seen individually in counselling after the sessions.

After the data had been obtained and transcribed, the researcher read through the notes of each interview in order to gain a better understanding of the whole. Major categories in the interviews were identified. Thereafter, the researcher read through the transcripts again, and underlined units of meaning related to the identified major categories. The researcher then proceeded to recognize subcategories, identifying relationships between major categories and subcategories and reflecting these as theories (de Vos, 2002:343).

4.8. Introduction of respondents.

The eight (8) respondents of the study will now be briefly discussed, according to their backgrounds, their current placements and their care plans.

4.8.1. Respondent one (1).

The respondent is a seventeen (17) year-old Afrikaans speaking girl, who is currently in a private place of safety in Witbank, Mpumalanga (with screened place of safety parents/carers). She is in grade eleven (11), and is able to communicate fluently in Afrikaans. She is of above-average intelligence. At the time of the interview, she had been placed in the place of safety for a period of five (5) months prior to her current place of safety placement of one (1) month. The respondent had been removed from the care of her biological parents by means of an emergency order (Form 4) due to her parents' abuse of alcohol, domestic violence and an unstable living environment. The

respondent is the eldest of three sisters, who had all been placed in “Die Pottebakkershuis” initially. At the time of the interview, the respondent was awaiting the finalization of children’s court proceedings and a subsequent foster care placement in the place of safety that she had been placed with one month prior to the interview. Due to the fact that the respondent was in her final year of secondary school, placement with her maternal aunt (who lives in the Western Cape) could not be considered, due to the difference in school curriculum.

4.8.2. Respondent two (2).

The respondent is a fifteen-year-old Afrikaans speaking female. She is able to communicate fluently in Afrikaans. At the time of the interview, she had been placed in “Die Pottebakkershuis” for a period of five (5) months. Respondent two (2) is the younger sister of respondent one (1). The respondent had been removed from the care of her parents due to her parents’ alcohol abuse, unstable living circumstances, and family violence. At the time of the interview she was awaiting the finalization of children’s court proceedings, and placement in foster care with her maternal aunt, together with her younger sister (aged nine years). The respondent was placed in “Die Pottebakkershuis” together with her older and younger sisters.

4.8.3. Respondent three (3).

Respondent three (3) is a thirteen (13) year old Zulu speaking girl. She is able to communicate in English. At the time of the interview, she had been placed in place of safety at Belfast Children’s Home for a period of seven (7) months. The respondent was removed from the care of her biological parents after her

biological mother passed away, and she was left in the care of her biological father. While she was in the care of her father, she was sexually assaulted by her older brother (aged 18 years). At the time of the interview she was awaiting the finalization of children's court proceedings and the subsequent long-term placement in Belfast Children's Home.

4.8.4. Respondent four (4).

Respondent four (4) is a Zulu speaking girl, aged fourteen (14) years. The respondent is able to express herself and communicate adequately in English. The respondent was removed from the care of her biological mother, after being found destitute by the social worker. When the respondent was removed, she was accommodated in another place of safety before being transferred to Belfast Children's Home. At the time of the interview the child had been in a place of safety for a period of one year, and she was awaiting the finalization of children's court proceedings.

4.8.5. Respondent five (5).

Respondent five (5) is an Afrikaans speaking girl, aged fifteen (15) years. The respondent is a grade eight (8) pupil in a mainstream secondary school. Prior to her removal from parental care, she had been taken out of school by her biological mother to take care of her older sister's two children. The respondent had also been sexually abused while in the care of her biological mother. The respondent was placed in Belfast Children's Home on 26 October 2007, and had thus been in a place of safety for a period of six (6) months at the time of the interview.

4.8.6. Respondent six (6).

Respondent six (6) is an Afrikaans speaking male. The respondent is fifteen (15) years old. The respondent had been in place of safety at Belfast Children's Home for five (5) months at the time of the interview. The respondent is currently a grade eight (8) pupil at a school for children with special educational needs. He is able to communicate fluently in Afrikaans. The respondent was placed in a place of safety during November 2007, when it came to the attention of the social worker in the field that he was living alone with his biological father who is an alcoholic, he was not attending school, and he had been left unattended for days on end. His mother had abandoned him in the care of his biological father. Respondent six (6) has two siblings, whose whereabouts are unknown.

4.8.7. Respondent seven (7).

Respondent seven (7) is an Afrikaans speaking female, aged twelve (12) years. The respondent is able to communicate fluently in Afrikaans. At the time of the interview, the respondent had been placed in place of safety in Belfast Children's Home since November 2007, after being removed because of sexual abuse, physical abuse and severe neglect. Prior to her removal, the respondent had been fulfilling a caring and nurturing role with regards to her two younger siblings. The respondent's younger siblings were not removed from parental care, and are currently still living with their biological parents. The respondent is currently in a mainstream school. She is awaiting the finalization of children's court proceedings, and her care plan is still unknown.

4.8.8. Respondent eight (8).

Respondent eight (8) is a fifteen-year-old Afrikaans speaking girl. The respondent has been in “Die Pottebakkershuis” since March 2008. She attends a mainstream secondary school, and is currently in grade nine (9). The respondent’s biological parents are divorced, and her biological mother was awarded custody of her. The respondent was removed from the care of her biological mother when she was visiting her biological father for the holidays. The biological father contacted the welfare organization that renders services in the area, with concerns about his daughter’s care: she had not been attending school and displayed uncontrollable behaviour. The respondent is an only child.

4.9. Describing, classifying and interpreting data according to themes.

After the respondents had been interviewed individually, the data was classified and interpreted according to several common themes that surfaced during the interviews. The ten (10) themes that were identified can be discussed as follows:

4.9.1. Factors influencing the respondents’ experience of their statutory removal.

4.9.1.1. The respondents’ perception of the grounds for their statutory removal.

Respondent one (1) stated that she contacted the welfare service to request assistance from them as both parents were drinking heavily. She said that she felt responsible for the removal, but stated that she knew that it was the only and best thing that could happen. According to the respondent, her family, including her and her two younger sisters, did not have a house to stay in, her mother was becoming physically and emotionally abusive towards them, and her parents were drunk on a constant basis. She could not concentrate on her school work, and she fulfilled the parenting role with regard to her younger sisters. The respondent explained the grounds for her removal as follows:

Respondent one (1):

“Ek het die maatskaplike werker geskakel omdat ek nie meer kon skoolgaan, en ma wees vir my sussies nie. My ma verwyt my, ek weet dit. Maar ek weet dis nou baie beter vir ons hier. Hier kan ons skoolgaan, en in vrede leef.”

Translation: “I contacted the social worker because I was no longer able to attend school, and could not be a mother for my sisters. I know that my mother blames me, I know it. But I know that it is now much better for us here. Here we can attend school, and live in peace.”

Respondent two (2) stated that her parents drank day and night. Her parents did not want to change, or to stop drinking.

Respondent three (3) stated that her “home is not right”. She further stated that her brother had raped her there. Respondent three (3)’s mother had died, and she was left in the care of her father. During this time, her brother sexually abused her. Respondent three (3) stated that she felt it was better for her to be in a place of safety, than to be at home. She stated the following:

Respondent three (3):

“It was very, very bad for me at my home.”

Respondent four (4) stated that her mother did not want her. She was found in the street. She felt that she was not important to her mother. Her mother used to drink, and she was not employed.

Respondent five (5) stated that there were problems at home, but she did not want to talk about them. The respondent stated that she had not been attending school for a period of one (1) year. The respondent felt adamant that it was her mother’s fault that she was removed.

Respondent six (6) explained that a social worker came to pick him up from where he was staying with his father in a caravan. His father had left him

alone for days at a time. His father also had a drinking problem, and he had to look after his father when his father was drunk. His mother's whereabouts were unknown at the time, and according to his father, his mother's new husband did not want him in their lives. The welfare services were informed of his situation by a family member, upon which the social worker removed the boy from his father's care. He did not attend school during the year prior to his removal. He stated that he knew what the reasons were for the removal, but he found it very difficult to accept his placement.

Respondent seven (7) stated that she had problems at home. She stated that her father kicked her with a steel-point shoe, and that he made her work very hard in the house.

Respondent eight (8) stated that she was removed from her mother's care because her father phoned the welfare services. She was upset with her father because she felt that he was the reason she has been removed.

The respondents presented various reasons for their removal, assigning blame either to themselves, or to adults who were involved. The assignment of blame can be categorized as follows:

- **The assignment of blame towards the adolescent him or herself:**
One (1) respondent shared that she felt guilty about informing the welfare services. She stated that she did what she thought was the right thing to do, but she still had to deal with the fact that her parents also blamed her for her actions.

- **The assignment of blame by the adolescent towards the adolescent's parents:** Five (5) respondents assigned blame to their parents for their removal.
- **The assignment of blame by the adolescent towards other adults who were involved:** One (1) respondent assigned blame to his family, who contacted the welfare services, who in turn removed him from parental care.

According to Thompson, Rudolph and Henderson (2004:184), awareness alone can be curative, and a person with full awareness can develop a state of organismic self-regulation, which enables the person to take control of his or her life. Two (2) of the respondents expressed a clear understanding of the legal grounds on which they had been removed.

Thompson, Rudolph and Henderson (2004:185) state that, according to the gestalt approach, a healthy person focuses sharply on one need at a time, while relegating other needs to the background. Five (5) of the respondents indicated that they experienced a sense of unfinished business, and they felt that other adults were to blame for their removal.

Five (5) respondents indicated that they were not sure of the legal grounds for their removal, but immediately proceeded to assigning blame for their removal to other parties: either their parents or other adults who were involved. According to Newman and Newman (1997:632), during the adolescent developmental stage a strong sense of belonging to groups emerges, as well as a strong feeling of loyalty to family members and friends. Five (5) respondents explained that they felt betrayed by their parents as they did not

care for them in the correct way, and by their family members, because they contacted the welfare service.

Six (6) respondents were able to provide information regarding the circumstances leading up to their removal, but they were unable to understand how their circumstances had led to their removal. These six (6) respondents seemed to be in the stage of development of moral reasoning, named pre-conventional thought, where moral thought proceeds from a self-interest perspective. The respondents experienced feelings of being punished for other people's bad decisions, or their own bad behaviour.

The empirical evidence confirmed that when the grounds for statutory removal had not been adequately discussed with the respondents, they experience emotional trauma and an inability to deal with the foreground need. The respondents will probably have unfinished business to deal with later in their individual development.

4.9.1.2. The respondents' experience of the role that the social worker played during the statutory process.

Respondent one (1) experienced the social worker as being extremely supportive. She trusted the social worker.

Respondent two (2) experienced the social worker as being a caring woman, who took them out of very poor circumstances. She stated that the social worker was trustworthy.

Respondent three (3) stated that the social worker was the person who saved her, and that she herself wanted to be a social worker. The social worker had explained to her why she was being removed from her father's care.

Respondent four (4) knew that the social worker removed her, but stated that she had seen the social worker only once after the placement had taken place. The respondent did not feel that the social worker saved her, and she was experiencing a lot of angry feelings about being removed. The social worker did not discuss her feelings with her. The social worker had explained to her that she was in a place of safety, but had not explained what the long-term plan was.

Respondent five (5) did not have a clear idea of why she was taken out of her mother's care. She stated that the social worker went to court with her, but did not explain exactly what was going on.

Respondent six (6) understood that the social worker was only doing her job, but blamed his aunt for informing the social worker of his circumstances.

Respondent seven (7) was removed from her parents by a social worker. The respondent described the social worker as an adult who asked a lot of questions. She did not feel safe with the social worker. The respondent stated that the social worker was not able to explain to her for how long she was going to remain in the place of safety.

Respondent eight (8) felt that the social worker did not care about her. She stated that the social worker had not explained why she had been removed, or for how long she would be in the place of safety.

Three (3) of the respondents experienced their social workers as being supportive and trustworthy. They had been well informed and treated with dignity, they felt protected and they were informed according to their individual developmental needs. One (1) respondent did not feel supported, and experienced the social worker as a cold, enquiring individual. Three (3) respondents experienced the social worker negatively, and explained that they experienced her as being cold and unsupportive.

Kruger and Spies (2007:147-148) quote from the new Children's Bill (B 70B-2003), that it is required in terms of Section 6(2) that all proceedings, actions or decisions in a matter concerning a child must:

- respect, protect, promote and fulfil the child's rights set out in the Bill of Rights (see chapter one (1));
- respect the child's inherent dignity;
- treat the child fairly and equitably;
- protect the child from unfair discrimination on any grounds;
- recognize a child's need for development and engaging in play and other recreational activities appropriate to the child's age; and
- recognize a child's disability and create an enabling environment to respond to the special needs that the child has.

The above can only be done if professional role-players have a sound knowledge of the adolescent's needs and life tasks, know what the rights of the adolescent are, and are able to combine the children's rights into a practice model.

On an emotional level, the respondents experienced psychological separation from family, identity issues and the attainment of emotional independence from parents. These stages are supposed to occur without interference during the adolescent developmental phase. Statutory removal interrupts this natural process, and leads to developmental frustration, as seen in the respondents of the study.

The empirical results of this study correspond with the literature in chapters two (2) three (3), confirming that the social worker's level of support during the statutory removal sets the scene for the respondent's reaction to the traumatic experience.

4.9.1.3. The respondents' experience of the children's court.

Respondent one (1) stated that she had been to the children's court once: when she was removed from parental care, and placed in "Die Pottebakkershuis". She experienced the court as a scary place, but stated that the social worker explained the environment, which made her feel a lot more relaxed about the court.

Respondent two (2) had been to the children's court once, with her older and younger sisters. She stated that they went there to be legally placed in a place of safety. She stated that she found the court exciting.

Respondent three (3) and respondent four (4) had both been to the children's court twice, but they had no idea why they had to go there. They only knew that they were placed in Belfast Children's Home shortly thereafter.

Respondent five (5) had been to the children's court once, when she was told that she was to be placed in place of safety. She stated that she does not want to go to court again, and that she hates it because it is a scary place.

Respondent six (6) had been to the children's court once, when he was placed in a place of safety in Belfast Children's Home. He stated that he did not know what the plan was for his placement, and that the court did not explain it to him; neither could the social worker provide him with any explanation. He hated the children's court, and did not know what the children's court had decided about him regarding his current placement and care plan.

Respondent seven (7) could not remember going to the children's court. The researcher explained to her what the children's court was. The respondent then remembered that she had gone to the children's court shortly after she had been removed from her parents' care. She experienced the children's court as a very "sad" place. She stated that she and her mother were very sad; it was a very bad place for her to be. She did not understand what the purpose of the children's court was, or why they were there.

Respondent eight (8) had been to the children's court with the social worker and her father. She knew that she was placed in a place of safety after the children's court hearing. She did not know what a place of safety placement entailed, the period of placement or the procedure that would be followed.

Two (2) of the respondents experienced the children's court as a positive place. Both of them had been supported, prepared and acknowledged by their social worker.

Five (5) respondents experienced the children's court either as a very sad, or a scary place. They mentioned that the social worker did not explain to them what the children's court would be like. Two (2) of the five (5) respondents knew why they had to go there, but also had no clue what to expect.

Kruger and Spies (2007:10) quote Rueger, who states that professionals involved with children should think about and debate, according to the child's point of view, the issues that have arisen in the representation of the children's interests in judicial proceedings. Schultz (2002:53) adds to Rueger's thought, by emphasising that adolescents still have a need to be seriously considered during all involvement with them.

Based on the results of the empirical study that was conducted, the respondents were not considered, prepared and supported through the opening of children's court proceedings. Where the respondents had been prepared for the children's court proceedings, they experienced it more positively, and appeared to have dealt with the experience adequately.

4.9.2. Factors that contribute to the respondents' present experience in the place of safety.

4.9.2.1. The respondents' experience of the social worker while in a place of safety.

Respondent one (1) stated that the social worker explained to her exactly what was going on, and was still doing regular home visits at the place of safety. She felt that the social worker provided a form of support in the place of safety.

The second (2) respondent felt that the social worker was a special person, who she wanted to be like when she became an adult. Her social worker paid her visits once every two weeks, and she appreciated the information that the social worker provided. She stated however, that the social worker did not understand exactly how she was feeling, but that this was understandable because she was not in her shoes.

Respondents three (3) and four (4) both stated that their social workers explained to them why they were in a place of safety, but that they had not seen them since they had been placed in the place of safety. Both respondents stated that they did not know what the social worker had planned for them, and that they felt that their social workers were too busy to visit them, to listen what they needed, and to provide support to them.

Respondent number five (5) stated that she did not have contact with her social worker, and that she did not want contact with her. She stated that she

trusted the personnel at the children's home more than her social worker, and therefore would rather ask them if she needed information.

Respondent six (6) had not had the opportunity to talk with his social worker about his feelings. He still did not understand why he needed to be in a place of safety. The researcher was under the impression that the reason for this lack of understanding was the respondent experiencing difficulty with being away from his father, and therefore did not internalizing the information that was given to him, as opposed to the respondent not being informed of the reasons for his placement.

Respondent seven (7) did not know the name of her social worker, and stated that she did not care anyway, as she never listened to her. She stated that she experienced the personnel at the children's home as her support structure. She stated that the social worker accompanied her and her mother to the children's court, but that she did not feel comfortable with the social worker, as she was always too busy to spend time with her.

Respondent eight (8) showed extreme anger towards her social worker. She stated that her social worker had visited her only once since her placement. She stated that she felt alone and isolated, and that no one cared enough about her to listen to her problems or opinions.

Six (6) of the respondents experienced their social workers as either unavailable or uninterested in them.

As noted in literature by Horne and Kiselica (1999:45), abused adolescents may experience adjustment difficulties within their territorial cluster. They may experience a strong need for security, and they may become aggressive, or

withdraw from social contact. Three (3) of the respondents did not want to see their social workers, based on their experiences that the social worker did not care about them, was too busy or never listened to them. McConville and Wheeler (2001:87) are of the opinion that during therapeutic involvement with an adolescent, it is necessary to create opportunities for the adolescent to open the pathways to contact. When adolescents receive therapy for trauma, they have desensitized themselves in order to cope with the traumatic incident or circumstances. They often display resistance as a manifestation of energy, and this is an indication of the contact level of the adolescent.

Where the social worker had played an active role during the statutory removal, and the place of safety placement, the respondents were open to have contact with the social worker.

The empirical results of this study indicate that some of the respondents' resistance towards their social workers is a clear indication of their traumatic experiences with regard to the social workers. However, the other respondents experienced feelings of being valued and respected because they received adequate service delivery and involvement from their social workers.

4.9.2.2. The respondents' identification with significant adults while being in a place of safety.

Respondent one (1) stated that she wanted to be successful, and that she did not want to be like her parents. She stated that she saw a female volunteer at the place of safety as her role model.

Respondent two (2) wanted to finish school to become a photographer. She stated that she wanted to be successful, but did not have an adult role model.

Respondent three (3) saw her house mother as a very important person in her life, and her female friend as the most important adolescent.

Respondent four (4) stated that the most important adults in her life were her mother and the manager of the children's home. She also felt that she could trust her house mother.

The manager of the children's home and a teacher at the school of respondent five (5) were seen by her as the adults who she felt comfortable to confide in.

Respondent six (6) stated that the most important person in his life was his mother. He missed his parents, and felt sad that he could not talk to them on a daily basis. He said he would discuss his problems with the manager of the children's home, because she always listened to and cared for them. According to Horne and Kiselica (1990:281), adolescents are generally reluctant to admit that they need help from adults, because they do not want to be perceived as being childish.

Respondent seven (7) identified with and idealized her biological mother. She stated that she felt safe talking to her therapist at the place of safety. However, she did not feel safe discussing the problems with her house parents, as they were extremely strict.

Respondent eight (8) identified with her biological mother. She stated that she was her mother's only child, and that they had a close relationship. The

respondent stated that she had no adult that she trusted at that moment. She stated that she had seen her social worker only once since her placement in her place of safety, and that she felt that the adults at the place of safety picked on her. She felt isolated and lonely.

Newman and Newman (1997:5) state that development can be seen as a product of interaction and integration of three major factors, one of which is the contributions that individuals make to individual development. In this regard, adults need to take an active role in the emotional education of their children (Shapiro, 2003:329). For the purpose of this study, the unique care positions of the respondents had to be taken in account.

Four (4) respondents indicated that they experienced their biological mothers as the most important adults in their lives. According to Kruger and Spies (2007:181), adolescents experience the social life tasks of emotional separation from their families. In this study, four (4) of the respondents had not had the opportunity to separate emotionally from their parents. Furthermore, six (6) of the respondents indicated that they trusted either their house mothers, or other staff at their place of safety. The empirical study confirms that steady support and guidance in adolescence can be enormously helpful in making sense of developmental challenges (Milner & Carolin, 1999:151). The respondents indicated that they trusted the adults who made them feel understood and valued, which supports the arguments of Newman and Newman (1997:719).

4.9.2.3. The respondents' current experience within their peer group.

Respondent one (1) stated that she had a number of close female friends. She did not take part in much socializing, apart from visits with her female friends. The respondent had taken over the parenting role from her alcoholic parents, and had an adult frame of reference and a strong sense of responsibility. The respondent had not had any romantic relationships, but seemed interested in the opposite sex. She stated that this interest had not played a large role in her life prior to her placement in place of safety, because of the fact that she was introverted, shy and needed to be responsible in her role as carer to her younger sisters.

Respondent two (2) was an extrovert who loved socializing. She showed a lively interest in the opposite sex, and had had boyfriends from time to time.

Respondent three (3) had two (2) close female friends in place of safety, one (1) from an African and one (1) from a Western background. In school she had one (1) close female friend, who also was also the most important person in her life.

Respondent four (4) explained that she did not like boys, but that she had four close female friends. She viewed herself as a strong black girl, with dreams and plans for the future.

Respondent five (5) shared that she had daily conflicts with the adolescent males in the place of safety, as well as at school. She had five (5) female friends at school.

Respondent six (6) had only two female friends, and presented feminine behaviour, such as feminine hand gestures and speech, and general female mannerisms. He stated that he did not like being with male friends, and preferred to be with his female friends. He saw himself as a white male who loved being with girls socially because of the caring nature of girls.

Respondent seven (7) explained that she had one close female friend. She appeared extremely shy, and stated that the other children tended to make fun of her, which made her very sad. She identified with being a female, and stated that she did not like boys.

The eighth (8) respondent was the eldest of eleven (11) children in “Die Pottbakkershuis”. She found it extremely difficult to get along with the other children in the place of safety, as they were all in the primary or pre-primary school, and thus a lot younger than her. She stated that she did not have close friends. She had three female friends at school, but she was unable to remember their names. She enjoyed school, but stated that she hated being in a place of safety.

The responses of the female respondents indicated that all of them had a small circle of female friends, but no close male friends. The male respondent indicated that he had only female friends, as he found other males difficult to get along with.

Murray Thomas (2005:93) states that adolescents experience developmental changes as disturbing. During adolescence, social roles take on a new form, and the views adolescents held of themselves in childhood no longer fit their new appearance and their new feelings for the opposite sex. Six (6) respondents indicated that they were not involved in romantic relationships,

one (1) indicated that she had been interested in an adolescent of the opposite sex, and one (1) indicated that he preferred having platonic friendships with members of the opposite sex.

The respondents indicated that they felt a sense of belonging in their social groups. According to Newman and Newman (1997:676), a feeling of belonging is called group identity.

The empirical study indicated that the respondents experienced peer relationships as an important aspect of their lives, and part of the quest to complete the social life task of learning to relate to society in a mature way.

4.9.2.4. The respondents' current experience in the place of safety, and circumstances in the place of safety that the respondents found unpleasant.

Respondent one (1) experienced the place of safety very positively. She stated that she experienced the place of safety as a safe place where she no longer had to fulfil the parenting role for her two sisters. The three sisters were initially placed in the same place of safety, and she still felt responsible for them, but to a lesser degree than when they were in their parents' care. She stated that she enjoyed being a child again. The respondent felt supported and loved in the place of safety. She knew that it would be a short-term placement, and experienced uncertainty about her future placement. The respondent expressed her wish that her father and mother would make more contact with her in the place of safety.

Respondent two (2) realized that her placement in place of safety would only be temporary. On the date of the interview, the respondent expressed her concern about where she and her two sisters were going to be placed in the long-term. For the respondent, the worst aspect of the place of safety was the very strict rules and regulations.

The third (3) respondent explained that it had been “very, very bad at home”, and that it was much better in the children’s home. She stated that she had felt very happy about going into the place of safety, and that she still did. She enjoyed the fact that the place of safety provided her with “food, money and everything”. She stated that she felt that the place of safety was a very nice place to be in, and that she could think of nothing about it that was bad.

Respondent four (4) emphasised that the place of safety was the best place for her to be in, as it provided her with the opportunity to go to school. She did not like being physically hurt by the other children. She stated that she felt very sad that she could not stay with her mother, but that she was happy in the children’s home at the moment.

According to respondent five (5), him being in a place of safety meant that he was not allowed to go home, even though he wanted to go home permanently. In the beginning, this had been extremely bad for him, but it felt better at the time of the interview. He had not wanted to go to a place of safety, but stated the following:

Respondent five (5):

“Die kinderhuis is beter as wat ek gedink het. Dis beter vir my in die kinderhuis. Maar ek sal eerder by my ma wil bly.”

Translation: “The children’s home is better than I thought. It’s better for me in the children’s home. But I would rather live with my mother.”

Respondent six (6) did not experience the place of safety as a pleasant placement. However, he did like the house parents, who he experienced as being caring. He felt useful when he did chores for the kitchen personnel, and described this as follows:

Respondent six (6):

“Ek 'like' dit om die tannies in die kombuis te help.”

Translation: “I like helping the ladies in the kitchen.”

Respondent six (6) did not understand the difference between a place of safety placement and a children’s home placement.

Respondent seven (7) stated that she was extremely shy and scared when she came to the place of safety for the first time. She stated that she still felt that way, but to a lesser degree. She experienced the place of safety as a

short-term home. She stated that she loved having her one (1) close friend there, but hated it when the other children hurt her or laughed at her.

Respondent eight (8) hated the place of safety. She felt lonely and isolated. She stated that she wanted to get out of the place of safety as soon as possible. She liked nothing in the place of safety, and she hated the personnel. She stated that she had no idea why she was in a place of safety. She felt unimportant, unheard and at the mercy of adults who did not even know her.

Four (4) respondents experienced the place of safety as a temporary home. They explained that they were uncertain about the period of the placement, but stated that they knew they would have their basic needs met, and therefore they were able to accept the placement. Two (2) of these respondents indicated that they would much rather have stayed with their parents, despite the circumstances at home.

Karpov (2005:222) describes adolescence as a universal and inevitable period of storm and stress, which is characterized by conflicts with parents, mood disruptions and adolescent risk behaviour. When children have been removed from parental care, and are traumatized as a result of this, the intensity of their experiences increases.

Four (4) respondents experienced isolation and loneliness. Newman and Newman (1997:719) encourage professional role-players who work with children to try to prevent a sense of isolation by empathizing with adolescents, and giving them the reassurance of being understood and valued. With regard to this study, closer contact and involvement from the

social worker will benefit the respondents by minimizing the feelings of loneliness and insignificance.

The empirical study indicated that the respondents experience the place of safety as a short-term placement, of which the period is unknown. They experience uncertainty about the statutory process which they themselves are central to.

4.9.2.5. The respondents' contact with their parents, or adults from whose care they had been removed.

Respondent one (1) had been placed in a place of safety together with her two younger sisters. Her biological parents had been dependent on alcohol for a decade prior to the removal. They had been referred for alcohol rehabilitation, but had not accessed it. The respondent's parents were still living in a caravan, and had made contact with the children only twice in five (5) months.

Respondent number one (1) had had one (1) physical visit with her father, and one (1) telephone conversation initiated by her biological parents, over the past five months. The respondent appeared despondent about the limited contact with her parents. The respondent stated that her parents blame her for their removal. She described her feelings as follows:

Respondent one (1):

“Ek weet nie, tannie. Dit voel nie of my ma-hulle wil regkom nie. En al is ons nou weggevat, wil hulle nog steeds nie regkom nie. Eintlik dink ek my ma dink dis my skuld. Ek gee nie om dat sy so dink nie, ek wens net hulle wil moeite doen en ophou drink.”

Translation: “I don’t know, auntie. It doesn’t feel as if my mom and dad want to rehabilitate. And even though we have been removed, they still do not want to rehabilitate. I actually think that my mom blames me. I don’t mind if she thinks so; I just wish they would make the effort to stop drinking.”

Respondent two (2) explained that her parents were in the same circumstances as before her removal. The respondent had had one (1) physical contact with her parents, and three (3) telephone conversations during the past five (5) months. She stated that she missed her parents, but that she understood that they were not doing what was expected of them in order to have their children returned.

Respondent three (3) had two male siblings aged 18 and 21 years. She felt that her father did not protect her from being raped by her older brother. She had had no contact with her father since her removal. She stated that she wanted contact with her family, but did not want to stay with them again. When asked what her circumstances were like before the removal, she replied:

Respondent three (3):

“I will never forget what happened before I was brought here. I am scared to see my brother, but I miss my father. I want to see my father. I do not want to live there; I only want to see my father.”

Respondent four (4) had also not had any contact with her mother or father since her placement in place of safety in February 2007. She knew where her mother and father stayed, but had no further information. She stated that she wanted to go and live with her mother, and became tearful when asked about contact with her mother.

When discussing her mother and contact with her mother, respondent five (5) stated that she felt guilty that her mother took her removal so hard. Her two (2) older sisters were still living with her mother. She stated that she had had contact with her mother over a few weekends, but had had no contact with her father. She described a situation when she had to return to the place of safety in the middle of the weekend visit as a result of conflict in her mother's home. She stated that the circumstances at her home had not improved, but that she wanted to go home nonetheless. She stated the following:

Respondent six (5):

“Ek moes terugkom omdat dinge rof geraak het by my huis. Dinge is maar dieselfde daar by die huis. Maar ek wens ek kon teruggaan. Ek wens my ma-hulle kan hulle dinge uitsorteer, dat ek kan teruggaan.”

Translation: “I had to come back because things became rough at my home. Things are the same there at home. But I wish I could go back. I wish my mother (and them) would sort out their things, so that I can go back.”

Respondent six (6) stated that his father’s living circumstances had not changed. However, the respondent displayed a very strong feeling of responsibility for his father. He wanted to look after his father. The respondent had had some contact with his mother, and stated that he wanted to go and live with her. After some exploration, the researcher found that the respondent’s mother’s circumstances were also not suitable for him to be placed there, in that she was unemployed. The respondent visited his mother over holidays. According to Horne and Kiselica (1999:13), adolescent males attempt to break their ties of dependence on parents and family, and try on new roles and behaviours to establish an independent identity. When they don’t attempt to establish an independent identity, this might lead to confusion about their roles and identities. This respondent identified with adolescents of the opposite sex, and presented feminine mannerisms and interests.

Respondent seven (7) had two (2) younger siblings, who were still in the care of her parents. She was extremely concerned about the welfare of her siblings, as she stated that she had looked after them when her parents were not able to. The respondent stated that she wanted to go and live with her parents again, but that she understood that this was not an option at the moment. She stated that she knew it was not her fault, but that she nevertheless felt responsible for her mother's sadness. The respondent had been to visit her aunt over a long weekend, but had only had limited contact in the form of visits under supervision at the place of safety, with her biological parents

Respondent eight (8) was unsure of how her mother was doing at the time of the interview, as she had had almost no contact with her mother. According to the respondent, her mother had attempted to make contact with her, but had always done so outside of the permitted times, and therefore she had been unable to communicate with her regularly. The respondent had had limited contact with her biological mother since a week before her removal. She stated that her mother had been unable to communicate with her mother via telephone. The respondent appeared extremely hostile, and upset with her placement in "Die Pottbakkershuis", as evident from the following statement:

Respondent eight (8):

"Hulle kan nie vir my sê hoe lank nie, hulle wil nie hê ek moet met my ma praat nie, almal sê altyd alles is my skuld. Ek haat die plek."

Translation: “They cannot tell me how long [I’m going to stay here], they don’t want me to talk to my mother, everyone always says that everything is my fault. I hate this place.”

Newman and Newman (1997:685) state that it is difficult for parents and children to keep channels of communication open, as adolescents find it important to express emotional autonomy from their parents. According to Chapman and Campbell (2005:16), the success of the process of raising a child is based on the love relationship. In the place of safety situation of this study, the respondents do not have the opportunity to grow in a loving relationship with their parents. However, they do have memories, and the foundation of a relationship that had been laid since birth.

From a gestalt perspective, the focus is on the here and now, rather than what happened in the past, and on the individual coming into full contact with his or her current experience (McConville & Wheeler, 2001:254). Therefore, it is extremely important that contact remains present in the parent/child relationship. Three (3) of the respondents had had one session of contact with their parents, three (3) had had no contact with their parents, (1) had had several visits with her parents and one (1) had had one visit under supervision.

O’Connor and Braverman (1997:187) state that Children do not have the cognitive or emotional maturity to discriminate between accurate and inaccurate gestalts, which may lead to the child constricting his or her own process of growth. With regard to this study, all of the respondents

experienced feelings of guilt for their removal, or feelings of insignificance to their parents. They felt unimportant and isolated.

The empirical study indicated that the respondents experience feelings of isolation and loneliness. They had had little or no contact with their parents, which frustrated their normal developmental processes, by evoking feelings that their parents did not care, and that they had in some way caused the pain themselves.

4.9.2.6. The respondents' perceptions of where they fit in within the community.

Respondent one (1) explained that she was part of her family. She was the eldest of three girls. She saw her family as her two sisters and herself, not including her parents. The respondent experienced her role as being one of a carer and parent to her younger sisters. According to the respondent, her parents did not play a parenting role.

Respondent two (2), the sister of respondent one (1), stated that she felt most at home with her friends at school, and stated that she wished her father and mother would change, and wished that they would want to change. She also viewed her family as follows:

Respondent two (2):

“Ons het nog altyd na my ma en pa gekyk – ek en [respondent one (1)]. My ma-hulle was amper nie eens deel van ons gesin nie. En nou voel dit of hulle

nie dink ons is belangrik genoeg om voor reg te kom nie – dis hard.”

Translation: “We always looked after my mom and dad – me and [respondent one (1)]. My mom and dad almost weren’t even part of our family. And now it feels as if they don’t think we are important enough to rehabilitate for – it’s hard.”

Respondent three (3) and respondent five (5) experienced the children’s home as being their family, but emphasised that they would have loved to be able to live with their mothers. However, they showed insight into the fact that it was not possible for them to return to their mothers’ care.

Both respondents four (4) and seven (7) still experienced themselves as part of their families of origin, and felt that they did not fit in at the children’s home.

Respondent six (6) described himself as a bird because he wanted to fly high to get away from everything:

Respondent six (6):

“Ek voel soos ‘n voëltjie wat hoog vlieg. Ek pas eintlik nêrens in nie. Ek wens ek was weer by my pa: daar het ek ten minste geweet waar ek is. Dit voel of ek nou nie meer weet waar ek inpas nie.”

Translation: “I feel like a bird that flies high. I don’t actually fit in anywhere. I wish I was with my dad again: at least I knew where I was. Now it feels as if I don’t know where I fit in anymore.”

Respondent eight (8) echoed respondent four (4) and seven (7)’s experiences. She stated that she felt that she did not fit in anywhere. She felt isolated and lonely. She did not understand why she was in a place of safety. She longed to go back into the care of her biological mother. She felt angry towards her father, and saw him as the cause of the chaos in her life.

Two (2) of the respondents experienced the place of safety as their family. They felt that they had become accustomed to the place of safety, and that they did not want to leave. However, they were however uncertain about the period of the placement, which made them feel anxious.

Erikson defined the process of becoming an adult as a process of achieving ego identity, the ability to know and accept oneself, and also the ability to have a clear picture and an acceptance of the group in which one functions (Murray Thomas, 2005:87). Six (6) of the respondents indicated that they were either still in their family group, or in the children’s home (although temporarily), and thus remained in limbo, or regressed to the past.

The empirical data confirmed that the respondents experienced a need to be part of something: to fit in somewhere and feel like they belong there. The respondents indicated that they had difficulty placing themselves in a group, as they experienced their lives as being in a transitional phase.

4.9.3. The respondents' perception of the future.

4.9.3.1. The respondents' view of the future in the short term.

Respondent one (1) had been in a place of safety for the past six (6) months. The respondent was aware of the fact that this was a short-term placement. She did not have much hope that her parents would be rehabilitated in order for their children to be returned into parental care. She was aware of her possible foster placement with her maternal aunt.

Respondent two (2) had been in a place of safety for six (6) months. The respondent experienced the place of safety positively, and saw it as a halfway house on the way to a long-term foster placement.

Respondent four (4) had been in a place of safety for twelve (12) months. She had first been in a place of safety in Middelburg Mpumalanga, and was then moved to Belfast Children's Home. She did not know for how long she would be remaining in a place of safety, and was extremely emotional. She stated that she felt rejected by her mother, but had conflicted feelings, because she wanted to return to her mother's care.

The following respondents thought that they would remain in a place of safety until their eighteenth birthdays (it was clear that the social workers had not discussed the nature of a place of safety placement with them):

- Respondent three (3) had been in a place of safety for seven (7) months.

- Respondent five (5) had been in a place of safety for five (5) months.
- Respondent six (6) had been in a place of safety for five (5) months.
- Respondent seven (7) had been in a place of safety for seven (7) months.
- Respondent eight (8) had been in a place of safety for three (3) months.

When the in-depth interviews were finished, three (3) of the respondents had been in a place of safety for less than six months, two (2) had been in a place of safety for five (5) months, and three (3) had been in a place of safety for longer than six (6) months. According to Ms. Hitchcock (2007), the Commissioner of Child Welfare in Tshwane, a children's court investigation needs to be completed within six (6) months of investigation.

The respondents' development (emotional and cognitive) predisposes them to blaming themselves for their placements in a place of safety. Environmental resources are often not available to assist them in organizing their negative experiences meaningfully (O'Connor & Braverman, 1997:188).

The empirical study indicated that the lengthy periods of place of safety placements, which in some cases far exceed the recommended period of investigation, have a negative effect on the respondents' states of mind. They

experience uncertainty and fear because of what was supposed to be a short-term placement being rather lengthy.

4.9.3.2. The respondents' view of the future in the long term.

Respondent one (1) was unsure of how long her placement in the place of safety was going to be, as her parents had to fulfil specific requirements that would influence the finalization of the children's court proceedings. She wanted to complete her schooling, and study at a tertiary level. She specifically stated that she did not want to be like her parents. She was uncertain about what her immediate future held, but expressed the need to have a successful career and family, and to be a good mother.

Respondent two (2) had dreams of being famous and enjoying life. It appeared as if she was not validating her current situation, and she expressed surrealistic goals and dreams.

Respondent three (3) explained that she was going to remain in the children's home until she turned eighteen (18) years. Thereafter, she wanted to be a social worker, because she wanted to help people.

Respondent four (4) wanted to be a teacher because she enjoyed attending school. She stated that she did not know what was going to happen in the future, but that she definitely wanted to finish her schooling. Respondent five (5) also appeared unsure of her future, but emphasised that she wanted to finish school.

Respondent six (6) did not know for how long he was going to be staying at Belfast Children's Home in place of safety. He stated that he felt afraid of the future. He stated that he felt like he did not have any dreams:

Respondent six (6):

“Ek het nie eintlik drome vir die toekoms nie. Ek weet nie.”

Translation: “I don't really have dreams for the future. I don't know.”

Respondent seven (7) explained that she wanted to become a singer. She was of the opinion that a person who sings every day seems to be happy, and she wanted to feel happy. During the interview, she stated that she only wanted to return to her mother's care, and to be reunited with her two younger siblings.

Respondent eight (8) stated that her dreams and plans for the future had all disappeared when she was placed in a place of safety. She stated that she wanted to become a singer, but that it felt as if her whole life had been torn to pieces. She appeared depressed and hopeless about her long-term future.

In an attempt to protect the self from psychological collapse, the child places the experiences within the background of its life, where it often remains as unfinished business, which unnecessarily drains any child of energy levels. Two (2) of the respondents appeared depressed and drained of energy, when asked about their long-term plans for their futures.

All of the respondents had been removed from parental care as a result of their being in need of care. Healthy attachment with a primary attachment figure is of paramount concern in order for a child to develop in a healthy way. All of the respondents' situations indicated that some form of dysfunction had been present in their homes. Six (6) of the respondents indicated that they did not want to be like their parents, and stated that they wanted to finish school, and be successful in whichever career path they chose to follow. Their vision for their futures was based on self-reflection and the development of their formal logical thought (Karpov, 2005:2003).

The empirical study indicated that the respondents have long-term plans for their futures and that they experience the same cognitive challenges as other adolescents. The respondents expressed their need for stability in order for them to complete their schooling and become independent and successful. According to Schultz (2002:84), the challenge of being involved with children on a professional basis, lies in the short-term protection of children, but also in the promotion of their well-being in the long term.

4.10. Conclusion.

The researcher was able to obtain qualitative information regarding the experience of the respondents in their places of safety. The respondents were able to express their feelings and emotions freely, and did so with enthusiasm. It was explained to them how valuable their contributions would be in order for professionals to better understand the experience of adolescents in a place of safety.

During the research, it came to light that all of the respondents experienced their placement in a place of safety as traumatic, and had little or no understanding of the statutory process in which they were the central characters. Where the adolescents had been adequately orientated, and had received therapy during the process, they appeared more able to internalize their situation, and experienced the placement as less traumatic.

It is evident from this study that the quality of professional service provision will have a certain impact on the level of emotional discomfort that adolescents in a place of safety experience. If an adolescent does not receive adequate support, orientation and therapeutic intervention prior to and during placement in a place of safety, the adolescent may experience secondary trauma.

5. Chapter five.

Conclusions and recommendations.

5.1. Introduction.

In South Africa, children are often removed from parental care, based on the assumption that their removal is in their best interests. During statutory intervention into children's lives, emphasis has been placed on the legal responsibilities that social workers have with regard to children in need of care, with little emphasis being placed on the need on the developmental needs of the children.

According to Schultz (2002:84), the first principle concerning decisions regarding children should be protecting children in the short term, but also promoting their well-being in the long term. In this regard, a place of safety placement should be based on the short-term safety of the child, but the impact of the removal in the long term should also be kept in mind.

Adolescents have a need to find their own identities in their society, and to integrate their perceptions of themselves into a social reality. Adolescents still have a need to be part of a family, to experience acceptance and appraisal, and to be seriously considered (Schultz, 2002:53). Kruger and Spies (2007:10) quote Rueger, who was of the opinion that professionals whose work brings them in contact with children need to think and debate, according to a child's point of view, the issues that have arisen in the representation of children's interests in judicial proceedings. The judiciary,

policy makers and those responsible for the organization and delivery of services regarding children's interests should be aware of how children experience the impact of the professionals' decisions. Rueger placed emphasis on the fact that the daily tasks of professional people who were in contact with children had long-term consequences for some children. The developmental and emotional needs of an adolescent should be kept in mind when a place of safety placement is to take place. The purpose of this study was to explore the experience of the adolescent in a place of safety, in order to assist professionals who work with adolescents in understanding the developmental needs of the adolescent.

For the purpose of the study, the researcher attempted to complete two (2) literature studies in order to broaden the knowledge base of the research study. In chapter two (2) the researcher compiled a comprehensive literature study on the developmental tasks of the adolescent. In chapter three (3) a literature study on adolescence from a gestalt approach was completed. A qualitative, explorative empirical study was completed in chapter four (4), from which the researcher was able to gather information regarding the experience of the adolescent in a place of safety. Chapter four (4)'s study enabled the researcher to gather new data and confirm existing data, and to confirm data that was part of the existing knowledge base.

In this chapter the researcher will provide conclusions and recommendations based on the empirical study that was completed in chapter four (4).

5.2. Goal and objectives of this study.

The conclusions of the study need to be based on the goal and objectives of the research study. As stated by de Vos *et al.*(2002:340), conclusion-drawing and verification involves making interpretations and drawing meaning from the displayed data.

The goal of the proposed research study was to explore the adolescent's experience of being placed in a place of safety.

In order to manage the study, the main goal was divided into separate objectives. Literature studies on important aspects relating to the research study were compiled in order to provide a frame of reference for the study, and also identify new knowledge to add to the existing knowledge base. Chapter two (2) described different theories as framework understanding adolescence as a developmental phase, the developmental tasks of the adolescent, the developmental crises of adolescents, and the optimizing of development in adolescence. Chapter three (3) described the historical development of the gestalt approach, the development of the gestalt approach as a theoretical approach, and the goals of gestalt seen in relation to adolescence. The literature studies assisted the researcher in expanding the existing knowledge base, and orientating the researcher regarding the developmental tasks of the adolescent and adolescence as seen from the gestalt approach.

Based on the literature studies, the researcher was able to complete an empirical study on the proposed research study in chapter four (4). During the empirical study, the researcher conducted in-depth interviews with eight (8) adolescents in places of safety, in order to provide insight into their individual experiences. The empirical

data was obtained, analysed and presented in chapter four (4). The goal of the research study was achieved through the successful completion of the objectives of the research study.

In this chapter, the researcher will draw conclusions and make recommendations, based on the empirical data that was obtained in chapter four (4).

5.3. Conclusions.

The following conclusions of the study can be formulated:

- The respondents of the study had insight into the circumstances which led to their removal from parental care. They assigned blame to others or to themselves in their attempts to make sense of the traumatic event.
- The respondents who had been supported, orientated and guided through the process of statutory intervention experienced their placement into place of safety and the opening of children's court proceedings as being much less traumatic than for the respondents who that had not been prepared in the same way.
- Literature makes clear the importance of seriously considering adolescents during all involvement with them (Schultz, 2002:53). In this regard the children's courts fail to provide a nurturing, warm environment in which adolescents do not feel further traumatized further.

- The respondents expressed a need to have regular contact with their social workers in order to be kept informed of the status and progress of the statutory process. As stated by Horne and Kiselica (1999:45), abused adolescents may experience a strong need for security, and it is the responsibility of the social worker to provide this security.
- In order to develop in a healthy way, adolescents' need for steady support and guidance should be met. Social workers, places of safety and the children's court are not successful in this regard. Social workers have a responsibility to implement schedules for contact between adolescents in a place of safety and their parents. Insufficient contact can lead to feelings of isolation, and adolescents taking responsibility for their painful situations, which in turn will inhibit their healthy development.
- Based on the outcomes of the empirical results of this study, it is concluded that the needs, best interests and rights of adolescents are not being served in places of safety placements. This affects the healthy development of adolescents negatively.

5.3.1. THEME ONE:

Factors influencing the respondents' experience of their statutory removal.

The following factors influenced the respondents' experience of their statutory removal from parental care:

5.3.1.1. The respondents' perception of the grounds for their statutory removal.

- According to the empirical results of this study, the respondents were aware of the circumstances that led to their being removed from parental care. The respondents showed insight into the unsuitability of their home environments, but still experienced their removal as traumatic.
- Two (2) of the respondents' social workers discussed the reasons for their statutory removal with them. Five (5) of the respondents indicated that they were not sure of the legal grounds for their removal.
- All of the respondents indicated that they held someone (themselves, their parents or other adults) responsible for their removal. The assignment of blame can be categorized as follows:
 - **The assignment of blame by the adolescent towards him or herself:** One (1) respondent shared that she felt guilty about informing the welfare services. She stated that she did what she thought was the right thing to do, but she still had to deal with the fact that her parents also blamed her for her actions.

- **The assignment of blame by the adolescent towards the adolescent's parents:** Five (5) of the respondents assigned blame to their parents.
- **The assignment of blame by the adolescent towards other adults who were involved:** One (1) respondent assigned blame to his family who had contacted the welfare services, who in turn removed him from parental care.
- The empirical evidence confirmed that when the grounds for statutory removal had not been adequately discussed with respondents, they experienced emotional trauma, and the inability to deal with the foreground need and will probably have unfinished business to deal with later in their individual development.

5.3.1.2. The respondents' experience of the role that the social worker played during the statutory process.

- According to the empirical results of the study, the respondent's relationship with the social worker was identified as a useful resource. Where the social worker had not been supportive and involved with the respondents, they experienced the placement as more stressful and uncertain, and they felt at the mercy of unknown people.

- The new Children's Bill (B 70B-2003) states that all actions, proceedings or decisions in a matter concerning a child must honour the child's rights, respect the child's inherent dignity, and protect the child from unfair discrimination on any grounds. Based on the empirical study, it can be implied that the respondents who had not been informed, orientated and supported throughout the statutory removal, experienced their placement in place of safety as more traumatic. However, where the social worker honoured the respondent's right to have his or her developmental needs met, the respondent experienced the placement in a place of safety positively.

5.3.1.3. The respondents' experience of the children's court.

- The respondents who had been prepared, accompanied and supported throughout the opening of children's court proceedings experienced their statutory placement as less traumatic than for those who had not been prepared for it.
- The respondents who had not been informed and orientated regarding the set-up of the children's court and the purpose of the children's court experienced emotions of isolation, fear and loneliness. Schultz (2002:53) adds to this line of thought by stating that adolescents have a need to be seriously considered during all involvement with them, especially during the traumatic court hearing.

- The respondents experienced the opening of children's court proceedings as traumatic. They were aware of the fact that they were going to be placed in an alternative place, but were unaware of what the statutory procedures entailed. According to Kruger and Spies (2007:24), the intellectual developmental tasks of the adolescent include the vast expansion of their capacity for abstract thinking, and a growing sense of autonomy and individuality. With regard to this study, the respondents indicated their need to be informed of the statutory process in order to exercise their intellectual development.

5.3.2. THEME TWO: Factors contributing to the respondents' experience in a place of safety.

The following factors contributed to the respondents' experience of their statutory removal from parental care, and their placement in place of safety.

5.3.2.1. The respondents' experience of the social worker while they are in a place of safety.

- Three (3) of the respondents did not want to see their social workers. Their feelings were based on their experiences that the social worker did not care about them, was too busy, or never listened to them. McConville and Wheeler (2001:87) are of the opinion that during therapeutic involvement with an adolescent, it is necessary to create opportunities for the adolescent to open the pathways to contact. When

adolescents receive therapy for trauma, they have desensitized themselves in order to cope with the traumatic incident or circumstances. They often display resistance as a manifestation of energy, and this is an indication of the contact level of the adolescent. Social workers have a responsibility to maintain regular contact with adolescents in a place of safety, in order to provide the adolescents with the opportunity to maintain healthy therapeutic involvement.

- The respondents whose social workers played an active role in the preparing the respondents for statutory intervention, supporting them during the children's court hearing, and orientating them, were open to contact with their social workers. Where the social workers did not take responsibility to provide optimal care to the adolescents in a place of safety, the adolescents were not willing to make contact with their social workers.
- The resistance of some of the respondents towards their social workers is a clear indication of their traumatic experiences with regard to their statutory removal.
- The respondents who had received adequate service delivery, support and involvement from their social workers experienced feelings of being valued and respected.

5.3.2.2. The respondents' identification with significant adults while in a place of safety.

- The respondents who had not yet accepted their placements in the places of safety were not able to deal with their feelings of responsibility for their removal.
- Milner and Carolin (1999:151) believe that steady support and guidance can be enormously helpful to adolescents in making sense of developmental challenges. The respondents in this study identified with adults in their immediate environment who made them feel understood and valued.
- Four (4) of the respondents indicated that they had not identified with adults in the place of safety, which indicates that their experience had not yet been assimilated and digested.
- Based on the empirical study, it can be concluded that adolescents in places of safety have a predisposition to want significant adults present in their lives. Adolescents need to be afforded with the opportunity to identify with significant adults, and to be assisted in dealing with their feelings regarding their families of origin.

5.3.2.3. The respondents' current experience within their peer group.

- Based on the empirical study, it can be concluded that an adolescent in a place of safety experiences the same developmental challenges and tasks as other adolescents.
- Respondents who had been in a family where they fulfilled the parenting role, tended to transfer this role into their relationships with their peers, by over-identifying with other adult roles.
- Where sexual abuse had been present, the respondents indicated that they had negative experiences regarding interaction with adolescents of the opposite sex.
- The respondents experienced a sense of belonging when they were part of a social group. Kruger and Spies (2007:24) confirm the empirical finding that the social developmental task of the adolescent is learning to relate to peers and society in a mature way.
- Respondents experienced peer relationships as an important aspect of their lives, and part of the quest to complete the social life task of learning to relate to society in a mature way.

5.3.2.4. The respondents' current experience in the place of safety, and circumstances that respondents found unpleasant in the place of safety.

- According to the empirical results of the study, it can be concluded that the adolescents in a place of safety experienced the same developmental challenges as other adolescents who were not in place of safety.
- The respondents experienced difficulty with adhering to rules and regulations within their places of safety, and felt isolated. Karpov (2005:222) describes adolescence as a period of storm and stress, conflicts with parents, mood disruptions and adolescent risk behaviour. When adolescents have been traumatized, the intensity of their experiences increases. For this reason, the respondents' experiences prior to their placement strongly influenced their behaviour in the place of safety.
- The adolescents feel a need to remain in close and regular contact with their parents, in order to find their place within their family of origin, and to find their place within the community on a secondary level.

5.3.2.5. The respondents' contact with their parents, or adults from whose care they had been removed.

- Based on the empirical data that was gathered, it can be concluded that the respondents' experience of the place of safety was directly related to the amount of orientation and therapeutic intervention they had received since the placement had taken place.
- In the place of safety, the respondents appeared traumatized and upset about the absence of their parents. The conclusion can thus be drawn that the adolescents feel a responsibility for their placements in a place of safety, and have a need for contact with their parents, irrespective of the level of abuse of neglect that they suffered while in their parents' care.
- According to the empirical results of this study, adolescents in a place of safety experience feelings of isolation and loneliness. The respondents' normal development was frustrated by their feelings that their parents do not care for them, and they felt responsible for the painful experience. O'Connor and Braverman (1997:187) refer to the fact that adolescents do not have the cognitive or emotional maturity to discriminate between inaccurate and accurate gestalts.

5.3.2.6. The respondents' perception of where they fit in within the community.

- Two (2) of the respondents did not feel part of their places of safety, and still saw themselves as functioning within their families of origin. A further two (2) respondents indicated that they felt as though they did not fit in anywhere.
- Based on the compiled data, it can be concluded that adolescents in a place of safety experience a need to be part of a family unit of some sort as the respondents perceived themselves as being and positioned themselves within specific groups within the community.
- The respondents experienced discomfort at being removed from their families of origin, and where they had not received counselling, they still expressed the need to return to their families of origin. This indicates that these respondents had not yet dealt with the traumatic experience of being removed from parental care, and that the issue remained unattended to in the adolescent's subconscious mind.
- Reaching adulthood is a process of achieving ego identity, which according to Murray Thomas (2005, 87) includes the ability to know and accept oneself and also the ability to have a clear picture and acceptance of the group in which one functions. The respondents displayed an unfulfilled need to

come to terms with their current placements, as well as the need to understand where they fit into the community.

5.3.3. THEME THREE: The respondents' perception of the future.

5.3.3.1. The respondents' view of the future in the short term.

- Five (5) of the respondents did not know for what period of time they would be in their places of safety. The respondents who had had a supportive, involved social worker were informed about how long they would be in their places of safety, and appeared calmer and more content than those who had not been informed.
- The respondents who had no knowledge, or unconfirmed knowledge, of the nature of their placement experienced anxiety and feelings that they were insignificant and unimportant.
- The social worker is a resource that ought to be available to the adolescents in a place of safety. O'Connor and Braverman (1997:188) state that the adolescents' emotional and cognitive development predisposes them to blame themselves for their place of safety placement. With regard to this study, it is clear that many social workers are not taking the responsibility to orientate and support adolescents in places of safety, and

thereby a valuable resource is not at the disposal of the adolescent.

5.3.3.2. The respondents' view of the future in the long term.

- In an attempt to protect the self from psychological collapse, the adolescent places his or her experiences within the background of its life, where they often remain as unfinished business, which unnecessarily drains any child of energy levels. Two (2) of the respondents appeared depressed and drained of energy, when asked about their long-term plans for their futures.
- The respondents expressed their need for stability in order for them to complete their schooling and become independent and successful. According to Schultz (2002:84), the challenge in dealing with adolescents in places of safety, lies in the short-term protection of children, but also in the promotion of their well-being in the long term.
- The results of the empirical study indicate that adolescents in a place of safety have long-term plans for their futures, and thus they experience the same cognitive challenges as other adolescents.

5.4. Recommendations.

The recommendations of this study will be discussed under the following categories:

- Recommendations regarding the responsibilities of the social worker prior to and during the removal of an adolescent from parental care.
- Recommendations regarding the responsibilities of the children's court during the opening of children's court proceedings.
- Recommendations regarding the responsibilities of the social worker during the adolescents' placement in a place of safety.
- Recommendations regarding the parents of adolescents who have been placed in a place of safety.
- Recommendations regarding places of safety where adolescents are placed.

5.4.1. Recommendations regarding the responsibilities of the social worker prior to and during the removal of an adolescent.

Based on the conclusions of chapter five (5), it can be concluded that adolescents are not been sufficiently prepared for statutory removal and placement in places of safety. The traumatic nature of statutory removal

intensifies as a result of the adolescent's feelings of uncertainty during the statutory process. To improve the service delivery to adolescents in places of safety, the following recommendations are made with regard to the responsibilities of the social worker involved:

- The social worker needs to ensure, as far as possible, that the removal of the adolescent from parental care takes place in a controlled and managed manner, in order to minimize the trauma that the adolescent experiences as a result of the removal.
- The social worker has a responsibility to orientate the adolescent regarding the statutory procedure, and to explain the short-term nature of a place of safety placement.
- The social worker has a responsibility to prepare the adolescent for the children's court experience, and to provide emotional support to the concerned adolescent during the process of removal, as well as during the children's court proceedings.
- The social worker has a responsibility to assess the adolescent's emotional state throughout the removal, children's court hearing and placement in a place of safety. The social worker has a responsibility to refer the adolescent for trauma debriefing and trauma counselling if the adolescent has difficulty dealing with the statutory process.

- The social worker has a responsibility to orientate and educate parents regarding the statutory process, prior to the court proceedings, in order to minimize the traumatic effect that their misbehaviour in the courtroom could have on the adolescent.
- The social worker has the responsibility to provide support to the adolescent throughout the opening of children's court proceedings.
- The social worker has the responsibility to orientate the adolescent regarding the rules and regulations of the place of safety, and to prepare the adolescent for the placement as far as possible.

5.4.2. Recommendations regarding the responsibilities of the children's court during the opening of children's court proceedings.

Based on the conclusions of chapter five (5), it can be concluded that the opening of children's court proceedings is experienced by adolescents as traumatic. During this time, adolescents experience feelings of guilt, isolation and loneliness. To minimize the traumatic effects that children's court proceedings have on adolescents, the following recommendations are made with regard to the responsibilities of the children's court:

- The commissioner of child welfare has a responsibility to, as far as is legally possible, not subject the adolescent to graphic discussions regarding the reasons for the adolescent's statutory removal.

- The commissioner of the children's court has a responsibility to orientate the adolescent regarding the role of the children's court, the function of the children's court and the position that the children's court takes regarding the adolescent and the adolescent's parents.
- The commissioner of the children's court has a responsibility to inform the adolescent of his or her rights, including the right to support from the social worker.

5.4.3. Recommendations regarding the responsibilities of the social worker during the adolescent's placement in a place of safety.

Based on the empirical data, and the conclusions that have been formulated thus far, it can further be concluded that the level of service delivery by social workers deteriorates after the opening of children's court proceedings. As a result, the adolescents in a place of safety experience emotional difficulty in dealing with the place of safety placement. Social workers do not conduct regular visits, do not keep adolescents informed of developments in investigations, and generally do not assess adolescents' functioning throughout the place of safety placement period. Adolescents' level of emotional discomfort and feelings of isolation and anxiety can be minimized by social workers complying with the following recommendations regarding the responsibilities of the social worker during the place of safety placement:

- The social worker has a responsibility to make contact with the adolescent in a place of safety on a regular basis. It is recommended that the social worker visit the adolescent at least once a month. By doing so, the social worker will be able to keep the adolescent informed.
- The social worker has a responsibility to obtain quarterly school reports regarding the adolescent, in order to assess his or her academic development. By doing this, the social worker will be able to become aware of any development or emotional difficulties that the adolescent experiences.
- The social worker has a responsibility to keep the adolescent informed about developments in the investigation process: for example possible long-term placements that are being considered for the adolescent.
- The social worker has a responsibility to ensure that the adolescent's parents are informed of the correct procedures to follow in order to make contact with the adolescent. By doing so, the social worker can monitor parental contact, facilitate contact between the adolescent and his or her parents, and provide support to the adolescent when such contact impacts negatively on the adolescent's functioning.
- The social worker has a responsibility to finalize children's court proceedings within a period of six months, in order to minimize the period of trauma that the adolescent experiences.

- The social worker has a responsibility to liaise with the place of safety in order to address all social and behavioural difficulties the adolescent might experience in the place of safety. The social worker has a responsibility to access resources in order to provide the adolescent with adequate therapeutic intervention to deal with unfulfilled developmental needs, feelings of depression, and other emotional difficulties.
- The social worker has a responsibility to schedule quarterly network meetings with all relevant role-players in the adolescent's life (including parents, the place of safety, and the school), in order to discuss the care plan of the adolescent. The outcome of these meetings should be discussed with the adolescents.
- The social worker has a responsibility to provide a professional, dependable service to the adolescent in a place of safety. If this is done, the adolescent will feel safe to trust the social worker, and will not see the social worker as an enemy.

5.4.4. Recommendations regarding the parents of adolescents who have been placed in a place of safety.

Based on the empirical study, it can be concluded that parents do not make regular contact with their children when their children are in a place of safety. The result of this is that adolescents experience guilt and feelings of isolation. It is important to note that when a child is removed from parental care, the grounds for the removal are themselves an indication of dysfunction within the

family. As a result, the possibility exists that the parents might not possess the skills to take ownership of their responsibilities. In order to minimize adolescents' feelings of isolation, guilt and emotional pain, it is important that parents be aware of the following responsibilities that they have:

- The parents have a responsibility to access and utilize reconstruction services that are rendered by the relevant welfare organization in their area. These services will most probably be rendered by the organization of the social worker who removed the adolescent from parental care.
- The parents have a responsibility to adhere to the contact schedule that the social worker and the place of safety draw up with them, in order to assist them in maintaining a bond with their children.
- The parents have a responsibility to keep the social worker informed of their whereabouts, and to take part in departmental discussions and panels regarding the future of their child.
- The parents have a responsibility to inform the social worker of past events that may have an impact on their child's emotional development: for instance sexual abuse or physical abuse.
- The parents have a responsibility to make use of resources that are made available to them in order to better their circumstances at home.

5.4.5. Recommendations regarding places of safety where adolescents are placed.

When an adolescent has been removed from parental care, he or she will be placed in a place of safety until the children's court investigation has been finalized. Adolescents experience a place of safety as a halfway house. During this temporary placement, it is important that adolescents receive adequate support, love, structure and security in order to deal with the trauma of statutory removal. It is the place of safety's task to care for these adolescents on a daily basis. In order to ensure that adolescents receive optimal care during this difficult time, it is necessary that places of safety fulfil the following responsibilities:

- The place of safety has a responsibility to provide adequate care to the adolescent as a whole, including education, health, social and religious care.
- The place of safety has a responsibility to inform the social worker in charge of the statutory investigation of any changes in the adolescent's health, educational status, emotional functioning and sexual behaviour.
- The place of safety has a responsibility to allow contact with the adolescent's biological parents, based on the agreed-upon contact schedule. If the parents do not agree to keep to the schedule, the social worker must be informed.

- The place of safety has a responsibility to provide emotional support to the adolescent, but also to inform the social worker of any problems the adolescent experiences, so that therapeutic intervention can be arranged when necessary.
- The place of safety has a responsibility to provide adolescents with leisure activities to keep them stimulated. Educational programmes such as sexual education programmes should be implemented by the place of safety.
- The place of safety has a responsibility to conduct any communication with the parents of the adolescent through the social worker, and not communicate directly with the adolescent's parents. The social worker needs to be made aware of any issues regarding the parents that arise.

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CHRISTIAN SOCIAL WORK COUNCIL
RING VAN WITBANK**

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Navrae / Enq:

Annelize Aucamp

Ons verw / Our ref:

Marlize Magro – Research proposal

U verw / Your ref:

30/10/2007

**LETTER OF CONSENT:
PROPOSED RESEARCH STUDY:
THE EXPERIENCE OF THE ADOLESCENT IN PLACE OF SAFETY**

Marlize Magro approached this office with the request that above-mentioned research study be completed with a selected number of adolescents in place of safety.

These children will be selected from the caseload of this office, and will consist of children in:

- “Die Pottebakkershuis” (a place of safety in Witbank), as well as
- Private place of safety placements in Witbank.

The children are currently placed in the places of safety by means of a children’s court order.

I, Annelize Aucamp (CSC Witbank: Supervisor) hereby give consent for the inclusion of the identified adolescents in the proposed research study.

Signed: _____

Annelize Aucamp
Supervisor

Date: 06/11/07 _____

Marlize Magro
Student



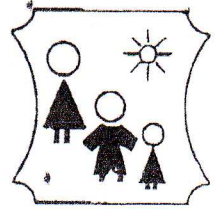
ADDENDUM B



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

CHILDREN'S HOME - KINDERHUIS

F.I. Nr. 02 200032 005



☎ (013) 253 1073
Fax: (013) 253 1076

51 Voortrekker Street / Straat 51
BELFAST
1100

Public Phones: (013) 253 0718 } Jnr. Afdeling
(013) 253 0719 }

(013) 253 1357 } Snr. Afdeling
(013) 253 1358 }

☎ 602
BELFAST
1100

6 November 2007

LETTER OF CONSENT
PROPOSED RESEARCH STUDY
THE EXPERIENCE OF THE ADOLESCENT IN PLACE OF SAFETY

Marlize Magro approached the Belfast children's home with the request that above - mentioned research study be completed with a selected number of adolescents in place of safety.

These children will be selected from the residents of the children's home. The children are currently placed in children's home with a court order in place of safety pending a court investigation.

I, Marita Enslin (Manager: SAVF Belfast Children's Home) hereby give consent for the inclusion of the identified adolescents in the proposed research study.

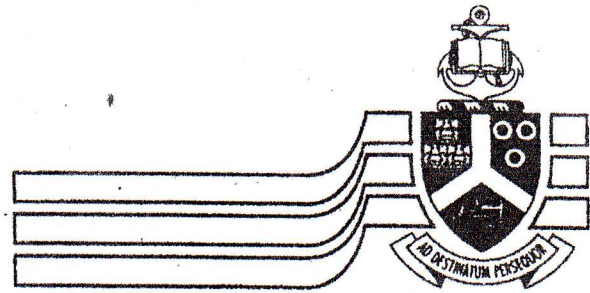
Signed: M. Enslin
M. Enslin
Manager : Belfast children's home

Date: 6-11-07

M. Magro
Marlize Magro



ADDENDUM C



University of Pretoria

Department of Social Work and Criminology
Tel. +27 12 420-2325
Fax. +27 12 420-2093

INFORMED CONSENT - adolescent

Researcher:

Marlize Magro

MSD Student, Department of Social Work and Criminology
University of Pretoria

Social Worker
P.O.Box 36
River Crescent
Model Park
Witbank
1042

Tel: 083 753 3512

Name of participant _____

Date: _____

1. Title of the study:

The experience of the adolescent in a place of safety.

2. Purpose of the study:

The purpose of this study is to find out what adolescents are experiencing in a place of safety.

3. Procedures:

I will be asked in an in-depth, face-to-face interview what my experience is of being in a place of safety. The interview will last approximately 1 to 2 hours. The interview will take place in a safe and comfortable place.



4. Risks and discomfort:

I understand that I will not be hurt during this interview. I can ask for as many breaks as needed during the interview. If I become upset about the contents of the interview, I can phone the researcher, Marlize Magro, or tell my social worker about it and they will arrange debriefing or therapy for me.

5. Benefits:

I understand that I will not receive any money, goods or special treatment because of the fact that I am taking part in this interview. I understand that the content of this interview might help professionals to understand the feelings of adolescents in places of safety better, so that they can assist adolescents that are in the same position than me.

6. Participant's rights:

I take part in this interview out of my free will and I may withdraw out of the study at any time.

7. Confidentiality:

Everything I say will be confidential and nobody will be told what we discussed in our interview except if I agree that the researcher may do so. The results of the interviews with all of the 10 adolescents may be published in writing in professional journals or may be presented at professional conferences, but my identity will not be revealed unless I give written permission to do so. I am aware that the data of the study will be stored at the office of the researcher for the next 10 years.

8. Questions:

If I have any questions or concerns, I can phone Marlize Magro during office hours, 08h00 to 16h00.

Signature of adolescent: _____

Signature of researcher: _____