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THE IMPACT OF GROUP PLAY THERAPY ON THE SOCIAL SKILLS OF SHY CHILDREN IN THEIR MIDDLE CHILDHOOD

by

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SOLI DEO GLORIA

SUMMARY

The impact of group play therapy on the social skills of shy children in their middle childhood

by

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The number of children in classrooms is constantly increasing, causing shy children to become more invisible in the classroom. Thompson & Rudolph (2000: 542) indicate that shyness and withdrawal are attempts to avoid participation in one's surroundings. The researcher is of the opinion that if shyness is not adequately addressed during middle childhood, it can continue to limit the potential of shy people. Shyness is not generally considered as problematic behaviour for children in their middle childhood.

Shyness inhibits children to express themselves. They rarely participate in class and usually hold an irrational negative view of themselves. There is a need for shy children to be able to express themselves, in order to gain optimally from the school setting.

Play therapy is based on developmental principles and thus provides, through play, developmentally appropriate means of expression and communication (Landreth & Bratton, 1999:5). Group therapy complements the normal developmental tasks that further children's capacities for social interaction and intimacy.

The researcher conducted intervention research. Many facets of intervention research are both qualitative and quantitative in nature, depending on the distinctive elements of the particular research project (De Vos, 2002a:368). Due to both the qualitative and quantitative nature of intervention research, the researcher employed Creswell's dominant-less-dominant model in order to accommodate both research approaches.

The goal of this study was to explore the impact of group play therapy on the social skills of shy children in their middle childhood. The researcher conducted a one-group pretest-posttest design in order to measure "shyness" as well as social skills before and after intervention. Seeing that the quantitative paradigm answered the research question of this research project, it was utilized as the dominant approach. Through comparing the pre-test and post-test scores, the researcher realized that group play therapy has a positive impact on the social skills of shy children. The unstructured observation provided the researcher with a better insight into the phenomena of shyness, and represented the qualitative approach. By combining the two research approaches, the researcher was able to achieve the outlined goal and objectives of this study.

Further research into effective implementation of group play therapy to address shyness in the middle childhood years is recommended.

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OPSOMMING

Die impak van groep-spelterapie op die sosiale vaardighede van skaam kinders in hul middelkinderjare

deur

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Skaam kinders word al hoe meer oorgesien in die klaskamer as gevolg van die grootte van hedendaagse klaskamers. Thompson & Rudolph (2000:542) beskou skaamheid as pogings om deelname in die omgewing te vermy. Die navorser is van mening dat indien skaamheid nie aangespreek word in die middelkinderjare nie, dit die potensiaal van die skaam persoon beperk. Oor die algemeen word skaamheid nie beskou as 'n probleem vir kinders in hulle middelkinderjare nie.

Skaamheid verhoed 'n mens om uiting te gee aan gevoelens en gedagtes. Sulke kinders neem selde deel aan klasbesprekings en is krities ten opsigte van hulself. Daar bestaan dus 'n behoefte dat daar aan skaam kinders die geleentheid gebied moet word om hulself te kan uitdruk om sodoende ook meer uit die skoolopset te put.

Spelterapie is gebaseer op beginsels wat in lyn is met die ontwikkeling van kinders; spelterapie bied dus 'n middel tot uiting en kommunikasie wat toepaslik is vir die spesifieke ontwikkelingsfase van die kind (Landreth & Bratton, 1999:5). Groep-spelterapie vul die normale ontwikkelingstake van kinders aan. Hierdie aanvulling, brei kinders se kapasiteit vir sosiale interaksie uit.

Vir die doeleindes van hierdie spesifieke studie, het die navorser intervensienavorsing geïmplementeer. Verskeie aspekte van intervensienavorsing is beide kwantitatief en kwalitatief van aard (De Vos, 2002a:368). Ten einde beide die navorsingsbenaderings te inkorporeer in die studie, het die navorser gebruik gemaak van Creswell se dominant-minder-dominante model.

Die doel van hierdie studie was om die impak wat groep-spelterapie op die sosiale vaardighede van skaam kinders het, te eksploreer. Die navorser het gebruik gemaak van ‘n een-groep voortoets-natoets ontwerp ten einde skaamheid en sosiale vaardighede te meet. Die kwantitatiewe benadering het die navorser in staat gestel om die navorsingsvraag te beantwoord - om dié rede is die kwantitatiewe benadering geïmplementeer as die dominante navorsingsbenadering. Deur die voortoets en natoets resultate met mekaar te vergelyk, het dit na vore gekom dat groep-spelterapie die sosiale vaardighede van skaam kinders positief beïnvloed. Die kwalitatiewe element is deurgevoer deur middel van ongestruktueerde waarneming. Deur gebruik te maak van beide navorsingsbenaderings, het die navorser daarin geslaag om die doel en doelwitte van die bepaalde studie te bereik.

Verdere navorsing oor hierdie onderwerp word aanbeveel.

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KEY CONCEPTS

Awareness in the here-and-now

Children in their middle childhood

Gestalt therapy

Group play therapy

Play therapy

Projection

Self-consciousness

Shyness

Social anxiety

Social skills

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KERNBEGRIPPE

Bewustheid in die hier-en-nou

Gestaltterapie

Groep-spelterapie

Kinders in hulle middelkinderjare

Projeksie

Selfbewustheid

Skaamheid

Sosiale angs

Sosiale vaardighede

Spelterapie

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CHAPTER 1

General introduction.

1.1 INTRODUCTION.

The number of children in classrooms is constantly increasing, causing shy children to become more invisible in the classroom. Thompson & Rudolph (2000:542) indicate that shyness and withdrawal are attempts to avoid participation in one's surroundings. Due to the little amount of trouble that the shy child instigates, opposed to the attention-seeking child, shy children are usually ignored.

The focus of this study falls on shy children in their middle childhood. In the past many researchers have focused on ways to improve a child's self-concept through play therapy, but it seems that none of them specifically addressed shyness or explored ways to improve the shy child's social skills. Neither have they considered the potential of group play therapy for addressing shyness and enhancing social skills.

The aim of this chapter is to: clarify the motivation for this study; formulate the problem; outline the goals and objectives; elucidate the research approach; describe the type of research appropriate for this study; outline a research design; stipulate the research procedure and strategies; undergo a preliminary study; consider certain ethical aspects of the research; define the main concepts of this study, as well as to provide the outline of the research report.

1.2 MOTIVATION FOR THE STUDY.

The researcher agrees with Fouché (2002a:96) that there are five main influences that motivate a researcher to choose a certain topic. Two of these five influenced the researcher in choosing her topic; the one being curiosity/personal interest about the topic and the other reason being that previous research does not address this specific intervention method with shy children in their middle childhood. The motivation for this study is a combination of both.

The researcher is of the opinion that if shyness is not adequately addressed during middle childhood, it can continue to limit the potential of shy people. It is during middle childhood that children are confronted with the new environment of the school. Craig (1996:346) points out that it is at school where children gain confidence in their ability to master their world and develop social relationships with peers. Therefore, the focus of this research is on middle childhood within a school environment. Stientjes (2002:1) supports the necessity for shyness to be addressed in schools. His argument is based on the premise that shy children get less out of a classroom than the outspoken ones. The researcher agrees and realizes that even though a shy child might not understand something in class, she[1] will not say so. From personal experience the researcher found that shy children would rather try to figure something out on their own or just leave it, before asking. Therefore, it is clear that shyness hinders children to benefit optimally in a classroom setting.

Homeyer (2000:1) indicates that children who are in need of increased social skills, anger control, gratification-delaying techniques, self-esteem, self-control, re-empowerment, courage, ego-strength, confidence and a sense of their own capabilities can benefit from group play therapy. The researcher is of the opinion that group play therapy is the ideal method to enable shy children to improve their social skills - the reason being that a group setting provides mutual aid. Children experience the therapeutic releasing qualities of discovering that their peers have problems too, and a diminishing of barriers of feeling all alone (Sweeney & Homeyer, 1999:3). The researcher is of the opinion that this kind of mutual aid and support within a group help and enable open expression of feelings and sharing of information.

1.3 PROBLEM FORMULATION.

Hult (1996:62) emphasizes the importance of choosing and formulating a problem that is significant and researchable. Before formulating the research problem, researcher made sure that the problem is both significant and researchable.

Another aspect to consider when formulating the research problem is that the researcher is consciously making choices. There are a number of factors that influence the choices, including the process and the product (Fouché, 2002b:106). The researcher considered the above mentioned very carefully, before attempting to formulate the research problem.

[1] Female pronoun used throughout because sample comprises female children/respondents.

The researcher is of the opinion that it is necessary to address shyness in the middle childhood years in order to avoid the development of social phobia. Social phobia is classified as an anxiety disorder in the psychiatric nomenclature. It represents a fear of performance or social interaction that significantly interferes with a person's social or occupational functioning. Social phobia can be conceptualized from a social work perspective as an extreme form of shyness (Walsh, 2002:137). The estimates of the lifetime prevalence of social phobia range from 3% to 13%. The roots of social phobia may begin in childhood. People with social phobia typically report they were shy as children. (Compare Nevid; Rathus & Greene, 1997:207.)

People who are shy (and those who have social phobia) seem capable of handling themselves in social situations, but set unrealistically high expectations for themselves. They judge themselves harshly in comparison to more socially skillful people (Nevid, *et al.*, 1997:207). The researcher is therefore of the opinion that it is necessary to help shy children set realistic expectations for themselves.

Social avoidance children tend to be excessively shy and withdrawn and have difficulty interacting with other children (Nevid, *et al.,* 1997:477). The researcher is convinced that if an extreme case of shyness (for instance social avoidance) is not adequately addressed during childhood, it may prevail through to adulthood with the possible result of few close relationships outside her immediate family. (Compare Nevid, *et al.,* 1997:318.) It is thus clear that these children might benefit from group play therapy if it could enhance social skills.

In a classroom situation (in school or at an After Care Centre), it is likely that the shy child is not a cause of concern for the teacher. (Compare Chazan; Laing; Davies & Phillips 1998:31 and Thompson & Rudolph, 2000:542.) The researcher deems it possible that instead of identifying an emotional problem or disturbance, shy children might be considered to be model learners by both the parent and the teacher. In Oaklander's book "*Windows to our children*" she indicates that shyness is not seen as a problem by parents as they are happy with the child's behaviour. Oaklander (1988:231) mentions that she does not often see shy children, due to the fact that parents are happy with their child. The researcher is of the opinion that parents need to be educated on the possible negative implications that shyness can have on a child's life. Therefore, the researcher can make the assumption that most shy children have never been exposed to therapy concerning their shyness.

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The researcher agrees with Brophy (1996:3), who indicates that teachers may be able to help shy and withdrawn children considerably by using strategies that are relatively easy to implement. Based on this fact, the researcher decided that a school or After Care Centre is ideal for addressing shyness. According to Erikson's theory of psychosocial development, the middle childhood years are mainly characterized by socialization with peers (Craig, 1996:60). The researcher therefore considers the middle childhood as the ideal stage for addressing shyness by means of group play therapy. This is an appropriate stage to start intervention (especially within a group setting) with shy children due to the important role that neighbours and peers play in the child's life.

The researcher agrees with Homeyer (2000:1) who mentions that group play therapy is generally the treatment of choice when working with children ranging from three to 10 years of age. Using the play therapy format, children are provided with a developmentally appropriate therapeutic setting. As a group modality, play therapy provides the opportunity to serve several children simultaneously, thereby making the best use of limited resources while also tapping the dynamics of the group process.

It is therefore clear that shyness is not generally considered as problematic behaviour for children in their middle childhood. It is necessary that teachers and parents are made aware of the negative influence that shyness can have on children's lives. Once parents and teachers have developed insight into the phenomenon of shyness, children can easily be identified to participate in therapy. Shyness inhibits children to express themselves. They rarely participate in class and usually hold an irrational negative view of themselves. There is a need for shy children to be able to express themselves, in order to gain optimally from the school setting.

The problem discussed in this study is shyness in the middle childhood. Group play therapy was utilized to explore the impact that existing group play therapy techniques have on shy children's social skills.

1.4 THE GOAL AND OBJECTIVES.

1.4.1 Goal.

The goal of this study was to explore the impact of group play therapy on the social skills of shy children in their middle childhood.

1.4.2 Objectives.

The objectives, which enabled the researcher to achieve the goal, included:

- To obtain a theoretical frame of reference based on literature and consultations with experts regarding: (a) shyness in middle childhood and (b) group play therapy within a gestalt approach.
- To undertake an empirical study in order to explore the impact that group play therapy has on shy children's social skills.
- To make conclusions and recommendations on the usefulness of group play therapy in addressing shyness in middle childhood.

1.5 RESEARCH QUESTION FOR THE STUDY.

The researcher conducted an explorative study. This meant that a research question was formulated. According to Frankel (1999:340) the clarity and obviousness of the research question is a key to its quality. After taking the above-mentioned into consideration the researcher formulated the question as follows:

What is the impact of group play therapy on the social skills of shy children in their middle childhood?

1.6 RESEARCH APPROACH.

The researcher utilized triangulation as a combination of the quantitative and qualitative approaches. Neuman (2000: 124) explains triangulation in social research as: "a better look at something from several angles than to look at it in one way". More specifically, the researcher implemented triangulation of method. This type of triangulation means mixing quantitative and qualitative styles of research and data. (Compare Neuman, 2000:125 and De Vos, 2002a:342.)

Neuman (2000:125) indicates that mixing quantitative and qualitative styles can occur in several ways. For the purpose of this study Creswell's dominant-less-dominant model was applied in order to mix the quantitative and qualitative styles of research and data gathering and analysis. De Vos (2002a:366) reveals that in this model, the researcher introduces the study within a single, dominant paradigm with one small component of the overall study drawn from the alternative paradigm. For the purpose of this study, the dominant paradigm was the quantitative approach, making the qualitative approach the less-dominant paradigm. Fouché & Delport (2002:79) distinguish the quantitative and qualitative paradigms as follows: The quantitative paradigm aims to measure the social world objectively, to test hypotheses (or the research question in exploratory research) and to predict and control human behaviour. Qualitative data aims mainly to understand social life and the meaning that people attach to everyday life.

Employing the quantitative approach dominantly was appropriate for this study and enabled the researcher to answer the research question. The researcher wanted to establish whether or not group play therapy is able to enhance shy children's social skills. This implied measurement. The qualitative element of this study made it possible for the researcher to gain further insight into shyness as well as the meaning that children attach to their shyness. By combining the two research approaches, the researcher was able to achieve the outlined goal and objectives of this study.

In this study the researcher aspired to understand shyness in middle childhood, as well as to explore the impact of group play therapy on shy children's social skills. The researcher measured "shyness" and social skills both before and after the group play therapy sessions. It is therefore understandable that a combination of the quantitative and qualitative research approaches was best suited for this study.

1.7 TYPE OF RESEARCH.

For the purpose of this specific study, applied research was appropriate, and therefore used. According to Fouché (2002b:108) applied research is aimed at solving specific problems, as well as to help the practitioner accomplish tasks. More specifically, the researcher utilized intervention research. Intervention research is defined as studies carried out for the purpose of conceiving, creating and testing innovative human services approaches to prevent or ameliorate problems, or to maintain quality of life (De Vos, 2002b:396).

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In this study the researcher investigated what the impact of group play therapy is on the social skills of shy children in their middle childhood.

The researcher utilized the first four steps of the Design and Develop model (D & D model) in order to implement intervention research. De Vos (2002b: 397 - 409) outlines these steps as follows:

- Problem analysis and project planning;
- Information gathering and synthesis;
- Design;
- Early development and pilot testing.

These step are discussed in figure 1 under the heading "Research Procedures".

1.8 RESEARCH DESIGN.

A research design is a logical strategy that serves as a guideline and provides certain suggestions for the research process (Fouché, 2002c:270). For the purpose of this study a quasi-experimental design was implemented. As a form of a quasi-experiment, a one group pre-test post-test design, within the context of an exploratory study, was conducted.

Babbie & Mouton (2001:209) point out that in the simplest experimental design, subjects are measured in terms of a dependent variable (pre-tested), exposed to a stimulus representing an independent variable, and then remeasured in terms of the dependent variable (post-tested). This is the format of a one-group pretest-posttest design. (Compare Bless & Higson-Smith, 1995:69 and Fouché & De Vos, 2002:144.) Fouché & De Vos (2002:144) emphasize the importance of reliable, valid and accurate measurements. In this study the researcher measured "shyness" and social skills before and after several group play therapy sessions. This implied that the dependable variable was "shyness" and that the group play therapy sessions represented the independent variable.

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The researcher based her decision to apply a one-group pretest-posttest design, within the context of an exploratory study, on the fact that there is little recent or existing information on this specific topic. Fouché (2002b:109) indicates that an exploratory research design is appropriate when:

- The goal is to gain insight;
- There is a lack of basic information;
- The researcher wants to become acquainted with the situation in order to be able to formulate a research problem, which can be an introduction to further in depth study.

In this study, the researcher gained insight into shy children in their middle childhood. The researcher was able to gain insight through conducting eight group play sessions with the purposive sample.

1.9 RESEARCH PROCEDURE.

There are more sources of data available for researchers to study than they can possibly examine and understand (Kuzel, 1999:33). It is, therefore, necessary to carefully decide on the research procedure and strategies, so that the most relevant and useful information can be collected and studied. For the purpose of this study the following strategies guided the research procedure: structured interviews, with an interview schedule (Appendix A) and unstructured observation.

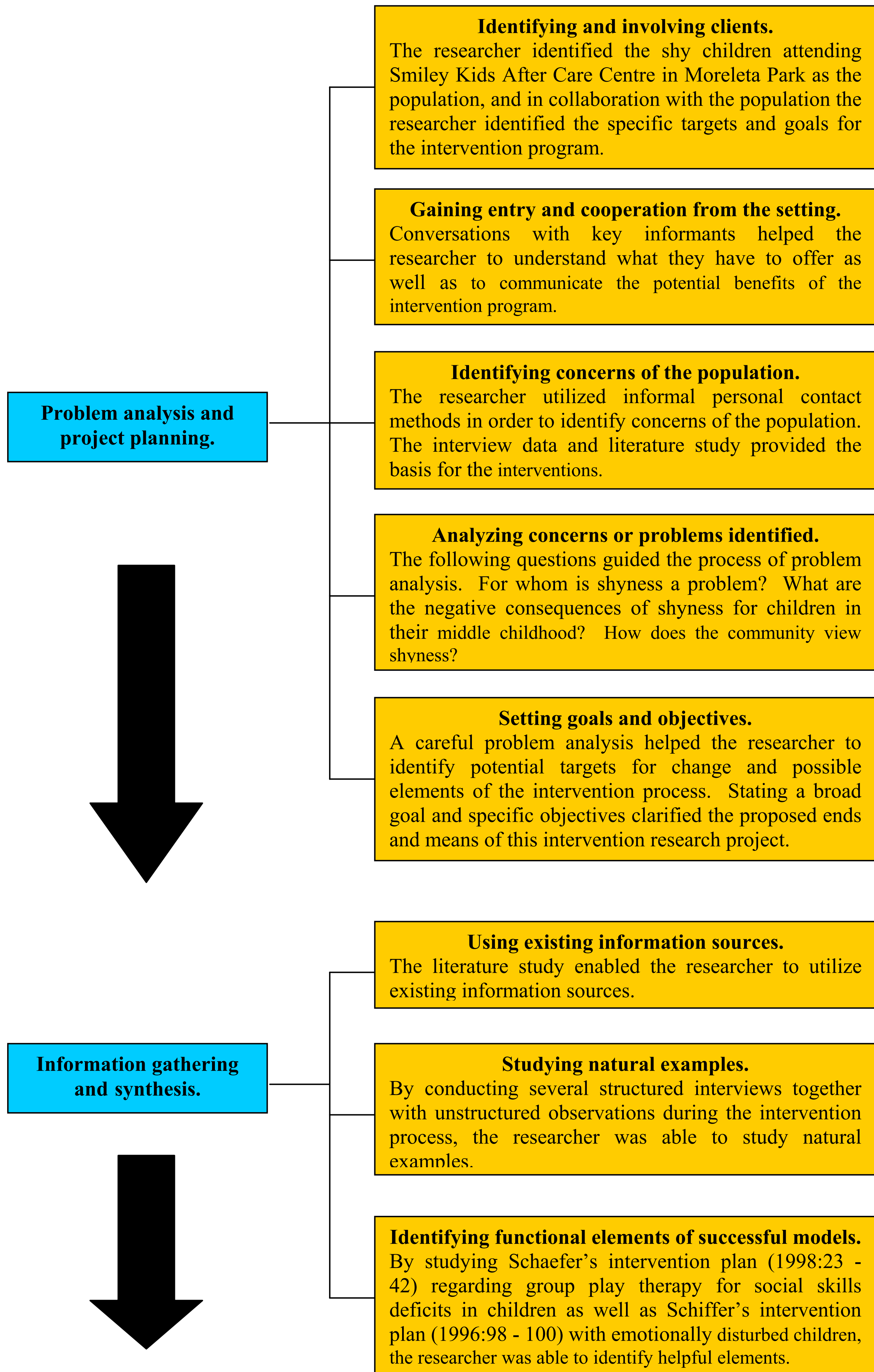
Rating/scaling questions and open-ended questions are used in structured interviews. These questions are presented orally. The advantages of structured interviews are that the interviewer has the opportunity to interpret questions, clear up misunderstandings or even gather data from individuals who are not fully literate (Black, 1999:238). The rationale behind employing structured interviews was that it enabled the researcher to be specific about the measurement of "shyness" and whether or not social skills had improved. In this study the researcher employed structured interviews with the teacher of the purposive sample both before and after the intervention program. These structured interviews were conducted by means of an interview schedule (Appendix A). The researcher developed one interview schedule that structured all the interviews.

The researcher was also, by means of unstructured observation, able to observe the impact that existing group play therapy techniques have on shy children and on their social skills. The researcher viewed unstructured observation as not threatening to the participants and allowed the participants to act naturally. The researcher was also provided with the unique opportunity to view the world through the participants' eyes. Bailey (1994:264) indicates that if a group of people is placed in an artificial environment, such as a room with a one-way mirror, they are not likely to carry on with their day-to-day activities, making unstructured observation impossible. But he also goes on to explain that unstructured observation is indeed possible within a play therapy setting. In play therapy the child is placed in an artificial environment. In the sense that the room is equipped as a playroom, with a table and chairs, toys, paints, and so on, it may seem to the child to be a "natural" rather than an "artificial" environment. However, it is definitely artificial in the sense that the children are alone and unable to engage in interaction with other humans outside the group. The goal of play is basically therapeutic – to improve the emotional health of the child. Thus the social-science knowledge gained by unstructured observation of the child is a secondary goal. (Compare Bailey, 1994:264.)

In this specific study structured interviews made it possible for the researcher to compare the extent of the respondents' "shyness" and their social skills both before and after utilizing certain existing group play techniques. Unstructured observation provided the researcher with further insight into the meaning that the children attach to their shyness in their everyday life. For the purpose of this study the researcher utilized the first four steps of the D & D model in order to implement intervention research. De Vos (2002b:397 - 409) outlines these steps as follows:

- Problem analysis and project planning;
- Information gathering and synthesis;
- Design;
- Early development and pilot testing.

The researcher implemented the D & D model of intervention as shown in figure 1.


Problem analysis and project planning.
Identifying and involving clients.
The researcher identified the shy children attending Smiley Kids After Care Centre in Moreleta Park as the population, and in collaboration with the population the researcher identified the specific targets and goals for the intervention program.
Gaining entry and cooperation from the setting.
Conversations with key informants helped the researcher to understand what they have to offer as well as to communicate the potential benefits of the intervention program.
Identifying concerns of the population.
The researcher utilized informal personal contact methods in order to identify concerns of the population. The interview data and literature study provided the basis for the interventions.
Analyzing concerns or problems identified.
The following questions guided the process of problem analysis. For whom is shyness a problem? What are the negative consequences of shyness for children in their middle childhood? How does the community view shyness?
Setting goals and objectives.
A careful problem analysis helped the researcher to identify potential targets for change and possible elements of the intervention process. Stating a broad goal and specific objectives clarified the proposed ends and means of this intervention research project.
Information gathering and synthesis.
Using existing information sources.
The literature study enabled the researcher to utilize existing information sources.
Studying natural examples.
By conducting several structured interviews together with unstructured observations during the intervention process, the researcher was able to study natural examples.
Identifying functional elements of successful models.
By studying Schaefer's intervention plan (1998:23 - 42) regarding group play therapy for social skills deficits in children as well as Schiffer's intervention plan (1996:98 - 100) with emotionally disturbed children, the researcher was able to identify helpful elements.

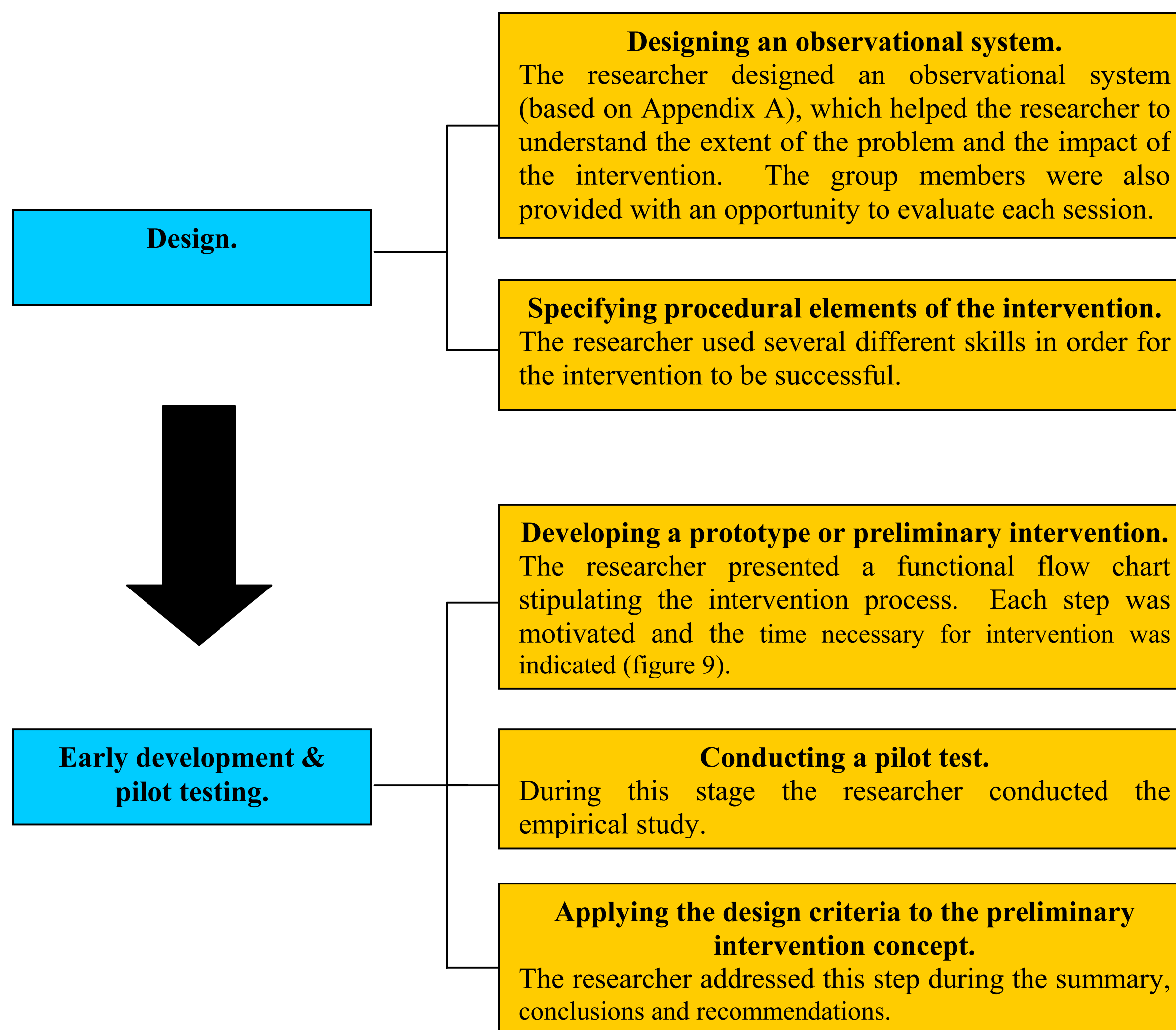


Figure 1: The D & D model for intervention research. (Compare De Vos, 2002b:391-412.)

The last part of the research process involved data analysis and interpretation. Seeing that this research project was dominantly quantitative in nature, the data analysis that was carried out in the quantitative paradigm answered the research question. Kerlinger (in De Vos, Fouché & Venter, 2002:223) indicates that data analysis entails that the analyst breaks data down into constituent parts to obtain answers to research questions. The analysis of research data, however, does not in itself provide the answers to research questions. Interpretation of the data is necessary. To interpret is to explain, to find meaning. It is difficult/impossible to explain raw data; one must first describe and analyze the data and then interpret the results of the analysis. In this study, the researcher utilized frequency distributions plus graphic presentations in order to analyze the data, which in return enabled the researcher to interpret the data. Regarding the qualitative information in this study, quotations plus description of events was suitable.

The above-mentioned procedures and outlined strategies aided the researcher to determine what the impact of group play therapy is on shy children's social skills.

1.10 PILOT STUDY.

1.10.1 Literature study.

Strydom (2002a:210) emphasizes the importance of the literature study in order to undertake scientific research. The researcher realized that thorough background knowledge about shyness and group play therapy was necessary in order for this study to be successful. For the purpose of this study both national and international sources were studied. These sources included:

- The Internet as well as several academic libraries across the country;
- Information from the following disciplines; social work; psychology; sociology and teaching/education. The focus therefore fell on the human sciences.
- Books, previous research, scientific articles as well as several Internet addresses.

1.10.2 Consultation with experts.

In order to gain expert knowledge regarding the shy child and group play therapy, the following experts were consulted:

- Liesl van der Sandt, social worker at the "Kinder Trauma Kliniek": for her insight in working with shy children.
- Christelle Le Roux, the teacher of the after school class at Smiley Kids Moreleta Park: for her knowledge regarding children in their middle childhood.
- Carla Marika Winter, a PhD student in Play Therapy at the University of Pretoria: for her knowledge on gestalt group work.

1.10.3 The feasibility of the study.

This study formed part of the requirements for the completion of the MSD Play Therapy degree and was conducted under the supervision of a supervisor. For any study to be successful, the researcher needed to be sure that the study was feasible (Fouché, 2002a:100). For the purpose of this study, the researcher obtained written permission (Appendix B) from Smiley Kids After Care Centre where the study was conducted. The group sessions took place once a week on the premises of the After Care Centre.

After the termination of the play therapy group work sessions, feedback was given to the parents as well as to the teachers involved. The empirical study was completed in eight consecutive weeks. Seeing that the costs involved in this study were relatively small, the researcher herself covered it.

1.10.4 Testing of measurement instrument (Interview Schedule).

Measurement serves as a bridge between theory and reality (Grinnell & Williams, 1990:109). Fouché (2002c:120) indicates that it is important for a measuring instrument to be reliable and valid. The researcher employed one interview schedule (Appendix A) as measurement instrument.

Record keeping of information, observation and the group sessions themselves were conducted through report writing. The interview schedule (Appendix A) was pilot tested on two individuals who did not form part of the sample. (Compare Greeff, 2002:300.) The motivation behind the pilot test was to determine whether or not the interview schedule was formulated in a clear and understandable manner.

1.11 DESCRIPTION OF THE UNIVERSE, THE SELECTION OF THE SAMPLE AND THE SAMPLING METHODS.

Strydom & Venter (2002:198) indicate that the term *sample* always implies the simultaneous existence of a population or universe of which the sample is a smaller section. *Universe* refers to all potential subjects who possess the attributes in which the researcher is interested. *Population* refers to individuals in the universe who possess specific characteristics, or to a set of entities that stand for all the measurements of interest to the researcher. Generalizing the results of a study based on working with such a sample means that it is assumed that any other segment of the same population would yield the same observations. Sampling is done to increase the feasibility, cost-effectiveness, accuracy and manageability of the forthcoming survey (Strydom & Venter, 2002:209).

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Non-probability sampling and specifically purposive sampling were used for the purpose of this study. Babbie & Mouton (2001:166) indicate that purposive sampling is sometimes referred to as judgmental sampling. This type of sampling can only be used if the researcher has sufficient knowledge related to the research problem to allow selection of “typical” persons for inclusion in the sample. This type of sample is also used when the researcher wants to seek out persons who represent extremes of a phenomenon as a means of gaining insight into why they differ from the norm. (Compare Babbie & Mouton, 2001:166 and Strydom & Venter, 2002:207.)

In this particular study the population referred to all the shy children that attend Smiley Kids After Care Centre in Moreleta Park. Five respondents were included in the purposive sample. In order to be part of the purposive sample, the following criteria was designed: a single gender group[2] (girls) between the ages of seven and eight years; English speaking children and children who are considered to be shy according to literature. The researcher relied on the teachers and personnel of the After Care Centre to assist in the selection of the purposive sample. The interview schedule (Appendix A) guided the selection of the purposive sample.

1.12 RESEARCH ETHICS.

Olen & Barry (1996:3) suggest that there are many different ways in which an action can be right or wrong. The researcher is of the opinion that in order for a researcher’s actions to be right, it is necessary to take certain ethical aspects into consideration. Babbie & Mouton (2001:470) emphasize the fact that everyone engaged in research needs to be attentive of the general agreements about what is appropriate and inappropriate for scientific research. For all research studies, primary ethical concerns are informed consent, confidentiality and management of information (Tutty; Rothery & Grinell, 1996:40). For the purpose of this study the researcher took the ethical issues mentioned below into consideration.

[2] Children in their middle childhood prefer to socialize with children from the same gender (Winter, 2000:11).

- **Harm to respondents:** In this study the researcher did not make use of any activity that could potentially have lead to physical harm. Regarding emotional harm, the researcher did not envisage any emotional harm. The researcher provided the respondents with an opportunity to make an informed choice concerning their participation in the research. In other words the respondents were completely aware of the potential impact of the research on their emotional state.
- **Informed consent:** The researcher obtained informed consent in the form of a signed letter, from the respondent's parent(s) (Appendix C). The researcher made sure that the consent form was available in the respondents' own language and in accordance with their developmental stage.
- **Deception of respondents:** Under no circumstances did the researcher provide the respondents with any false information. The researcher only provided the respondents with information, if she was 100 % sure of the information.
- **Violation of privacy:** In order not to violate the privacy of the respondents, the respondents were allowed to choose their own "code names". The researcher also handled the information in a confidential manner. Only the researcher had access to the respondents' identifying information.
- **Actions and competence of the researcher:** The researcher has a BA (Social Work) degree and has completed the theoretical part of her MSD Play Therapy degree. Through out the research process the researcher was objective and professional in her conduct. She also treated respondents with the necessary respect.
- **Release or publication of the findings:** Seeing that this research project forms part of the researcher's MSD Play Therapy degree, data is published in the form of a dissertation, in order for the researcher to acquire her degree. A scientific article based on the research will also be submitted for publication as part of the conditions for the degree. The researcher published the true outcomes of the research in a scientific manner.
- **Debriefing of respondents:** The researcher prepared each respondent thoroughly for termination. The necessity of further therapy was also evaluated in order to determine if further individual play therapy was required and whether or not it was necessary to refer the child. After the evaluations the researcher concluded that further therapy is not required. (Compare Strydom, 2002b:64-73.)

1.13 DEFINITIONS OF THE MAIN CONCEPTS.

1.13.1 Children in their middle childhood.

Middle childhood refers to the period from six to 12 years of age. (Compare Craig, 1996:332 and Meyer & Van Ede, 1998:55.) Erikson (in Craig, 1996:59) indicates that the middle childhood can be characterized by the following:

- The crisis is whether or not the child can master the skills necessary to survive and adapt, in other words industry versus inferiority;
- People of significance in the child's life are individuals from school and the neighbourhood;
- Increased physical activity;
- Competitiveness;
- Dealing with authority in the school environment.

According to the researcher, middle childhood does not only refer to the chronological age of six to 12 years, but also to emotional age. For the purpose of this study middle childhood referred to children between the ages of seven years and eight years.

1.13.2 Gestalt therapy.

Gestalt therapy is a humanistic therapy technique that focuses on gaining an awareness of emotions and behaviours in the present rather than in the past. The therapist does not interpret experiences for the patient. Instead, the therapist and patient work together to help the patient understand herself (Doermann, 2003:1).

Carroll & Oaklander (1997:185) agree with Doerman (2003:2) and provide the following definition: "Gestalt therapy is a humanistic, process-oriented form of therapy that is concerned with the integrated functioning of all aspects of the person: senses, body, emotions, and intellect." It is therefore clear that gestalt therapy focuses on awareness in the here-and-now.

1.13.3 Group play therapy.

Group play therapy is basically a psychological and social process in which children, in the natural course of interacting with one another in the playroom, learn not only about other children but also about themselves (Landreth, 2002:42).

The researcher views the only difference between play therapy (as described below) and group play therapy to be that instead of seeing a child individually for counselling, a small group of children is counselled together in group play therapy.

1.13.4 Play therapy.

Play is a universal activity that people of all ages need. For children, play therapy is the treatment of preference for bringing both conscious and unconscious material into the counselling session. Play is the natural way for children to express themselves and to learn about their world. Many counselling techniques, including the expressive arts of painting, drawing, dancing, playing and singing music can be used with play therapy to adapt the process to the particular child's developmental level. Most of the general theories of counselling can be adapted to fit the play therapy setting (Thompson & Rudolph, 2000:87).

Landreth (2002:16) is of the opinion that: "Play therapy is defined as a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviours) through play, the child's natural medium of communication, for optimal growth and development." According to the researcher play serves as an aid to facilitate communication with the child during the therapeutic process.

1.13.5 Shyness.

Thompson & Rudolph (2000:542) consider shyness and withdrawal to be attempts to avoid participation in one's surroundings. Arkin; Lake & Baumgardner (in Chazan, *et al.*, 1998:33) elaborate on this definition and view the shy person as consistently doubting his or her ability to make a favourable impression, and therefore motivated by the desire to avoid negative outcomes rather than the desire to gain positive outcomes.

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Asendorpf (in Chazan, *et al.*, 1998:33) indicates that shyness is characterized by anxiety in social settings, awkwardness in relation with others and a tendency to withdraw in the face of unfamiliar situations. This definition correlates with the *New Paperback Oxford English Dictionary* (2002:777) that identify shy as being nervous or timid in the company of other people.

The researcher regards shyness as a nervous reaction to a social situation that may lead to avoidance of the situation.

1.13.6 Social skills.

Schaefer (1998:2) indicates that social skills refer to positive social behaviours that contribute to the formation and maintenance of satisfying social interactions.

The *New Paperback Oxford English Dictionary* (2002:796) considers social to be (the activity) in which people meet each other for pleasure. Skill is seen as the ability to do something well (2002:786). After a process of deductive reasoning, social skills can be seen as the ability to meet and interact with other people successfully.

1.14 PROBLEMS AND LIMITATIONS OF THE STUDY.

The problems and limitations of the study were as follows:

- Parents and teachers do not generally regard shyness as problematic behaviour and this influenced their level of cooperation in this study.
- The amount of and availability of information and literature regarding group play therapy was very restrictive. Finding relevant information was a difficult and time-consuming task.
- The play therapy group sessions were conducted on the premises of Simley Kids Moreleta Park. The room allocated to the researcher was located in the middle of the grounds, causing a constant flow of people around the room and sometimes through the room. The researcher agrees with Landreth (2002:126) that if other children hear what is going on in the playroom, the child may feel that her privacy has been violated and the therapeutic relationship will suffer.

- For the purpose of this study purposive sampling was appropriate and therefore utilized. Due to the biased nature of the selection of the sample and the small amount of respondents the researcher was not able to make statistical conclusions or generalize the findings of this particular study.
- Deciding on the spelling of counseling/counselling proved to be problematic. The researcher utilized both American and British literature. In the American literature counseling is used, while the British literature refers to counselling. For the purpose of this study the researcher decided to implement the British way of spelling.

1.15 THE OUTLINE OF THE RESEARCH REPORT.

The research report was compiled in such a manner that each chapter builds upon the previous chapter, which enabled the researcher to come to logical conclusions and make relevant recommendations. The research report consists of five chapters.

❖ Chapter 1: General introduction to the study.

❖ Chapter 2: Literature study: The shy child in her middle childhood.

❖ Chapter 3: Literature study: Group play therapy from a gestalt perspective.

❖ Chapter 4: The empirical study.

❖ Chapter 5: Summary, conclusions and recommendations.

CHAPTER 2

Shyness in middle childhood.

2.1 INTRODUCTION.

Amanda put a pained expression on her face, shrugged her shoulders, and her eyes reflected panic, followed by relief as the teacher passed her over (Stientjes, 2002:1). Amanda's anxiety to speak or be noticed in class is typical of a shy child. Thompson & Rudolph (2000:542) indicate that a shy child is in conflict with herself. This conflict with the self arises when the ability and desire to participate exist, but the process of verbalizing is inhibited by the child's shyness. (Compare Stientjes, 2002:1.)

In this chapter, the researcher will pay attention to the following: the child in her middle childhood; the child in conflict with herself; social anxiety and shyness; different elements of childhood shyness; the consequences of shyness, as well as how shyness effects peer relations, social skills and social competence.

2.2 THE CHILD IN MIDDLE CHILDHOOD.

Oaklander (in Campbell, 1993:53) mentions that it is absolutely essential for a therapist to understand child development and where a child is at a certain age. The researcher agrees with Oaklander who conveyed to Campbell (1993:53) that the child's developmental stage will determine the language used, the activities selection as well as the guidance given to the parents. For the purpose of this study absolute clarity is required regarding development in middle childhood.

For most children, middle childhood, the period from six to 12 years, is a time for settling down, for developing more fully those patterns that have already been set. Psychologists agree that, although this period is relatively calm in respect to physical development, it is nevertheless an important period in children's cognitive, social, emotional and self-concept development. (Compare Louw; Van Ede & Ferns, 1998:322 and Craig, 1996:332.)

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The researcher decided to focus on shyness in the middle childhood, due to the social development of the child at this stage. Their social environments offer them new opportunities for socialization and for gaining new learning experiences (Louw, *et al.,* 1998:322). Due to the focus on socialization, the researcher sees this stage as the ideal stage for addressing shyness. Figure 2 below provides a brief summary of middle childhood as summarized by Berk (1999:3-4).

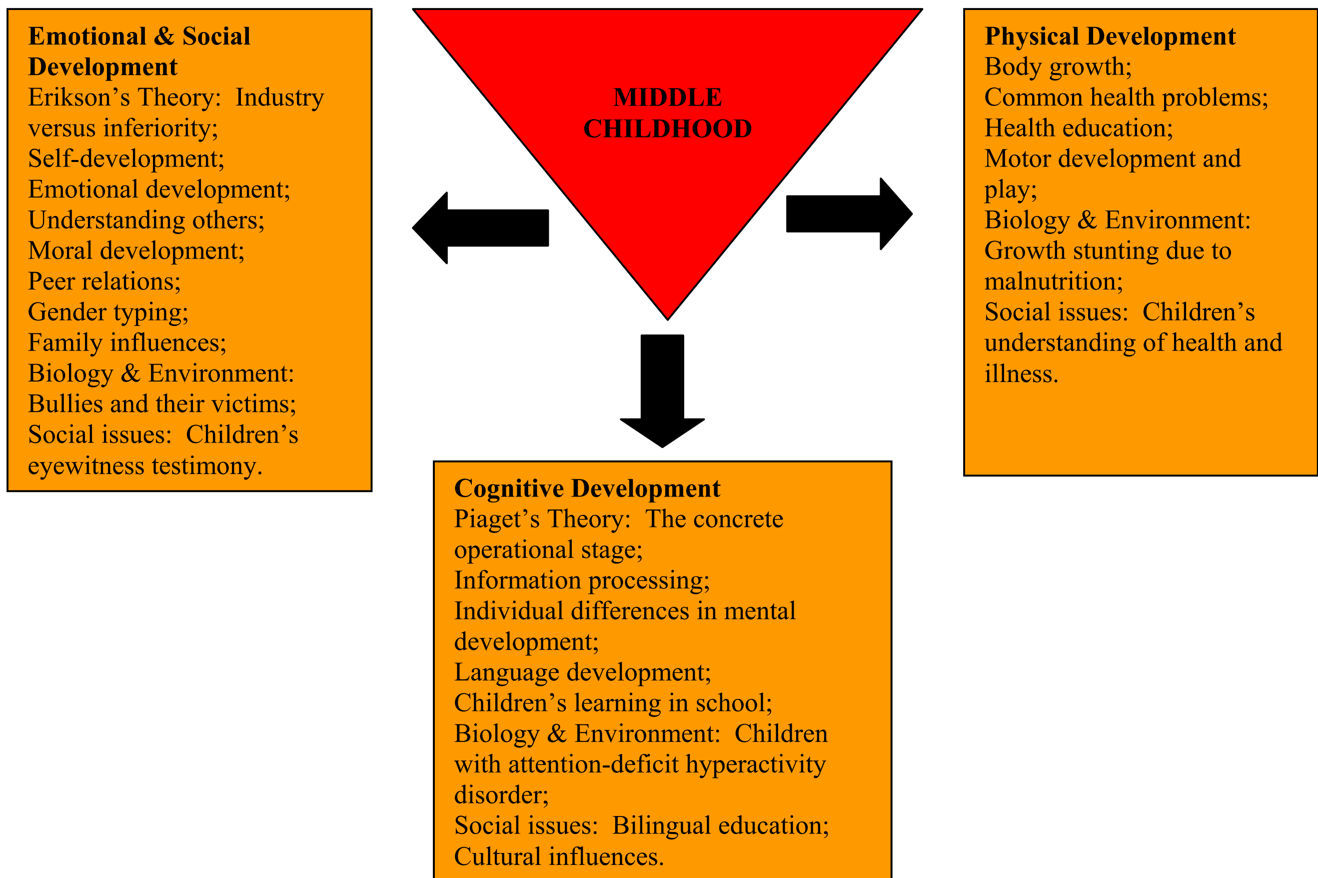

Figure 2: Middle Childhood.

Erikson (in Craig, 1996:332) refers to middle childhood as the period of *industry*. The word captures the spirit of this period, for it is derived form a Latin term meaning "to build." During the middle childhood, the child must master the following developmental tasks (Louw, *et al.,* 1998:322):

- The further refinement of motor skills;
- The consolidation of gender-role identity;
- The development of various cognitive skills;
- The extension of knowledge;
- The extension of social participation;
- The acquisition of greater self-knowledge;
- The further development of moral judgment and behaviour.

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2.3 CHILD IN CONFLICT WITH SELF.

Conflict is a part of everyday life, and can either be external or internal. The *New Dictionary of Social Work* (1995:13) defines conflict as a situation arising from the contradictory needs, values and/or interests of individuals and/or groups, bringing about tension and stress in the parties concerned. The researcher is of the view that conflict with the self implies that an individual is involved, and that the conflict situation does not exits due to the involvement of other parties and is therefore an internal conflict.

Normal child development involves a series of cognitive, physical, emotional and social changes. Almost all children at some time experience difficulty adjusting to the changes, and the stress or conflict can lead to learning or behaviour problems (Thompson & Rudolph, 2000:6). The researcher is of the opinion that the cause of stress and conflict for the shy child, is socialization with other people. Kashef (2001:2) simplifies shyness as the results of a mixture of extreme self-consciousness and negative thinking. The researcher is of the opinion that this mixture of self-consciousness and negative thinking hinders the shy child to socialize with others, even though the child wants to. Shyness is a silent struggle, an internal conflict that only the individual is privy to.

2.4 SOCIAL ANXIETY AND SHYNESS.

Social anxiety involves feelings of apprehension, self-consciousness, and emotional distress in anticipated or actual social-evaluative situations. Such anxiety occurs when people want to make a favorable impression but doubt that they will succeed (Leitenberg, 1990:1). The *Gale Encyclopedia of Childhood and Adolescence* (2003:1) indicates that anxiety affects people of all ages and social backgrounds. Anxiety can be triggered by real or imagined dangers. When it occurs in an unrealistic situation or with unusual intensity, it can disrupt everyday life. Anxiety symptoms are a common occurrence in childhood, and girls are more prone to anxiety than boys. (Compare Christophersen & Mortweet, 2001:49 and Tucker-Ladd, 2000:1.)

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Most children have various fears and worries throughout their childhood. A small amount of anxiety is normal in the developing child (*Gale Encyclopedia of Childhood and Adolescence,* 2003:1). Even though these symptoms are common and to some extent normal, it can become a problem when worries or fears cause significant impairment. These fears make anxious people feel threatened due to unidentifiable dangers or identifiable dangers that, in reality, pose no threat. The researcher views social anxiety as an example of the latter. The person is aware of what the cause of the fear is (namely the social situation) and in reality the social situation cannot lead to physical harm. Social anxiety has been found to be an important factor for understanding impairments in social functioning (for example a lack of social skills) and has also been associated with impairments in children's emotional functioning (Ginsburg, 1998:1).

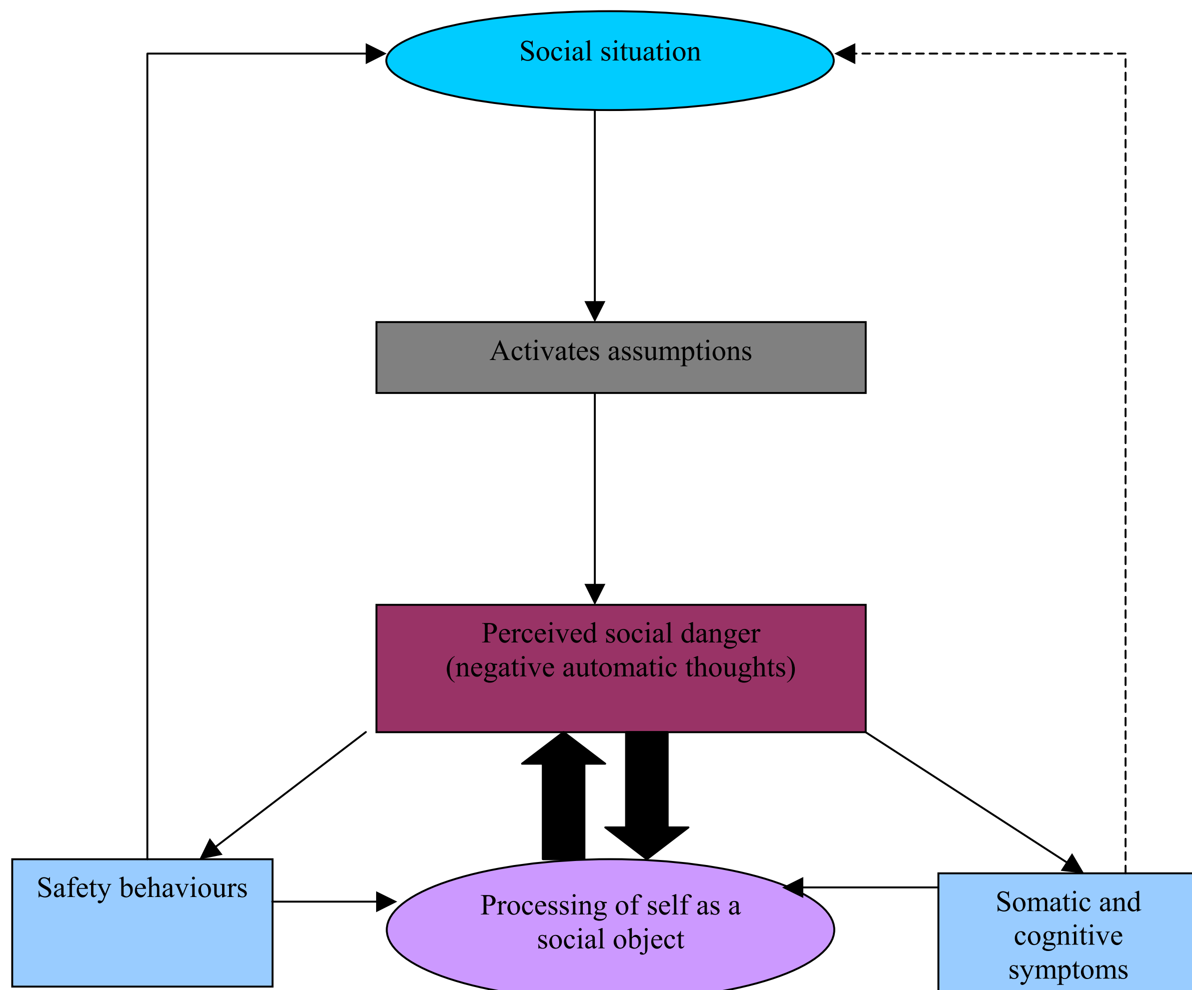

Figure 3: A cognitive model of social anxiety (Wells, 2000:188).

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Anxiety is a complex emotional condition (as seen in Figure 3) characterized by acute tension and physiological reactions, such as accelerated heartbeat and sweating. More specifically, social anxiety is a shorthand term that describes the fear, nervousness or uncomfortable feeling and apprehension most people at times experience in their relationships with other people or in a social situation. (Compare *New Dictionary of Social Work,* 1995:4; Antony & Swinson, 2000:9 and Butler, 2001:4.) Some people who suffer from social anxiety would say they were shy, and many have been shy their whole lives, but some people who are not shy also suffer from social anxiety. The researcher can therefore make the statement that social anxiety is a characteristic of shyness, but shyness is not necessarily a characteristic of social anxiety.

At this stage it is important to distinguish between social anxiety and having an anxiety disorder. To a degree social anxiety is normal. Everybody feels it sometimes and it would be absurd for anyone to suppose that we would never feel socially anxious again (Butler, 2001:5). Anxiety disorders falls within the realm of psychology and are assessed in accordance with the *Diagnostic and Statistical Manual of the American Psychiatric Association and Statistical Manual of the American Psychiatric Association (DMS).* For the purpose of the study the researcher will only concentrate on social anxiety and shyness. The researcher will not at all attempt to diagnose an anxiety disorder. Now that the distinction between social anxiety and anxiety disorders are clear, the researcher can continue to discuss social anxiety and shyness.

The researcher views shyness as a social-, and emotional functioning impairment in individuals. This includes irrational and negative views of themselves. Tucker-Ladd (2000:1) indicates that anxiety previews bad happenings. The researcher is of the opinion that the foretaste of “bad happenings” in social anxiety is the fear about doing something embarrassing or foolish in a social situation.

Table 1: Examples of Social Situations.

Interpersonal Situations (Interacting with Others):	Performance Situations (Being Observed by Others):
- Asking someone out on a date.	- Public speaking.
- Initiating or maintaining a conversation.	- Speaking in meetings (or for children in classrooms).
- Going to a party/sleep over.	- Playing sports.
- Having friends over for dinner.	- Getting married.
- Meeting new people.	- Performing music or acting on a stage.
- Talking on the telephone.	- Eating or drinking in front of others.
- Expressing a personal opinion.	- Using public bathrooms with others in the room.
- A job interview.	- Writing with others watching.
- Being assertive (asking someone to change their behaviour).	- Making a mistake in public (falling down, dropping keys, etc.).
- Returning an item to a store.	- Walking or jogging in public places.
- Sending back food in a restaurant.	- Introducing yourself in front of a group.
- Making eye contact.	- Shopping in a busy store.

(Antony & Swinson, 2000: 8 – 9).

Social anxiety makes people think that others are judging them negatively. Socially anxious adults and children fear that they will make a bad impression. (Compare Antony & Swinson, 2000:9 and Butler, 2001:4.) These fears lead to feeling nervous and uncomfortable in social situations. The experience of social anxiety is related to a number of common personality styles and traits including shyness, introversion, and perfectionism.

Shy people often feel uncomfortable in certain social situations, particularly when they are involved in interacting with others or meeting new people (Antony & Swinson, 2000:9). It is therefore clear that children who are anxious about social situations worry about what other children or adults think of them, they also expect the worse and assume that no one likes them.

Now that there is clarity about social anxiety, the researcher will go on to explain shyness in more detail.

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2.5 CHILDHOOD SHYNESS.

Every child has "felt shy" at least once in their lives. Eighty percent of children feel shy sometimes; 25% are chronically shy; and about 4% of children are shy and withdrawn all the time (Stientjes, 2002:1). It is hard being shy. Shyness involves excessive anxiety, overwhelming feelings of insecurity and terrifying symptoms (see table 2). Despite the "commonness" of shyness, it is not easy to "get over it". If a child tries to avoid being embarrassed and nervous by not interacting, she runs the risk of being seen as snobbish, bored, unfriendly, or weak.

Table 2: Symptoms of Shyness.

Behaviour	**Physiological**	**Cognitive**	**Affective**
Inhibition & passivity	Accelerated heart rate	Negative thoughts about the self, the situation, and others	Embarrassment and painful self-consciousness
Gaze aversion	Dry mouth	Fear of negative evaluation and looking foolish to others	Shame
Avoidance of feared situations	Trembling or shaking	Worry and rumination, perfectionism	Low self-esteem[3]
Low speaking voice	Sweating	Self-blaming attributions, particularly after social interactions	Dejection and sadness
Little body movement/expression or excessive nodding/smiling	Feeling faint or dizzy, butterflies in stomach or nausea	Negative beliefs about the self (weak) and others (powerful), often out of awareness	Loneliness
Speech dysfluencies	Experiencing the situation/oneself as unreal/removed	Negative biases in the self-concept, eg., "I am socially inadequate, unlovable, unattractive"	Depression
Nervous behaviours, such as touching one's hair or face	Fear of losing control, going crazy, or having a heart attack	A belief that there is a "correct" protocol that the shy person must guess, rather than mutual definitions of social situations	Anxiety

(Henderson & Zimbardo, 2003:2).

[3] The researcher is of opinion that a low self-esteem is not necessarily associated with shyness. This will be discussed at a later stage.

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Jerome Kagan found the only personality trait that is fairly consistent from age two to 20, to be shyness (in Bruce, 2000:3 and Tucker-Ladd, 2000:5). Shyness causes intense self-focus, a preoccupation with your thoughts, feelings, and personal reactions. While shyness is uncomfortable and causes great fixation with what others may think, it also inhibits interpersonal situations and interferes with pursuing your interpersonal goals (Bruce, 2000:1). It is thus clear that if shyness is left untreated, it can continue to limit the potential of shy people throughout their lives.

Henderson & Zimbardo (2003:5) indicate that shy people (including children) remember negative feedback more than less socially anxious people do. They also remember negative self-descriptions better than positive self-descriptions. Shy people overestimate the likelihood of unpleasantness in social interaction and are exquisitely sensitive to potential negative reactions in others. Cognitive distraction has been shown to interfere more with social interaction than anxiety. Shy individuals underestimate their own ability to cope with social situations and are pessimistic about social situations in general, failing to expect favorable responses even when they believe that they are able to perform appropriately and efficaciously. Shyness thus becomes a self-handicapping strategy – "I can't do it because I am shy."

Malouff (2002:2) points out that shy children may remain silent around unfamiliar people, even when spoken to. Shy children may refuse to enter a new setting such as a classroom, without being accompanied by a parent. Shy children may also refuse to participate in athletics or dance activities, they may look only at the ground when around unfamiliar individuals, and they may go to great lengths to avoid calling attention to themselves. The researcher is of the opinion that shy children want to interact with unfamiliar others, but do not do so because of their fear.

Chazan, *et al.* (1998:30) subcategorizes shy children under socially withdrawn and isolated children. The other subcategories include: "reserved" children; inhibition in new entrants to school; social neglect and isolation; "rejected" children; children of "controversial" sociometric status and severe withdrawal. The researcher is of the opinion that all the above-mentioned subcategories are very closely related. It is therefore necessary to describe shyness as clearly as possible in order to avoid confusion.

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Shy and withdrawn children are children who hold in (Oaklander, 1988:231). Children readily "clam up", holding all their feelings and experiences within a clamshell. The researcher is of the view that this "holding in" can do more harm than good. If children keep themselves so tightly checked, they close off many parts of themselves and their lives. They are not letting themselves experiment freely, explore, develop, and grow in the many areas that they need to. Nevid, *et al.* (1997: 476) support this and indicate that children who continue to close off parts of their life, may grow up to have only a few close relationships. It is therefore clear for the researcher that shyness needs to be addressed during middle childhood. The researcher's personal experience of the extent to which shyness hinders children to continue with their day-to-day activities, is given below.

A grade one girl had a speech impairment; she could not pronounce the letter "r". At school she had to undergo speech therapy. In the middle of her grade one year she was able to pronounce the letter "r". Despite this fact, the girl continued to go for speech therapy until the end of grade one; the reason being that she was too shy to tell the speech therapist that she can successfully pronounce the letter "r". The speech therapist did not realize this due to the fact that she saw three children simultaneously and when they had to do vocal exercises the shy girl would do the exercises softly, her voice could never be heard. It is apparent that shyness can be very time consuming. The researcher also deems it possible that shyness may hinder a child to reach developmental goals at the appropriate time.

2.5.1 Different views of shyness.

Henderson & Zimbardo (2003:2) distinguish between chronic/dispositional shyness and situational shyness. Chronic/dispositional shyness acts as a personality trait and is central in one's self-definition. Situational shyness involves experiencing the symptoms of shyness in specific social performance situations but not incorporating it into one's self-definition. The researcher is of the opinion that every individual has at one time or another experienced situational shyness. Seeing that this type of shyness is not incorporated into the self-definition of the individual, the researcher does not view this type of shyness as problematic. Chronic/dispositional shyness however, is a cause of concern for the researcher. Chronically shy children frequently have obsessive and/or paranoid tendencies, usually fixated on themselves. Brophy (1996:1) supports this statement and indicates that shyness begins to emerge as a problem if it becomes not merely situational but dispositional so that the child is labeled as shy.

Buss (in Chazan, *et al.*, 1998:34 and Crozier, 1998:3) differentiated between fearful shyness and self-conscious shyness. According to him fearful shyness can be seen as early appearing shyness, whereas self-conscious shyness refers to late appearing shyness. The transition between the two forms of shyness takes place at around seven to eight years. In 1990 Crozier and Burnham found support for this hypothesis.

Asendorpf (in Crozier, 1998:3) indicated that there are two different kinds of social situations that trigger shyness; namely, social situations where individuals interact with strangers and social situations, which have the potential for evaluation of the individual by others. Both types of social situations elicit shyness and although there is a developmental trend involved (so that the underlying construct of inhibition can take different forms at different ages) there is no need to postulate two different kinds of reactions.

Walsh (2002:137) views shyness (including social phobia) as *a problem in living*, rather than as a mental disorder. Of concern to him is the extent to which social phobia (of which shyness can be considered a mild form) is being conceptualized as a mental disorder with an emphasis on its treatment with medication. A problem in living is a person-environment transaction that blocks an individual's experience of satisfactory social functioning. A mental disorder is conceptualized as a dysfunction occurring primarily within the person. For the purpose of the study the researcher will also view shyness as a problem in living rather than as a mental disorder. People who are shy should not be encouraged to relinquish judgments about the nature of their mental status to professionals who maintain a medical orientation and perceive many problems as being caused by biological abnormalities.

2.5.2 The self-conscious emotion.

Crozier (1998:2) indicates that self-consciousness is central to the experience of shyness. Children are especially susceptible to self-consciousness in social situations that make them feel conspicuous and psychologically unprotected (Brophy, 1996:1). The so-called self-conscious emotions, such as guilt, pride, shame and hubris, require a fairly sophisticated level of intellectual development. To feel them, individuals must have a sense of self as well as a set of standards. They must also have notions of what constitutes success and failure, and the capacity to evaluate their own behaviour (Lewis & Wood, 2003:2).

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Research has shown that children start to develop self-conscious emotions surprisingly early in life. According to Selmean's stages of friendship development (in Craig, 1996:385) friendship between children of ages seven to nine are characterized by friendships being based on reciprocity and awareness of others' feelings; and the beginning of social actions based on evaluation by each other. The researcher views this as an indication that the self-conscious emotion is present. This is in line with Buss's theory (in Crozier, 1998; 2-3), as he indicates the transition between fearful shyness and self-conscious shyness is at ages seven to eight. Crozier (1998:2) indicates that the self-conscious emotions are characterized by a shift in perspective where the individual views her own behaviour as if through the eyes of another.

As mentioned earlier, shy children tend to believe that other people are judging them and doing so in a harsh manner. (Compare Antony & Swinson, 2000:9.) The meaning of self-consciousness is the capacity for self-awareness and self-reflection. However this is not what shy people have in mind when they say that they are self-conscious. They are drawing a distinction between what they feel when they are shy and what they feel when they are not shy (Crozier, 2001:44). At this stage the researcher deems it necessary to once again indicate that shy individuals perceive themselves as inadequate. Research has shown that shy individuals underestimate their social competence and that they also have a greater expectation of being negatively evaluated and rejected by others (Crozier, 2001:47). The researcher is of the opinion that these cognitive interferences lead to an increased feeling of self-consciousness.

The self-conscious emotions depend on the development of a number of cognitive skills. Firstly, individuals must absorb a set of standards, rules and goals. Secondly, they must have a sense of self. And finally, they must be able to evaluate the self with regard to those standards, rules and goals and then make determination of success or failure (Lewis & Wood, 2003:2). The researcher is of the opinion that during middle childhood, children have already acquired the above-mentioned skills. Crozier (1998:3) supports this and mentions that this level of cognitive development may not be attained until the age of four to six.

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As a first step in self-evaluation, a person has to decide whether a particular event is the result of her own action. Whether a person is inclined to make an internal or an external attribution depends on the situation and on the individual's own characteristics. Shyness causes intense self-focus, a preoccupation with own thoughts, feelings, and personal reactions. Further more, shyness is uncomfortable and causes great fixation with what others may think. (Compare Bruce, 2000:1 and Lewis & Wood, 2003:5.) The researcher adds that shy children are inclined to make internal attributions; they blame themselves no matter what happens. Henderson & Zimbardo (2003:9) is of the view that fearful and privately self-aware people (like shy individuals) blame themselves and experience shame in social situations that have perceived negative outcomes. Cheek & Melchior (1990:68) provide a summary (see table 3) of available research on shyness. In this summary it becomes apparent that the self-conscious emotion plays a central part in shyness.

Table 3: Summary of Shy People's Cognitive and Metacognitive Tendencies before, during and after Confronting Shyness-Eliciting Situations.

Unlike those who are not shy, shy people tend to:

1. Perceive that a social interaction will be explicitly evaluative.
2. Expect that their behaviour will be inadequate and that they will be evaluated negatively.
3. Hold "irrational beliefs" about how good their social performance should be and how much approval they should get from others.
4. Become anxiously self-preoccupied and not pay enough attention to other people.
5. Think about "how does this situation want me to be?" rather than "how can I be me in this situation?"
6. Adopt a cautions self-presentational strategy of trying to get along, rather than an acquisitive style of trying to get ahead.
7. Blame themselves for social failures and attribute successes to external factors.
8. Selectively remember negative self-relevant information and experiences.
9. Judge themselves more negatively than others judge them.
10. Accept negative feedback and resist or reject positive feedback.

Shyness is a self-conscious emotion, like shame and embarrassment. The researcher deems it necessary to indicate at this point that for each shy individual the extent to which they experience the thoughts listed in table 3, varies. The one thing that all shy individuals definitely have in common though, is that they think of themselves as shy (Cheek & Melchior, 1990:51). Rather than being trivial observation, this may be a crucial insight for understanding the psychology of shyness.

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All shy people are alike at the metacognitive level of psychological functioning. Metacognition is defined as a person's awareness, knowledge, and active monitoring of her cognitive processes and strategies. Shyness may be conceptualized as the tendency to become anxiously self-preoccupied about social interactions. Because this tendency represent only one specific aspect of metacognition, meta-self-consciousness will be referred to as the shy person's metacognitive processing of self-relevant social cognitions. (Compare Cheek & Melchior, 1990:51 and Crozier, 2001:1.) Figure 3 is a representation of the meta-self-consciousness as the unifying theme in the experience of shyness.

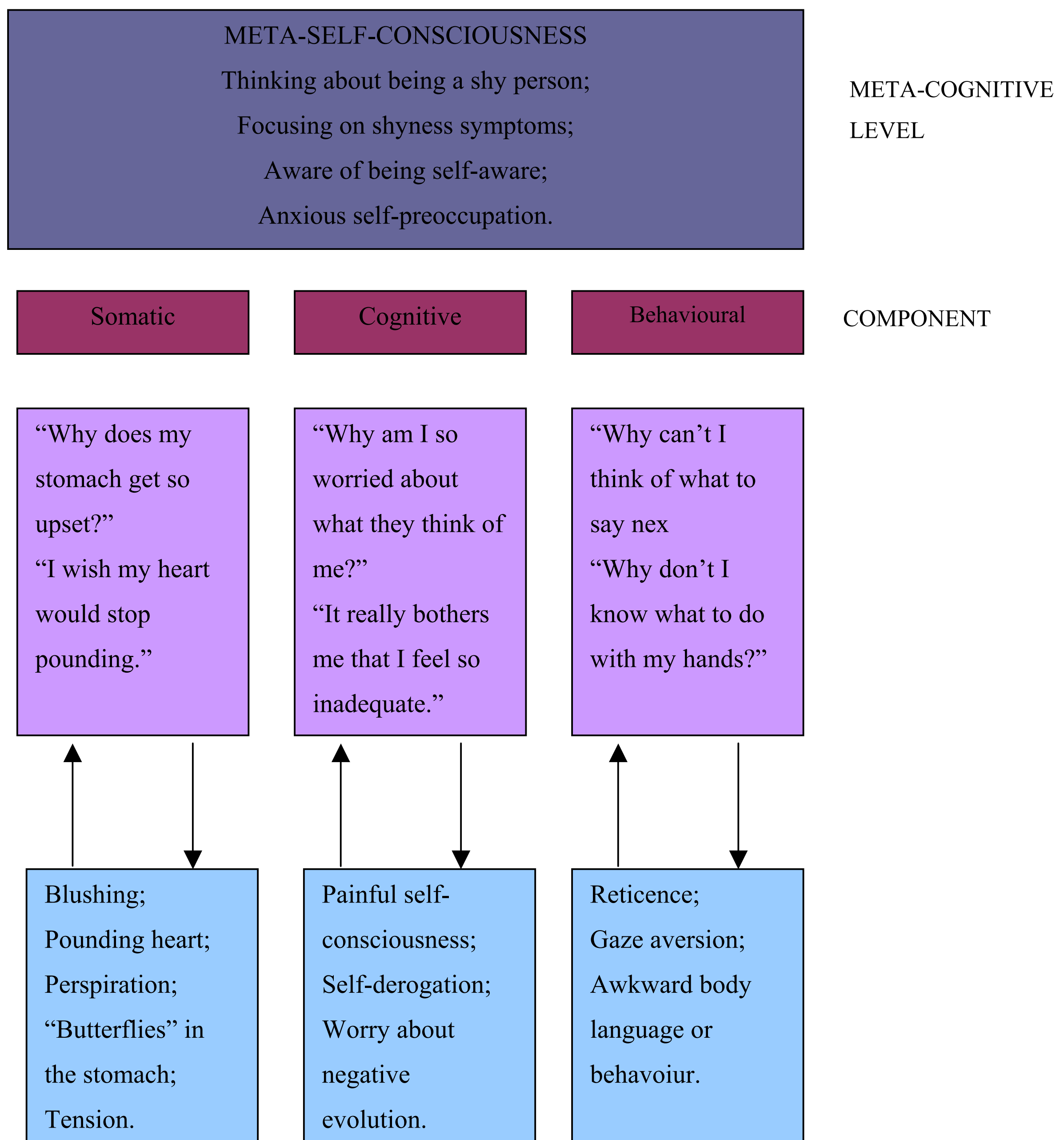

Figure 3: Meta-self-consciousness in Shyness (Cheek & Melchoir, 1990:52).

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The cognitive component of shyness first appears in human development around age five or six (Cheek & Melchior, 1990:52). Due to this, the researcher is convinced that middle childhood is appropriate for addressing shyness. Crozier (2001:50) stresses the role of spectators in the actor's (being the shy child) behaviour during the self-conscious emotion:

- The person views her behaviour from the perspective of an audience;
- The view that is held is negative;
- The actor is aware that she ought not to be seen in that light.

Many researchers agree that self-consciousness is at the core of shyness. Shy individuals (including children) attach a great deal of importance on creating a desired impression. Despite the true impression that the shy individual creates, the shy individual will always believe that the spectators hold a negative view of them. (Compare Cheek & Melchior, 1990:51-52; Crozier, 2001:1-50.)

2.5.3 Shyness, introverts and self-concept.

While many shy children and adults are introverts, introversion and shyness are two very different personality classifications (Bruce, 2000:4). It is important to take note of the difference between shyness and introversion. Shyness involves a social nervousness, a lack of social skills, a harsh internal critic, and acute self-consciousness. An introvert may have social skills but simply prefers to be alone or with few friends. It is not always easy to tell from the outside if a person is shy or introverted. From the inside, there is a big difference (Tucker-Ladd, 2000:4). Introverts simply prefer solitary to social activities but do not fear social encounters as do the shy.

Crozier (2001:51) indicates that there is a widely held view amongst researchers that low self-esteem and shyness are similar constructs and that shyness can be related specifically to personal insecurity about social interactions. Cheek & Melchior (1990:59) mention that it is clear that shy people tend to have fairly extensive problems with low self-esteem. The research they conducted indicated a negative correlation with the five dimensions[4] of self-esteem. The correlations were not high enough to demonstrate that shyness is identical to any of the other dimensions of self-evaluation.

[4] Namely: Self-regard; academic ability; physical appearance; physical ability and vocational certainty.

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Kashef (2001:2) does not agree with the above-mentioned perspective. She explicitly indicates that shyness is not the same as low-esteem. Although the researchers above are also not of the opinion that the two concepts are synonymous, they view shyness as an indication of a low self-esteem. Kashef (2001:2) on the other hand mentions that many shy people are quite sure of their abilities outside unfamiliar social situations. The researcher is of the opinion that although some shy children may have a low self-esteem, low self-esteem is not a characteristic of shyness. The researcher deems it possible that children may have an intact self-esteem and still be shy.

2.5.4 Causes and development of shyness.

The causes of shyness have not been demonstrated adequately to justify any firm statements on the issue. However, shyness experts identify as possible causes (a) genes predisposing a person to shyness, (b) a weaker bond between parent and child, (c) poor acquisition of social skills, or (d) parents, siblings, or others harshly and frequently teasing or criticizing a child (Malouff, 2002:2). Due to the non-scientific nature of the causes of shyness, the researcher will not elaborate on this. The focus will now shift to the development of shyness.

Tucker-Ladd (2000:5) indicates that shyness (15% of which are “inhibited” behaviour) can apparently be identified as early as two to four months old; and 50% of shy two year olds are still extremely shy at seven or eight. Arnold Buss (in Crozier, 1998:2-3) has made an important contribution to our understanding of the development of shyness. In his theory of the development of shyness, he posits two kinds of shyness: one is seen to develop early, and this he calls fearful shyness. The second kind is later developing and is called self-conscious shyness. (Compare Rothbart & Mauro, 1990:147 and Crozier, 1998:3.)

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Buss's theory (in Crozier, 1998:2-3) of the development of shyness is the most common distinction between types of shyness. It is possible that inhibition predisposes a child towards fearful shyness, since this is defined in terms of wariness about novel situations and apprehension about strangers, and these are also the defining properties of the inhibition temperament. It is possible to identify inhibited temperaments at four months of age. The self-conscious form of shyness, which relates to concern with how one is regarded by other people, might only emerge when children acquire a self-concept sophisticated enough to incorporate awareness of how they are viewed by others. The ability to take others' perspective and, more generally, to represent the relation between two people's views, emerges between the ages of four to six years. (Compare Crozier, 1998:3; Kagan, 2000:24 and Crozier, 2001:125.)

Earlier the researcher mentioned that self-consciousness lies at the core of shyness. Crozier (1998:3) remarks that self-consciousness is associated with heightened awareness of the self as a social object and the capacity to adopt another perspective toward the self. Outlined below are some stages in the development of self-awareness by a hypothetical child, called Ann:

- Ann becomes aware that she is a distinct entity with identifiable characteristics;
- Ann becomes aware of normative standards for behaviour and she evaluates herself relative to these standards;
- Ann realizes that other people have a cognitive or emotional representation of events that differs from her own;
- Ann realizes that this can be a representation of her. Others have a view of her, which can be different from her own view of herself;
- Ann realizes that this view is evaluative of her character or her conduct, she is good or bad;
- This view influences the view that Ann holds of herself, she refers to it when evaluating herself

(Crozier, 2001:125).

The researcher is of the opinion that if shyness is left untreated during childhood, it can and will progressively develop into adult shyness or maybe even social phobia.

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2.5.5 Degrees of shyness.

Shyness is an ambiguous concept, which spans a wide behavioural-emotional continuum: it can range from bashfulness through timidity to chronic fear of people (Chazan, *et al.,* 1998:34). Shyness can range from being a bit self-conscious at a party to being socially awkward at work to having specific phobias that keep you from living a normal life (Bruce, 2000:2). Henderson & Zimbardo (2003:2) is of the opinion that shyness can vary from mild social awkwardness to totally inhibiting social phobia.

Nevid, *et al.* (1997: 207) indicate that it is still not clear whether or not social phobia is an extreme form of shyness or a qualitatively different phenomenon. Even though Walsh (2002:137) views shyness to be a mild form of social phobia he still goes on to make the distinction between the two concepts. He indicates that social phobia is classified as an anxiety disorder in the psychiatric nomenclature. It represents a fear of performance or social interaction that significantly interferes with a person's social or occupational functioning. Walsh (2002:137) goes further and conceptualizes social phobia as an extreme form of shyness within a social work perspective. The researcher agrees with Walsh and considers social phobia to be an extreme form of shyness. Another form of extreme shyness in childhood is social avoidant children. Nevid, *et al.* (1997:477) mention that social avoidant children tend to be excessively shy and withdrawn and have difficulty interacting with other children. Children who are socially avoidant typically have normal needs for affection and acceptance, and they develop warm relationships with family members. Their avoidance of people outside the family interferes with their development of peer relationships, however. They tend to be shy and withdrawn. They usually avoid playgrounds and other children in the neighbourhood. Their distress at being around other children at school can also impede their academic progress. Such problems tend to develop after normal fear of strangers fades, at age two and a half.

Chazan, *et al.* (1998:34) make a distinction between unskilled shy individuals and skilled shy individuals. The unskilled shy individual, show signs of behavioural awkwardness, poor social skills and inhibition. Whereas the skilled shy individual is characterized primarily by negative cognition, that is, she generally processes social information in a way that accentuates negative views of the self and the responses of others to the self. For the purpose of this study, the researcher will focus on the unskilled shy child.

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2.6 THE CONSEQUENCES OF SHYNESS.

2.6.1 Negative consequences of shyness.

Metaphorically, shyness is a shrinking back from life that weakens the bonds of human connection. These people suffer grave consequences in life. They may find it impossible to go to work or to school. Interacting with others results in panic, racing heart, sweating armpits, faces and hands, "freezing" so that working together seem impossible. (Compare Tucker-Ladd, 2000:4 and Henderson & Zimbardo, 2003:2.)

The practical and emotional problems caused by shyness are apparent. As a practical matter, shy children obtain less practice of social skills and develop fewer friends. They avoid activities that would put them in the limelight. Shy children tend to be perceived as shy, unfriendly and untalented, and they tend to feel lonely (Malouff, 2002:2). Previous research (compare *Shyness and Children's Vocabulary Development, 2003)* has established that children who are shy or inhibited differ from their peers, not only in their use of language or in routine social encounters, but also in formal assessment of their language development. Shy children obtain lower scores on a test of receptive vocabulary. The researcher views a lack of practice as a possible cause.

Shy and withdrawn children are less likely to take full advantage of opportunities available in school. Additionally, self-consciousness and anxiety decrease the child's ability to recall and learn. Persistence of shyness and its presence in middle childhood increases the risk for anxiety problems in adolescence. (Compare Prior, 2000:1 and Stientjes, 2002:1.)

Chazan, *et al.* (1998:33) mention that shy children also stand the risks of being viewed as "unforthcoming". The "unforthcoming" child fears new tasks or strange situations and is timid with people while maintaining a need for affection.

This is only a few of the negative implications of shyness; the focus will now shift to the positive aspects.

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2.6.2 Positive consequences of shyness.

Shy people tend to be more loyal friends, work harder at making relationships work, make better team players, and do not dominate conversations. They are not over-bearing, overly aggressive, demanding, or outspoken (Bruce, 2000:3). The researcher is of the opinion that shy children tend to engage in significantly less social misbehaviour than other children. Schmidt & Tasker (2000:40) mention that these children are well-behaved, diligent, dress conservatively and are compliant.

It is thus clear that the negative consequences of being shy unfortunately out weigh the positive consequences associated with being shy. This is once again an indication that intervention is necessary.

2.7 SHYNESS, SOCIAL SKILLS AND PEER RELATIONS.

2.7.1 Friendship qualities and peer relations.

Peer relations play a critical role in children's social and emotional development (Ginsburg, 1998:1). Because of shy children's self-consciousness and "obsession" about being evaluated by others, the researcher is of the opinion that they tend to have fewer friends. Fordham & Stevenson-Hinde (1999:758) found that peer relationships have been shown to increase in importance in terms of children's self-definition and self-esteem during middle childhood. As mentioned earlier, shy children long for companionship. In other words shy children find themselves alone and crave companionship. Roffey; Tarrant & Majors (1994:12) point out that such loneliness can be devastating and lead to increasing withdrawal and passivity. If someone has no one with whom to share thoughts, reflect upon experiences and show interest and caring then that person might consider that it is not worth bothering with anything.

Friendship is not something, which is either incidental or insignificant. Making and maintaining friendships, feeling you belong somewhere, learning to collaborate with and support others are crucial not only to people's happiness but also to their attainments, their successes and their ability to cope with life (Roffey, *et al.,*1994:12).

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The researcher is of the opinion that it is much harder for shy children to engage into and maintain friendships, than for non-shy children. Peer relationships are particularly influential during the middle elementary school years when a child devotes a large portion of school and play time to interactions with peers. Unless children achieve a minimal level of social competence, they have a high probability of emotional, social and adjustment difficulties in adolescence and adulthood (Schaefer, 1998:1). It is therefore clear according to the researcher that shy children need to acquire social competence.

Shyness may influence an individual's ability to initiate friendships successfully. Even though it is possible that shy children may form close friendships, these friendships tend to be qualitatively different from those of less shy children (Fordham & Stevenson-Hinde, 1999:758). Friendship and the quality of children's friendships were found to be important predictors of children's emotional well-being. At this point the researcher considers it necessary to distinguish between friendship and peer acceptance. Ladd (1999:4) makes the distinction as follows: friendship is defined as a voluntary, dyadic form of relationship that often embodies a positive affective tie, whereas peer acceptance is defined as a child's relational status in a peer group, as indicated by the degree to which they were liked or disliked by group members. The researcher is of the opinion that even though a shy child might have peer acceptance, the shy child will not perceive it in such a manner. Due to the harsh evaluation that shy children place on themselves, peer acceptance (from the perspective of the shy child herself) is impossible to achieve. The researcher is also of the opinion that shyness is a very self-defeating characteristic. Excessively shy people have a very hapless view, "I look terrible, I say such dumb things, and my nervousness is an obvious, awful, unavoidable problem" (Tucker-Ladd, 2000:5).

2.7.2 Social skills and social competence.

Schaefer (1998:2) mentions that the development of appropriate social skills in a child is an important foundation for adequate peer relationships. Social skills refer to positive social behaviours that contribute to the formation and maintenance of satisfying social interactions. Social skills can also be seen as the child's knowledge of and ability to use a variety of social behaviours that are appropriate to a given interpersonal situation and that are pleasing to others in each situation. The capacity to inhibit egocentric, impulsive, or negative social behaviour is also a reflection of a child's social skills (Welsh & Bierman, 2003:1).

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Social competence refers to the social, emotional and cognitive skills and behaviours that children need for successful social adaptation. A child's social competence depends upon a number of factors including the child's social skills, social awareness, and self-confidence.

The researcher has already established that shy children have an immense self-focus, thus the shy child is not always able to inhibit egocentric impulses. Crozier (2001:30) indicates that the shy individual's fearfulness of negative evaluations restricts the person's opportunity for the development of social skills and self-effeminacy. Shy children obtain less practice of social skills and develop fewer friends (Malouff, 2002:2).

2.8 SUMMARY.

It is absolutely essential for a therapist to understand child development and where a child is at a certain age. A child's developmental stage will determine the language used, the activity selection as well as the guidance given to the parents. For the purpose of this study absolute clarity was needed regarding development in the middle childhood. Characteristics of middle childhood include:

- The period from six to 12 years;
- Cognitive, social, emotional and self-concept development;
- The further refinement of motor skills;
- The consolidation of gender-role identity;
- The development of various cognitive skills;
- The extension of knowledge;
- The extension of social participation;
- The acquisition of greater self-knowledge;
- The further development of moral judgment and behaviour.

During middle childhood, children experience social environments that offer them new opportunities for socialization and for gaining new learning experiences. The researcher views middle childhood as the ideal period to address shyness due to the focus placed on socialization and peer relations during this stage.

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It is not easy being shy. Children who are shy tend to be aware of their shyness, even though they would like to "just get over it"; it is not a simple task. Shyness involves complex cognitive and emotional processes. It brings about intense self-focus and self-conscious emotions, making it impossible for shy children to focus on anything else in a social situation, but themselves. Self-consciousness causes discomfort in a social situation. This discomfort that shy children experience may lead to avoidance of social situations.

Despite certain positive aspects of being shy, the negative aspects unfortunately out-weigh them. Shy children hold an irrational negative view of themselves and lack practice in social skills. Even though a shy child would like to participate in a social situation, she cannot. This inability to participate in a social situation is as a result of the child's shyness. The researcher is of the opinion that shy children often envy social outgoing children and wish that they could be more like them. The researcher deems it possible for shy children to become more outgoing through improving their social skills. "Nothing succeeds in overcoming shyness as does experiencing social successes, if the child takes the initial risk of engaging in some social activity" (Henderson & Zimbardo, 2003:7). According to the researcher, improved social skills will enable the shy child to take the initial risk.

The researcher is of the opinion that shy children will benefit from group play therapy if their social skills are enhanced. Group play therapy tends to promote spontaneity in children and may therefore increase their level of participation in the play (Sweeney & Homeyer, 1999:7). The position the researcher takes is that higher level of participation in play will imply extra practice in social skills during the group play therapy intervention program.

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CHAPTER 3

Group play therapy from a gestalt perspective.

3.1 INTRODUCTION.

In the previous chapter, the researcher concluded that shyness could definitely hinder children in their middle childhood in several aspects of their lives. The researcher is of the opinion that group play therapy will enable the shy child to improve her social skills. The researcher is also of the opinion that improved social skills will aid the child to manage her shyness.

In order for the researcher to effectively conduct her intervention program with the purposive sample; a solid theoretical foundation is required. This chapter will provide the necessary theoretical background. The researcher will discuss the following aspects of group play therapy from a gestalt perspective: gestalt therapy; gestalt play therapy; group play therapy as well as the group play therapy process and composition from a gestalt perspective.

3.2 GESTALT THERAPY.

3.2.1 The goal of gestalt therapy.

Gestalt therapy (including gestalt play therapy) focuses on gaining an awareness of emotions and behaviours in the present rather than in the past. This process-oriented form of therapy is concerned with the integrated functioning of all aspects of the person: senses, body, emotions, and intellect. The major goal is self-awareness. Clients work on uncovering and resolving interpersonal issues during therapy. Unresolved issues are unable to fade into the background of consciousness because the needs they represent are never met. (Compare Carroll & Oaklander, 1997:184 and Doermann, 2003:1.) Perls, Hefferlin & Goodman (in Hardy, 1990:4) stated: “The achievement of a strong gestalt is the cure.”

Perls (in Thompson & Rudolph, 2000:167) wrote that the aim of his therapy (namely gestalt therapy) was to help people help themselves to grow up – to mature, take charge of their lives, and become responsible for themselves. The central goal in gestalt therapy is deeper awareness, which promotes a sense of living fully in the here and now. Other goals include teaching people to assume responsibility for themselves and facilitating their achievement of personal integration. It is therefore apparent that awareness is the central aspect of gestalt therapy.

The researcher is of the opinion that gestalt therapy can potentially replace the shy child's intensive self-consciousness with healthy awareness. This awareness will in turn facilitate its own development.

3.2.2 Basic concepts of gestalt therapy.

Doermann (2003:2) indicates that gestalt therapy probably has a greater range of formats than any other therapy. It is practiced in individual, couples, group and family therapies, as well as in therapy with children. The researcher is of the opinion that despite the variety of formats in gestalt therapy, the basic concepts and principles remain the same. These basic concepts include: a holistic view; I/Thou relationship; wholeness of a person; awareness; continuum of awareness; experience; responsibility; contact; contact boundary disturbances; here-and-now; self-regulation; gestalt formation (figure and ground); unfinished business; topdog versus underdog; polarities; self-nurturing; fragmentation of personality and equilibrium, balance and homeostasis. The researcher will briefly discuss the above-mentioned concepts.

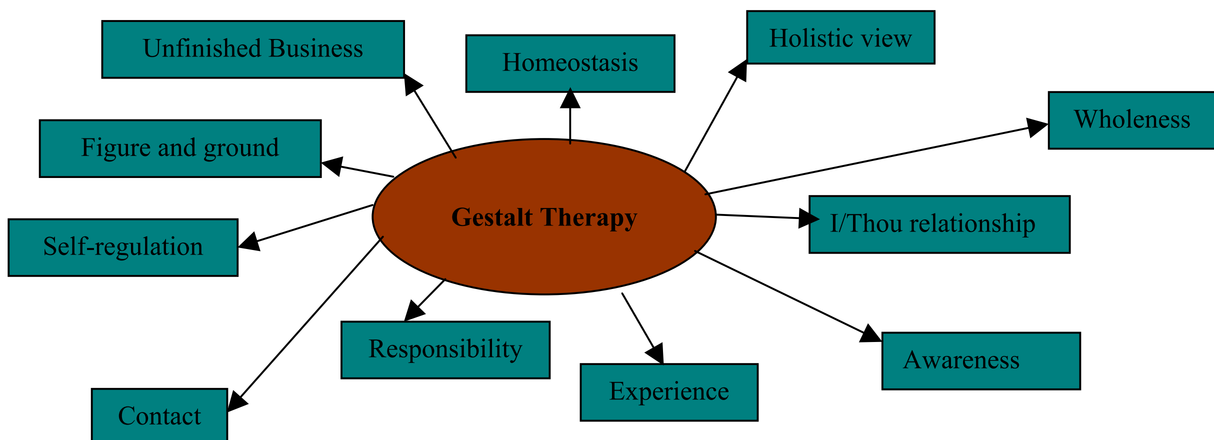

Figure 5: The basic principles of gestalt therapy.

3.2.2.1 Holistic, process-oriented therapy.

The holistic perspective states that the gestalt exploration respects, uses and clarifies the immediate and the present situation. The goal of gestalt exploration is awareness, or insight into the problem or situation that the person is confronted with. Gestalt therapy focuses more on the process (namely what is happening) than content (namely what is being discussed). The emphasis is on what is being done and felt at the moment rather than on what might be, could be, or should be (Yontef, 1993:129).

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3.2.2.2 The I/Thou Relationship.

The most essential aspect of gestalt therapy, as well as gestalt play therapy, is the therapeutic relationship. Oaklander (1999:162) views the I/Thou relationship as the essential basis for therapeutic interaction between the therapist and the child. The I/Thou relationship is the kind of relationship where two people come together as equals, for the therapist to have honor and respect for the child, being authentic and not establishing the therapist as this great authority. In other words, the therapist and child is on an 'equal' footing. (Compare Campbell, 1993: 52 and Hough, 1998:135.)

3.2.2.3 Wholeness of a person.

The concept of wholeness is an important one in gestalt therapy, and refers to the client's total experience – physical, sensory, emotional and intellectual (Hough, 1998:126). The researcher is of the opinion that this wholeness also includes the systems of which a person is part. Perls saw people as aware of only parts of themselves and presenting with an unawareness, which causes fragmentation. The fragmented parts need to be acknowledged and integrated in order for the individual to become whole. The goal is integration in the movement from dependency to self-sufficiency and from outer support to authoritarian sources to authentic inner support (Hardy, 1990:4).

3.2.2.4 Awareness in the here-and-now.

According to Corey (1995:294) one of the most significant contributions that Perls made, was his emphasis on learning to appreciate and fully experience the present: the present is the most significant time, for the past is gone, and the future has not yet arrived (it is a fantasy). The researcher is of the opinion that awareness is necessary in order to fully experience the present.

Yontef (1993:203) defines awareness as follows: "Awareness is a form of experiencing. It is a process of being in vigilant contact with the most important event in the individual environment filled with sensorimotor, emotional, cognitive and energetic support." Guiding the client toward awareness of her process – what I do and how I do it (a contacting process) – is an important aspect of gestalt therapy. The contacting process leads to integration, choice, and change. (Compare Carroll & Oaklander, 1997:188 and Oaklander, 1999:165.) The gestalt therapist asks "what" and "how" questions, but rarely "why" (Corey, 1995:297). The researcher is of the view that "what" and "how" question promote awareness among children.

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3.2.2.5 Continuum of awareness.

Perls (in Thompson & Rudolph, 2000:165) indicates that if we focus on one need at a time, while putting our other needs in the background, we have a better likelihood to successfully attend to that need. This will contribute to being a healthy, well-adapted person. In contrast with a healthy individual, the neurotic individual will attempt to attend to too many needs at the same time, and consequently the person will fail to satisfy any one need fully.

3.2.2.6 Experience.

Experience plays a key role in therapeutic work with children. Presented with varied experiences and experiments, the child becomes more aware of herself – who she is, what she feels, what she likes and dislikes, what she wants, what she does, and how she does it – she finds that she has choices she can make – choices of expression, getting needs met, and exploring new behaviours. The self becomes stronger (Oaklander, 1999:165).

3.2.2.7 Responsibility.

Corey (1995:297) mentions that the core of gestalt therapy relates to helping us assume responsibility. Nobody is making us feel any specific way or making us take any particular course of action. One way we can promote an increasing sense of personal responsibility is by becoming aware of the ways in which we give away our power by making others responsible for us. Another way is to separate our own expectations from what we think others expect of us and then to make a conscious decision to live by our own expectations. The researcher is of the opinion that this aspect of gestalt therapy (namely responsibility) is of utter most importance when working with shy children. When a shy child is placed in a social situation, she tends to think about "how does this situation want me to be?" rather than "how can I be me in this situation?" (Cheek & Melchior, 1990:68). When a shy child learns to take responsibility, she will be more concerned with "how can I be me in this situation?"

Schoeman (1996a:36) mentions that to take responsibility in the relationship is to grow in self-image. In gestalt terminology the word *resistance* refers to the defenses, which people use to prevent real or authentic contact with others, and with the environment in general; in other words it prevents people to experience the present in a full and real way. As soon as the child can learn to take responsibility for herself, she will be able to overcome her own barriers and problems.

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At this stage, the researcher once again wants to emphasize what the importance is for a shy child to take responsibility. As mentioned in the previous chapter, socially anxious individuals fear that they will make bad impressions. (Compare Antony & Swinsion, 2000:9 and Butler, 2001:4.) This is an indication that the shy child does not assume responsibility for her own actions.

By taking responsibility the shy child separates her own expectations from what she thinks others expect of her. This is a step in the right direction; in doing so the shy child becomes less worried about what other people think of her and is able to be herself.

3.2.2.8 Contact.

Making healthy contact involves interaction between the child/client and the environment. This implies the use of the senses, awareness of and appropriate use of aspects of the body, the ability to express emotions healthfully, and the use of the intellect in its various forms, as learning, expressing ideas, thoughts, curiosities, wants and needs. (Compare Oaklander, 1999:163 and Schoeman, 1996b:54.) The relationship grows out of the contact, keeping in mind the emphasis placed on the therapeutic relationship within the gestalt perspective. The researcher is of the opinion that the therapist needs to establish healthy contact with the child. Further more, in the case of counselling shy children the researcher is of the opinion that it is important to form contact in such a manner that the child is not concerned about what the therapist expects from her. Oaklander (1999:163) indicates that healthy contact involves a feeling of security with oneself, a fearlessness of standing alone. In other words, simply establishing healthy contact with a shy child is therapeutic, seeing that is will imply that the child has a certain amount of self-security.

3.2.2.9 Contact boundary disturbances or resistance.

Polster & Polster (in Oaklander, 1999:163) define contact boundary as the point at which one experiences the ‘me’ in relation to that which is ‘not me’. Through this contact, both are more experienced. Introjection, projection, retroflection, confuence, deflection and egotism represent styles of resisting contact. Terms such as *resisistance to contact* or *boundary disturbance* are used to characterize people who attempt to control their environment in such a manner.

For the purpose of this study, the researcher will use the term *contact boundary disturbances.* Figure 6 below is a brief explanation of the above-mentioned contact boundary disturbances. (Compare Corey, 1995:299; Hough, 1998:130 and Oaklander, 1999:164.)

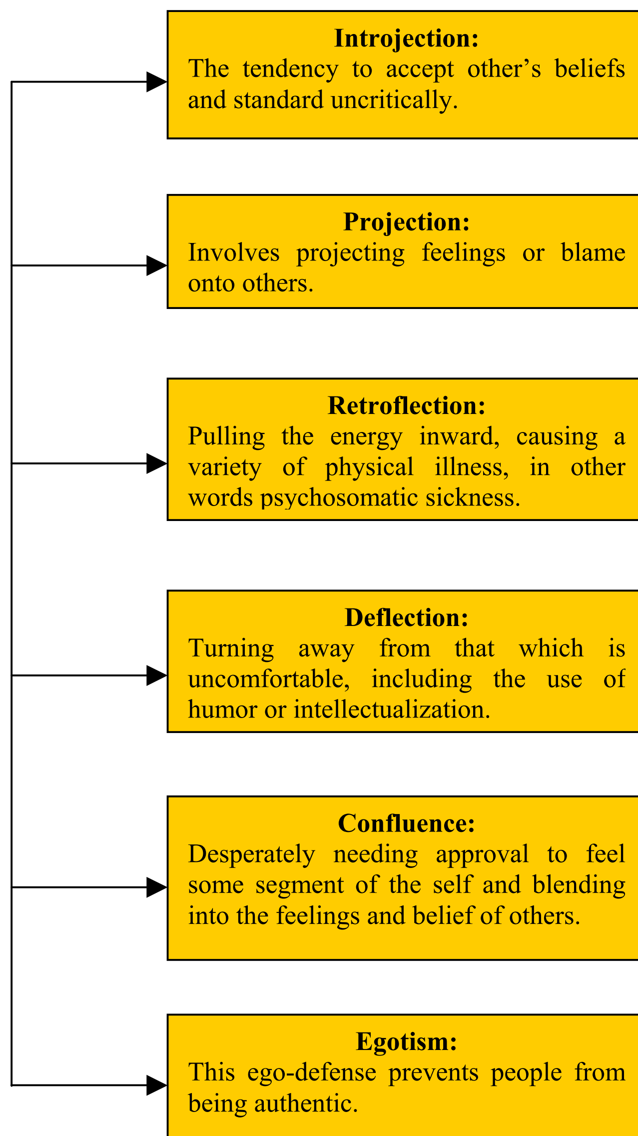

Figure 6: Contact Boundary Disturbances.

Oaklander (1999:164) mentions that these symptoms and behaviours are in fact the organism's way of attempting to achieve homeostasis and balance, although unsuccessfully. The consequence of this process is an increased diminishing of the self and impairment of her contact abilities.

3.2.2.10 Self-regulation.

Thompson & Rudolph (2000:164) describe the gestalt view of the nature of humans as positive: people are capable of becoming self-regulating beings who can achieve a sense of unity and integration in their lives. Organism self-regulation is the personal objective of the child in therapy (Schoeman, 1996a:35).

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3.2.2.11 Gestalt formation: Figure and ground.

Hardy (1990:5) indicates that the early researchers found that our attention is focused on elements or parts of a whole while our interest is maintained, and when we finish dealing with this element or focus, our interest declines. With that decline, the "whole" then becomes disorganized until a new focus of attention offers a new opportunity to develop a new whole. The gestalt concept of figure and ground is built on these findings. Figure has to do with whatever a person focuses her attention on such as on an object or subject. In other words, the word figure in gestalt theory refers to a person's need at any given time. The concept of ground is the environment or the background and anything that is within the individual's sense of awareness but is not the direct focus of her attention. Needs continually emerge and become figures against the background of awareness (ground). The individual's task is to deal with the most important need as it emerges. In order to be able to respond effectively, an individual must develop a highly differentiated figure from what is ground. (Compare Hardy, 1990:5 and Hough, 1998:123.) Figure and ground form a pattern or whole, which is known as a gestalt (Hough, 1998:124).

3.2.2.12 Unfinished business.

Unfinished business arises when people have unfulfilled needs, unexpressed feelings – such as resentment, hate, rage, pain, anxiety, guilt, and grief – or unfinished situations that scream for their attention. (Compare Corey, 1995:297 and Thompson & Rudolph, 2000:166.) Unfinished business will linger in the background and clamor until completion. Schoeman (1996a:37) reviles that unfinished business accumulates. She explains that when a child gets into the habit of organismic indigestion, she becomes clogged with incomplete gestalts, which interfere with free functioning. Unfinished business interferes with present awareness and a person's overall functioning. The researcher is therefore of the opinion that it is of utmost importance to deal with this. Corey (1995:297) points out that avoidance is a concept that is related to unfinished business. Most people would rather avoid experiencing the painful emotions than to do what is necessary to change.

The researcher is of the opinion that shyness may lead to several situations that involve unfinished business. Nevid, *et al.* (1997:477) describe one form of excessively shy children as social avoidant children. These children typically have normal needs for affection and acceptance, but they however have difficulty interacting with other children and this interferes with their development of peer relationships. Excessively shy children, consequently avoid social situations, making their need for affection and acceptance their unfinished business.

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3.2.2.13 Fragmentation of personality.

Perls (in Hardy, 1990:4) saw people as aware of only parts of themselves and presenting with an unawareness, which causes fragmentation. These fragmented parts need to be acknowledged and integrated in order for the individual to become whole. Fragmentation of the personality occurs when one aspect of an individual's personality is over emphasized while another aspect does not receive sufficient attention. People try to discover or deny a need such as to show aggression. The inability to find and obtain what one needs may be the result of fragmenting one's life. The researcher is of the opinion that shy children over emphasize their shyness. One thing that all shy children have in common is that they all consider themselves to be shy (Cheek & Melchoir, 1990:51). Shyness therefore causes fragmentation of the personality.

3.2.2.14 Equilibrium, balance, homeostasis.

Humans have a predisposition to move in a specific direction rather than randomly. This has to do with the concept that the human organism attempts to return to a balanced state when experiencing imbalance. This imbalance can be experienced in terms of emotional stress, learning demands or other psychological effects. Frederick Perls focused on this law to show how it directly applied to human emotions (Hardy, 1990:27). As mentioned earlier, certain contact boundary disturbances are an attempt to re-establish equilibrium.

3.2.3 Counselling method.

Healthy functioning from the gestalt view is integrated, in other words all aspects of the child – physical, emotional, and intellectual – function in a well-coordinated, wholesome manner (Carroll & Oaklander, 1997:186). The child is therefore aware of the self. Perls (in Hough, 1998:129) referred to the ways in which people avoid awareness of self, and described these as five layers of neurosis.

The five layers were devised to depict how people fragment their lives and prevent themselves from succeeding and maturing. The five layers form a series of counselling stages for the counselling process (Thompson & Rudolph, 2000:166). The five layers include:

- **The phony layer:** Many people are trapped in trying to be what they are not. This layer is characterized by many conflicts that are never resolved. For example children can deny that they are shy and indicate that they like being alone. They describe themselves as introverts instead as being shy.

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- **The phobic layer:** People become aware of their phony games, they become aware of their fears that maintain the games. This experience is often frightening. In this case the shy child realizes that she enjoys being around other children, but does not admit this.
- **The impasse layer:** This is the layer people reach when they shed the environmental support for their fears and find they do not know a better way to cope with their fears and dislikes. The shy child realizes that she enjoys being around other people and that she is alone due her shyness. She admits it, but does not know what to do about it.
- **The implosive layer:** People become aware of how they limit themselves, and they begin to experiment with new behaviours within a counselling setting. In other words the shy child tries to do something about her being alone.
- **The explosive layer:** If experiments with new behaviours are successful outside of the counselling setting, people can reach the explosive layer, where they find much energy that has been tied up in maintaining a phony existence. The shy child is able to successfully interact with her peers. In other words, she becomes a skilled shy individual.

In order for counselling to be effective it is necessary that the therapist guide the child through these layers so that the child can become a self-regulating being of awareness. The therapist can utilize a variety of different techniques in order to aid the child in reaching the explosive layer. The researcher will now describe some of these techniques that are appropriate and adapted for children.

3.2.4 Gestalt techniques appropriate for children in play therapy.

Play therapy is based on developmental principles and thus provides, through play, developmentally appropriate means of expression and communication for children (Landreth & Bratton, 1999:5). Gestalt play therapy techniques that are developmentally appropriate for the middle childhood years include: fantasy; topdog versus underdog; sensory awareness; language techniques; polarities and bipolarities; projective techniques and self-nurturing.

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❖ **Fantasy.**

Schoeman (1996c:85) indicates that fantasy forms a central part of the child's development. The concept of fantasy incorporates various kinds of mental images, including fairy tales, fables, metaphors, symbolic and creative play, and products of the child's own imagination. Fantasies allow us to create a secondary world. Oaklander (1988:11) explains the therapeutic value of fantasy. She mentions that through fantasy we can have fun with the child and we can also find out what a child's process is. Usually her fantasy process (how she does things and moves around in her fantasy world) is the same as her life process. We can look into the inner realms of the child's being through fantasy. We can bring out what is kept hidden or avoided and we can also find out what is going on in the child's life from her perspective. The researcher is of the opinion that fantasy can also facilitate increased awareness and with increased awareness comes the opportunity for changes. (Compare, Oaklander, 1988:6.) The researcher is of the opinion that fantasy play can be very effective when working with shy children. The reason being that during fantasy (and within a trusting relationship) the shy child can explore other behaviour, for example not being shy.

❖ **Topdog versus underdog.**

The topdog versus underdog is one of the most common bipolarities in gestalt therapy. This technique works for individuals and groups. To use this technique in a group, the therapist can divide the clients into two subgroups, the topdogs and the underdogs. The topdog group members list reasons they *should* do certain things, while the underdog group members think of reasons they *want* to do something. The list generally leads to much discussion. Children respond very well to this activity (Thompson & Rudolph, 2000:169).

❖ **Sensory awareness.**

Jennings (1993:25) remarks that the body and its relationship with other bodies – through touch and the other senses – forms the basis for the development of identity in all human beings. It is therefore clear that sensory awareness plays an important part in human life. The researcher is of the opinion that sensory awareness has an important role to fulfill when working with shy children. Through sensory awareness the researcher will be able to reach the emotions (and work through the emotions) of the shy child in an indirect non-threatening manner. Our senses allow us to experience ourselves and make contact with the world (Oaklander, 1988:109). Table 4 is a brief indication of the potential of sensory experience to increase awareness. (Compare Oaklander, 1988:109-135; Schoeman, 1996b:41-57 and Thompson & Rudolph, 2000:174.)

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Table 4: Sensory awareness.

Senses	Ways to increase awareness
Touch	Clay, finger paint, sand, water and foot painting provide good tactile experiences.
Sight	Seeing and imagining sometimes become intertwined. We can only see what is observable – we cannot see the inside workings of anyone's heart and mind. We can only imagine what people are thinking and feeling. It is important to focus only on what we can see.
Sound	Musical instruments can help emotions come forth that might otherwise be repressed.
Taste	The tongue is a very important part of our body. The tongue is sensitive and tells us when things are sweet, sour, bitter, or salty. Tongues help express emotions – sticking one's tongue out at someone is a satisfying expression of anger. It also enables us to talk about our emotions. Talk about taste.
Smell	See if children can recognize smells. Talk about smell.

- **Language techniques.**

These include the following techniques. "I" language: "I" language help children take responsibility for their feelings, thoughts and behaviour; substituting won't for can't: helps the child to own responsibility; substituting what and how for why; no gossiping: if the child must talk about someone not present in the room let the talk be directed to an empty chair and in present tense; changing questions into statements: this helps children to become more authentic and direct in expressing their thoughts and feelings. Incomplete sentences: this exercise helps children become aware of how they help or hurt themselves (Thompson & Rudolph, 2000:168).

- **Polarities and bipolarities.**

Children function in terms of opposites: light is known in relation to darkness; heat is known in relation to cold; left is the opposite of right. These are known as poles of distinction. Such dualism pervades our behaviour and understanding. Even our emotions are split into polarities (Schoeman, 1996a:33).

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❖ **Projective techniques.**

There is a variety of projection techniques that the play therapist can use. Oaklander and Owmby (in Thompson & Rudolph, 2000:176) adapted several gestalt techniques for children. They recommended projection through art and storytelling as a way of increasing the child's self-awareness. The most common projection techniques include: the rosebush technique; dream work; the monster technique; the empty chair technique and Oaklander's 14 steps (Appendix D). The therapist can implement a variety of projection techniques by means of different mediums and forms of play. The researcher will now go on to discuss projection in more detail.

3.3 GESTALT PLAY THERAPY.

3.3.1 The role of projection in gestalt play therapy.

❖ **Definition of projection.**

"Inviting the child to tell her story, and enabling the child to tell her story, are the most central and effective components of any child psychotherapy process. Through telling her story, the child has the opportunity to clarify and gain a cognitive understanding of events and issues. The child becomes personally engaged and involved in the therapeutic experience with the consequence that interpersonal psychological change is almost certain to occur" (Geldard & Geldard, 1997:41). Projection forms part of the process of play therapy and is goal orientated. Schoeman & Van der Merwe (1996:61) indicate that it is through play that the child projects her feelings and needs. The researcher is therefore of the opinion that it is necessary to enable the child to project her feelings and needs in order to work therapeutically.

In defining projection the question: "What is projection?" is answered. Several authors attempt to answer this question. (Compare Jennings, 1993:48; Yontef, 1993:142; Palmer; Dainow & Milner, 1996:147 and Schoeman, 1996d:64.) By taking the writings of these authors into consideration it is possible to obtain a clear understanding of what projection is. Projection is when a client imagines that her own unwanted feelings or emotions belong to someone else. The child is projecting ideas and feelings into the media surrounding it. Objects become toys, a brick becomes a house and animals for instance adopt human characteristics (Jennings, 1993:49).

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The researcher agrees with Schoeman (1996d:64) that projection can be both seen as an art (when used in a healthy manner) and as pathological (when not taking responsibility for that which is being projected, in other words being used as a defense mechanism). It is thus necessary for the therapist to carefully consider the type, the medium as well as the technique for projection in order for the outcome of the projection to be healthy and not pathological.

❖ **The purpose of projection.**

Both Palmer, *et al.* (1996:147) and Schoeman (1996d:67) reveal that it is essential to direct all projection into the here and now. In other words, placing the focus on what is making the child unhappy now. The therapist thus uses projection in order to focus on the here and now.

The therapist can also utilize projection in order to stimulate self-growth (Schoeman, 1996d:67). The researcher is of the opinion that awareness needs to be promoted if the therapist wants to stimulate self-growth in the client. Schoeman (1996d:68) elaborates by saying that: "If the therapist can give her unconditional support and acceptance, self-acceptance will come to the fore and determine the child's healthy growth."

Jennings (1993:49) indicates that projective play allows the child to create an experience that is pleasing and to re-formulate the elements in new ways that demonstrate the possibility for change of outcome. Schoeman (1996d:68) sees this use of projection as a way to deal with unfinished business. In order to get closure, it is necessary for the child to work through unfinished business. Due to the child's shortage of experience the child projects all unfinished business onto her own body. Schoeman (1996d:68) also indicates that unfinished business may become "monsters" in the child's life.

Several authors explain why children make use of projection. (Compare Jennings, 1993:49 and Schoeman, 1996d:64.) The following are reasons why children make use of projection:

- Projective play allows the child to create and re-create symbolic situations and worlds;
- Projection gives the child the space to sort out the expectations with which the world confronts her;
- It is an attempt by the child to dispel that which he cannot yet handle;
- Projection offers the child a means of maintaining her self-respect;
- It offers an escape when the child is not ready to accept criticism and rejection.

Children project their needs onto something else due to their incapability to own their feelings, anger or demands (Schoeman, 1996d:65). The researcher realizes that a child's projection can be either positive or negative, but is of the opinion that the manner in which the therapist utilizes projections has a direct influence on whether or not projection is healthy or pathological.

3.3.2 Forms of gestalt play therapy.

❖ **Dramatic play.**

Van der Merwe (1996a:130-132) identifies socio-drama and puppets as the two major forms of dramatic play. Although not many people associate dramatic play with infants, the foundations for dramatic play begin in infancy (Strickland, 2000:46).

Several authors agree that dramatic play has definite advantages. (Compare Van der Merwe, 1996a:128; West, 1996:48 and Strickland, 2000:47.) Dramatic play gives the child the opportunity to release her emotions by projecting it through the dramatic play. The child feels safe seeing that dramatic play creates a distance between the child and her problems. What is more, dramatic play helps the child remember situations through play and therefore the child gets an opportunity to repeat the situation and work through it.

Another aspect that makes dramatic play non-threatening is that the child can direct her world as she likes; in other words the shy child can become outgoing. Through repeating a specific problem situation, the child can gain insight into certain parts of the situation. The researcher is convinced that there is enough evidence to suggest that dramatic play enables the child to project her feelings in a safe environment.

Role-playing is part of socio-drama. Van der Merwe (1996a:130) indicates that the child can play either herself or a reversed role. This technique is useful in practicing role behaviour. By placing the child in different hypothetical problem situations the child will develop new and creative ways of solving problems.

West (1996:48) is of the opinion that puppets are especially helpful when working with shy children. Shy children speak more confidently 'behind' the puppet, thus projecting their feelings onto the puppets. It is interesting to note that there is a difference in the way children use puppets and dolls. Children tend to talk to dolls while they talk through puppets (Van der Merwe, 1996a:132). The researcher is of the opinion that it is necessary for a therapist to be aware of this distinction.

❖ **Biblio-play.**

Geldard & Geldard (1997:135) state that: "When a child listens to a story, she may identify with a character, or a theme, or an event within the story. If she does this, then she is almost certain to reflect on her own life situation. Her interest in the thoughts, emotions, and behaviours of the characters in the story allows her to, at some level, share the experience of the story book characters and to project onto these characters beliefs, thoughts and emotional experiences of her own". The researcher is therefore of the opinion that biblio-play also provides the child with the opportunity to protectively work through her own problem situations.

Van der Merwe (1996b:108) indicates that biblio-play does not exclusively imply direct reading from a book, but also includes the use of life books, letter writing, compositions, maps, calendars, magazines, pictures, comics, diaries, self-descriptions and emotional barometers.

Both Geldard & Geldard (1997:136) and Van der Merwe (1996b:109) maintain several advantages or goals that biblio-play holds. The following are the clearest advantages:

- It helps the child to recognize her own anxiety or distress by identifying with characters or situations in a story;
- It leads to the development of insight;
- It helps the child to think about and explore alternative solutions to problems;
- Verbalization of problems is encouraged;
- It offers enjoyable activities that can enhance the relationship of trust and increase the child's motivation for therapy;
- It teaches the child the language through which feelings can be verbalized.

Biblio-play encourages children to act out their feelings (Van der Merwe, 1996b:110). According to the researcher, this acting out of feelings is very important when working with shy children. Shy children are children who hold in. These children readily "clam up", holding all their feelings and experiences within a clamshell. (Compare Oaklander, 1988:231.) It is therefore obvious that biblio-play can be very helpful if it enables the shy child to act out her feelings. Biblio-play also provides the child with the opportunity to project her feelings. The researcher is of the opinion that in doing so, it is possible to work on a therapeutic level with the child.

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❖ **Creative play.**

Galligan (2000:170) points out that the discovery of the self is achieved through creativity and play. The child does not have the same ability to express herself verbally as an adult (Potgieter, 1996:113). The researcher is of opinion that through creative play, the child is provided with the opportunity to express herself and to project her feelings.

Van der Merwe (1996c:138) also writes about creative play. She indicates that creative play is inventive and can be displayed in various forms of art and handcraft. Some of the advantages of creative play (Van der Merwe, 1996c:139):

- Creative play offers the child the opportunity for examination and release of feelings;
- Situations are relived and adaptations are made during creative play, while acceptance may follow;
- Creative play may serve as therapeutic metaphor.

It once again becomes apparent that children project their feelings through creative play.

By studying a child's drawing, it is possible to obtain certain information. The colour the child uses, the space the drawing takes up and the size of each picture potentially contains information. It is of utter most importance to individualize by finding out what each colour means to each specific child. Emotional relationships are represented through the distance between objects and figures, while the size of the people in the drawings may convey their significance in the child's world (Van der Merwe, 1996c:141).

3.3.3 Mediums of gestalt play therapy.

❖ **Drawings and finger-paint.**

The researcher views art as a satisfying and non-threatening way of self-expressing. Through drawing or finger-paint the child gets the opportunity to project her feelings. (Compare West, 1996:65.) Malchiodi (1997:180) agrees that art is a helpful tool for children to express themselves, but she goes further and indicates that it is important that drawing materials should include graphite pencils with good quality erasers, coloured pencils, a 24-colour set of crayons, felt markers and coloured chalks, in order to offer a wide rage of expression for the child.

Finger paint as a medium enables children to overcome their inhibitions and permits fuller expression (Schaefer & Cangelosi, 1993:161). The researcher sees finger-paint as a very expressive medium due to the fact that there is a wide variety in colours and in texture. As mentioned earlier, finger paint is also a very effective way to promote sensory awareness.

By using drawing and finger paint as media, a wide variety of projection techniques can be executed. The researcher is of the opinion that allowing the child to choose whether she wants to draw or paint, will empower her.

❖ **Clay/Play dough.**

Several authors agree that clay is also an effective projection medium. (Compare Van der Merwe, 1996c:147; West, 1996:71; Malchiodi, 1997:182 and Yssel, 1999:134.) What makes clay different from drawings and finger paint, is that clay is one of the few materials that can be created and destroyed, reworked and reformed, offering a success-oriented experience to children who may be easily frustrated by other media. This also makes clay an ideal medium for releasing feelings of hostility and anger. The researcher is also of the opinion that due to the flexible nature of clay, the shy child's level of self-consciousness is reduced, seeing that the child can easily fix a "mistake", without anyone noticing.

Clay also has the unique characteristic that it is a thee-dimensional medium. Yssel (1999:135) indicates that through the use of clay figures, children get the opportunity to confront their feelings directly. The researcher is of the opinion that clay allows children to play more freely, seeing that children can change their minds as they go along. In clay work mistakes can also easily be corrected and due to this, children have more confidence to play with clay. (Compare West, 1996:71 and Yssel, 1999:135.) Once again sensory awareness is promoted. Like drawings and finger paint, clay can also be used to facilitate projection.

❖ **Sand.**

Jennings (1993:60) is of opinion that it is ideal to have both a tray of wet and dry sand. In doing so, the researcher considers that the contrast in the two trays alone is enough to promote sensory awareness. West (1996:73) supports this statement and indicates that sand is also helpful to re-work earlier developmental needs of children.

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For Yssel (1999:137) it is important to have a wide variety of toys like; animals, human figures, trees, fences and vehicles. The researcher sees the reason for the variety of toys as providing the child with the optimal opportunity to project her feelings in the sand tray. The objects in the sand tray easily take on symbolic meaning and this fact helps the child to project her feelings accurately. West (1996:75) elaborates on this and indicates that: “Sand play often gets down to unconscious levels and is a unique way of helping the child express fears and phantasies that are otherwise elusive and difficult to define”. It becomes clear that sand play is also a very effective projection medium.

3.4 THERAPEUTIC GROUPS WITH CHILDREN.

3.4.1 The use of groups with children.

Thompson & Rudolph (2000:417) mention that many counsellors advocate that groups are more natural than individual counselling for working with people. Children and adults function as members of groups in their daily activities. In addition to the natural medium of group therapy, Corey (1995:9) mentions that small groups can provide children with the opportunity to express their feelings about a mutual or similar problem.

Group Works (2003) indicate that some benefits of group therapy for children include having a safe place:

- To work through problems in getting along with other children;
- To express feelings and be given helpful information;
- To learn how to respectfully listen to others;
- To learn that they are not alone and that other children have similar issues.

In a group, children of all ages interact in ways that are familiar and non-threatening. Group therapy also complements the normal developmental tasks (Homeyer, 2000:1), that further children’s capacities for social interaction and intimacy. It is therefore appropriate for the researcher to utilize group play therapy with shy children.

3.4.2 The purpose.

Children thrive when they feel connected. Connection is a basic need of all human beings. It is as vital to a child as water, sleep and nourishment. Feeling connected gives a child confidence. One purpose of group therapy for children is to give them a consistent place where they can count on feeling connected (*Group Works,* 2003). Oaklander (1999:165) agrees with this statement and elaborates by saying that a therapy group has the advantage of being a small, protected world in which present behaviour can be experienced and new behaviours tried out. The child's way of being in a group, and how that behaviour affects others positively or negatively, becomes clearly evident. The group becomes a safe laboratory for experimenting with new behaviours through the support and guidance of the therapist.

It is clear that group therapy provides definite mutual aid for the children that are part of the group. Shy children are in need of this support in order to be able to express themselves and not be concerned with what others may or may not think of them.

3.4.3 The role of play.

The role of play in group work does not differ from its role in individual play therapy. Play is to a child what work is to an adult; it is what they do. Children express themselves more fully and more directly through self-initiated, spontaneous play than they do verbally because they are more comfortable with play. For children to "play out" their experiences and feelings is the most natural dynamic and self-healing process in which they can engage. Through play, professionals as well as the general public can identify the feelings, confusions, and questions in children's lives. (Compare Landreth, 2002:14 and Debord & Amann, 2003.)

O'Connor (2000:141) indicates that within play therapy, play serves many purposes, this includes:

- A medium within which various psychological and educational techniques may be employed;
- Play is also a vehicle for communication between the child and therapist;
- Play is also an instrument for the creation of the child's corrective experience;
- Play is beneficial in and of itself.

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The researcher is of the opinion that play is the most effective form of communication and therapy for children, even more so for the shy child. The shy child has trouble expressing herself verbally, and play is a means of non-threatening expression. Play therapy is a unique discipline in which children use their natural medium of communication, namely play, to work through therapeutic issues (Homeyer, 2000:1).

3.4.4 Advantages of group play therapy.

Sweeney & Homeyer (1999:6) summarized the advantages of group play therapy as follows:

- Groups tend to promote spontaneity in children and may therefore increase their level of participation in play;
- The emotional life of the children is dealt with at two levels – the intra-psychic issues of individual group members and the interpersonal issues between the therapist and the group members;
- Vicarious learning and catharsis take place in any group setting;
- Children experience the opportunity for self-growth and self-exploration in group play therapy;
- Groups provide significant opportunities to anchor children to the world or reality;
- The therapist has the opportunity to gain substantial insight into the children's presentation in their everyday lives;
- The group play setting may decrease a child's tendency to retreat into fantasy play;
- Children have the opportunity to practice for everyday life;
- The presence of more than one child in the play therapy setting may assist in the development of the therapeutic relationship for some children. As withdrawn children observe the therapist building trust with other children, they are often drawn in.

From the above-mentioned, it is clear that group play therapy is the appropriate method of intervention for shy and/or withdrawn children.

3.5 THE GROUP PLAY THERAPY PROCESS AND COMPOSITION FROM A GESTALT PERSPECTIVE.

3.5.1 Group play therapy.

Group play therapy is basically a psychological and social process in which children, in the natural course of interacting with one another in the playroom, learn not only about other children but also about themselves (Landreth, 2002:42).

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The researcher is of the opinion that group play therapy is the most appropriate form of therapy for the shy child, due to its non-threatening nature. Homeyer (2000:1) supports this and specifies that the observation of other children's play often draws the quiet, withdrawn child into the therapeutic process. The presence of other children promote a sense of safety, and that presence can be useful for the anxious, frightened child. More specifically, the basic goal of a gestalt group is to challenge the participants to become aware of how they are avoiding responsibility for such awareness and to encourage them to look for internal, rather than external, support. Moment-to-moment awareness of one's experiencing, together with the almost immediate awareness of one's blocks to such experiencing, is seen as therapeutic in and of itself (Corey, 1995:293).

Group play therapy has been demonstrated to be an effective intervention for children experiencing various difficulties (Schiffer, 1996:98).

3.5.2 Forming a group.

Yontef (1993:168) indicates that group members need to be screened. The success of a play therapy group may well be related to the selection of group members and the size of the group. It is generally recommended to use individual play therapy as part of the process of screening for potential group play therapy members. Other screening methods may also be appropriate, including parent report, teacher report, behavioural assessment, and child interviews (Sweeney & Homeyer, 1999:9). For the purpose of this study, the researcher relied on behavioural assessment. This was achieved through using the interview schedule (Appendix A) as a guideline during an interview with the after care teacher.

3.5.3 Group Composition/Structure.

Oaklander (1988:285) is of the opinion that each therapist needs to decide on the size and kind of group that she finds most productive; there cannot be one general rule for all. She found that the following works for her in group sessions:

- A co-therapist;
- Fairly small groups;
- Children under eight years: three to six children;
- Older children: six to 10 children;
- 90-minute sessions.

Thompson & Rudolph (2000:421) agree with Oaklander in that the number of children in the group depends on age, maturity, and attention span. The guideline that these authors provide is that when children are five and six years of age the group should be limited to three to four members. Six group member for ages 10 and 11, with the maximum number of group members being eight. Even though this is not exactly the same guidelines, the authors are unanimous that the older the children, the larger the group.

O'Connor (2000:417) provides the following guidelines for composing a group:

- There should be no more than four to six children in a group run by one adult, and no more than six to ten children in a group with two adults;
- There should be no more than a thee-year age spread among the group members, especially among younger children;
- The socioeconomic status and/or the children's ethnic background should be somewhat similar. This may be one of the least important variables unless the differences between the children are very dramatic;
- The children should all be within 15 IQ points of one another;
- The ability to mix boys and girls within a group varies with the age of the children, the type of group, and the goals of the intervention.

The researcher is of the opinion that whether or not a group will be of mixed gender depends on the developmental age of the potential members. Children in their middle childhood prefer to socialize with children from the same gender (Winter, 2000:11). Homeyer (2000:2) specifies that until age nine, groups of mixed gender are appropriate. After age nine, psychosocial developmental tasks suggest that same-gender groups function more effectively.

The researcher found several different views on whether the group should be a homogenous or heterogeneous group. Homeyer (2000:2) views heterogeneous groups as more therapeutic than homogenous groups, while O'Connor (2000:417) is of the opinion that heterogeneity makes it virtually impossible for the group to develop an identity separate from that of its individual members, a degree of homogeneity is needed.

The researcher considered the above-mentioned information before she selected each group member. For the purpose of this study a homogenous group was selected. This decision was based on the group member's age and personal characteristics (being shy).

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3.5.4 Setting limits.

Limit setting is one of the most important aspects of play therapy as well as the most problematic for most therapists. It is required from the group play therapist to be an expert limit-setter. (Compare Sweeney & Homeyer, 1999:12 and Landreth, 2002:245.) The researcher deems it necessary to include a discussion about setting limits. In therapeutic limit setting, children are given the opportunity to choose. Therefore, they become responsible for themselves and their own well-being (Landreth, 2002:246).

Landreth (2002:245-248) mentions several helpful considerations when working with setting limits. The researcher summarized it as follows:

- Limits in the playroom should be minimal and enforceable;
- The establishment of total limits rather than conditional limits seems to work best;
- Limits should be stated in a calm, patient, matter-of-fact, and firm way;
- In therapeutic limit setting, the focus and emphasis is always on the child, in order to clearly convey where the responsibility lies;
- Limits are not needed until they are needed.

The reasons for implementing therapeutic limits are: (a) limits provide physical and emotional security and safety for children; (b) limits protect the physical well-being of the therapist and facilitate acceptance of the child; (c) limits facilitate the development of decision making, self-control, and self-responsibility of children; (d) limits anchor the session to reality and emphasize the here and now; (e) limits promote consistency in the playroom environment; (f) limits preserve a professional, ethical, and socially acceptable relationship; (g) limits protect the play therapy materials and room; (h) limits define the boundaries of the therapeutic relationship; (i) limits provide for the maintenance of legal, ethical, and professional standards. (Compare Sweeney & Homeyer, 1999:12 and Landreth, 2002:250-254.)

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The steps in the therapeutic limit-setting process can be summarized as **ACT** (Landreth, 2002:261).

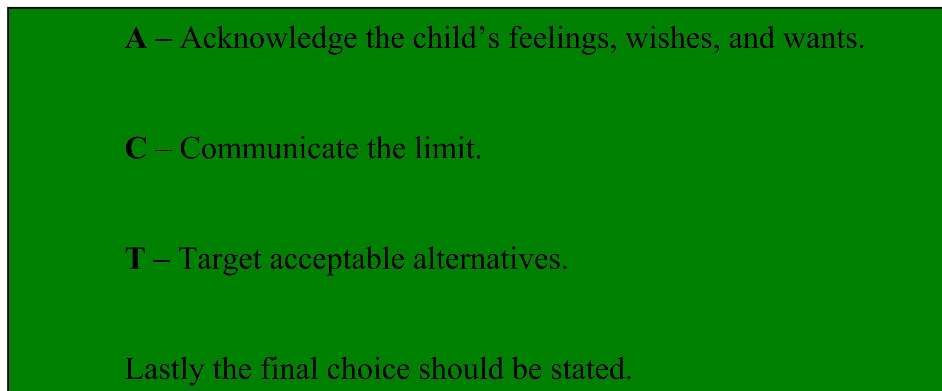

Figure 7: The limit-setting process.

Limits and limit setting are unique in the therapeutic play group. Group members experience limits set not only by the therapist but also by the other group members. The group play therapist also must be keen in anticipating limits and resolved to set limits. The group play therapist should be patient and allow children to work things out for themselves, while setting appropriate limits (Sweeney & Homeyer, 1999:12).

3.5.5 The role and function of the group leader.

The therapeutic role of the counsellor in group play therapy is similar to that in indvidual play therapy. However, the group play therapist must have a high tolerance for messiness and noise and must be able to handle frequent chaos (Sweeny & Homeyer, 1999:3). During the group play therapy process, the therapeutic responses should not be intrusive and should include the child's name. Additionally, it is helpful to avoid using the third person when interacting with the children (Sweeny & Homeyer, 1999:12).

As mentioned earlier, the goal of gestalt therapy (both in individual- and group therapy) is the client's maturation and the removal of blocks (or unfinished business) that prevent a person from standing on her own feet. In order to achieve this goal, the therapist helps the client make the transition from external to internal support by locating the *impasse*[5]. In other words the gestalt counsellor needs to facilitate the client's awareness in the "now". (Compare Corey, 1995:302 and Thompson & Rudolph, 2000:167.)

[5] See footnote 6.

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Oaklander (1988:290) emphasizes the importance of the therapist's (the group leader) role within a group setting. She indicates that it is the therapist who must set the tone of the group as a place where the children can feel safe and accepted. A certain amount of modeling must take place; the children take their cues from the therapist. Schaefer (1998:9) shares this view and describes the role of a cheerleader as one of the group leaders' roles. It is necessary to become excited about the group activities and to respond as if a child's response should be a headline of a newspaper. By being very enthusiastic, energetic and excited, leaders help the children become more interested and involved in the group activities. Enthusiasm is contagious in group sessions! According to the researcher this is especially necessary when working with shy children. Shy children tend to be well behaved, diligent and compliant (Schmidt & Tasker, 2000:40), and these characteristics may cause them not to fully engage in the group activities, particularly at the beginning of the group work process. Leaders should also be playful and fun loving (even a bit wacky at times) in order to capture and sustain children's interest and attention. By showing strong positive affect (smiling, cheerful) leaders make more obvious the gratifying fun elements of the group activities (Schaefer, 1998:9).

Corey (1995:303) describes one of the functions of the therapist, to challenge clients to get through the impasse[6] so that growth is possible. The therapist must confront clients so that they will face what they are doing and decide whether they will develop their potential. Zinker (in Corey, 1995:303) writes that the therapist, functioning much like an artist, invents experiments with clients to augment their range of behaviours. The therapist's function is therefore to create an atmosphere and structure in which the group's own creativity and inventiveness can emerge.

Corey (1995:303) also mentions that the gestalt therapist employs a wide variety of techniques to help clients gain awareness and experience their conflicts fully. Perls (in Corey, 1995:303) however, felt strongly that although the skillful and appropriate use of techniques is an important function of the therapist, gestalt therapy is much more than a collection of techniques. Techniques cannot be separated from the personality of the therapist who uses them, and overuse of techniques may keep the therapist hidden and lead to phony therapy that prevents growth. Seeing that the client/therapist relationship (the I/Thou relationship) is at the core of the therapeutic process, the use of techniques should never be allowed to interfere with the authenticity of the relationship. Techniques need to be individually tailored to each client, and they need to be the outgrowth of the therapeutic encounter.

[6] Perls (in Corey, 1995:303) described the impasse as the place where people avoid experiencing threatening feelings and attempt to manipulate others by playing the game of being helpless, lost, confused and stupid.

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Oaklander (1988:290) adds that the therapist must be continuously aware of each child. If a child is visibly upset or hurt, the therapist needs to be able to sense it. It is essential that the group be a place that children can trust, and in which nothing hurtful to any child will be passed over by the therapist. By being continuously aware of each child, the therapist must observe whether or not an experiment appears too safe or too risky for the child. (Compare Corey, 1995:304.)

In the therapeutic session, the gestalt therapist encourages expression of intense feelings never directly expressed before. If a child says to the group that she is afraid of getting in touch with her feelings of hatred and spite, she may be encouraged by the therapist to become her hateful and spiteful side and express these negative feelings to each group member. By experiencing the side of herself that she works so hard at disowning, this participant begins a process of integration and allows herself to get beyond the impasse that keeps her from growing. During a group session the therapist is likely to encourage the member(s) to stay with uncomfortable feelings, even to exaggerate them. The theory is that if this person can endure and truly experience the depth of her feelings, she will probably discover that whatever catastrophic expectations she has with regard to those feelings are more of a fantasy than a reality and that her uncomfortable feelings will not destroy her (Corey, 1995:298).

The researcher is of the opinion that the group leader has a direct influence on whether or not the group play therapy process is successful. According to the researcher, respecting the I/Thou relationship will contribute significantly to the success of the intervention process.

3.5.6 Group content.

Gestalt leaders tend to be active and use a wide range of action-oriented techniques designed to intensify the members' feelings and experiences. Unless the purpose is to observe free play, the group is structured. (Compare Corey, 1995:293 and Oaklander, 1999:173.) For the purpose of this study the aim of the intervention is not to observe free play, but to determine the impact of group play therapy on the social skills of shy children, and therefore the researcher will make use of structured sessions. This implies that the researcher will have a good idea what the group will be doing during the sessions. However, the researcher agrees with Oaklander (1988:286), that it is important to be open, flexible, and creative. The researcher is of the opinion that in order to respect the I/Thou relationship, it is more important to follow the group's process than the structured session.

Both Oaklander (1988:285 and 1999:172) and Corey (1995:305) agree that it is helpful to start each session with "rounds"[7] and end each session with closure[8]. In doing so, each child is given the opportunity to participate, there can be no discussion or questions, and the child has the floor. Oaklander (1999:172) indicates that it is beneficiary that the therapist also participates and that a "talking stick" be passed around. Often a child comes into the group angry, hurt, or excited about something that happened just before coming to the group, and she needs to express this in order to bring her full attention to the group (Oaklander, 1988:286). In between the rounds and closure, the therapist plans the experience (or exercise according to Corey, see below) for the meeting. Although the therapist has goals and plans, they can be discarded at any time. Sometimes something emerges from the rounds that need attention; sometimes the children make an alternative decision (Oaklander, 1999:173).

Corey (1995:305) distinguishes between a group exercise and a group experiment. With group exercises, leaders prepare some kind of structured technique before the group meets. In contrast, a group experiment is a creative happening that grows out of the group experience, as such it cannot be predetermined, and its outcome cannot be predicted. The researcher agrees with Corey (1995:305) that in order to increase the chances that members will benefit from gestalt techniques, group leaders need to communicate the general purpose of these techniques and to create an experimental climate.

The gestalt techniques (exercises) include a variety of activities that are generally enjoyable. Basically they facilitate expression of feelings, definition and strengthening of self, and experiences with healthier aspects of the self. Many projective techniques are used, such as drawing, clay, collage, sandtray scenes, puppetry, music, body movement, creative dramatics, metaphorical stories, fantasy, and imagery. Often themes of relevance to the children are presented, either as suggested by the children, or the therapist. Many games are used as well as projective tests as therapeutic vehicles (Oaklander, 1999:173). This group format combines activities and verbal interactions in each of the following five modalities: cognitive; motor; behavioural; social, and emotional (O'Connor, 2000:421). Table 5 is a summary of the five modalities in group play therapy.

[7] Each group member is provided with the opportunity to report her present feelings and awareness, and to say something, if she wants to, about anything that has happened to her since the last meeting.
[8] For the purpose of this research project, the children will obtain closure by getting the opportunity to evaluate each group session at the end of the session.

Table 5: Modalities of group play therapy.

Modalities	Description
Cognitive component	Formal problem-solving strategies: problem; plan; action and answer.
Motor component	Enhance physical and emotional awareness through muscle relaxation exercise.
Behavioural component	Replacing certain negative behaviour with positive ones.
Socialization component	This is the motivation behind using the group work format. By including discussions of interpersonal situations, while using problem-solving strategies, generalization of the skills the children learn can be promoted.
Emotional component	Children's understanding of their own and others' emotions should be made an integral part of defining interpersonal problems, identifying potential solutions, and evaluating the outcome of their behaviour.

3.5.7 Group sessions.

After considering several authors' writings, the researcher decided on the group format mentioned below. (Compare Corey, 1995:305; Leben, 1997:11; Oaklander, 1999:173 and O'Connor, 2000:423-424.)

- ❖ **Rounds time** (five to 15 minutes): Sets the tone of the group. Helps focus children's attentions.
- ❖ **Game 1/Discussion time** (10 to 30 minutes): The researcher will include a quick-paced game at the beginning of the session, in order to set the atmosphere. After this, the therapist leads a discussion of situations relevant to the children in the group. The researcher sees this as an appropriate time to reveal the purpose of the techniques, which the therapist will implement.
- ❖ **Structured exercise/projection techniques** (20 to 30 minutes): At this stage the researcher will implement projective-creative games. For the purpose of this study the aim of the techniques will be to improve the social skills of the group members.
- ❖ **Clean up and closure** (10 to 15 minutes): Towards the end of the meeting the children clean up and take their seats once more. Everyone is given the opportunity to say anything they would like to say to the therapist or anyone else in the room. Seeing that the researcher will be working with shy children, the researcher decided that each child can evaluated the session by filling out an evaluation form. This is less threatening and empowering for the group members.

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3.5.8 Group process.

The gestalt group is basically noninterpretive. Group members make their own interpretations and statements and discover the meaning of their experiences (Corey, 1995:293). A group, though made up of individual children, has a distinctive life of its own. In the beginning the child is self-conscious and may tend to manifest a variety of negative behaviours to cover up her anxieties. As the group process continues, the group begins to gel, children feel comfortable in the setting, and anxieties about sharing themselves beyond the superficial coating. There is generally a feeling of companionship with each other and the knowledge that the others will provide support and understanding when needed. Roles emerge: one child becomes the leader, another appears to act out for everyone, one is labeled as the smart one, and so on. The therapist, as these roles become evident, can bring them into the awareness of the group through various techniques (Oaklander, 1999:171).

Corey (1995:298-300) explains the group's progress during the initial phase of the group process in terms of the five major channels of resistances in gestalt therapy. During the early stages of a group, *introjection* is common, for the members tend to look to the leader to provide structure and direction. *Projection* is the basis for transference. When transference feelings surface early in a group, the dynamics can be fruitfully explored. During the transition stage, when issues such as struggle for control and power become central, projection continues to be a primary contacting style. *Retroflection* during the initial stage of a group, can easily be observed. It is manifested in the tendency of some members to "hold back" by saying very little and expressing little emotion. *Confluence* is a style of contact that is characteristic of group members who have a high need to be accepted and liked. The researcher is of the opinion that as the group process continue, the I/Thou relationship will develop and become strong. If the I/Thou relationship is effectively established, it will hinder confluence from occurring. *Deflection* involves a diminished emotional experience. People who deflect speak through and for others.

The researcher is of the opinion that if group play therapy can help the shy child to acquire other skills, to replace the above-mentioned defense mechanisms, it is possible to restore equilibrium in a healthy manner. This will also enable the shy child to work through the neurosis layers. In doing so the group members will become skilled shy individuals.

3.6 SUMMARY.

Gestalt therapy focuses on gaining an awareness of emotions and behaviours in the present rather than in the past. The major goal is self-awareness. This implies that the central goal of gestalt therapy is a deeper awareness, which promotes a sense of living fully in the here-and-now. Other goals include teaching people to assume responsibility for themselves and facilitating their achievement of personal integration.

The basic concepts in gestalt therapy includes:

- Holistic, process orientated process;
- The I/Thou relationship;
- The wholeness of a person;
- Awareness in the here-and-now;
- Continuum of awareness;
- Experience;
- Responsibility;
- Contact
- Contact boundary disturbances;
- Gestalt formation: figure and ground;
- Unfinished business;
- Fragmentation of personality;
- Equilibrium, balance and homeostasis.

In order for gestalt counselling to be effective, it is necessary that the therapist guide the child through the five layers of neurosis as identified by Perls. These layers include:

- The phony layer;
- The phobic layer;
- The impasse layer;
- The implosive layer;
- The explosive layer.

The therapist can utilize a variety of projection techniques in order to aid the child in reaching the explosive layer. Projection is when a child imagines that her own unwanted feelings or emotions belong to someone or something else. The child is projecting ideas and feelings onto the media surrounding it.

Projection can be considered to be both an art and pathological. It is thus necessary for the therapist to carefully consider the type, medium as well as the techniques used in order for projection to be an art. Figure 8 is an indication of the ways in which projection can be applied in therapy.

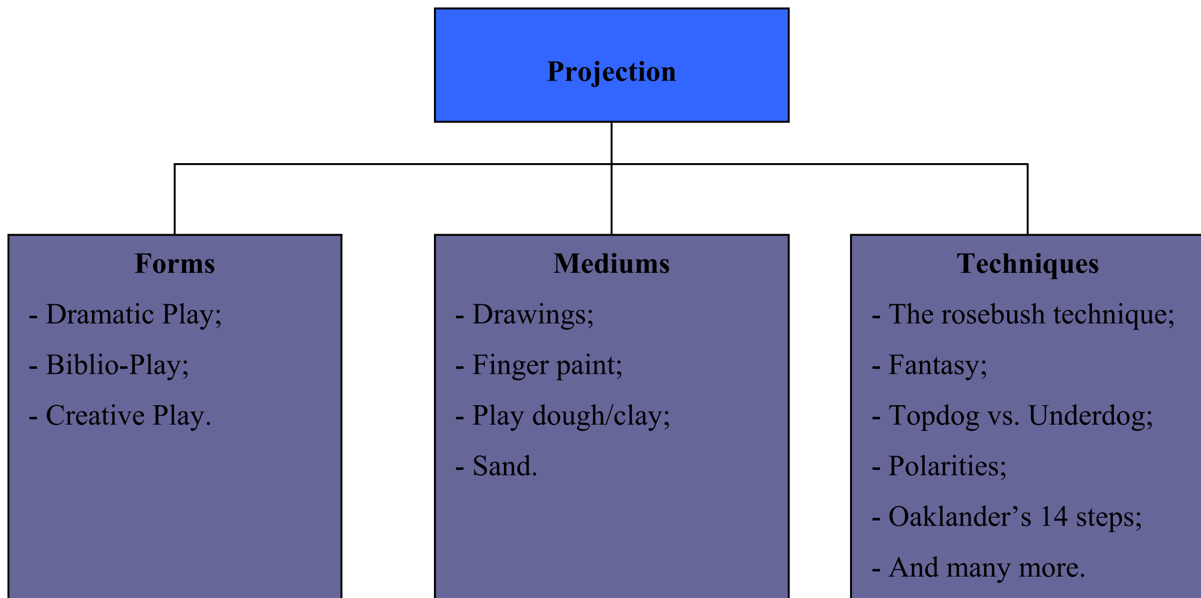

Figure 8: Projection in play therapy.

Group therapy complements the normal developmental tasks that further children's capacities for social interaction and intimacy. Whereas play is to a child what work is to an adult, it is what they do. The researcher is of the opinion that play is the most effective form of communication and therapy for children. Group play therapy is basically a psychological and social process in which children, in the natural course of interacting with one another in the playroom, learn not only about other children, but also about themselves.

When structuring a group to participate in group play therapy, it is necessary for the group members to be screened; the reason being that the success of a play therapy group may well be related to selection of the group members and the size of the group. The size of the group depends on the member's age. Usually the older the children, the larger the groups should be.

During the group play therapy process, the therapist sets the tone and it is therefore helpful for the therapist to join in the activities. By being very enthusiastic, energetic and excited, the therapist helps the children become more interested and involved in the group activities. Enthusiasm is contagious in the group sessions!

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CHAPTER 4

The empirical study.

4.1 INTRODUCTION.

Until now the main objective of the research proceedings was to obtain a theoretical frame of reference. At this stage the researcher is of the opinion that a concrete theoretical frame of reference based on literature and consultations with experts has been established regarding shyness and group play therapy. The logical next step is to undertake an empirical study in order to explore the impact that group play therapy has on shy children's social skills.

4.2 INTERVENTION RESEARCH.

The researcher conducted intervention research as stipulated in figure 1. Many facets of intervention research are both qualitative and quantitative in nature, depending on the distinctive elements of the particular research project (De Vos, 2002a:368). Due to both the qualitative and quantitative nature of intervention research, the researcher employed Creswell's dominant-less-dominant model in order to accommodate both research approaches. The quantitative approach enabled the researcher to answer the research question and was therefore the dominant approach, with the result that the qualitative approach was the less-dominant approach.

Utilizing intervention research from a dominant-less-dominant research approach enabled the researcher to answer the research question, as well as to reach the goal of this particular study.

4.3 QUASI-EXPERIMENTAL DESIGN: ONE-GROUP PRETEST-POSTTEST DESIGN.

The goal of this study was to explore the impact of group play therapy on the social skills of shy children in their middle childhood. The researcher conducted a one-group pretest-posttest design in order to measure "shyness", as well as social skills before and after intervention.

The research procedures and strategies that guided the researcher to successfully implement the one-group pretest-posttest design included structured interviews and unstructured observation. The unstructured observation provided the researcher with a better insight into the phenomenon of shyness, and represented the qualitative approach. The structured interview enabled the researcher to measure "shyness" and social skills and represented the quantitative approach. The interview schedule served as the measurement instrument in this study.

4.4 THE INTERVIEW SCHEDULE AS MEASUREMENT INSTRUMENT.

While conducting the literature study, the researcher was able to identify the following central aspects regarding shyness: the self-conscious emotion; the lack of social skills in a social situation; the fear of negative evaluations and unrealistic expectations of the self. The interview schedule (Appendix A) was constructed to measure the above-mentioned aspects. The researcher will briefly discuss these aspects.

4.4.1 The self-conscious emotion.

According to Crozier (1998:23) this aspect is the central experience of shyness. A shy individual's self-conscious emotions imply that the person: thinks about being shy; focuses on the symptoms of shyness; is aware of being self-aware and has an anxious self-preoccupation.

4.4.2 The lack of social skills in a social situation.

Shy people often feel uncomfortable in social situations, particularly when they are involved in interacting with others or meeting new people (Antony & Swinson, 2000:9). Shy children may remain silent around unfamiliar people, even when spoken to (Malouff, 2002:2).

4.4.3 The fear of negative evaluations.

Social anxiety (which is according to the researcher a characteristic of shyness) makes people think that others are judging them negatively. These people fear that they will make a bad impression. (Compare Butler, 2001:4 and Antony & Swinson, 2000:9.) These fears lead to feeling nervous and uncomfortable in social situations.

4.4.4 Unrealistic expectations of the self.

People who are shy seem capable of handling themselves in social situations, but set unrealistically high expectations for themselves. They judge themselves harshly in comparison to more socially skilful people (Nevid, *et al.,* 1997:207).

4.5 DATA PRESENTATION.

In this study, as mentioned earlier, Creswell's dominant-less-dominant model was applied in order to mix the quantitative and qualitative styles of research and data gathering and analysis. It is therefore clear that this study must both present quantitative and qualitative data.

4.5.1 Presentation of the quantitative data; the dominant approach.

Kerlinger (in De Vos, Fouché & Venter, 2002:223) indicates that data analysis entails that the analyst breaks data down into constituent parts to obtain answers to research questions. The analysis of research data, however, does not in itself provide the answers to research questions. Interpretation of the data is necessary. To interpret is to explain, to find meaning. It is difficult/impossible to explain raw data; one must first describe and analyze the data and then interpret the results of the analysis. In this study, the researcher utilized graphic presentations plus frequency distributions in order to enable analysis of the data, which in return will enable the researcher to interpret the data.

Quantitative variables take on numerical values and are usually obtained by measuring or counting (De Vos, Fouché & Venter, 2002:225). For the purpose of this study the researcher measured the quantitative variables by means of the structured interview schedule (Appendix A). The researcher conducted the structured interviews before and after the play therapy group process with the teacher of the respondents.

4.5.2 Presentation of the qualitative data; the less-dominant approach.

Qualitative data aims mainly to understand social life and the meaning that people attach to everyday life (Fouché & Delport, 2002:79). It is therefore clear that it is necessary to bring the voice of the respondents into the report. The researcher was able to do so by inserting several quotations. (Compare Delport & Fouché, 2002:358.) The researcher also utilized scaled tables (table 8 – table 14) to assess individual group members and the group process. The values on the tables ranged from one to five. One indicated minimum adjustment and participation; minimum use of social skills and minimum use of the group session. In contrast, five represented the maximum of the just mentioned assessment areas.

In this study data is presented both by means of numbers and written words. The numerical presentation of data forms the central aspect of this study seeing that it enabled the researcher to answer the research question.

4.6 THE PURPOSIVE SAMPLE.

Non-probability sampling and specifically purposive sampling was used for the purpose of this study. Babbie & Mouton (2001:166) indicate that purposive sampling is sometimes referred to as judgmental sampling. This type of sampling can only be used if the researcher has sufficient knowledge related to the research problem to allow selection of "typical" persons for inclusion in the sample. This type of sample is also used when the researcher wants to seek out persons who represent extremes of a phenomenon as a means of gaining insight into why they differ from the norm. (Compare Babbie & Mouton, 2001:166 and Strydom & Venter, 2002:207.)

In this particular study the population referred to all the shy children who attend Smiley Kids After Care Centre in Moreleta Park. Five respondents were included in the purposive sample.

The criteria for the selection of the purposive sample:

- A single gender group, namely girls;
- Between the ages of seven and eight years;
- English speaking;
- Regarded as being shy in accordance with literature.

The researcher relied on the teachers and personnel of the After Care Centre to assist in the selection of the purposive sample. The interview schedule (Appendix A) guided the selection of the purposive sample.

4.7 THE QUANTITATIVE ASPECT: ONE-GROUP PRETEST-POSTTEST DESIGN.

The researcher consulted several sources in order to determine the most suitable intervention process (namely group play therapy) when working with shy children. In addition to the literature the researcher studied, Van der Sandt (2003) as well as Winter (2003) provided certain guidelines regarding the intervention process. Figure 9 is a representation of the intervention process. By following the procedures stipulated in figure 9, the researcher was able to answer the research question.

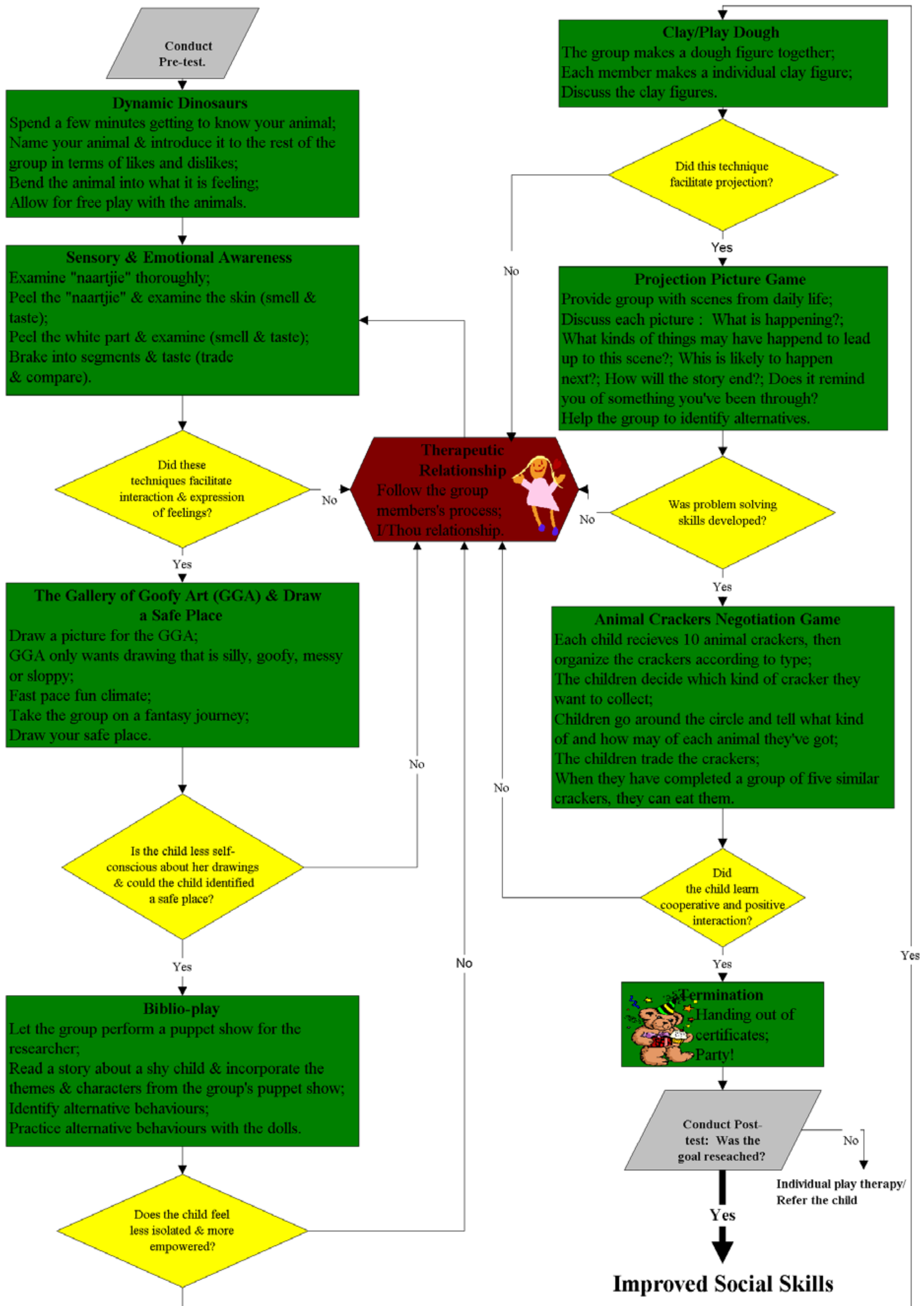

Figure 9: The intervention process.

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4.7.1 The pre-test.

As mentioned earlier, the interview schedule was designed in such a manner to serve as the measurement instrument for the purpose of this study. The interview schedule enabled the researcher to measure the four central aspects of shyness namely: the self-conscious emotions (question 1 – 8 of Appendix A); lack of social skills in social situations (Question 9 – 16 of Appendix A); fear of negative evaluation (Question 17 – 25 of Appendix A) and unrealistic expectations of the self (Question 26 – 30 of Appendix A). Figure 10 is a representation of the average pre-test scores.

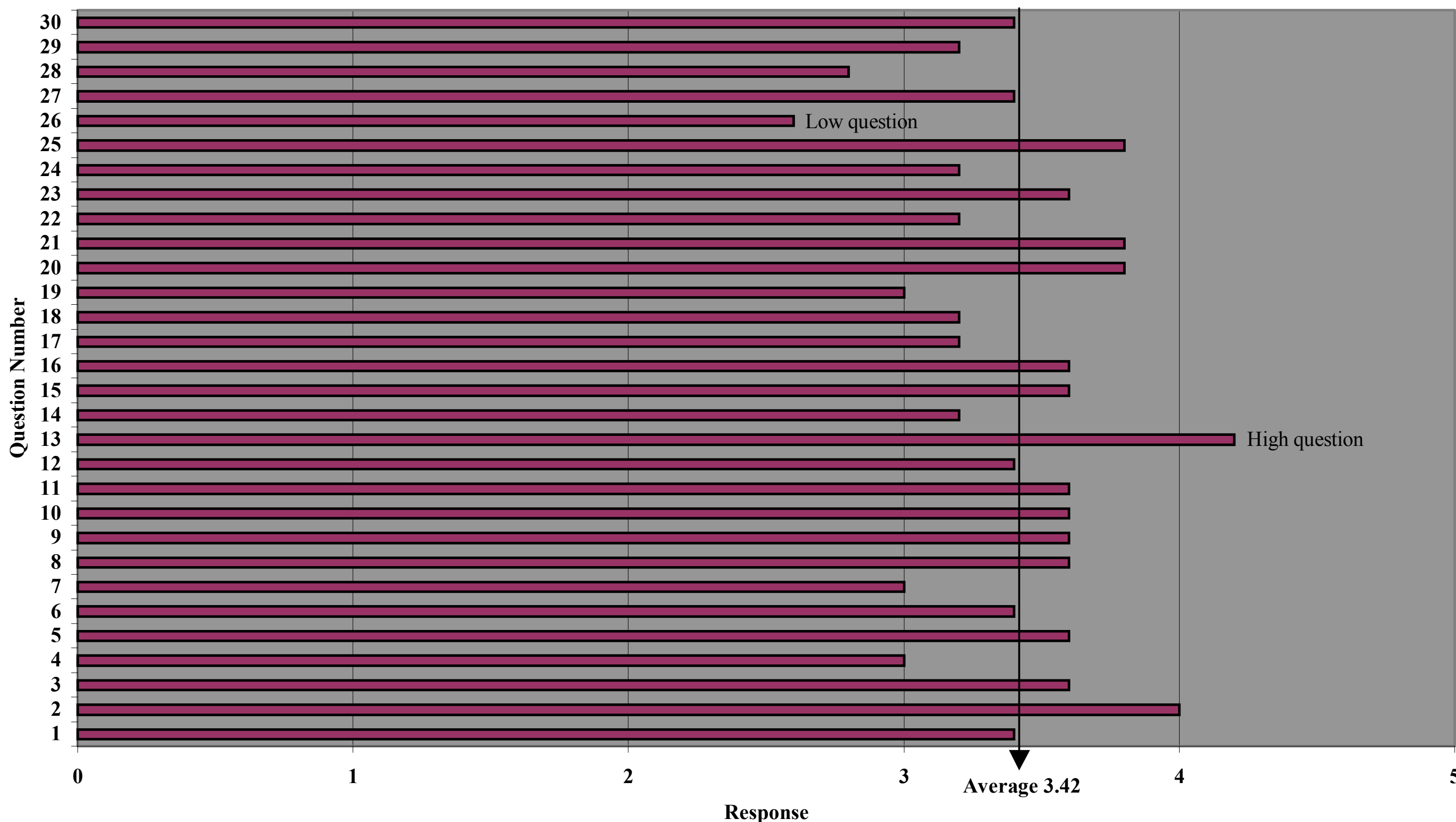

Figure 10: Pre-test answering distribution.

As mentioned earlier, it is necessary to break the raw data down into constituent parts in order to obtain an answer to the research question. By doing so, the researcher is able to make the necessary interpretations. This is crucial, seeing that raw data in itself does not provide the answers to the research question. (Compare Kerlinger in De Vos; Fouché & Venter, 2002:223.) Table 6 is a summary of the characteristic of the sample of shy children, during the pre-test, presented in a frequency distribution table.

Table 6: Pre-test characteristic of the sample of five shy children.

Not at all or somewhat characteristic.	**Frequency**	**%**
The self-conscious emotion	5	3
Lack of social skills in social situations	2	2
Fear of negative evaluation	5	3
Unrealistic expectations of the self	5	3
Sub total		(11)
Often characteristic.		
The self-conscious emotion	17	11
Lack of social skills in social situations	15	10
Fear of negative evaluation	19	13
Unrealistic expectations of the self	14	9
Sub total		(42)
Very or extremely characteristic.		
The self-conscious emotion	18	12
Lack of social skills in social situations	23	16
Fear of negative evaluation	21	14
Unrealistic expectations of the self	6	4
Sub total		(46)
Total	150	100

According to the researcher, table 6 indicates that before the intervention, self-consciousness; lack of social skills in social situations; fear of negative evaluation and unrealistic expectations of the self was very to extremely characteristic to the sample (46 %) of shy children. For 42 % it was often a characteristic and for only 11 % of the sample it was somewhat or not at all characteristic. The researcher can therefore make the assumption that she correctly identified the central aspects of shyness.

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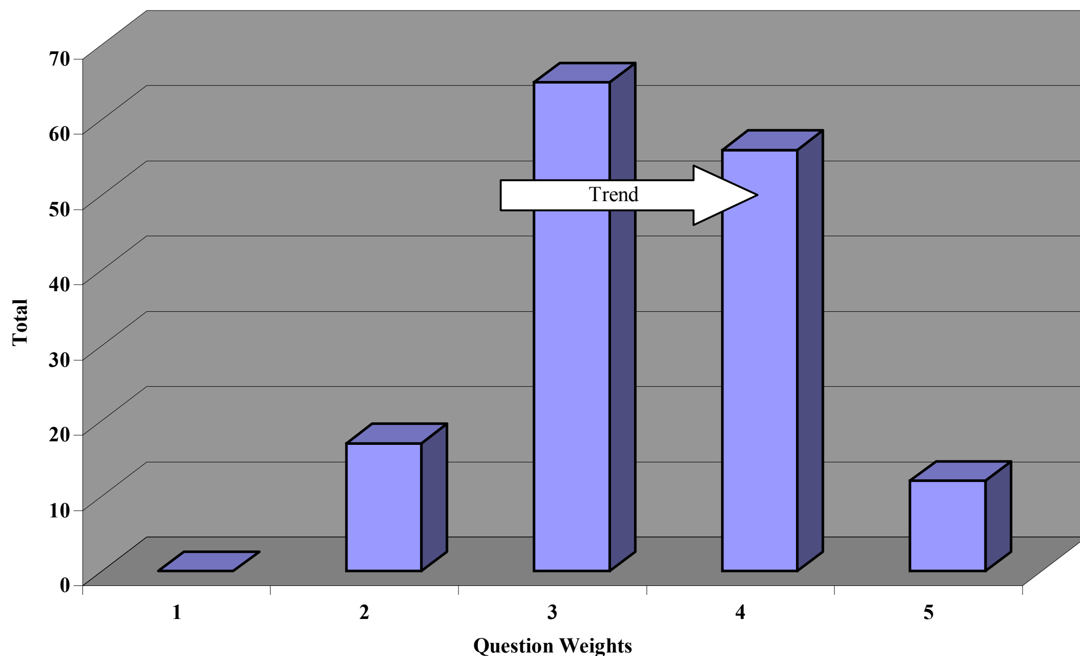

Figure 11: Pre-test bias indication.

Figure 11 is a representation of the pre-test bias indication. This confirms that the trend is towards very characteristic, to extremely characteristic.

4.7.2 The post-test.

After the intervention process, which lasted for eight consecutive weeks, the researcher conducted the post-test with the purposive sample. The same interview schedule (Appendix A) was utilized not only to structure the interview, but also to enable the researcher to once again measure the four central aspects of shyness. Figure 12 is a representation of the average post-test scores.

Once again it is necessary to present the raw data in such a manner that the researcher will be able to make certain interpretations. Table 7 is a summary of the characteristic of the sample of shy children, during the post-test, presented in a frequency distribution table.

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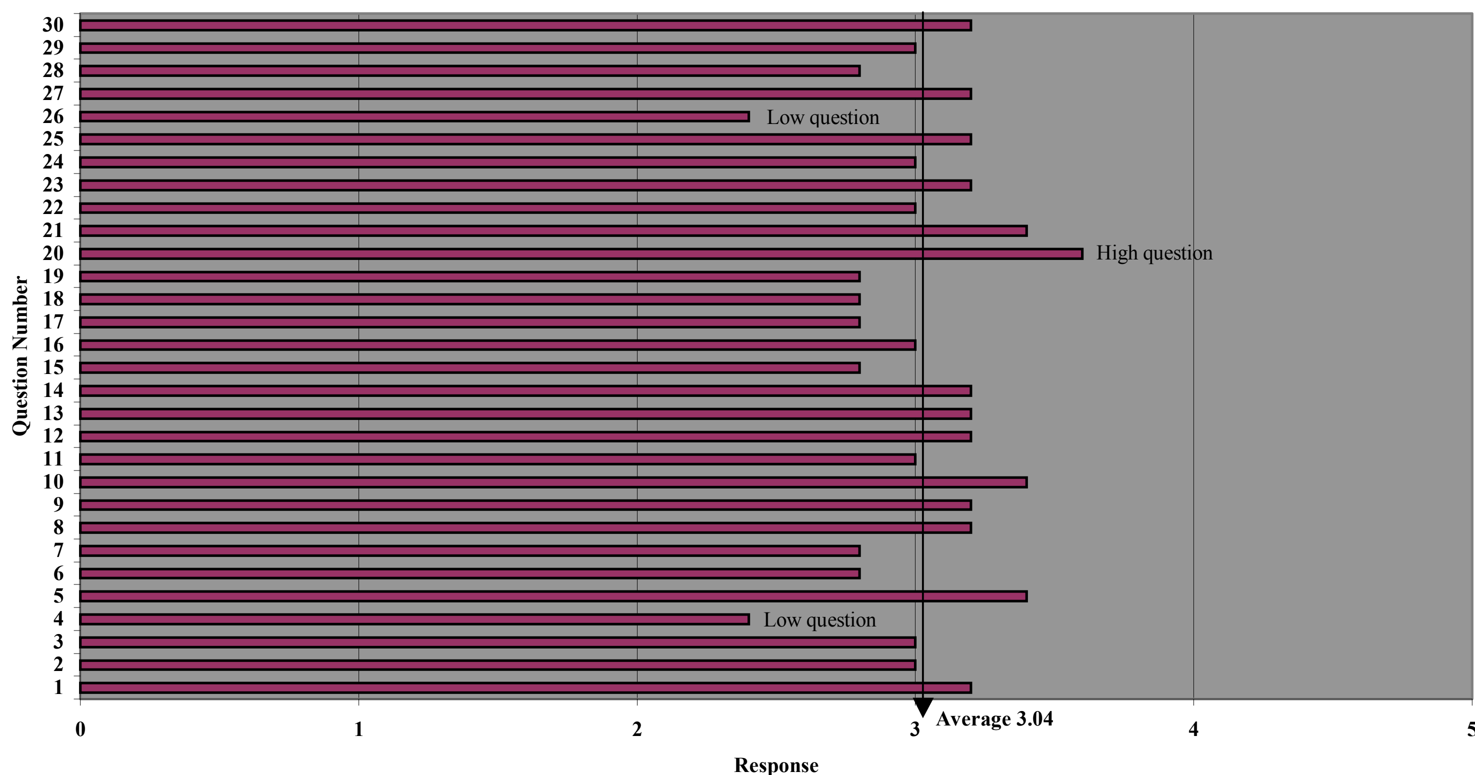

Figure12: Post-test answering distribution.

Table 7: Characteristics of the sample of five shy children.

Not at all or somewhat characteristic.	**Frequency**	**%**
The self-conscious emotion	10	7
Lack of social skills in social situations	7	5
Fear of negative evaluation	9	6
Unrealistic expectations of the self	7	5
Sub total		(23)
Often characteristic.		
The self-conscious emotion	21	14
Lack of social skills in social situations	23	15
Fear of negative evaluation	21	14
Unrealistic expectations of the self	13	9
Sub total		(52)
Very or extremely characteristic.		
The self-conscious emotion	9	6
Lack of social skills in social situations	10	7
Fear of negative evaluation	15	10
Unrealistic expectations of the self	5	3
Sub total		(26)
Total	150	100

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The post-test scores indicate that the central tendency has shifted from very/extremely characteristic (26 %) to often characteristic (52 %). The researcher can therefore assume that group play therapy did indeed influence the central aspects of shyness in a positive manner. Not at all and somewhat characteristic is still the smallest component, but increased from 11 % (pre-test) to 23 % in the post-test.

Figure 13 is a representation of the post-test bias indication.

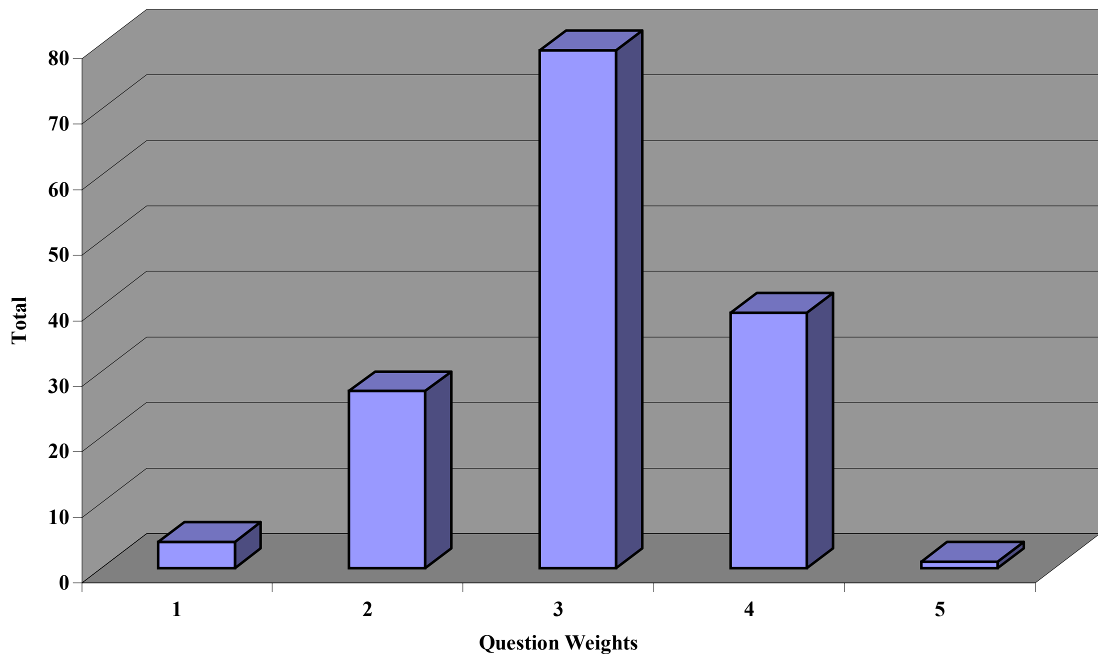


Figure 13: Post-test bias indication.

By comparing figure 13 and figure 11 it is clear that the bias indication has shifted from very/ extremely characteristic to often characteristic.

The researcher will now compare the four aspects of shyness in terms of the pre-test and post-test scores in more detail. The researcher is convinced that the comparison will enable the researcher to answer the research question.

4.7.3 The comparison: Answering of the research question.

What is the impact of group play therapy on the social skills of shy children in their middle childhood?

The researcher is of the opinion that she will be best able to answer the research question, if she analyses the data according to the four central aspect of shyness as identified at the beginning of this chapter.

❖ **The self-conscious emotion.**

Figure 14 is a comparison between the pre-test and post-test scores regarding the self-conscious emotion.

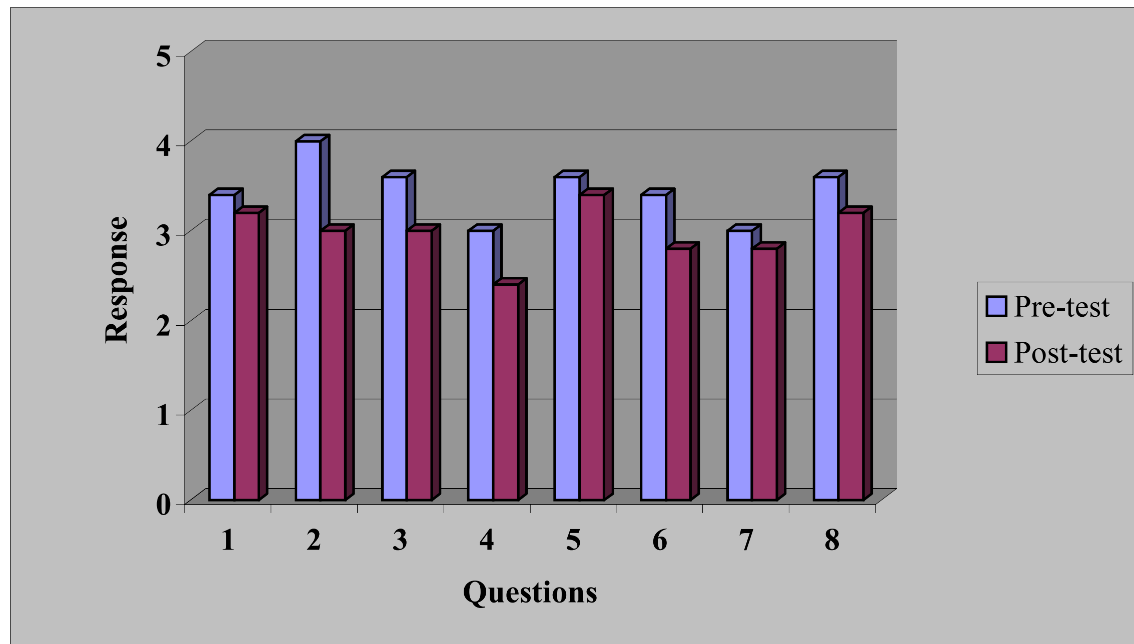


Figure 14: The self-conscious emotion.

Self-consciousness for shy individuals entails: thinking about being a shy person; focusing on shyness symptoms; aware of being self-aware and anxious self-preoccupation (Cheek & Melchoir, 1990:52). By looking at figure 14, it is evident that the level of self-consciousness of the purposive sample decreased after the group play therapy process. Question two shows a significant decline. This question has to do with whether or not it is characteristic for the child to assume that she has done something wrong if a friend does not want to play with her. During the pre-test the average indicates that this is very characteristic of the purposive sample. After the group play therapy, this was often a characteristic. A definite shift has taken place.

Question four moved from being often characteristic to being somewhat characteristic. This question measured the respondents' level of embarrassment. From the pre- and post-test scores the researcher realized that during the eight weeks of group play therapy the respondents felt less frequently embarrassed. The researcher can therefore quite confidently make the assumption that group play therapy influenced self-consciousness in a positive manner, in other words it reduced self-consciousness.

- **Lack of social skills in social situations.**

Shyness also contributes to certain practical problems. For example, shy children obtain less practice in social skills and develop fewer friends. (Compare Malouff, 2002:2.) Question nine to 16 of the interview schedule (Appendix A) measured the respondents' social skills in certain social situations. Figure 15 is a summary of this component of shyness.

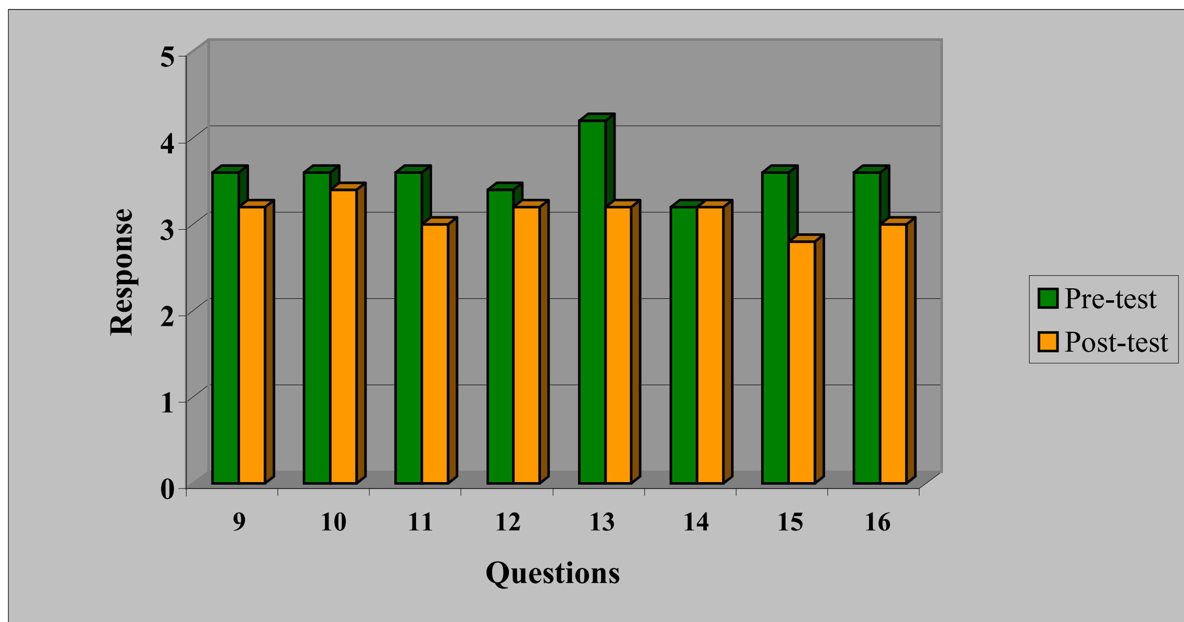


Figure 15: Lack of social skills.

Figure 15 indicates a consistent decrease in the scores from the pre-test measurement to the post-test measurement. The only question that did not show any movement is question 14. From the pre- and post-test scores, it became evident that it is often a characteristic of the sample of shy children to seldom make new friends. The researcher provides the following possible explanation. It is difficult to make new friends in the middle of the year. According to the researcher one makes new friends if: it is the beginning of a new school year; new children enter the school or After Care Center or when on holiday. For the duration of the group play therapy none of the just mentioned was applicable and the researcher views this as a possible explanation.

The most noticeable difference is represented by question 13. This question explored if the sample of shy children disliked taking risks in social situations. Initially this was very characteristic of the sample, but after the group play therapy intervention it changed to being often a characteristic. This implies that gradually during the group play therapy process, the sample of shy children became more involved in social situations, seeing that they were more willing to take risks in social situations. Nothing succeeds in overcoming shyness as does experiencing social successes, once the child takes the initial risk of engaging in some social activity (Henderson & Zimbardo, 2003:7). The researcher is of the opinion that the respondents had the opportunity to experience success in a safe environment, namely the group. The success that the respondents experienced in the group empowered them to take the initial risk in their everyday lives.

❖ **Fear of negative evaluation.**

Shy children tend to remember negative feedback; this includes remembering negative self-descriptions better than positive self-descriptions. They also overestimate the likelihood of unpleasantness in social interaction and are extremely sensitive to potentially negative reactions in others. (Compare Henderson & Zimbardo, 2003:5.) Figure 16 reviews the variation between the pre- and post-test scores regarding the respondents' fear of negative evaluation.

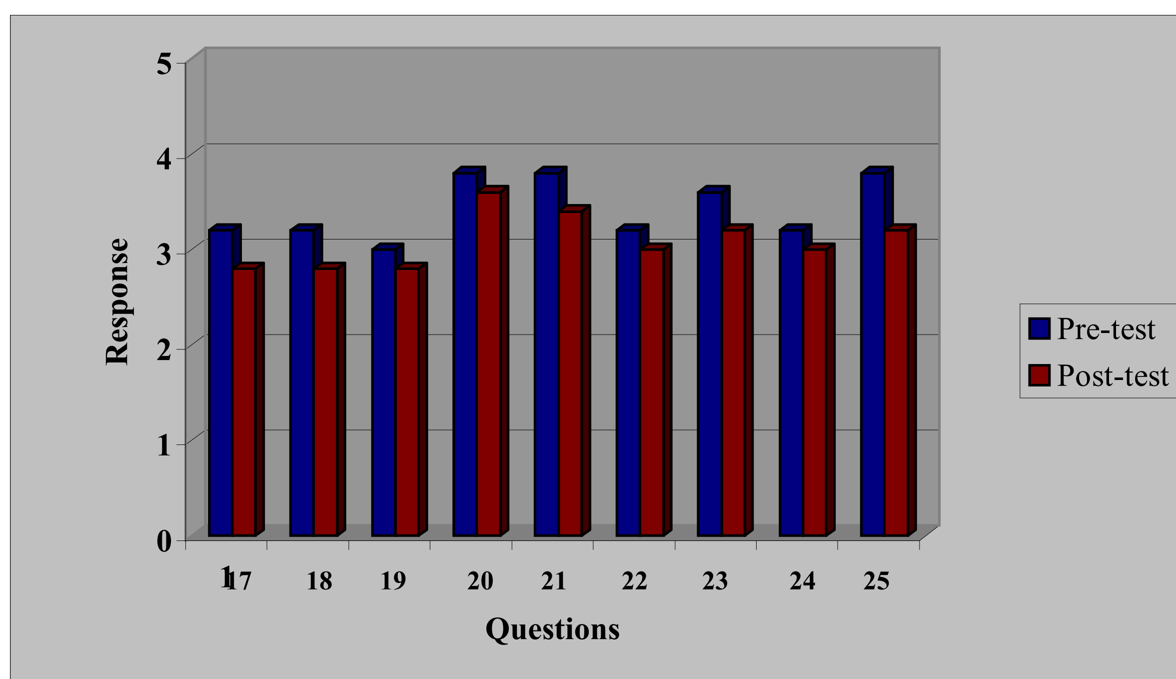


Figure 16: Fear of negative evaluation.

Once again there is a general drop in the scores, which indicates a positive influence of group play therapy on the sample's fear of negative evaluation. According to the researcher, the difference that occurred in question 25 is worth mentioning. Question 25, namely; the child tends to be suspicious of other children's intentions towards her, changed from very characteristic to often characteristic. Even though the scores of the other questions indicate a drop, the difference is not significant enough to cause a shift in the category. The researcher is of the opinion that if the purposive sample was exposed to group play therapy for a longer period of time, the difference between the pre- and post-test scores would be more significant. The researcher is therefore also of the opinion that group play therapy reduces shy children's fear of negative evaluation.

❖ **Unrealistic expectations of the self.**

People who are shy seem capable of handling themselves in social situations, but set unrealistically high expectation for themselves. They judge themselves harshly in comparison to more socially skilful people (Nevid, *et al.,* 1997:207). This aspect of shyness has shown the least improvement, as seen in figure 17.

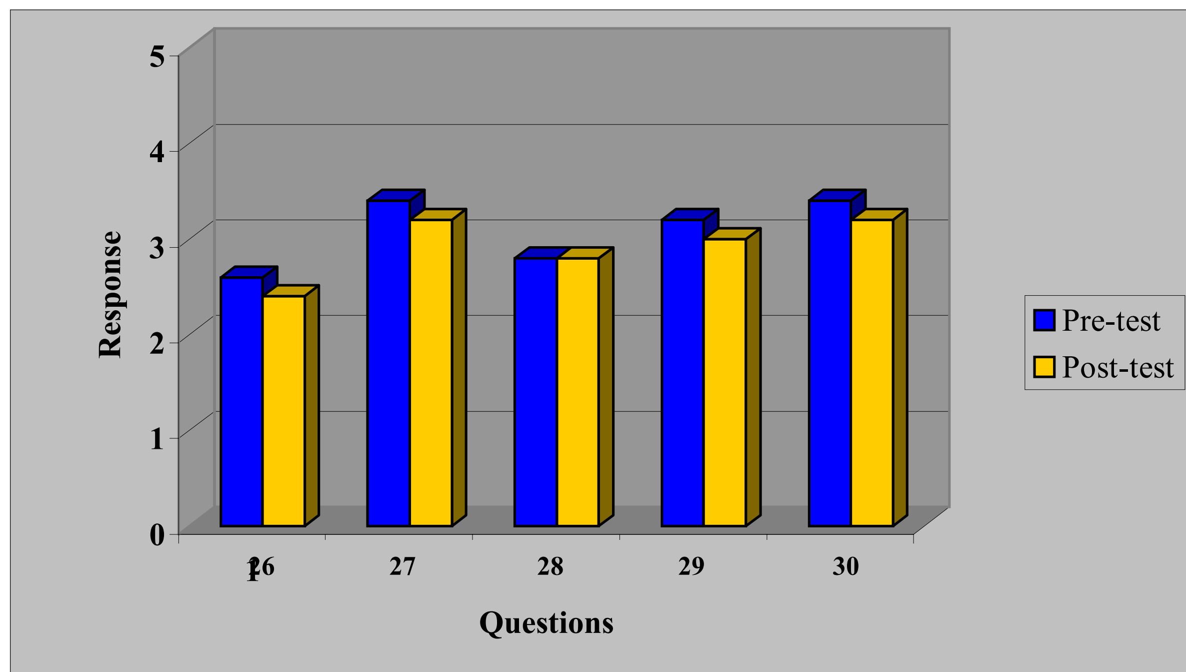


Figure 17: Unrealistic expectation of the self.

Shy children judge themselves more negatively than others judge them (Cheek & Melchior, 1990:68). Question 28 (the child holds an irrational negative view of herself) appeared not to be influenced by the group play therapy process. Holding an irrational negative view, is part of the individual's internal set of beliefs. For an individual to adjust their belief system takes time.

The researcher is therefore of the opinion that long-term group play therapy might help shy children to adjust the unrealistic expectations that they hold for themselves. This statement is motivated by the fact that a decrease has occurred, no matter how small.

What is the impact of group play therapy on the social skills of shy children in their middle childhood?

It is important to remember that the respondents were individuals who are regarded to be chronically/dispositionally shy. Chronic/dispositional shyness acts as a personality trait and is central to one's self-definition (Henderson & Zimbardo, 2003:2). Time is necessary for adjusting an individual's self-definition. The goal of the study was to explore what the impact of group play therapy is on shy children's social skills, not to "cure" shyness. According to the researcher it is extremely difficult for a shy individual not to be shy. Instead an unskilled shy individual can learn to become a skilled shy individual. Eight group play therapy sessions were appropriate for reaching the goal and the purpose of this study.

Through considering the four central aspect of shyness and by specifically looking at figure 10 and figure 12, and when taking the averages (3.42 and 3.04) of the pre- and post-test scores into consideration, the researcher is able to answer the research question in the following manner:

Group play therapy enhances the social skills of shy children in the middle childhood!

As mentioned earlier, the goal of this study is only to explore what the impact is of group play therapy. The researcher views group play therapy as the ideal intervention method to address shyness in the middle childhood years. This study has the potential to form the basis for a further in-depth study. According to the researcher, long-term group play therapy will enable unskilled shy children to become skilled shy children through enhancing their communication and social skills.

4.8 THE QUALITATIVE ASPECT: UNSTRUCTURED OBSERVATION OF THE GROUP SESSIONS.

Figure 18 will be utilized as the key for the sociograms throughout this chapter.

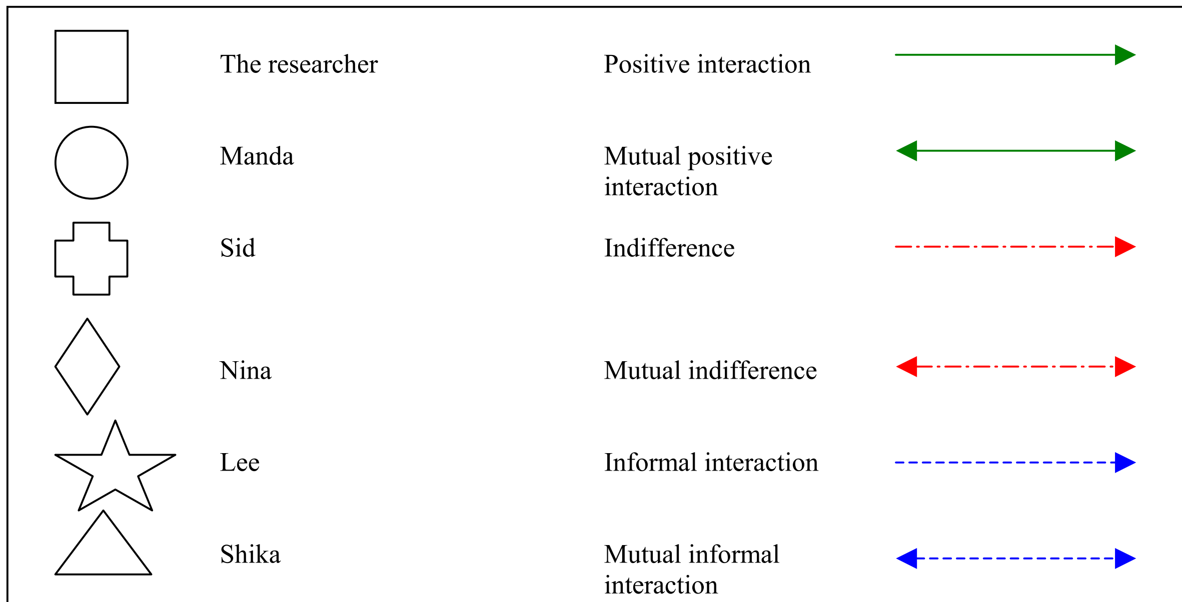
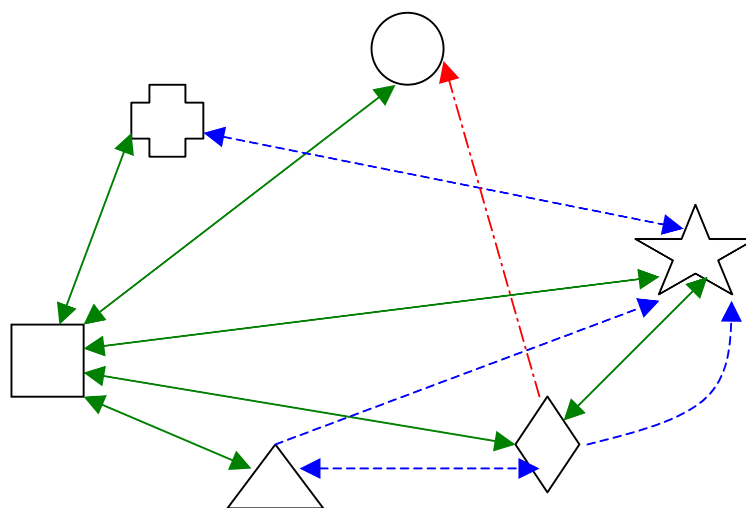


Figure 18: Key for sociogram.

4.8.1 Session 1

❖ **Focus of the session:** Introduction and explaining the purpose of the intervention process.

❖ **Sociogram:**



The group session.

- **Rounds:** After the researcher introduced herself to the group members she continued to explain the reason for her presence. The researcher explained that she is busy writing a book about children between the ages of seven and eight years of age and that the researcher needs their help, as she cannot remember what it is like to be seven or eight years old. The rounds focused on each group member's feelings about participating in the group and helping the researcher to write her book. The group members were also given the opportunity to choose their own "code names" to be used in the book.
- **Game 1:** Searching for Easter Eggs. In the room where the group play therapy session was conducted, the researcher hid five easter eggs, after which an easter egg hunt was held. Attached to each was cardboard paper; on one of the cardboard papers was written: "Have fun". Using the "have fun" cardboard as a guideline, the group established certain aspect to remember[8] in order to make the most of the group process.
- **Projection game:** The Dynamic Dinosaurs Game. This game permitted the children to express themselves without getting too personal. The animals are appealing, yet somewhat neutral in appearance, so the children could project many different feelings, interests, and issues onto them. Each child could choose a bendable animal to play with. The researcher asked each child in the group to spend a few minutes individually with her animal, getting to know it. (Compare Van Fleet, 2001a:360.) The group members were a bit sceptical at first and started giggling. The researcher then continued to "getting to know" her own animal. The group members followed the researcher. After the group members indicated that they are well acquainted with their animals, the researcher introduced her animal to the group and indicated what the animal likes and dislikes. After the introductions, the animals were required to interact with one another in an informal manner. During this exercise, the advantages that dramatic play holds, became apparent. Dramatic play gives the child the opportunity to release her emotion by projecting it through the dramatic play. The child feels safe seeing that dramatic play creates a distance between the child and her problems. (Compare Van der Merwe, 1996a:128; West, 1996:48 and Strickland, 2000:47.)
- **Closure:** Holding rounds and providing each group member with the opportunity to evaluate the session (Appendix E) brought closure to the session.

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[8] The researcher used the term "things to remember", instead of "group rules."

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❖ **Assessment.**

▪ **Group members.**

Table 8: Session 1 - Individual group members and the group process.

Name	Adjustment & Participation	Utilizing social skills	Utilizing the group session
Lee	1 **2** 3 4 5	1 2 **3** 4 5	1 2 **3** 4 5
Nina	1 2 3 **4** 5	1 2 **3** 4 5	1 2 3 **4** 5
Manda	1 2 **3** 4 5	1 2 **3** 4 5	1 2 **3** 4 5
Shika	1 2 3 **4** 5	1 2 **3** 4 5	1 2 3 **4** 5
Sid	1 2 3 **4** 5	1 2 **3** 4 5	1 2 3 **4** 5

(The values of table 8 – table 14 was discussed on p 75.)

<u>Lee:</u> By observing Lee, as well as by evaluating the session, it seems as if she enjoyed the session. She is willing to talk about what other group members are talking about. When it came to rounds she asked to be last and when it was her turn (namely last), she indicated that she did not want to participate. All the group members encouraged her to participate, but still she did not want to. The researcher allowed this and indicated that she can participate in rounds when she feels ready and that the rest of the group members must respect her choice not to participate in rounds. Lee seeks consistent support from Sid.

<u>Nina:</u> Her contribution to the "thing to remember," was *"not to laugh at one another"* and *"not to be ugly"*. The researcher indicated that she thought these were very important "things to remember" and the rest of the group agreed. During the rounds Nina was a bit self-conscious, but despite this she participated in the rounds. During the free play with the animals Nina mentioned: *"None of the other animals wants to play with my animal."* The researcher used this opportunity to initiate a group discussion identifying the emotions that accompany "*nobody wanting to play with the animal"*.

<u>Manda</u>: Manda is in a different school than the other group members. Even though the researcher initially viewed this as a potential obstacle in the group play therapy process, this was not the case. She was a bit hesitant to participate in the group session, but after reassurance from Nina and the researcher she was willing to introduce her animal to the group.

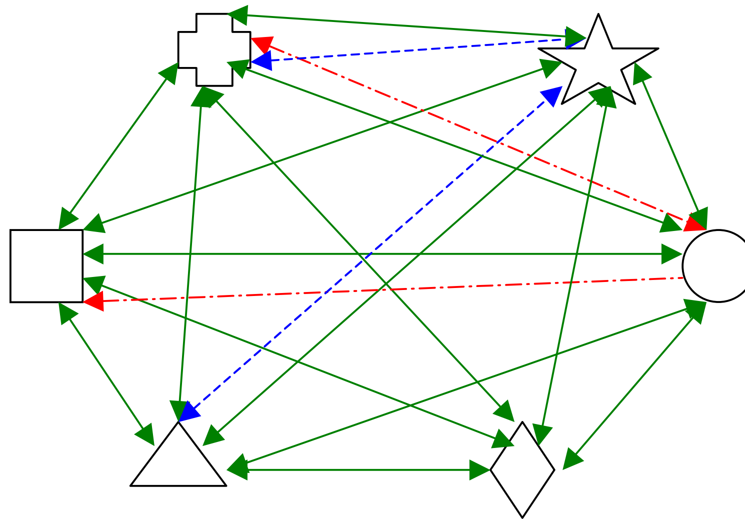
<u>Shika</u>: She is the most spontaneous member in the group. The researcher noticed that her full awareness was not with the session, and later the researcher found out that she did not have time to eat before the session. Food was on Shika's foreground and therefore her full awareness was not on the session. From then on the researcher made sure that all the group members had lunch before the group play therapy session commenced.

<u>Sid</u>: She enjoys talking informally in the group, but is very self-conscious when it comes to rounds. She stared giggling when she had to introduce her animal to the group, but after reassurance she successfully introduced *"Troty"* to the group.

4.8.2 Session 2

❖ **Focus of the session:** Sensory and emotional awareness.

❖ **Sociogram:**



❖ **The group session.**

▪ **Rounds:** Everybody in the group indicated that they had a lovely Easter weekend. All the members participated.

▪ **Game 1:** <u>Musical Instruments.</u> Each group member chose a different musical instrument. First each group member played her instrument individually and then the group had to work together to play a song.

▪ **Projection game:** <u>Sensory & Emotional Awareness.</u> For the sensory awareness, the group members each received a "naartjie" to eat. (Compare Oaklander, 1999:168.) Regarding emotional awareness, each group member drew different faces and the other group members had to identify the emotion that was applicable to the faces.

▪ **Closure:** After the group members evaluated the session, rounds were made once again and the session was evaluated (Appendix F). The group members did not want the session to end but the researcher explained that she must leave so that she can go and prepare for their next session together. The members also indicated that they would like to paint during the next session.

❖ **Assessment.**

▪ **Group members.**

Table 9: Session 2 - Individual group members and the group process.

Name	**Adjustment & Participation**	**Utilizing social skills**	**Utilizing the group session**
Lee	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Nina	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Manda	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Shika	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sid	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Lee: During this session Lee was much more relaxed. She participated in rounds as well as in all the other activities. Lee is constantly seeking reinforcement from Sid:

"Sid, which colour should I take?"

As part of the emotional awareness exercise, the group members had to choose which colour paper they would like to use.

Nina: Nina is the most mature in the group and is aware of several different emotions. During the drawing activity, she drew four faces (image 1) and classified them correctly. *"This one is happy; confused; frustrated and sad."*

Image 1: Emotional Awareness.

Manda: She is very self-conscious when participating in the group. She seeks constant reassurance and needs encouragement in making choices. She is quick to change her mind about certain choices she made. This became apparent in this session through the following conversation:

Manda: "I want to play the flute!"

The researcher: "That is a good choice." (Handed Manda the flute)

Sid: "I will take the drums"

Manda: "No, I want to play on the drums" (Putting the flute down and grabbing the drums)

The researcher: "Manda, you do not think Sid would also like to play on the drums?"

Manda: "I want to play on the drums!"

The researcher: "Unfortunately, you already chose the flute, and it is Sid's turn to choose an instrument."

Sid: Sid views herself as shy, but she was the first one to speak during the group discussion. This is an indication that she feels safe in the group. In terms of certain aspects, she is functioning in the explosive layer:

Sid: "You some times feel sad if you want to go and play at a friend's house, but you are not allowed to."

The researcher: "What clever plan can we think of that will help us feel better if we are sad?"

Sid: "When I feel sad I talk to my dog, and that helps me feel better!"

The researcher: "That is a very clever idea!"

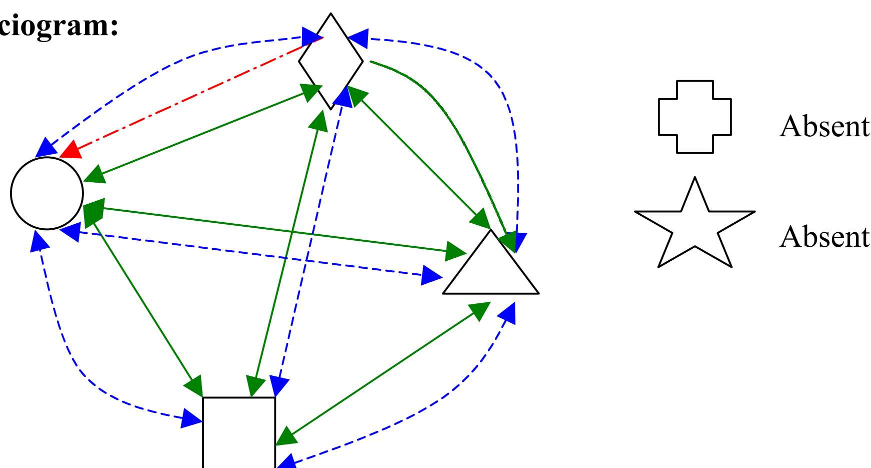
In other words, Sid was aware of her needs, alternatives and the implications of her choices, which is a clear indication that she functioned in the explosive layer. (Compare Yssel, 1999:97.)

Shika: She enjoyed pulling the appropriate face for certain emotions that people can feel. Shika enjoys the group, she feels comfortable in the group and it would appear that she is at ease with who she is.

4.8.3 Session 3

- **Focus of the session:** To make the respondents less self-conscious about their drawings or paintings; as well as the group members' safe places.

❖ **Sociogram:**



❖ **The group session.**

- **Rounds:** Everyone that was present during this session, participated in rounds and indicated that they are feeling fine and looking forward to the session.
- **Game 1:** Playing "Twister"[9]. This game enabled the researcher to observe the group members contact boundaries, as well as hand-eye-coordination.
- **Projection game:** The Gallery of Goofy Arts. In order for the group member to become less self-conscious about their drawings/paintings, the group members had to make a picture for the gallery of goofy arts. (Compare Van Fleet, 2001b:372.) After the painting was placed in the gallery the researcher took the group members on a fantasy journey to their place where they feel completely safe and happy. After the journey the group members could either draw or paint their safe place. The entire group choose to paint and completed their paintings. This was followed by a discussion about things that make you unhappy or uncomfortable and how your safe place can help you the get rid of those feelings.
- **Closure:** The group were given an opportunity to evaluate the session (Appendix G) and during the rounds all the group members indicated that they had fun.

❖ **Assessment.**

- **Group members.**

Table 10: Session 3 - Individual group members and the group process.

Name	Adjustment & Participation	Utilizing social skills	Utilizing the group session
Nina	1 2 3 **4** 5	1 2 **3** 4 5	1 2 3 **4** 5
Manda	1 2 **3** 4 5	1 **2** 3 4 5	1 **2** 3 4 5
Shika	1 2 3 **4** 5	1 2 3 **4** 5	1 2 3 **4** 5

[9] The game consist of a mat with four lines of dots, each line is a different colour. By making use of a spinning card, the group place their right hand and foot and left hand and foot on the collated dot on the mat.

Nina: Nina is a perfectionist; her tempo of work is very slow. Nina was very upset when Manda used her clean water to rinse off her paintbrush. Her process allows her to concentrate on the task at hand and minimize the opportunity to make "mistakes". She does not like it when she makes a mistake, instead of trying to rectify the mistake, she would start the activity over. Nina is quick to notice her own "mistakes", even though the other group members and the researcher would not regard it as a mistake. This is an indication that Nina judges herself harshly. This confirms that shy children judge themselves harshly in comparison to more socially skilful people. (Compare Nevid, *et al.* 1997:207.)

Manda: Manda seeks constant recognition from the researcher and would appear to be a "needy child". The researcher provides Manda with the necessary recognition, but is also very careful not to give Manda more attention than the rest of the group members.

Shika: Shika was familiar with the "Gallery of Goofy Arts" technique, and it was very empowering for her to help the researcher explain the technique.

The researcher: "Today we are going to make very special painting; we are going to make paintings for the Gallery of Goofy Arts!"

Shika: "I know this game, we had to do it in grade one."

The researcher: "Would you mind doing another painting for the Gallery of Goofy Arts?"

Shika: "No, I do not mind."

The researcher: "This specific gallery only wants paintings that are silly, sloppy, messy and wacky. Isn't that right Shika?"

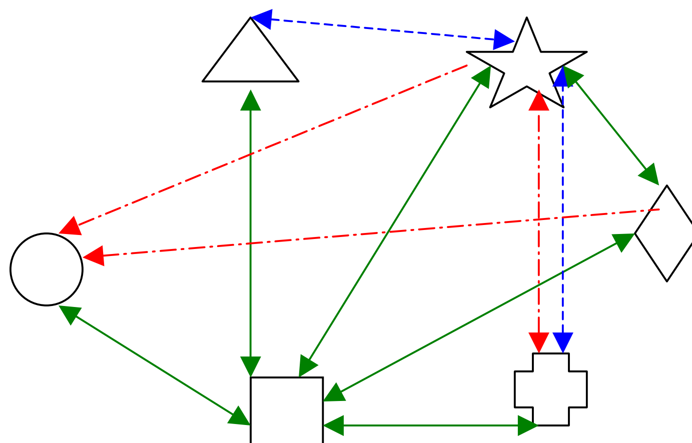
Shika: "Yes, and we only have a few minutes to complete our paintings for the gallery."

The researcher: "Thank you Shika, now if every body is ready…start your paintings!"

4.8.4 Session 4

❖ **Focus of the session:** Biblio-play: stars versus grey dots.

❖ **Sociogram:**



❖ **The group session.**

- **Rounds:** During the rounds, Shika shared with the group that she is worried at the moment because her father was in a motorcar accident the previous day and that he is currently in the hospital. The researcher thanked her for sharing this with the group and used the opportunity to deal with Shika's emotions.
- **Game 1:** The Big Wind Game. The whole group sat in a circle. One member was selected as the "Big Wind" and stood in the middle of the circle. This child got to choose one characteristic which two or more children in the group share. After selecting the characteristic, the "Big Wind" announced their selection; thereby "blowing around" all those people who shared that characteristic. These members scrambled to another seat left vacant by someone else attempting to change seats. The "Big Wind" attempted to fill a seat, which means that one member did not have a seat in the end. That child became the next "Big Wind" (Leben, 1997:22).
- **Projection game:** Biblio-Play. Next, the researcher moved on to the projection game. Firstly the group members had to perform a puppet show for the researcher. The researcher agrees with West (1996:48) who indicates that puppets are especially helpful when working with shy children. She goes on to explain that shy children speak more confidently 'behind' the puppet, thus projecting their feelings onto the puppet. The group made up a story about a chocolate shop and its' customers. Two of the customers argued about wanting to buy the same chocolate, while the shopkeeper tried to intervene and the rest of the customers just talked about the two fighting. The researcher congratulated the group members on their excellent puppet show and asked if it will be "OK" with the group members if she could talk to the dolls in the puppet show. After the group members indicated that this was in order, the researcher used this as an opportunity to identify (together with the group) alternative behaviours and develop problem-solving skills. After the puppet show, the researcher read, "You are special" by Max Lucado (1997), which she adapted in order to address shyness (Appendix H). This was followed by a discussion.
- **Closure:** Sid indicated that, even though she enjoyed the session, she considered the previous sessions to be more fun. The rest of the members enjoyed the story. Once again the session ended with rounds and evaluation (Appendix I).

❖ **Assessment.**

- **Group members.**

Table 11: Session 4 - Individual group members and the group process.

Name	Adjustment & Participation	Utilizing social skills	Utilizing the group session
Lee	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Nina	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Manda	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Shika	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Sid	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Lee: When a child listens to a story, she may identify with a character, or a theme or an event within the story. If she does this, then she is almost certain to reflect on her own life situation (Geldard & Geldard, 1997:135). This was the case with Lee. She enjoyed the story very much and she was able to identify with "Pinchinello".

The researcher: "Has anyone of you ever felt like Pinchinello, and that people just give you dots all the time?"

Lee: "Yes, at school I feel like that all the time."

The researcher: "Lee, can you think of a specific situation at school that makes you feel like Pinchinello?"

Lee: "Sid says that she will play with me at school, but she never does."

Sid: "But I can't, I am afraid that I will get fired if I play with her." (Talking to the researcher).

The researcher: "Are you afraid that your other friends will not want to play with you anymore if you play with Lee?" Sid nodded her head, yes.

The researcher (talking to the entire group): "What do you think Lee and Sid could do in order for both of them to be happy?"

Nina: "Every one can play together."

The researcher: "That is a very clever idea Nina, thank you."

Sid: "But my other friend does not like it when someone else plays with us."

The researcher: "O, so you don't think it would work if you all play together, any other ideas?"

After a moment of silences the researcher said: "What about taking turns to play with your other friend and with Lee?"

Sid: "I do not know, but I will talk to my other friend."

Lee: "I would like that, and we can also continue to play at the After Care with each other."

The researcher: "That sounds like a very good plan!"

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Nina: Nina is very responsible and reserved. She tries to get as much as possible from the sessions and is quick to quiet the other group members down, if she feels that they are disturbing the group.

Manda: Manda tends to disrupt the group sessions with her "neediness". She only wanted to take part in the "Big Wind Game" when she was the "Big Wind" and after that she did not want to play any more.

The researcher: "OK, now it is Lee's turn!"

Manda: "I don't want to play any more."

Lee: "She is always like that, she only wants to play when it is her turn."

The researcher: "It is OK, she does not have to play if she does not want to, but we are going to continue playing and Manda, if you do not want to play anymore, you can wait until we are finished playing this game."

(Manda continued to play the game with the rest of the group.)

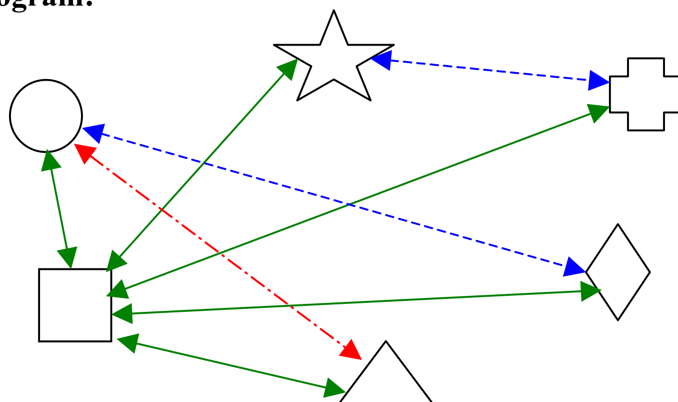
Shika: During the rounds, it became clear that Shika feels safe in the group by sharing a painful emotion with the group. The researcher is of the opinion that she functions at the implosive layer, seeing that she could identify why she is worried and that she would like to do something about is, but she did not know what to do.

Sid: Regarding certain aspects of her life, Sid functions in the explosive layer. In a previous session she indicated that when she feels sad, it helps to talk to her dog. In other instances (for example playing with Lee at school) she is functioning in the impasse layer. She knows something is wrong, but she does not feel like she can do something about it. Sid is also not prepared to take responsibility and indicate that she can do anything about it, because of her other friend. (Compare Schoeman, 1996a:36.)

4.8.5 Session 5

- **Focus of the session**: Projection with clay as the medium. The researcher is of the opinion that clay is an appropriate medium for shy children. Clay is one of the few materials that can be created and destroyed, reworked and reformed, offering a success-oriented experience to children. (Compare Van der Merwe, 1996c:147; Malchiodi, 1997:182 and West, 1996:182.)

❖ **Sociogram:**



❖ **The group session.**

- **Rounds:** The entire group participated and mentioned that every one is doing well.
- **Game 1:** The Magic Crayon Game. At first the group members did not like the idea that they have to use a make believe crayon, but when the game stated they all enjoyed participating. The magic crayon had to be held with different body parts while spelling a word in the air (Beyer, 2001:369).
- **Projection game:** Clay/Play dough. Each group member had the opportunity to choose between yellow or pink clay. After all the group members were happy with the clay that they received, they had to follow the instructions of the researcher, while listening to background music. The researcher utilized Oaklander's 14 steps as appropriate for clay work (Appendix J). After the entire group finished their clay figures, the researcher dealt with each group member's projection individually, while the rest of the group listened.
- **Closure:** After evaluation (Appendix K) and rounds the researcher indicated that the group could keep the clay seeing that the entire group gave each other a chance to speak.

❖ **Assessment.**

- **Group members.**

Table 10: Session 5: Individual group members and the group process.

Name	Adjustment & Participation	Utilizing social skills	Utilizing the group session
Lee	1 2 3 **4** 5	1 2 **3** 4 5	1 2 3 **4** 5
Nina	1 2 3 **4** 5	1 2 3 **4** 5	1 2 3 **4** 5
Manda	1 2 **3** 4 5	1 2 **3** 4 5	1 2 **3** 4 5
Shika	1 2 3 **4** 5	1 2 3 **4** 5	1 2 3 4 **5**
Sid	1 2 3 **4** 5	1 2 3 **4** 5	1 2 3 **4** 5

Lee: Once again Sid influenced Lee's decision. Initially Lee could not decide which colour clay she wanted to use, just as it appeared that she wanted pink clay, Sid indicated that she would like yellow clay. Immediately thereafter Lee indicated that she would also like yellow clay.

Nina: Nina enjoys the groups very much; she really wants to get everything out of the group. Nina is willing to take responsibility for her actions in that she sticks to her choice and she does not change her mind once she has made her decision.

Manda: Once again Manda represented the "needy" child. She was very concerned with some group members getting more clay than the others. By acknowledging her feelings and providing her with the opportunity to choose (the researcher showed her two pieces of clay that she could choose from) and making sure that the choice she made was her final choice, the researcher was able to fulfil Manda's presenting needs. (Compare Landreth, 2002:261.)

Shika: Shika enjoyed the medium of clay very much and was completely into her projection. Shika made a bird's nest with some eggs in it (see image 2).

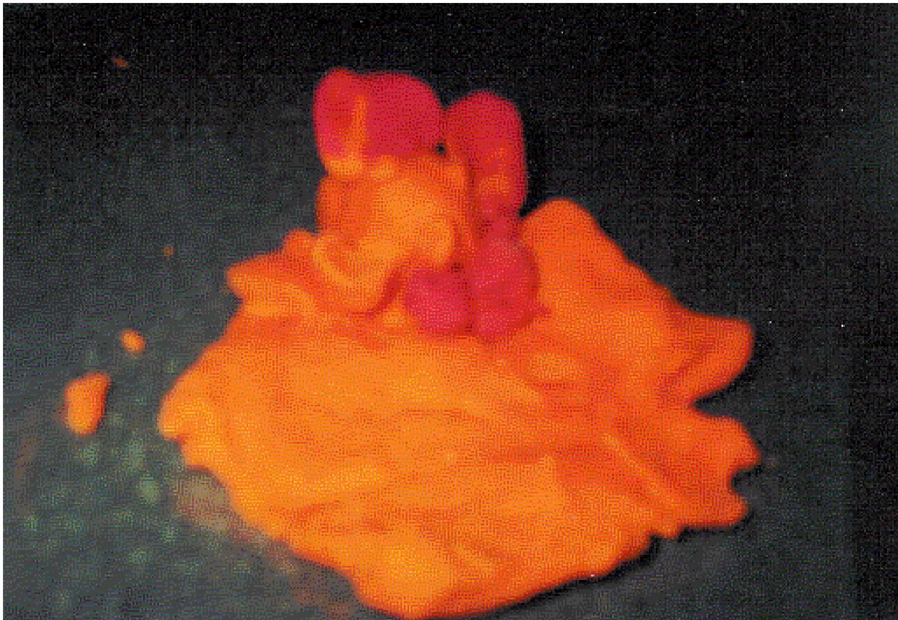


Image 2: Clay as projection medium.

Image 2 lead to the following discussion:

The researcher: "Repeat after me…I am the clay, I am the clay."

Shika giggling at first: "I am the clay, I am the clay."

The researcher: "What are you?"

Shika: "I am a nest."

The researcher: "Whose nest are you?"

Shika: "I am the bird's nest."

The researcher: "And how does the bird use you?"

Shika: "She lays eggs in me."

The researcher: "Does the nest like it when the bird uses her?"

Shika: "Yes."

The researcher: "If both the nest and the bird could talk, what would they say to each other?"

Shika: "Hello bird, how are you doing? I am fine thanks and you? I am also fine. (After a moment of silence Shika continued) Please don't ever stop laying your eggs in me. Ok I won't."

The researcher: "Can I guess that the nest is afraid that she is going to be lonely once the bird stops laying her eggs in it?"

Shika nodded her head yes.

The researcher: "Have you ever felt lonely?"

Shika: "Yes"

The researcher: "It is not a nice feeling. What do you think one can do if one feels lonely?"

Shika: "You can ask your mommy or aunty to do everything with you."

The researcher: "Yes that will work, cleaver plan! Can anyone else think of something that will make the lonely feeling go away?"

Manda: "I can play with my baby brother."

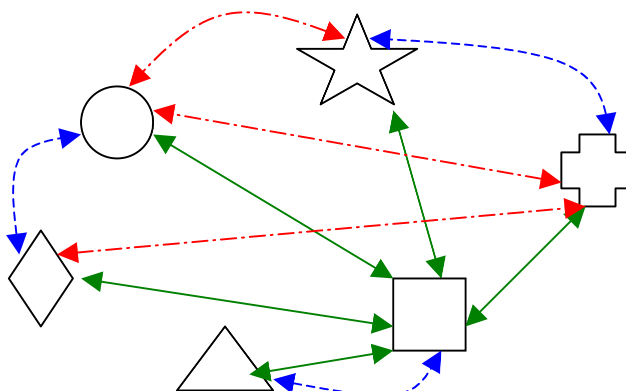
The researcher: "Yes, thank you Shika for sharing your clay figure with the group."

Sid: Sid was the last group member to share her projection with the rest of the group. She was very excited and the researcher could see that she put a great deal of thought into her story. She knew what questions to expect and answered some of the questions before they were asked. The experience empowered Sid; seeing that the entire group liked her story and clay figure.

4.8.6 Session 6

- **Focus of the session:** Problem-solving skills and communication skills.

- **Sociogram:**



❖ **The group session.**

- **Rounds:** Once again the researcher started the session with rounds. The entire group indicated that they were looking forward to the session.
- **Game 1:** The Mirror Game. The children were grouped into pairs, with the two partners facing each other. One child moved her body as she chose (staying in the same spot!) and her partner tried to imitate these movements, as if she was the other child's reflection in the mirror. After one-minute, the roles were reversed. At no time during the game should the children touch each other (Leben, 1997:73). The group enjoyed this game and everyone, except Shika, indicated that they liked being the mirror the best.
- **Projection game:** Picture Projection Game. The researcher implemented this game as indicated in figure 9. (Compare Leben, 1997: 78.) Firstly, the researcher divided the group into two groups. One group consisted of three members, while the other group consisted of two members. After the two groups described their scene to each other and to the researcher, the group had to discuss image 3 together.

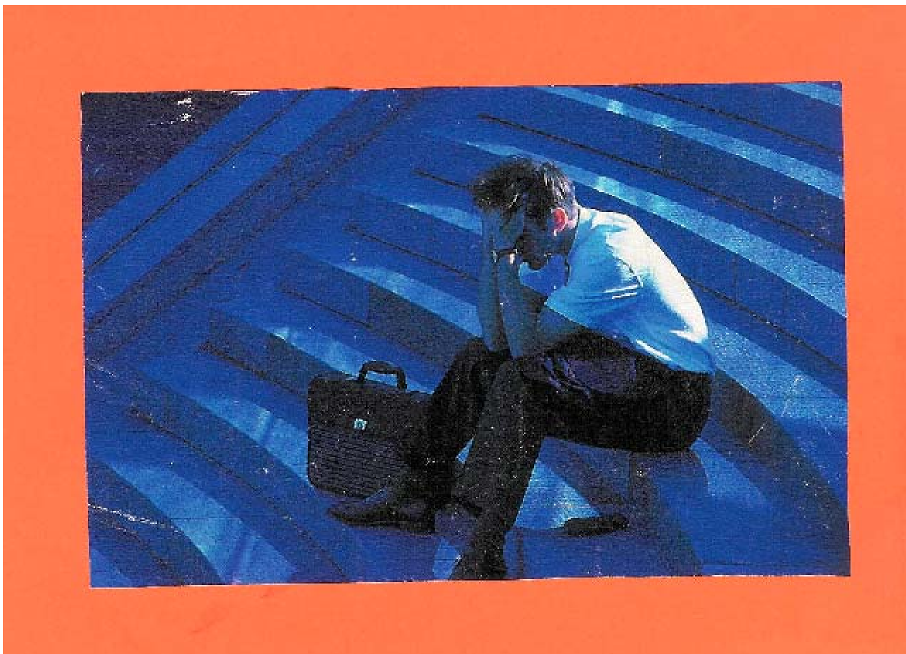


Image 3: The picture projection game.

After the group had a few minutes to discuss the picture the story they created went as follows:

Nina: "The man is sad and has little hope seeing that he lost his job."

The researcher: "What happened just before he went to sit on the steps."

Manda: "He and his boss had an argument and then the boss fired the man."

The researcher: "So he is sad because he lost his job."

The entire group verified the statement.

The researcher: "I don't like being sad, do you?"

The entire group indicated no.

The researcher: "What do you think will happen next?"

Sid in a jokingly manner: "He will go home and watch TV and be alone and drink beer."

The researcher: "Will he still be feeling sad?"

Both Lee and Nina showed that they think so.

The researcher: "What do you think the man should do to feel better."

Sid: "He can drink beer."

The researcher: "That will maybe help him feel better for a little while but the next morning he will only feel worse."

Nina: "He could talk to his wife and ask for her advice."

The researcher: "That is a excellent idea, and then he might not feel so alone any more."

Everybody was happy with this ending to the story.

The researcher: "Have anyone of you ever felt like the man, sad and that you do not want to see anyone?"

Manda: " Yes one time at school when my friend cheated in a game so that she could win."

The researcher: "How did it make you feel, Manda?"

Manda: "I was mad and I did not want to play with her anymore."

The researcher: "Did that help you feel better?

Manda: "No, I was still mad and I had nobody to play with."

The researcher directing the question to the entire group: "What do you think Manda could have done in that situation."

Nina: "Maybe if you told your friend that you don't like it when she cheats."

The researcher: "Yes, I think that will work because she would not like it if you cheated."

- **Closure:** Even though Sid found the session a bit boring, she still indicated that she enjoyed the session. The rest of the group also indicated that they enjoyed the session. The entire group evaluated (Appendix L) the session in a positive manner.

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❖ **Assessment.**

▪ **Group members.**

Table 13: Session 6 - Individual group members and the group process.

Name	Adjustment & Participation	Utilizing social skills	Utilizing the group session
Lee	1 2 3 **4** 5	1 2 3 **4** 5	1 2 3 **4** 5
Nina	1 2 3 **4** 5	1 2 3 4 **5**	1 2 3 4 **5**
Manda	1 2 **3** 4 5	1 2 3 **4** 5	1 2 3 **4** 5
Shika	1 2 **3** 4 5	1 2 3 **4** 5	1 2 3 **4** 5
Sid	1 2 3 **4** 5	1 2 3 **4** 5	1 2 3 **4** 5

Lee: She enjoyed the sessions very much and has come a long way since the start of the intervention process. Initially Lee did not even want to participate in rounds and now she feels comfortable to share her experiences with the group.

Nina: Nina mostly functions in the explosive layer according to Perls' layers of neurosis. She is able to identify alternative behaviours for problematic situations, which in turn enables her to address the situation appropriately. (Compare Thompson & Rudolph, 2000:166.)

Manda: Manda is gradually starting to utilize the group sessions to her advantage. Instead of constantly seeking recognition from the researcher, she is willing to share her experiences with the entire group.

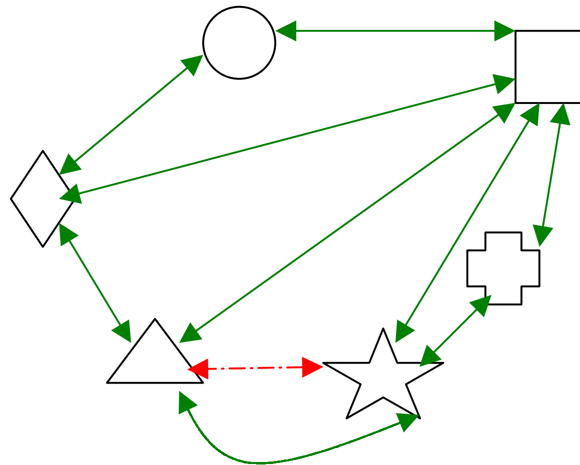
Shika: Even though Shika is the most spontaneous in the group, she has not assumed the role of leader. She enjoys interacting in the group. Shika is a very sensitive child and tend to take comments personally.

Sid: Sid seems to be comfortable with who she is. Even though she sometimes hesitates to make certain decisions, she is starting to take responsibility for the decisions she made. During rounds, just before the session was terminated, she indicated that she found the session a bit boring and this is an indication that Sid is aware of her own likes and dislikes.

4.8.7 Session 7

❖ **Focus of the session:** Cooperation and positive interaction and learning to express a personal opinion based on a real-life experience. Preparation for termination.

❖ **Sociogram:**



❖ **The group session.**

- **Rounds:** The entire group participated and indicated that they are looking forward to the session.
- **Game 1:** Disease Game. The children stood in a large circle. The researcher stood in the middle of the circle and began role-playing an ailment. The researcher then chose a child and touched her on the shoulder with one finger, which "contagiously" spread the ailment to that child. This child imitated the ailment and if done correctly she moves to the center of the circle and create a different ailment. All the group members enjoyed the game and participated with enthusiasm (Leben, 1997:41).
- **Projection game:** Animal Cracker Game. The entire group enjoyed this activity very much. (Compare Leben, 1997:19.) The researcher was surprised at the level of cooperation and positive interaction that this game established between the group members. All the group members worked together in order to achieve their individual goals. The only trouble Manda had, was deciding on whether or not she should collect monkey crackers or elephant crackers.

Manda: "I can't choose between the monkey and elephant crackers, I want to collect them both."

The researcher: "I realize that you would like to collect both kinds of crackers Manda, but unfortunately we only have enough crackers so that each group member can collect one pair each."

Manda: "Ahuggg...but I can't choose."

The researcher: "How many monkey cracker do you have?

Manda: "Three."

The researcher: "And how many elephant crackers do you have?"
Manda: "Two."
The researcher: "I think that it would be better to collect the monkey crackers seeing that you've got the most of them and will probably be able to collect five monkeys faster than five elephant crackers."
Manda: "OK, I understand."

After every one gathered five similar crackers they were allowed to eat the crackers and the researcher used this opportunity to promote sensory awareness. The researcher also prepared the entire group for termination.

- **Closure:** All the group members indicated that they had fun and evaluated the session (Appendix M) in a positive manner. The members pointed out that they want the sessions to go on forever.

❖ **Assessment.**

- **Group members.**

Table 14: Session 7 - Individual group members and the group process.

Name	Adjustment & Participation	Utilizing social skills	Utilizing the group session
Lee	1 2 3 **4** 5	1 2 3 **4** 5	1 2 3 **4** 5
Nina	1 2 3 4 **5**	1 2 3 4 **5**	1 2 3 4 **5**
Manda	1 2 3 **4** 5	1 2 3 **4** 5	1 2 3 **4** 5
Shika	1 2 3 **4** 5	1 2 3 **4** 5	1 2 3 **4** 5
Sid	1 2 3 **4** 5	1 2 3 **4** 5	1 2 3 4 **5**

Lee: Lee enjoyed the disease game very much. At first she guessed the ailment, but would refuse to role-play in an ailment. After two rounds she started to fully participate in this game. She has really grown during the group play therapy process. Initially she did not participate at all.

Nina: Nina was the first member of the group to collect a group of five similar crackers. She is a very considerate child; this quality helped her to achieve the goal for this session.

Manda: Manda did not constantly pay attention to what is going on in the group and it caused her to reach her goal last. By focusing her attention Manda empowered herself to reach her goal.

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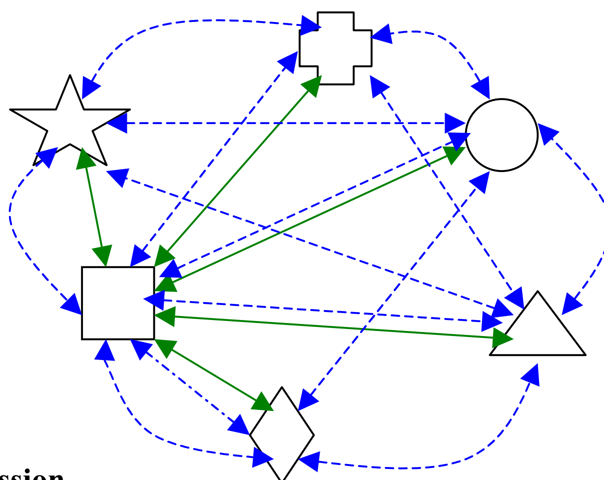
Shika: During the eating of the crackers, Shika indicated that it reminded her of the time when she and her family went on a picnic. She described the day and the associated feelings very vividly to the group. This is an indication for the researcher that Shika is aware of her environment. Through utilizing her senses, Shika was able to experience for herself and make contact with the world. (Compare Oaklander, 1988:109.)

Sid: Sid was good at the animal cracker game. She did not hesitate to help the other group member gathering their pairs, and in return they helped her to make a pair of five dolphins crackers.

4.8.8 Session 8

❖ **Focus of the session:** Termination.

❖ **Sociogram:**



❖ **The group session.**

- **Rounds:** During the rounds the researcher handed out certificates of appreciation (Appendix N) to all the group members. She indicated that she really enjoyed getting to know all the group members and she thanked the entire group for their participation.
- **Game 1:** During the previous sessions, the group members indicated that they would like to paint during the last session. The researcher requested that they paint a self-portrait, so that the researcher will never forget them. While the group completed their paintings, the researcher gave each child a cupcake and cold drink as a token of her appreciation.
- **Game 2:** The last game played by the group, was a memory game. The entire group enjoyed the game. The game enabled the researcher to assess the group member's level of awareness.
- **Closure:** The researcher once again thanked the group members for their participation and gave them an opportunity to evaluate the entire group play therapy process (Appendix O).

- **Assessment.**
- **The growth of the group members.**

Lee: The researcher is of the opinion that she gained the most from the group play therapy process. She moved from non-participation to full participation. Gradually she also started to seek less reassurance from Sid; she became self-reliant. At the beginning of the group play therapy process, she functioned in the phobic layer. This implied that she knew something was wrong, but she was not willing to admit it. (Compare Thompson & Rudolph, 2000:166.) As the group play therapy process continued, she started to admit that something is wrong, namely that Sid does not play with her at school. Gradually she learned skills that enabled her to successfully identify alternative behaviour and enabled her to function in the explosive layer.

Nina: Nina assumed the role of group leader. During the intervention process she took it upon herself to focus the rest of the group's attention on the group sessions. She was the most mature member in the group and was functioning in the implosive layer at the beginning of the intervention process. She was aware of how she limits herself and began to experiment with new behaviour. (Compare Thompson & Rudolph, 2000:166.) Because Nina wanted to change her situation, she participated and tried to get as much as possible from the group play therapy process. At the end of the group sessions Nina successfully functioned in the explosive layer.

Manda: She moved from being the "needy" child in the group to being fully functional in the group and allowing all the group members a chance to participate without disrupting the process with her initial "neediness". At times, she functioned within the explosive layer. The following is an indication of this: "*When I feel sad, I can play with my baby brother to feel better.*"

Shika: A definite shift has taken place from the implosive layer to the explosive layer. At the beginning of the intervention, Shika would realise that something was wrong but did not know how she could change this, in other words functioning in the impasse layer. Gradually she learned how to identify alternatives in order to solve a problematic situation to be fully functional within the explosive layer.

Sid: During the group play therapy process, Lee started to take responsibility for her actions. Initially, she considered certain decisions to be out of her hands, but as the group play therapy continued, she started to realize that she is the only person responsible for her own decisions. (Compare Schoeman, 1996a:63.) She moved from only functioning in the explosive layer in certain aspects of her life, to doing so in all aspects of her life.

4.8.9 Insights gained through unstructured observation.

❖ **Regarding Shyness.**

During the unstructured observation the literature on shyness was verified. The insights that the researcher came to were in line with the literature and included that shy children:

- Regard themselves as shy. This is apparent through statements like:

  "I can't, I am shy."

  "I don't want to, I am too shy."

  (Compare Cheek & Melchior, 1990:51.)

- Make fewer friends. The researcher provides the following statements as proof:

  "None of the other animals wants to play with my animal."

  "Nobody wants to play with me at school."

  (Compare Nevid, *et al.,* 1997:476.)

- Seek approval. This especially becomes apparent from Manda's "needy" behaviour in the group. Lee also confirmed this observation several times by seeking approval/support from Sid. Due to this need for approval, shy children tend to act in ways they think other's expect them to act. (Compare Cheek & Melchior, 1990:68.)
- Are self-conscious. This was apparent when the children had to participate in an activity, especially individually. Crozier (1998:2) indicates that self-consciousness is central to the experience of shyness.
- Judge themselves harshly. The most frequent statement made by all the group members was:

  "I made a mistake, may I please start over?"

  Shy people judge themselves harshly in comparison to more socially skilful people (Nevid, *et al.,* 1997:207).

❖ **Regarding the impact of group play therapy.**

The following aspects regarding the effectiveness of group play therapy came to the researcher's attention:

- The group members put pressure on fellow group members to act appropriately in the group. This was especially evident in Nina's behaviour of always quieting the other members down. Another classic example is the following statement by Sid:

  "Stop sulking Nina!"

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- Mutual aid was provided. The group members helped each other to solve problem situations. Children experience the therapeutic releasing qualities of discovering that their peers have problems too, and a diminishing of barriers of feeling all alone (Sweeney & Homeyer, 1999:3).
- Spontaneous play was enhanced. As the group play therapy continued, the group members became less self-conscious and more willing to engage in spontaneous play. (Compare Sweeney & Homeyer, 1999:6.)
- A safe environment was provided for the children to express their feelings. The children were all prepared to share their feelings and experiences with the entire group.
- Social skills were enhanced. Lee's growth is an indication that social skills were enhanced during the intervention process. (Compare Homeyer, 2000:1.)

4.9 THE USEFULLNESS OF THE RESEACH METHODOLOGY CHOSEN FOR THIS STUDY.

Seeing that many facets of intervention research are both qualitative and quantitative in nature, the researcher employed Creswell's dominant-less-dominant model in order to incorporate both research approaches. (Compare De Vos, 2002a:368.)

Employing the quantitative approach dominantly was appropriate for this study and enabled the researcher to answer the research question. The researcher wanted to establish whether or not shy children's social skills could be enhanced by means of group play therapy. This implied measurement. The qualitative element of this study made it possible for the researcher to gain further insight into shyness, as well as the meaning that children attach to their shyness. By combining the two research approaches, the researcher was able to achieve the outlined goal and objectives of this study.

4.10 SUMMARY.

Chapter two and three, as well as consultations with experts provided the researcher with a sound theoretical basis. This theoretical basis in turn provided the researcher with the necessary skills and knowledge to conduct the empirical study.

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The goal of this study was to explore the impact of group play therapy on the social skills of shy children in their middle childhood. The researcher conducted a one-group pretest-posttest design in order to measure "shyness" as well as social skills before and after intervention.

In order for the researcher to be able to answer the research question namely, **what is the impact of group play therapy on the social skills of shy children in their middle childhood?**, the researcher divided the interview schedule into the four central aspect of shyness; namely: the self-conscious emotion; lack of social skills; fear of negative evaluation and unrealistic expectations of the self.

The comparison of the pre- and post-test scores revealed the following:

- That the central aspects of shyness were correctly identified;
- That group play therapy did influence the central aspects of shyness in a positive manner;
- That during the eight weeks of group play therapy, the children felt less frequently embarrassed. The researcher can therefore quite confidently make the assumption that group play therapy influenced self-consciousness in a positive manner, in other words it reduced self-consciousness;
- That gradually during the group play therapy process, the sample of shy children became more involved in social situations, seeing that they were more willing to take risks;
- That group play therapy reduced shy children's fear of negative evaluation;
- That this study has the potential to form the basis for a further in-depth study;
- **Group play therapy enhances the social skills of shy children in the middle childhood!**

The unstructured observations disclosed the following to the researcher (a) regarding shyness and (b) regarding group play therapy.

(a) Regarding shyness: Shy children regard themselves as being shy; they make fewer friends; they seek approval; they are very self-conscious and they judge themselves harshly.

(b) Regarding group play therapy: Group members pressure each other to conform to the rules of the group; it provides mutual aid; is a safe environment to express feelings; enhanced spontaneous play and **enhanced social skills**.

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CHAPTER 5

Summary, Conclusions and Recommendations.

5.1 INTRODUCTION.

The aim/purpose of this chapter is to summarize the research material, draw conclusions, make recommendations and ultimately provide closure to the research process. This will enable the researcher to determine the success and/or impact of this particular study. The researcher will present the summary, conclusions and recommendations in accordance with the following aspects of the research processes: the goal of the study; the objectives of this study and the research question.

5.2 THE GOAL OF THIS STUDY.

The goal of this study was to explore the impact of group play therapy on the social skills of shy children in their middle childhood.

The researcher wrote chapter 1 in a manner that indicates her thought processes and lead to the formulation of the broad goal for this study. Chapter 1 also stipulates the procedures which the researcher had to follow in order to reach the goal. It is therefore appropriate to discuss chapter 1 under this heading.

5.2.1 Summary.

The number of children in classrooms is constantly increasing, causing shy children to become more invisible in classrooms. Thompson & Rudolph (2000:542) indicate that shyness and withdrawal are attempts to avoid participation in one's surroundings. The researcher is of the opinion that if shyness is not adequately addressed during middle childhood, it can continue to limit the potential of shy people. Shyness is not generally considered as problematic behaviour for children in their middle childhood.

Shyness inhibits children to express themselves. They rarely participate in class and usually hold an irrational negative view of themselves. There is a need for shy children to be able to express themselves, in order to gain optimally from the school setting.

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The researcher utilized Creswell's dominant-less-dominant model in order to mix the quantitative and qualitative styles of research and data gathering and analysis. In this study the dominant paradigm was the quantitative approach, making the qualitative approach the less-dominant paradigm. Within the context of intervention research, the researcher conducted a quasi-experiment. The format of the quasi-experiment was a one-group pretest-posttest design. This research design enabled the researcher to determine what the impact of group play therapy is on the social skills of the respondents. The respondents participating in this study formed part of a non-probability sample, more specifically, a purposive sample.

5.2.2 Conclusions.

The following conclusions were drawn from the introduction to this study:

- Shyness is a cause for alarm. If shyness is not addressed early in life, it can continue to limit the potential of shy people throughout their lives. Shy children gain less from the classroom than outspoken children. Shyness hinders the child to express herself effectively.
- Shyness is not viewed as problematic behaviour, either by teachers or by parents. It is likely that the shy child is not a cause for concern in the classroom setting, due to the little amount of trouble that the shy child instigates. Parents are happy with their children's behaviour and do not see a need for intervention.
- Creswell's dominant-less-dominant model was appropriate for this study. Using the quantitative approach dominantly, the researcher was able to answer the research question that aided the researcher in reaching the goal of this study. The qualitative approach on the other hand enabled the researcher to gain insight into the phenomenon of shyness. This included the meaning that the respondents attach to their shyness, as well as the role that shyness plays in their everyday lives. Both the quantitative and qualitative research approaches contributed positively to reaching the goal of this study.
- A quasi-experiment within the context of intervention research was employed in this study. This was appropriate for this particular study and aided the researcher in reaching the outlined goal and objectives of this study.

5.2.3 Recommendations.

The following recommendations are made in light of the above-mentioned conclusions:

- It is necessary that teachers and parents are made aware of the negative influence that shyness can have on children's lives. Once parents and teachers have developed insight into the phenomenon of shyness, children can easily be identified to participate in therapy.
- This study was mainly done to explore the impact, if any, that group play therapy has on the social skills of shy children. It is possible that this study can serve as a basis for further in depth study regarding this topic.

5.3 THE OBJECTIVES OF THIS STUDY.

OBJECTIVE 1:

To obtain a theoretical frame of reference based on literature and consultations with experts regarding: (a) shyness in middle childhood and (b) group play therapy within a gestalt approach.

The first objective of this study was researched through the literature study, namely chapter 2 and chapter 3. The focus will now fall on chapter 2 and chapter 3 separately.

(a) Shyness in middle childhood.

5.3.1 Summary.

Children who are shy tend to be aware of their shyness, even though they would like to "just get over it"; it is not a simple task. Shyness involves complex cognitive and emotional processes. It brings about intense self-focus and self-conscious emotions, making it impossible for shy children to focus on anything else in a social situation, but themselves.

Despite certain positive aspects to being shy, the negative aspects unfortunately out-weigh them. Shy children hold an irrational negative view of themselves and lack practice in social skills. Even though a shy child would like to participate in a social situation, she cannot. This inability to participate in a social situation is as a result of the child's shyness. The researcher is of the opinion that shy children often envy socially outgoing children and wish that they could be more like them.

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"Nothing succeeds in overcoming shyness as does experiencing social successes, if the child takes the initial risk of engaging in some social activity" (Henderson & Zimbardo, 2003:7). According to the researcher, improved social skills will enable the shy child to take the initial risk.

Group play therapy tends to promote spontaneity in children and may therefore increase their level of participation in the play (Sweeney & Homeyer, 1999:7). The position the researcher takes is that higher levels of participation in play will imply additional practice in social skills during the group play therapy intervention program.

5.3.2 Conclusions.

The following conclusions were drawn from this chapter:

- It is not easy being shy.
- The self-conscious emotion is at the core of shyness.
- Self-consciousness causes discomfort in a social situation. This discomfort that shy children experience may lead to avoidance of social situations.
- There are more negative aspects associated with shyness, than positive aspects.
- The researcher deems it possible for shy children to become more outgoing by improving their social skills.
- Shy children will benefit from group play therapy if their social skills are enhanced.

5.3.3 Recommendations.

The following recommendations are made in light of the above-mentioned conclusions:

- Empathy should be shown to shy children to convey understanding of their shyness.
- Shy children should be taught to focus on other people when engaged in a social situation. By shifting the focus of attention (from themselves to others), it is possible that the self-conscious emotion may decrease.
- The researcher considers shyness to be problematic behaviour and that it is therefore necessary for intervention. Group play therapy is the ideal format of intervention for shy children in their middle childhood.

(b) Group play therapy within a gestalt approach.

5.3.4 Summary.

Group therapy complements the normal developmental tasks that further children's capacities for social interaction and intimacy. Whereas play is to a child what work is to an adult, it is also what children do. The researcher is of the opinion that play is the most effective form of communication and therapy for children. Group play therapy is basically a psychological and social process in which children, in the natural course of interacting with one another in the playroom, learn not only about other children, but also about themselves.

Gestalt therapy focuses on gaining an awareness of emotions and behaviours in the present rather than in the past. The major goal is self-awareness. This implies that the central goal of gestalt therapy is a deeper awareness, which promotes a sense of living fully in the here-and-now. Other goals include teaching people to assume responsibility for themselves and facilitating their achievement of personal integration.

Five layers were devised by Perls to depict how people fragment their lives and prevent themselves from succeeding and maturing. The five layers form a series of counselling stages for the counselling process (Thompson & Rudolph, 2000:166). The five layers include the: phony layer; phobic layer; impasse layer; implosive layer and explosive layer.

The therapist can utilize a variety of projection techniques in order to aid the child in reaching the explosive layer. Projection is when a child imagines that her own unwanted feelings or emotions belong to someone or something else. The child projects ideas and feelings onto the media surrounding her.

5.3.5 Conclusions.

The following conclusions were drawn from this chapter:

- Gestalt therapy focuses on awareness in the here-and-now.
- In order for gestalt counselling to be effective, it is necessary that the therapist guide the child through the five layers of neurosis as identified by Perls.
- Projection can be applied in a positive and negative manner. It is thus necessary for the therapist to carefully consider the type, medium as well as the techniques used in order for projection to be an art.

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- When structuring a group to participate in group play therapy, it is necessary for the group members to be screened. The success of a play therapy group may well be related to selection of the group members and the size of the group.
- The size of the group depends on the age of the members. Usually the older the children, the larger the groups are.
- Group therapy complements the normal developmental tasks that further children's capacities for social interaction and intimacy. It is therefore appropriate for the researcher to utilize group play therapy with shy children.
- During the group play therapy process, the therapist sets the tone and it is therefore helpful for the therapist to join in the activities.

5.3.6 Recommendations.

The following recommendations are made in light of the above-mentioned conclusions:

- Carefully consider the type, medium, as well as the techniques used before implementing projection.
- Screen the group members individually before the start of the group process, so that an optimal group can be compiled.
- Be very enthusiastic, energetic and excited when conducting a group session. This helps the children to become more interested and involved in the group activities. Enthusiasm is contagious in the group sessions!

OBJECTIVE 2:

To undertake an empirical study in order to explore the impact that group play therapy has on shy children's social skills.

The second objective of this study was researched by conducting eight structured group play therapy sessions with the purposive sample as described in chapter 4.

5.3.7 Summary.

As mentioned earlier, the researcher conducted intervention research. Many facets of intervention research are both qualitative and quantitative in nature, depending on the distinctive elements of the particular research project (De Vos, 2002a:368). Due to both the qualitative and quantitative nature of intervention research, the researcher employed Creswell's dominant-less-dominant model in order to accommodate both research approaches. The quantitative approach enabled the researcher to answer the research question and was therefore the dominant approach, causing the qualitative approach to be the less-dominant approach.

The goal of this study was to explore the impact of group play therapy on the social skills of shy children in their middle childhood. The researcher conducted a one-group pretest-posttest design in order to measure "shyness" as well as social skills before and after intervention. The researcher conducted structured interviews with the teacher of the purposive sample before and after the group play therapy process. The motivation behind utilizing structured interviews was to enable the researcher to measure "shyness" and social skills. The outcome/results of this study enabled the researcher to make certain conclusions and recommendations on the usefulness of group play therapy in enhancing the social skills of shy children, thus simultaneously reaching objective three. These conclusions and recommendations follow below.

5.3.8 Conclusions.

The following conclusions were drawn from Chapter 4, regarding the empirical study:

- Shy children in their middle childhood experience self-consciousness; a lack of social skills; they judge themselves harshly and set unrealistic expectations for themselves. Shy children also find it harder to make new friends, seek constant approval and regard themselves as shy;
- Children in their middle childhood excel in the group play therapy setting. This type of intervention is developmentally appropriate and provides mutual aid, a safe environment where children can freely express their feelings, enhance spontaneous play and promote social skills. One aspect which is very unique to group therapy is that the group members pressure each other to conform to the rules of the group. This was evident during this group play therapy process;
- The results of this study revealed that group play therapy influenced shyness in a positive manner.

5.3.9 Recommendations.

The following recommendations are made in light of the results of the empirical study:

- Long-term group play therapy for shy children, to address the unrealistic expectations they hold for themselves;
- Intensive social skills training programmes, in order for the unskilled shy child to become a skilled shy child;
- The development of an educational programme to be presented to the parents and teachers of shy children. The main focus of such programmes should be on the negative consequences that shyness holds for the child, as well as certain strategies that the parents can employ to help their child become a skilled shy child;
- Incorporating social skills training into a structured group play therapy programme to address shyness;
- Further research into effective implementation of group play therapy to address shyness in the middle childhood years.

OBJECTIVE 3:

To make conclusions and recommendations on the usefulness of group play therapy in addressing shyness in middle childhood.

The last objective was achieved through making certain conclusions and recommendations regarding the literature study and the empirical study, as provided above. The empirical study, specifically, enabled the researcher to achieve this objective. The literature study in turn enabled the researcher to conduct the empirical study. Through the literature study, the researcher gained the necessary knowledge and skills to work with shy children and to conduct group play therapy.

By reaching all the outlined objectives of this study, the researcher was able to reach the goal as well. The researcher successfully explored the impact of group play therapy on the social skills of shy children in their middle childhood. The one-group pretest-posttest research design (the quantitative component), together with unstructured observation (the qualitative component) assisted the researcher in reaching the goal of this study.

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5.4 THE RESEARCH QUESTION.

What is the impact of group play therapy on the social skills of shy children in their middle childhood?

By utilizing the quantitative research approach dominantly, the researcher was able to answer the research question. For the purpose of this study a quasi-experimental design was implemented. As a form of a quasi-experiment, a one-group pretest-posttest design, within the context of an exploratory study, was conducted.

The goal of the study was only to explore the impact of group play therapy on shyness and not to "cure" shyness. Due to the exploratory nature of the study the answer to the research question is a general statement rather than a complex explanation.

Group play therapy enhances the social skills of shy children in the middle childhood!

5.5 CONCLUDING STATEMENT.

From this study it is evident that it is not easy being shy. Children who are shy would like to just "get over it", but unfortunately it is not a simple task. Henderson & Zimbardo (2003:7) indicate that nothing succeeds in overcoming shyness as does experiencing social success. The researcher is of the opinion that group play therapy is an ideal setting for shy children to experience social success in a safe environment.

Play therapy is based on developmental principles and thus provides, through play, developmentally appropriate means of expression and communication (Landreth & Bratton, 1999:5). Group therapy complements the normal developmental tasks that further children's capacities for social interaction and intimacy. Group play therapy consists of all the essential aspect that can help shy children to experience social success and social intimacy.

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(*Used in Appendix A)

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APPENDICES

Appendix A: Interview schedule

Appendix B: Written permission

Appendix C: Informed consent

Appendix D: Oaklander's 14 steps

Appendix E: Evaluation of session 1

Appendix F: Evaluation of session 2

Appendix G: Evaluation of session 3

Appendix H: You are special (adapted for shyness)

Appendix I: Evaluation of session 4

Appendix J: Oaklander's 14 steps adapted for clay work

Appendix K: Evaluation of session 5

Appendix L: Evaluation of session 6

Appendix M: Evaluation of session 7

Appendix N: Certificate of appreciation

Appendix O: Evaluation of the group play therapy process

APPENDIX A

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INTERVIEW SCHEDULE:

SHYNESS IN MIDDLE CHILDHOOD

Please indicate, for each of the statements below, how characteristic the statement is of the child.

1	2	3	4	5
Not at all characteristic	Somewhat characteristic	Often characteristic	Very characteristic	Extremely characteristic

---

Name of my child: ____________________

Date of birth: _________________________

School grade: 1 2 3 5 6 7

Gender: __________________

Examples of Social Situations According to Antony & Swinson (2000:8):

Interacting with others	Being observed by others
Initiating or maintaining a conversation	Public speaking
Going to a party or a sleep over	Playing sports
Having friends over	Performing music or acting on stage
Meeting new people	Eating or drinking in front of others
Talking on the telephone	Using public bathrooms with others
Expressing a personal opinion	Writing with others watching
Being assertive	Making mistake in public (e.g. falling down)
Returning an item to a store	Walking or jogging in a public place
Sending back food in a restaurant	Introducing yourself in front of a group
Making eye contact	Shopping in a busy store

Questions	Answers				
1 The child is afraid of looking foolish in social situations.	1	2	3	4	5
2 If a friend does not want to play with this child, she assumes that she has done something wrong.	1	2	3	4	5
3 Personal questions from others make the child feel anxious.	1	2	3	4	5
4 The child easily becomes embarrassed.	1	2	3	4	5
5 The child is self-conscious.	1	2	3	4	5
6 The child does not like it when she is being watched.	1	2	3	4	5
7 The child often feels insecure in social situations.	1	2	3	4	5
8 The child thinks that is it important to please other children and people.	1	2	3	4	5
9 The child finds it hard to approach people when they are having a conversation.	1	2	3	4	5
10 It is easy for the child to sit back in a group situation and observe rather than participate.	1	2	3	4	5
11 The child does not like entering a new social situation.	1	2	3	4	5
12 The child sometimes feels ashamed after social situations.	1	2	3	4	5
13 The child does not like taking risks in social situations.	1	2	3	4	5
14 The child seldom makes new friends.	1	2	3	4	5
15 The child is unwilling to speak freely in class.	1	2	3	4	5
16 The child spends lots of time alone.	1	2	3	4	5
17 The child finds it hard to say "no" to her friends.	1	2	3	4	5

18 The child finds it hard to ask for what she wants from other people.	1	2	3	4	5
19 The child finds it hard to express her real feelings to others.	1	2	3	4	5
20 The child fears rejection when entering a social situation.	1	2	3	4	5
21 The child worries about being a burden on others.	1	2	3	4	5
22 The child allows other children to take advantage of her.	1	2	3	4	5
23 The child is frequently concerned about others' approval.	1	2	3	4	5
24 The child believes that if she allows other children to know too much about her, that they will gossip about her.	1	2	3	4	5
25 The child tends to be suspicious of other children's intentions toward her.	1	2	3	4	5
26 Other children appear to have more fun in social situations than this child.	1	2	3	4	5
27 The child judges herself harshly.	1	2	3	4	5
28 The child has an irrational negative view of herself.	1	2	3	4	5
29 The child disappoints herself.	1	2	3	4	5
30 The child blames herself when things do not go the way she wants them to.	1	2	3	4	5

(Compare Henderson, L. & Zimbardo, P. 2000.)

APPENDIX B

913 Ketting Street, Wingate Park / P O Box 324, Wingate Park, 0153
012 345 1177 / 083 786 0271

Vir wie dit mag aangaan;

Hiermee gee Smiley-Kids Moreleta-Park vr Wilhma Sik toestemming om van ons naskool kinders te gebruik vir haar studies in Group Therapy.

Baie dankie

Annake Holmes (012 3451177)
Principal\Hoof

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APPENDIX C

THE IMPACT OF GROUP PLAY THERAPY ON THE SOCIAL SKILLS OF SHY CHILDREN IN THEIR MIDDLE CHILDHOOD.

Participant's Name: ________________________ **Date:** ____________

Researcher: Wilhma Sik
M SD Play Therapy Student at the University of Pretoria

Informed Consent

1. **Title of study:** The impact of group play therapy on the social skills of shy children in their middle childhood.
2. **Purpose of the study:** The purpose of this study is to explore the impact that group play therapy has on the social skills of shy children in their middle childhood.
3. **Procedures:** My child will participate in eight group play therapy sessions of approximately 50 min each. During each session the researcher will implement a different group play therapy technique. The purpose of the technique will be to enhance my child's social skills.
4. **Risks and Discomforts:** The researcher will not make use of any activity that can potentially lead to the physical harm of my child.
5. **Benefits:** My child will interact and socialize with his/her peers within a therapeutic setting. The results of the study may help researcher gain insight into the phenomena of shyness and how to address shyness in middle childhood.
6. **Participant's Rights:** My child may withdraw from participating in the study at any time.

7. **Confidentiality:** I understand that the content of the group play therapy sessions will be kept confidential unless my child asks for the content to be revealed. I understand that the results of this study may be published, in the form of a dissertation, in order for the researcher to obtain her MSD Play Therapy degree. A scientific article based on the research will also be submitted for publication as part of the requirements for the degree.
8. If I have any questions or concerns about my child's participation in this study, I can call Wilhma at 073 1967932 at any time.

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

____________________ __________________ ________________

Subject's Parent(s) or Guardian(s) Signature Date

______________________________________ ________________

Signature of Researcher Date

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APPENDIX D

OAKLANDER'S 14 STEPS.

Oaklander (1988:53-56) developed a model that consists of 14 steps, for working with children. Her model can be summarized as follows:

1. Motivate the child to share with you the experience she had while drawing, the very feeling which was present when busy with her creation.
2. Let the child share the drawing with you. Let her describe the drawing in her own words.
3. The child is now motivated to expand on a deeper level as she expands on different parts of the drawing. Certain parts must be explained, such as the forms, colours, depiction, objects and people.
4. Ask the child to describe the picture as if she herself is in the picture. Use "I-messages".
5. Select specific objects in the picture with which the child should identify.
6. If you consider it necessary to help the process, questions may now be asked.
7. Focus the child's attention on the sharpening of awareness, by focusing on certain section of the picture by over accentuating it.
8. Get the child to have a pretended conversation between two parts of the picture.
9. Encourage the child to make a definite decision as to the colour she used.
10. Be alert to "give-aways" in the child's voice, posture, facial expression, breathing and silences.
11. Pay a lot of attention to identification. Help the child to own her creations.
12. Make a connection between the picture and the child's own experiences.
13. Now look for the missing parts of the picture and draw the child's attention to them.
14. Stay with the child's presentation, her "foreground".

The researcher is of the opinion that Oaklander's model is very helpful in carrying out all projection techniques in any media. This is a very practical guideline that helps the play therapist to keep focus in each session.

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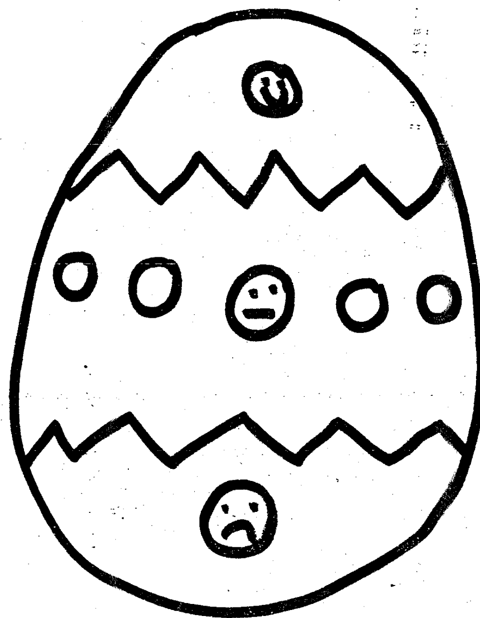
APPENDIX E

How was the session?



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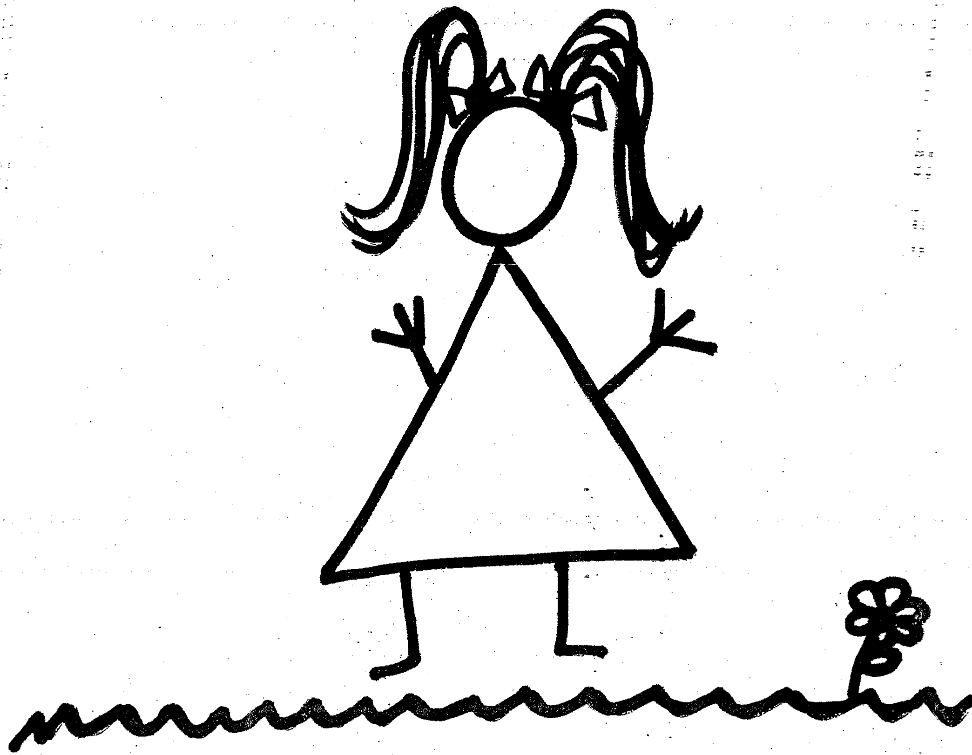
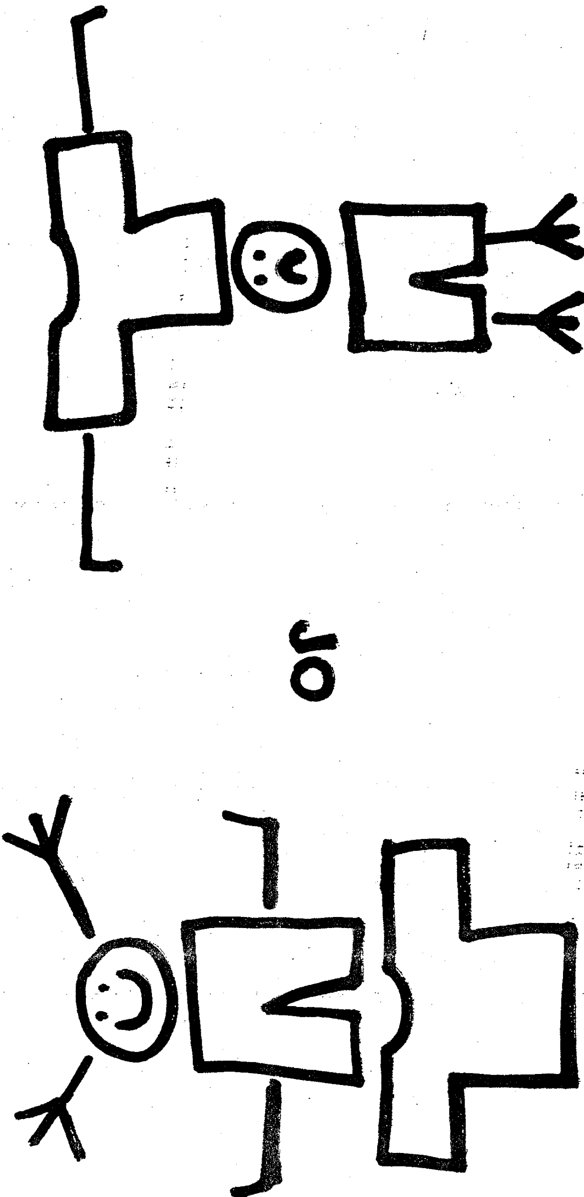
APPENDIX F

How do I feel now:



APPENDIX G



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APPENDIX H

YOU ARE SPECIAL BY MAX LUCADO: ILLUSTRATIONS BY SERGIO MARTINEZ (adapted by the researcher to address shyness).

The Wemmicks were small wooden people. All of the wooden people were carved by a woodworker named Eli. His workshop sat on a hill overlooking the village. Each Wemmick was different. Some had big noses, others had large eyes. Some were tall and others were short. Some wore hats, others wore coats. All of the Wemmicks lived in the same village (show picture 1).

And all day, every day, the Wemmicks did the same thing: They gave each other stickers. Each Wemmick had a box of golden star stickers and a box of gray dot stickers (show picture 2). Up and down the streets all over the city, people spent their days sticking stars or dots on one another.

The ones that thought they were pretty and who were loud and always participated in discussions, got stars. But if you did not know how to speak in font of a lot of people and did not like yourselves very much, you got dots.

Punchinello was one of these. He tried to participate in discussions, but he would always say the wrong things and get embarrassed. And when he said the wrong things, the others would gather around and give him dots. Whenever he tried to explain what he meant, he would just say something silly again, and the Wemmicks would give him more dots (show picture 3).

After a while he had so many dots that he didn't want to go outside. He was afraid he would do or say something dumb, such as forget his hat or step in the water, and then people would give him another dot.

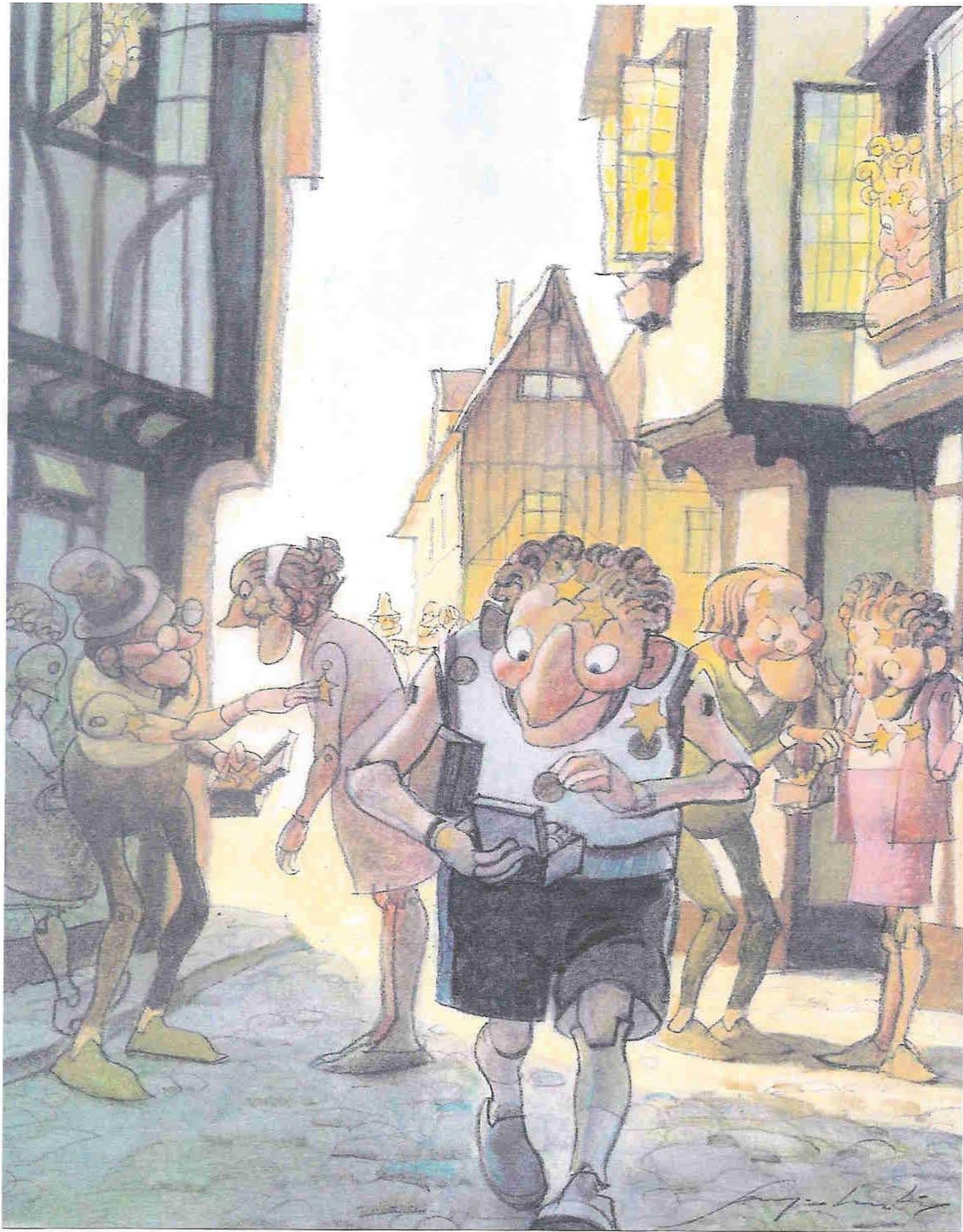
"He deserves lots of dots," the wooden people would agree with one another. "He's not a good wooden person." After a while Punchinello believed them. "I'm not a good Wemmick," he would say.

One day he met a Wemmick who was unlike any he'd ever met. She had no dots or stars. She was just wooden. Her name was Lucia (show Picture 4). It wasn't that people didn't try to give her stickers; it's just that the stickers didn't stick. Some of the Wemmicks admired Lucia for having no dots, so they would run up and give he a star. But it would fall off. Others would look down on her for having no stars, so they would give her a dot. But it wouldn't stay either.

That's the way I want to be, thought Punchinello. *I don't want anyone's marks.* So he asked the stickerless Wemmick how she did it. "I decided that I was only going to do things and say things, that I want to, not what the other Wemmick want me to do or say." "The maker once told me that I don't need to defend myself. He said that he doesn't care what other Wemmicks think and that I shouldn't either. Who are they to give stars or dots? They're Wemmicks just like us. What they think doesn't matter, Punchinello. All that matters are what the maker thinks. And the maker thinks that you are pretty special." It is not always easy, but the stickers only stick if you let them. Punchinello could not belief this. "Yes", replied Lucia. The stickers only stick if they matter to you. The more you trust in the maker's love, the less you care about their stickers." It will take time. You've got a lot of marks. You need to remember "you are special because the maker made you! And he doesn't make mistakes."

So Punchinello went home. He didn't stop, but in his heart he thought, *I think the maker really thinks that I am special.* And when he did, a dot fell to the ground (how picture 5).

Picture 1



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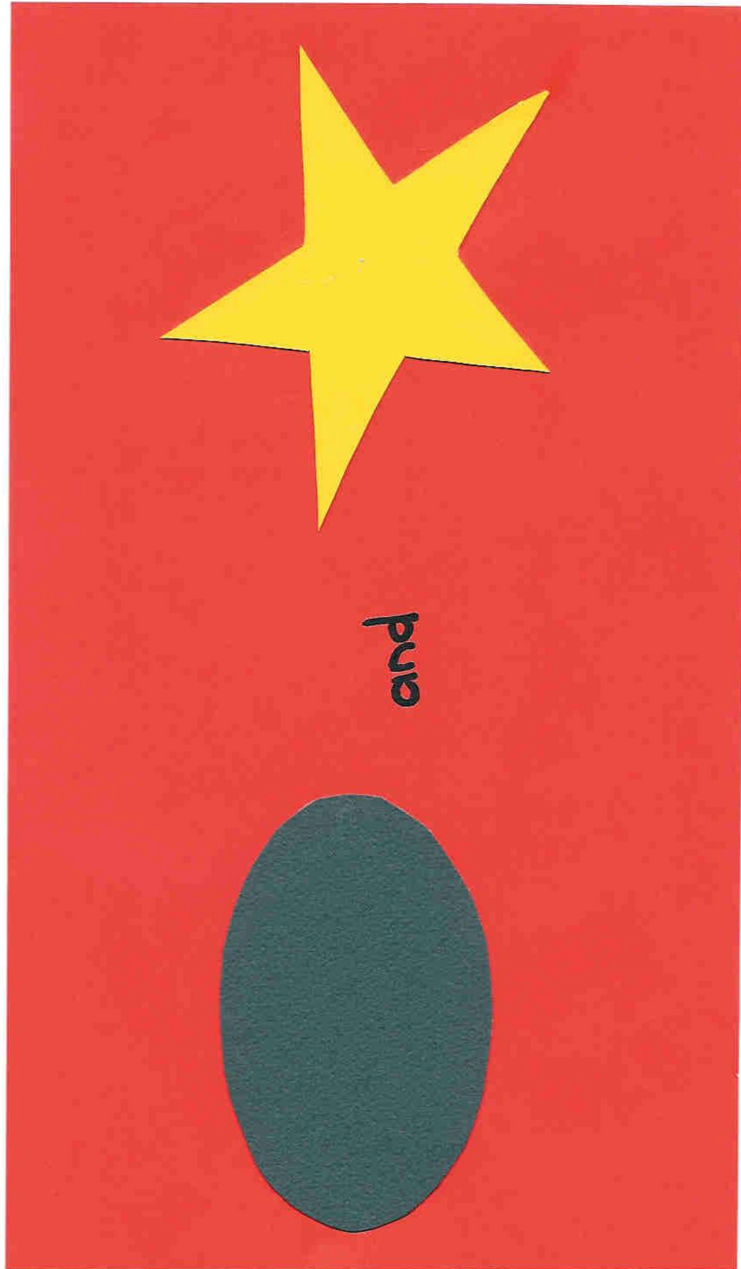
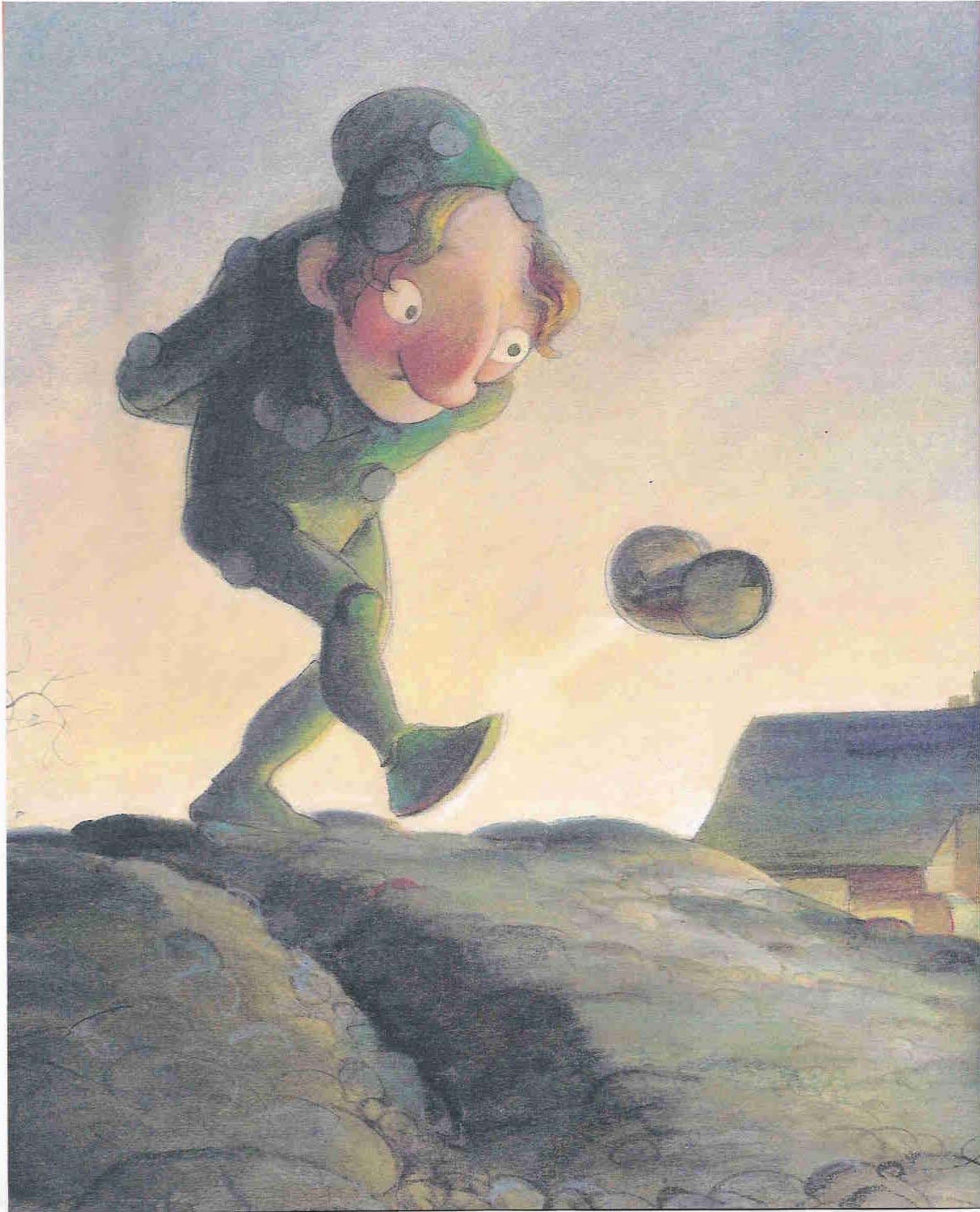
Picture 2



Picture 3



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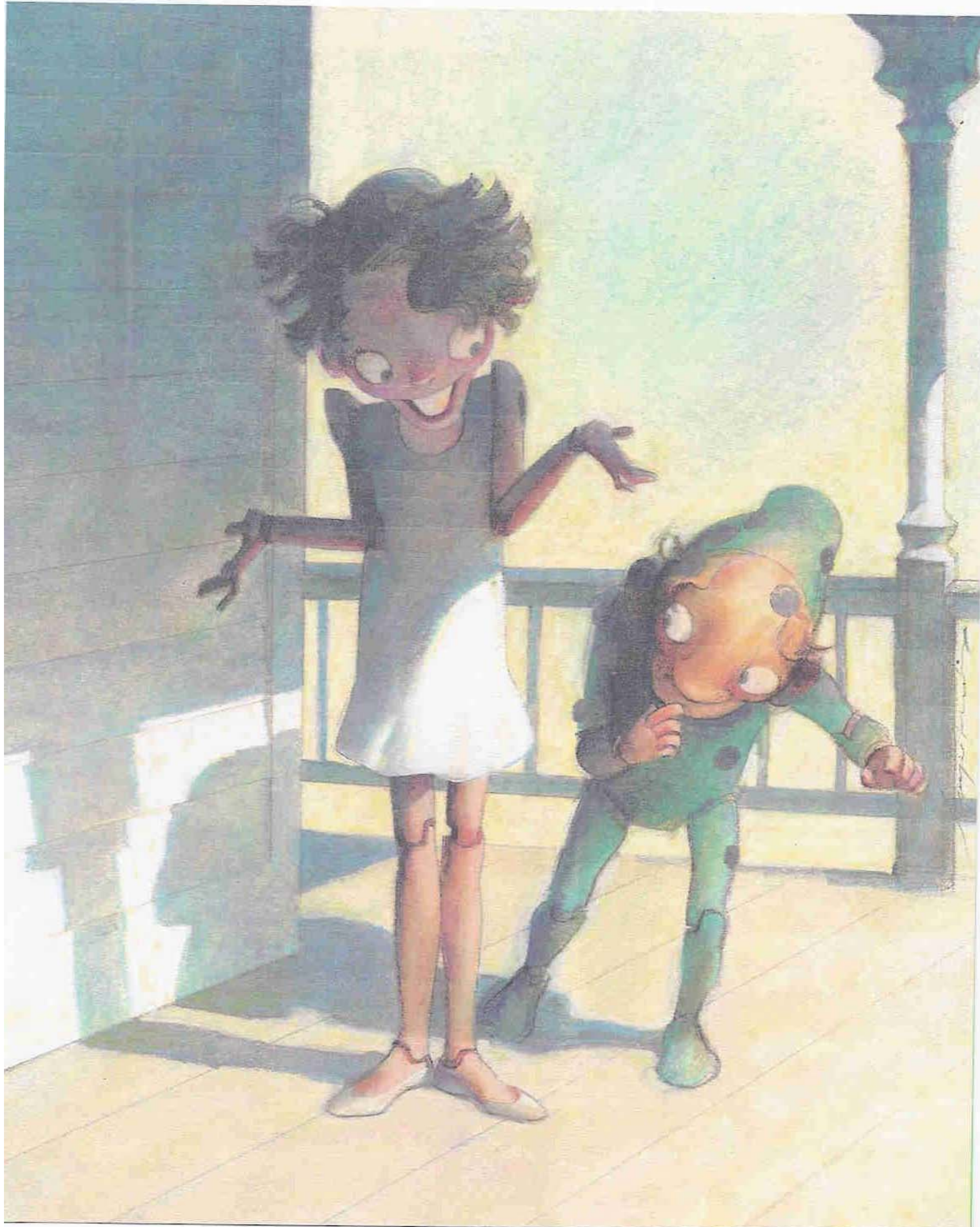
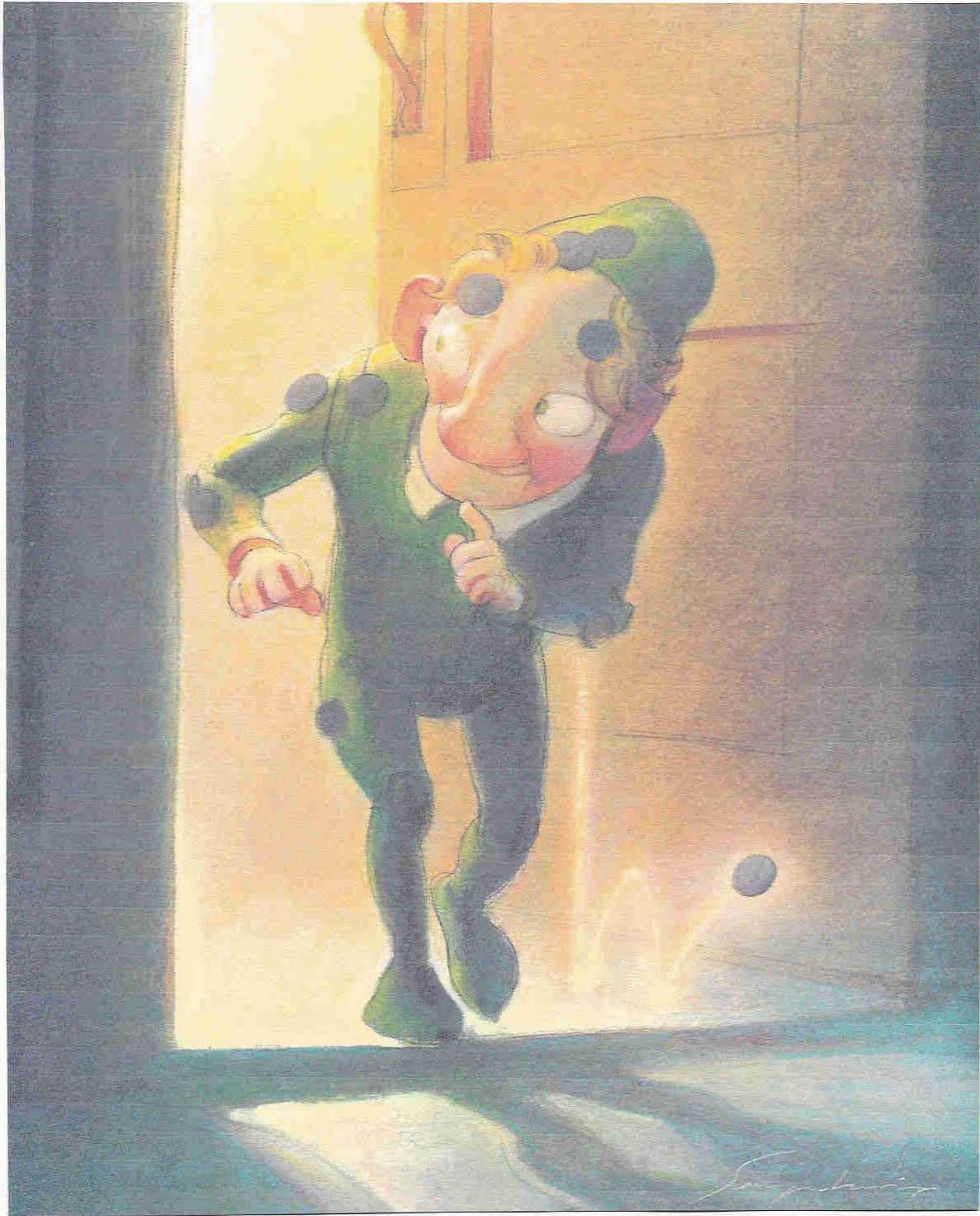


Picture 5



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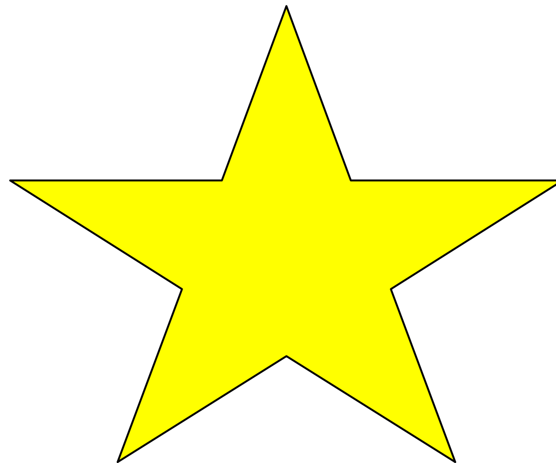
APPENDIX I

How was the session?



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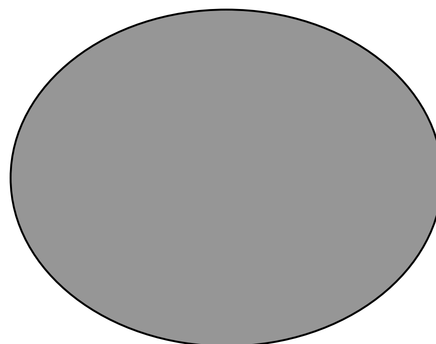

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OAKLANDER'S 14 STEPS ADAPTED FOR CLAY WORK.

Oaklander (1988:69-72) often makes use of the following exercise when working with clay.

1. Close your eyes as we do this. Notice that with your eyes closed, your fingers and hands are more sensitive to the clay and can feel it better. If you want to peek once in a while, that is fine; then just close your eyes again.
2. Sit for a moment with your hand on your lump of clay. Take a couple of deep breaths. Now follow my directions.
3. Feel the lump of clay as it is now - make friends with it. Is it smooth? Rough? Hard? Soft? Bumpy? Cold? Warm? Wet? Dry? Pick it up and hold it. Is it light? Heavy?
4. Now I want you to put is down and pinch it. Use both hands. Pinch it slowly…now faster…Take big pinches and small pinches. Do this for a while…
5. Squeeze your clay…now smooth it. Use your thumb, fingers, palms and back of hands. After you smooth it, feel the places you have smoothed.
6. Bunch it together in a ball…Punch it…if it gets flat, bunch it and punch again. Try your other hand too…Bunch it up and stroke it…pat it…slap it…feel the smooth place that you make after slapping it.
7. Bunch it up. Tear it. Tear little pieces and tear big pieces…Bunch it up. Pick it up and throw it down. You may have to peek for this…Do it again. Do it harder. Make a loud noise with it. Do not be afraid to hit HARD.
8. Now bunch it up again…Poke at it with your fingers…Take a finger and bore a hole in the clay…bore a few more holes…bore one right through to the other side. Feel the sides of the hole you made.
9. Bunch it up an try making lines of bumps and little holes with your fingers and fingernails and feel those things you make…Try your knuckles, the whole of your hand, the palm – different parts of your hand. See what you can make. You might want to even try your elbows.
10. Now tear a piece off and make a snake. It gets thinner and longer as you roll it. Wrap it around your other hand or finger.

11. Now take a piece and roll it between the palms of your hand and make a little ball. Feel the ball.
12. Now bunch it all up again. Sit for a moment again with both hands on your piece of clay. You know it pretty well now.
13. What did you like the best? What did you like the least?
14. Close your eyes again and go into your space. Feel your clay with both hands for a few seconds. Take a couple of deep breaths.
15. Now I would like you to make something with your clay.
16. Be the piece of clay – you are the clay.
17. What are you and describe yourself?
18. Who uses you?
19. Continue with the projection.

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APPENDIX K

How was the session?

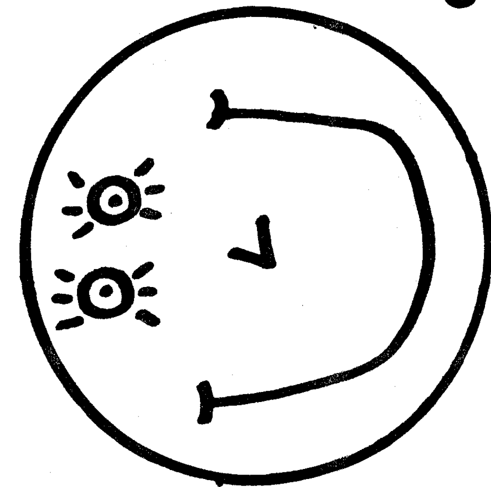
Crayola

nice or not

Crayola

Appendix L

How do I feel now?



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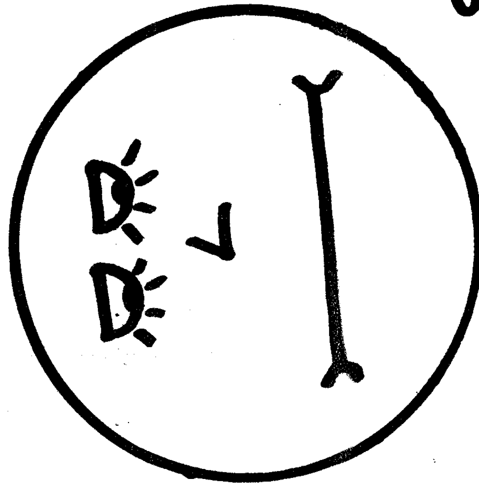

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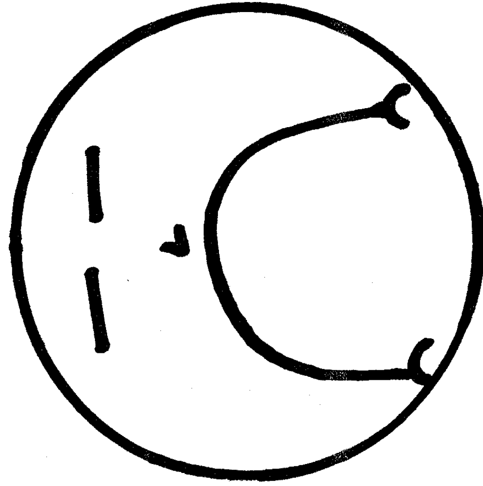

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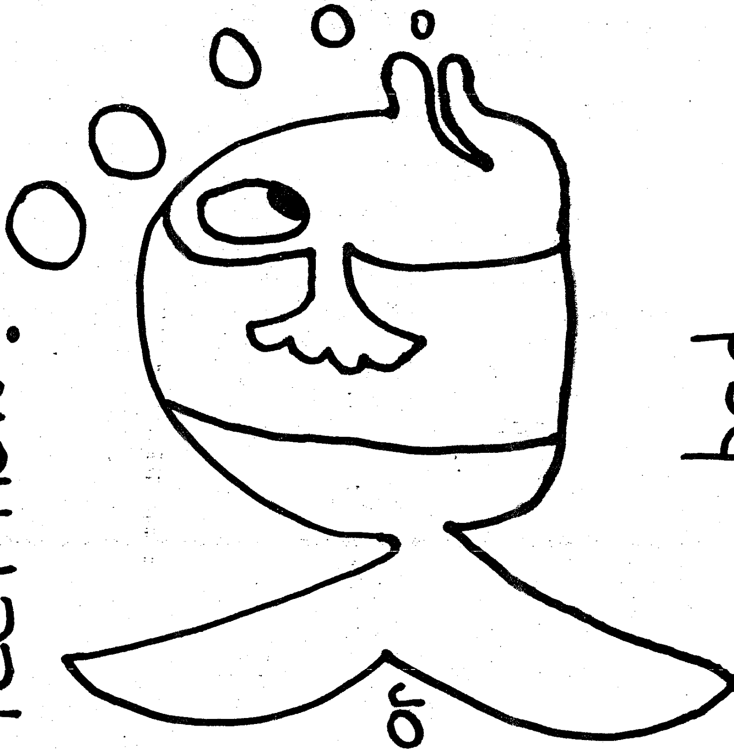
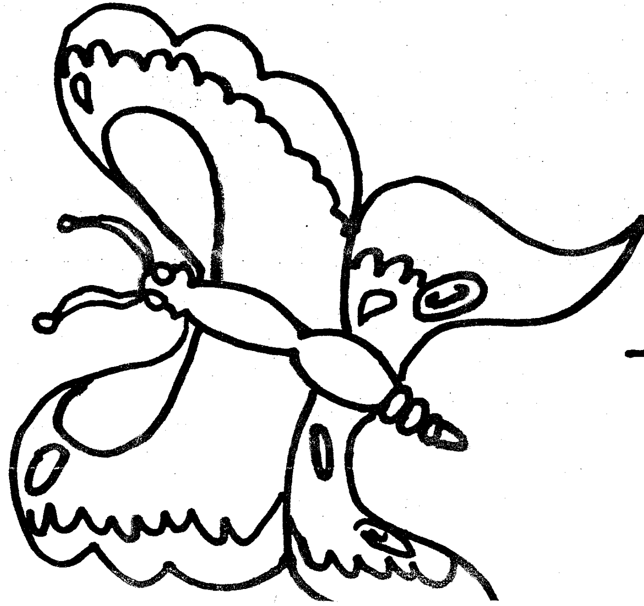
APPENDIX M

How do I feel now?



bad

or



good

APPENDIX N

Certificate of Appreciation

This certificate is awarded to

in recognition of valuable contributions to

Wilhma's MSD Play Therapy degree.

Signature

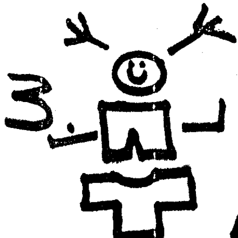
Date

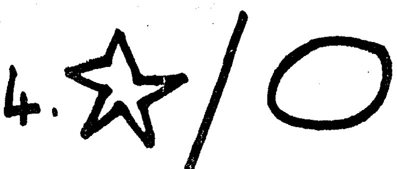
Appendix O

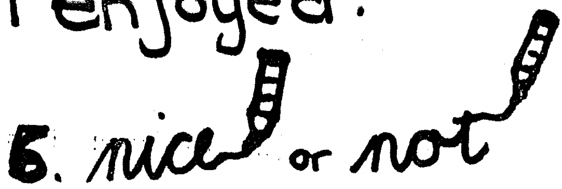
The sessions that I enjoyed:

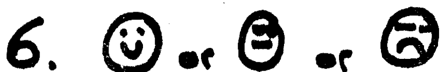
1.

2.

3. 

4. 

5. nice or not


6. 

7.