

**Life mapping to enhance  
the self-knowledge of children in a  
children's home**

**Hendriette Wilhelmina  
Du Plessis**

mini-dissertation submitted as partial  
fulfillment of the requirements for the degree of

**MAGISTER SOCIALIS DILIGENTIAE  
Play therapy**

in the

Department of Social Work and Criminology

in the

**Faculty of Humanities**

**UNIVERSITY OF PRETORIA**

**Supervisor  
Dr. J.M.C. Joubert**

October 2005

## Self-perception scale for juniors (SPS-JNR) (2002) Appendix 1

**Self-Perception Scale for Juniors (SPS-JNR)**  
**Selfpersepsieskaal vir Juniors (SPS-JNR)**



Naam / Name: ..... Datum / Date: .....

This questionnaire is designed to measure the way you feel about yourself. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by using the following scale:

NO  
1 NEE  
 SOMETIMES  
2 PARTYKEER  
 YES  
3 JA

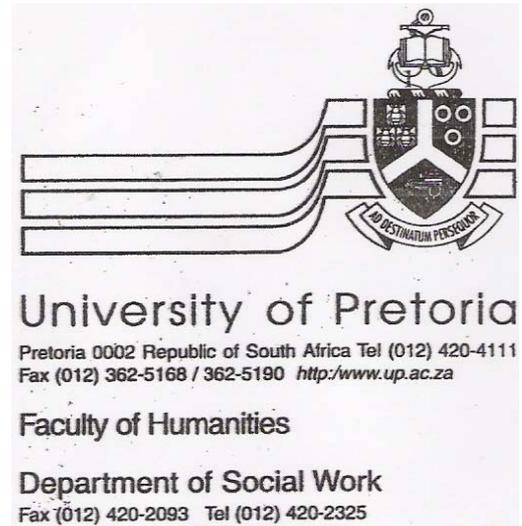
Hierdie vrae is ontwerp om jou gevoel oor jousef te meet. Dit is nie 'n toets nie, dus is daar nie regte of verkeerde antwoorde nie. Beantwoord asseblief elke item so noukeurig en akkuraat moontlik deur die bostaande skaal te gebruik:

I am afraid to make mistakes.	1. 1 2 3	Ek is bang ek maak foute.
I feel like running away from the things that scare me.	2. 1 2 3	Ek voel lus om weg te hardloop van die dinge wat my bang maak.
Things I don't know, scare me.	3. 1 2 3	Goed wat ek nie ken nie laat my bang voel.
I get stomach pains when feeling afraid.	4. 1 2 3	Ek kry maagpyn wanneer ek bang voel.
I am afraid that things may go wrong.	5. 1 2 3	Ek is bang iets gaan verkeerd.
There are places where I feel scared.	6. 1 2 3	Daar is plekke waar ek bang voel.
There are people who scare me.	7. 1 2 3	Daar is mense wat my bang maak.
I feel afraid.	8. 1 2 3	Ek voel bang.
I feel I deserve getting shouted at.	9. 1 2 3	Ek voel ek moet raas kry.
I am to blame when things go wrong.	10. 1 2 3	Dit is my skuld as dinge verkeerd gaan.
When something is wrong, I am to blame.	11. 1 2 3	As daar fout is, is dit my skuld.
I feel I do too many things wrongly.	12. 1 2 3	Ek voel ek doen te veel goed verkeerd.
I cause problems.	13. 1 2 3	Ek veroorsaak probleme.
I feel I should be punished.	14. 1 2 3	Ek voel ek moet gestraf word.
I am naughty.	15. 1 2 3	Ek is stout.
I easily get into trouble.	16. 1 2 3	Ek kom maklik in die moeilikheid.
I am to blame for many things.	17. 1 2 3	Baie goed is my skuld.
People like me.	18. 1 2 3	Mense hou van my.
I like myself.	19. 1 2 3	Ek hou van myself.
I am important.	20. 1 2 3	Ek is belangrik.
I feel shy.	21. 1 2 3	Ek is skaam.
People love me.	22. 1 2 3	Mense is lief vir my.
I feel good about myself.	23. 1 2 3	Ek voel goed oor myself.
People listen to me.	24. 1 2 3	Mense luister na my.
I feel worthless.	25. 1 2 3	Ek voel nikswerd.
When I am on my own, I feel less afraid.	26. 1 2 3	Ek voel minder bang wanneer ek op my eie is.
I enjoy having people around me.	27. 1 2 3	Ek hou van mense om my.
I am scared to make new friends.	28. 1 2 3	Ek is bang om maats te maak.
I like to do things on my own.	29. 1 2 3	Ek hou daarvan om dinge op my eie te doen.
I am afraid of other children.	30. 1 2 3	Ek is bang vir ander kinders.
I like to be alone.	31. 1 2 3	Ek hou daarvan om alleen te wees.
I easily tell other people how I feel.	32. 1 2 3	Ek vertel maklik vir ander mense hoe ek voel.
I do things alone.	33. 1 2 3	Ek doen dinge alleen.
I must prevent others from becoming sad.	34. 1 2 3	Ek moet keer dat ander hartseer word.
I must prevent bad things from happening to other people.	35. 1 2 3	Ek moet keer dat slegte goed met ander mense gebeur.
I am worried about other people.	36. 1 2 3	Ek is bekommerd oor ander mense.
I must make sure that other people are happy.	37. 1 2 3	Ek moet sorg dat ander mense gelukkig is.
I must keep other people out of trouble.	38. 1 2 3	Ek moet ander mense uit die moeilikheid uit hou.
Other people's problems are more important than mine.	39. 1 2 3	Ander se probleme is belangriker as my eie.
I may tell a lie to keep other people out of trouble.	40. 1 2 3	Ek mag jok om ander mense uit die moeilikheid te hou.
I protect others by taking the blame when things go wrong.	41. 1 2 3	Ek beskerm ander deur die skuld te vat as iets verkeerd gaan.
I say no to things that are bad for me.	42. 1 2 3	Ek sê nee vir goed wat vir my sleg is.
I show it when I dislike something.	43. 1 2 3	Ek wys as iets vir my sleg is.
I say yes when I actually mean to say no.	44. 1 2 3	Ek sê ja, wanneer ek eintlik nee bedoel.
I will tell someone when I think he/she is wrong.	45. 1 2 3	Ek sal vir iemand sê as ek dink hy/sy is verkeerd.
I am scared to say what I think.	46. 1 2 3	Ek is bang om te sê wat ek dink.
I pretend to be satisfied.	47. 1 2 3	Ek maak asof ek tevrede is.
I keep quiet even when I think others are wrong.	48. 1 2 3	Ek bly stil, al dink ek ander is verkeerd.
I do things that others want to do.	49. 1 2 3	Ek doen dinge wat ander wil doen.

In order to ensure professional service of outstanding quality, this questionnaire is printed in blue on a white background. Should you suspect that you are given a pirate copy of the original form, please contact us at the following address. It is in your own interest to guard against copyright infringement of this nature. 18, 19, 20, 22, 23, 24  
Copyright © 2002, AG Paul, AJ Hanekom Distributed by Perspektief Training College, P.O. Box 203942, Noordbrug, 2522. Tel: (018) 297 3716, Fax: (018) 297 4775 illegal to photocopy or otherwise reproduce  
Web Page www.perspektief.com E-mail: perspektief@net

**Consent letter: Guardian.**

**English: Appendix 2**



Date

The Headmaster  
President Krugerkinderhuis  
P O Box 31470  
TOTIUSDAL  
0134

Mr J. Vorster

**Master's Degree research: Life mapping to enhance the self-knowledge of children in a children's home**

As you already know, I am busy doing my Master's Degree at the Department of Social Work, University of Pretoria. It would be appreciated if you could give your consent to the selected children to participate in the specific study programme. No previous research had been done on the topic. The participation of the children could be of benefit to the participating child, the staff members of the children's home and future social work students. In this letter I would like to shortly give you background information regarding the research:

**Researcher:** Hendriette du Plessis MSD (Playtherapy) (Social Work) student, University of Pretoria.

**Supervisor:** Dr J.M.C. Joubert. Department of Social Work, University of Pretoria.

**Title of dissertation**

**Life mapping to enhance the self-knowledge of children in the children's home**

**Purpose of the study**

The purpose of the study is to explore the value of life mapping to enhance the self-knowledge of children in their mid-childhood in a children's home. The purpose of the research is also to describe the utilisation of life mapping and the effect thereof.

**Nature of the child's involvement in the study**

The child will receive information before the start of the sessions, regarding the procedures that will be followed during the study. A questionnaire will be done by all the participants during the first session after which six individual sessions will be done. Each participant will have the opportunity to do life mapping with the purpose of enhancing the self-knowledge of the child, so that he/she could gain better self-knowledge, know what his/her potential is and knows where he/she is going. Different play therapy techniques and art materials will be used during these sessions, which will last no longer than an hour per session. In the last session, a questionnaire will be done again. The child will be allowed to keep the life map, which will be in book form.

The social worker of the Paul Kurgerkinderhuis, Mrs Beulah du Preez, will work out a programme for the sessions that will fit in with other after-school activities. The sessions will be done during school terms so that the school holidays would be free to enjoy.

Feedback will be given to you regarding the results of the research and process notes of individual sessions of each child will be provided for the child's personal file.

The same questionnaire that was done at the beginning of the sessions will be done at the end with the purpose to determine the impact of the programme on the child's self-knowledge.

**What is expected**

- That participants who agreed to attend the sessions, do so faithfully and punctually.
- That the researcher will notify all concerned, in cases where she cannot attend any sessions. The social worker would also notify the researcher in instances where a child cannot attend, so that alternative arrangements can be made.
- The children will be notified that they have the choice to withdraw from the study at any time if they are not comfortable with the procedures.

**The following ethical aspects would be taken into account**

The support by staff members of participants in the study would be appreciated. The respondents will in no way be harmed physically or emotionally. The respondents will be informed about procedures that will be followed during the study and about the possible implications on their lives. Confidentiality will be honoured. After the sessions, the respondents will be given the opportunity to work through their experience of the process. In cases where therapeutic input seem to be needed, the children would be referred to experts for counselling.

The potential subjects in the study do so voluntarily and no pressure will be placed on anybody to participate.

The practical work involved in this study will be done as soon as the Ethics Committee of the University of Pretoria has given consent for the study to be done en will be done during the year 2005.

In the case of you being prepared to give consent to the selected children to participate in the research programme, it would be appreciated if you could sign the attached form together with the child in question, so that they could take note of your approval in the capacity as guardian.

Please feel free to contact me at any time for more information.

**MRS HENDRIETTE DU PLESSIS**  
**RESEARCHER**

**DR J.M.C. JOUBERT**  
**PROMOTER**

**CONSENT TO PARTICIPATION IN STUDY**

Herewith, I, J. Vorster, headmaster of the President Krugerkinderhuis,

consents that \_\_\_\_\_

could have the opportunity to be involved in the research titled:

**Life mapping to enhance the self-knowledge of children in a children's home.**

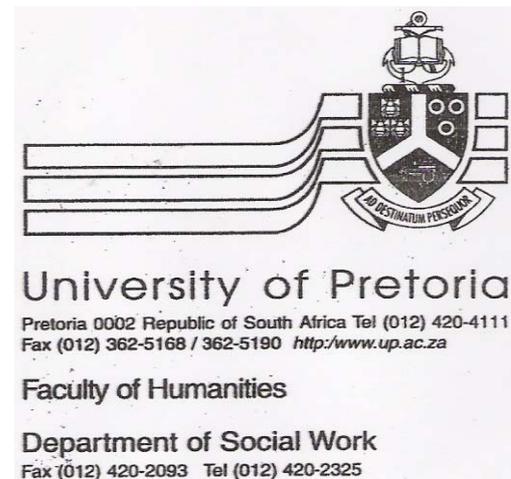
I understand the terms of the study. I am in possession of a copy of the letter in which the purpose of the study, the nature of the child's involvement, as well as the ethical aspects that will be taken into consideration, are stated.

The child has the right to withdraw at any stage during the course of the study.

\_\_\_\_\_  
J. VORSTER SIGNATURE  
(Headmaster, Paul Krugerkinderhuis)

\_\_\_\_\_  
Printed name of child (in mid childhood years) SIGNATURE

\_\_\_\_\_  
SIGNATURE OF RESEARCHER DATE

**Informed consent: Participant****English: Appendix 3**

**Participant's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Researcher:** Du Plessis, Hendriette Wilhelmina

**Supervisor:** Dr J.M.C. Joubert, Department of Social Work, University of Pretoria, 0002, South Africa.

**Informed consent**

1. **Title of study:** Life mapping to enhance the self-knowledge of children in a children's home
2. **Purpose of the study:** The purpose of the study is to explore the value of life mapping to enhance the self-knowledge of children in their mid childhood in a children's home. The purpose of the research is also to describe the utilisation of life mapping and the effect thereof regarding the enhancement of self-knowledge.
3. **Procedures:** During the first session, you will be provided with information about the procedures to be followed during the research and will complete a questionnaire together with all the other participants. You will then be seen individually for seven sessions in which life mapping will be done in order to gain self-knowledge and to become aware of who you are, what you are capable of and where you are going to. Different play therapy techniques and art materials will be used during these sessions, which will last no longer than an hour per session. In the last session a questionnaire will be done again. You will be allowed to keep the life map book that you have created during the sessions.

The social worker will work out a programme for the sessions that will fit in with other after-school activities. The sessions will be done during school terms and you will be free to enjoy the school holidays.

4. **Risks and discomforts:** There are no known medical risks or discomforts associated with this research, although I might experience fatigue and/or stress when working on the issues of my past, present and future. I am allowed to discuss this with the researcher and she will handle the matter in such a way that it is to my advantage.
5. **Benefits:** I understand that there are no direct benefits to me for participating in this research. However, results of the study may help social workers in training and caregivers in the children's home. I may gain self-knowledge as a result of the participation in the programme. The self-knowledge may help me take responsibility for my own life and decisions.
6. **Participant's rights:** I am at liberty to withdraw from the research at any time.
7. **Confidentiality:** The results of this study can be sent to the researcher, supervisor and authorised personnel of the University of Pretoria. I understand that the results of the study may be published in professional journals or presented at professional conferences, but my records or identity will not be revealed unless required by law.

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

---

Subject's signature

---

Date

---

Mr J. Vorster  
Headmaster of President Krugerkinderhuis  
in the capacity as legal guardian,

---

Researcher's signature  
H W du Plessis

Life maps (Figures 1-16)

Life Map: Front page

Appendix 4



Figure 1



Figure 2

**Life maps**

**Life map 1: “Who am I?”  
“Where have I come from?”**

**Appendix 4**



**Figure 3**



**Figure 4**

**Life maps**  
**Life map 2: “Who am I”**  
**Strengths and weaknesses**

**Appendix 4**



**Figure 5**



**Figure 6**

**Life Maps**

**Life map 3: “Who am I?”**

**Rosebush technique**

**Appendix 4**



**Figure 7**



**Figure 8**

**Life maps**

**Life map 4: "Who am I?"**

**Present life situation**

**Appendix 4**



**Figure 9**



**Figure 10**

Life maps

Life map 5: “Where am I going?”

Appendix 4

Future



Figure 11



Figure 12

Life maps

Safety hand: Life skills

Appendix 4



Figure 13



Figure 14



**Creativity (Figures 17-21)**

**Appendix 4**



**Figure 17**



**Figure 18**



**Figure 19**



**Figure 20**



**Figure 21**

Projections (Figures 22-34)

Appendix 4



Figure 22

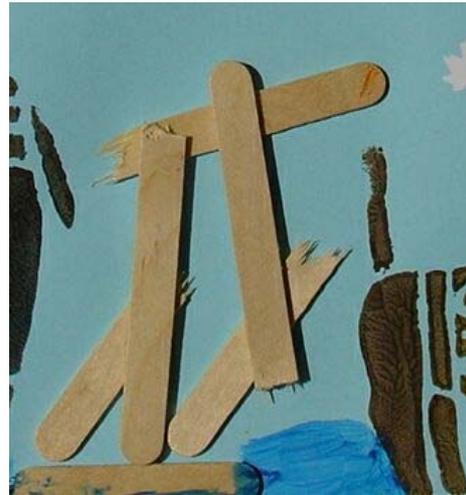


Figure 23



Figure 24

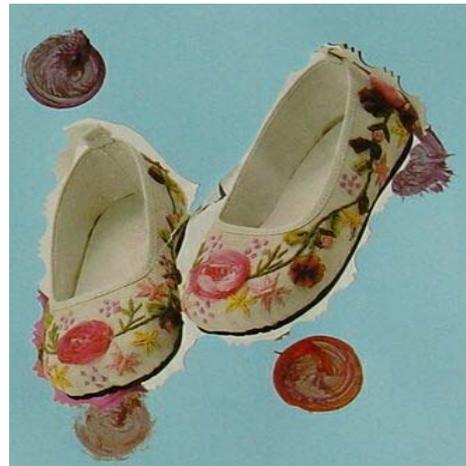


Figure 25

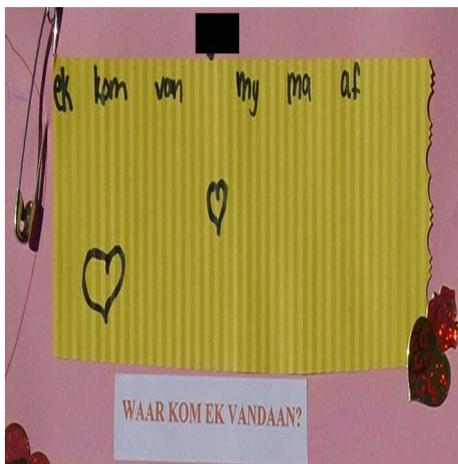


Figure 26

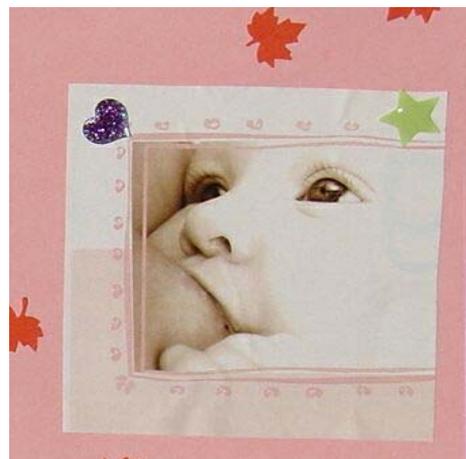


Figure 27

**Projections**

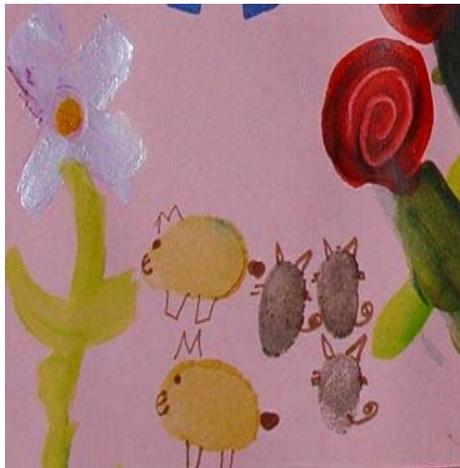
**Appendix 4**



**Figure 28**



**Figure 29**



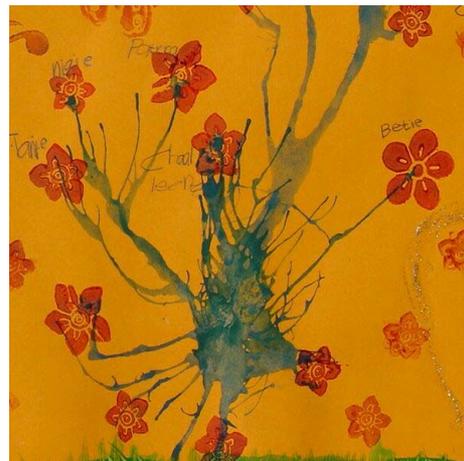
**Figure 30**



**Figure 31**



**Figure 32**



**Figure 33**

Projections

Appendix 4

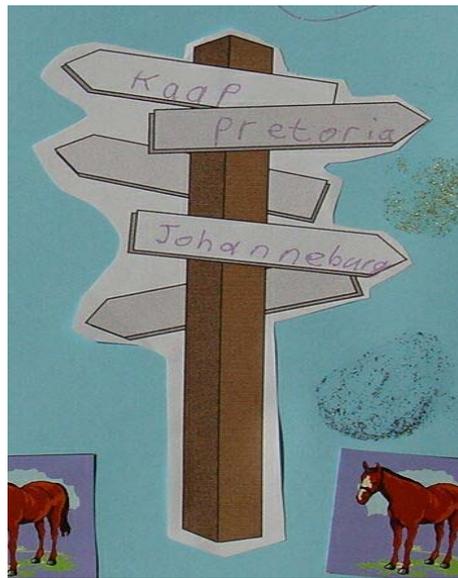


Figure 34



Figure 35: Binder for life mapping books

## Raw data

## Appendix 5.1

## Respondents: child one to six – N6

Anxiety		
	C1 pre	C1 post
child 1	18	25
child 2	31	6
child 3	87	62
child 4	93	62
child 5	18	56
child 6	37	18
Xa	47.33	38.17
S	33.92	24.77
n	6	6
df	5	5
Spoiled	29.70	
Hypothesis:		
H0	C1=C2	
Ha	C1 ne C2	
Test:		
If $t > slevel$ reject Ho		
If $t < -slevel$ reject Ho		
If Ho is rejected, then we accept Ha		
t	0.534545	
Significance levels		
		slevel
	70%	1.156
	80%	1.476
	90%	2.015
	95%	2.571

## Raw data

## Appendix 5.2

## Respondents: child one to six – N6

Guilt feelings			
	C1 pre	C1 post	
child 1	0	11	
child 2	61	0	
child 3	61	33	
child 4	72	33	
child 5	16	16	
child 6	33	5	
Xa	40.50	16.33	
S	28.74	14.00	
n	6	6	
df	5	5	
Spooled	22.60		
Hypothesis:			
H0	C1=C2		
Ha	C1 ne C2		
Test:			
If $t > s_{level}$ reject Ho			
If $t < -s_{level}$ reject Ho			
If Ho is rejected, then we accept Ha			
t	1.851896		
Significance levels			
		S level	
	70%	1.156	
	80%	1.476	Significant
	90%	2.015	
	95%	2.571	

**Raw data****Appendix 5.3****Respondents: child one to six: N6**

<b>Lack of assertiveness</b>			
	C1 pre	C1 post	
child 1	0	8	
child 2	33	0	
child 3	33	8	
child 4	58	66	
child 5	50	25	
child 6	25	0	
Xa	33.17	17.83	
S	20.33	25.30	
n	6	6	
df	5	5	
Spooled	22.95		
Hypothesis:			
H0	C1=C2		
Ha	C1 ne C2		
Test:			
If $t > s_{level}$ reject Ho			
If $t < -s_{level}$ reject Ho			
If Ho is rejected, then we accept Ha			
t	1.157146		
Significance levels			
		slevel	
	70%	1.156	Significant
	80%	1.476	
	90%	2.015	
	95%	2.571	

**Raw data      Appendix 5.4****Respondents: child one to six – N6**

<b>Isolation</b>		
	C1 pre	C1 post
child 1	56	81
child 2	62	18
child 3	62	43
child 4	62	56
child 5	75	50
child 6	43	50
Xa	60.00	49.67
S	10.41	20.34
n	6	6
df	5	5
Spooled	16.16	
Hypothesis:		
H0	C1=C2	
Ha	C1 ne C2	
Test:		
If $t > s_{level}$ reject Ho		
If $t < -s_{level}$ reject Ho		
If Ho is rejected, then we accept Ha		
t	1.107567	
Significance levels		
		slevel
	70%	1.156
	80%	1.476
	90%	2.015
	95%	2.571

**Raw data            Appendix 5.5****Respondents: child one to six – N6**

<b>Responsible for others</b>		
	C1 pre	C1 post
child 1	68	68
child 2	62	75
child 3	25	50
child 4	56	68
child 5	62	37
child 6	62	62
Xa	55.83	60.00
S	15.57	14.04
n	6	6
df	5	5
Spooled	14.83	
Hypothesis:		
H0	C1=C2	
Ha	C1 ne C2	
Test:		
If $t > s_{level}$ reject Ho		
If $t < -s_{level}$ reject Ho		
If Ho is rejected, then we accept Ha		
t	-0.48669	
Significance levels		
		slevel
	70%	1.156
	80%	1.476
	90%	2.015
	95%	2.571

## Raw data

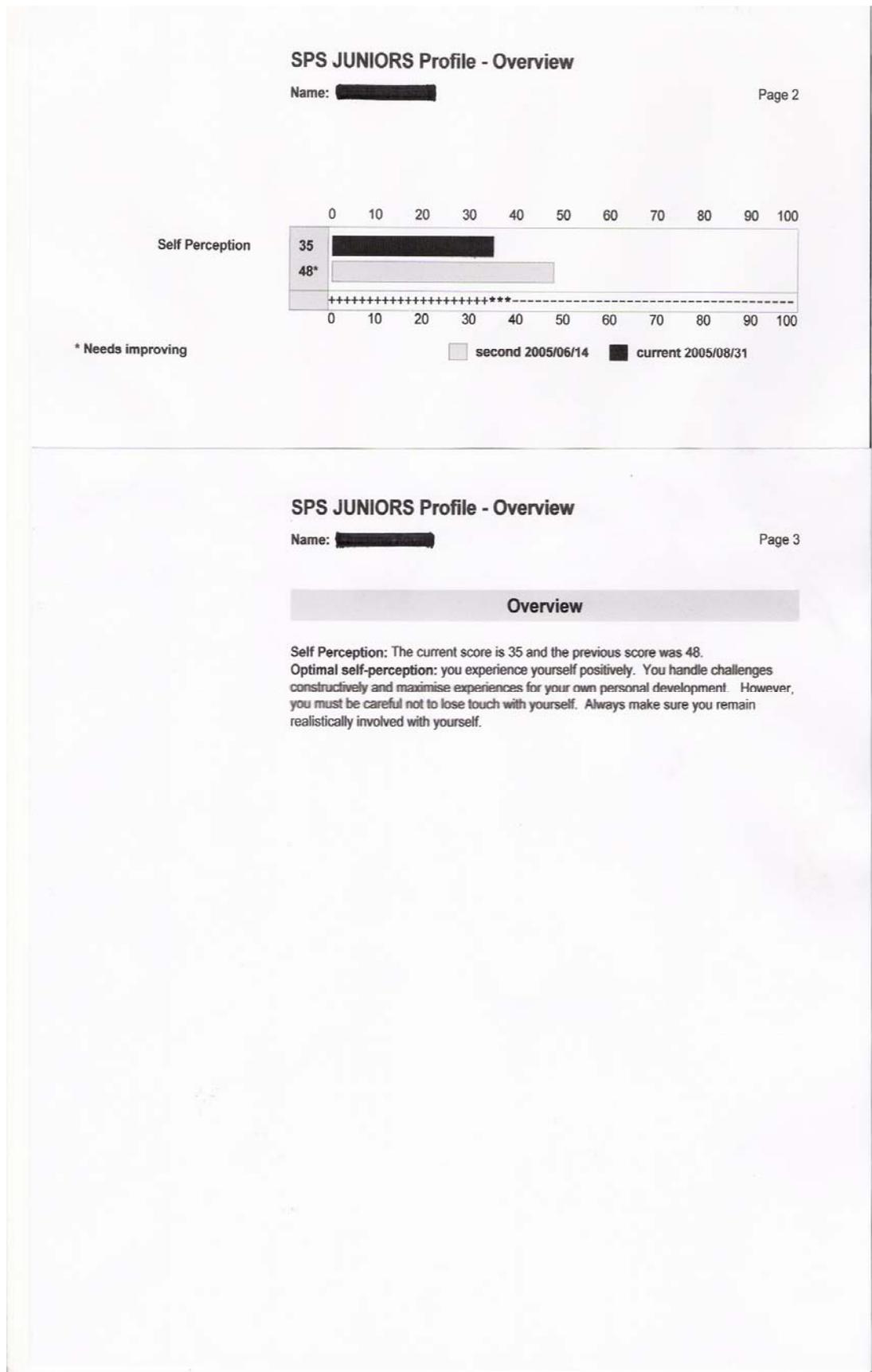
## Appendix 5.6

## Respondents: child one to six – N6

<b>Lack of Self-worth</b>		
	C1 pre	C1 post
child 1	25	31
child 2	25	12
child 3	25	18
child 4	50	12
child 5	43	43
child 6	37	25
Xa	34.17	23.50
S	10.85	12.11
n	6	6
df	5	5
Spooled	11.50	
Hypothesis:		
H0	C1=C2	
Ha	C1 ne C2	
Test:		
If $t > s_{level}$ reject Ho		
If $t < -s_{level}$ reject Ho		
If Ho is rejected, then we accept Ha		
t	1.606641	
Significance levels		
		slevel
	70%	1.156
	80%	1.476
	90%	2.015
	95%	2.571

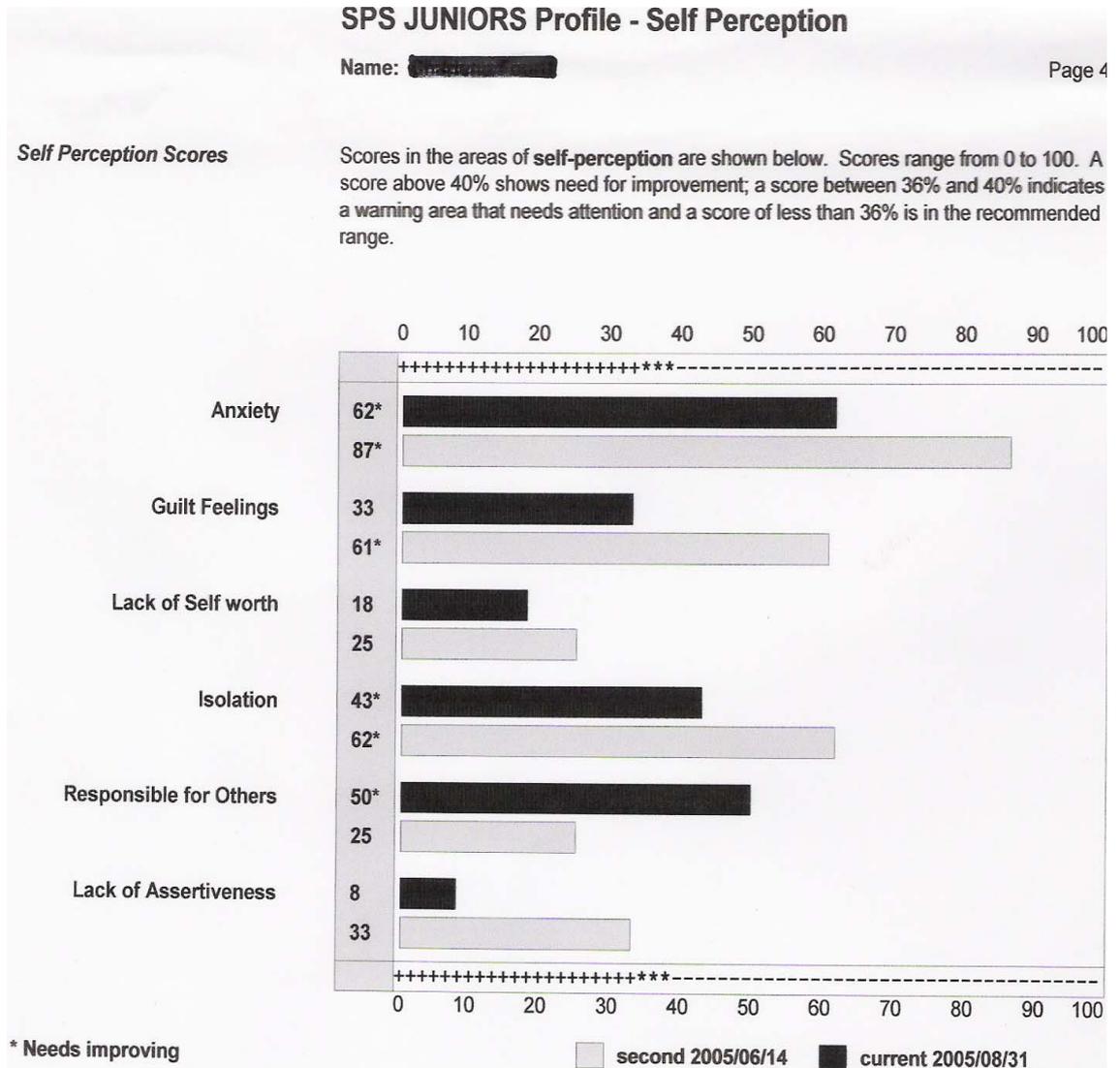
Individual profile: Overview

Appendix 6.1



**Individual profile on scores for constructs**

**Appendix 6.2**



**Individual profile.**  
**Overall self-perception score report**

**Appendix 6 3**

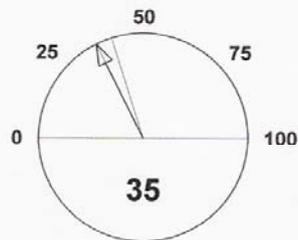
**SPS JUNIORS Profile - Self Perception**

Name: ██████████

Page 5

**Overall Self Perception Score**

The overall Self Perception score is the mean score of all the Self Perception indicators.



The overall score is 35%. The previous score was 48%. Making good progress.

**Report:**

**Anxiety:** The current score is 62 and the previous score was 87.

You experience a lack of security in your relationships and are afraid that you will be hurt emotionally. You feel threatened by your circumstances and are afraid of the future. You are afraid of failure and rejection. The best approach would be to identify specifically what is causing you to have a lack of inner security. To do this, we recommend a consultation with a professional counsellor. In cooperation with professional advice, decide on a strategy and follow it wholeheartedly. Developing the necessary skills to manage your inner security to the full is the first step to personal fulfilment.

**Responsible for Others:** The current score is 50 and the previous score was 25.

The following elements are present in your functioning: you feel responsible for other's happiness and try to keep them out of trouble. Identify specifically what is causing you to take responsibility for other people. To do this, we recommend a consultation with a professional counsellor. In cooperation with professional advice, decide on a strategy and follow it wholeheartedly.

**Isolation:** The current score is 43 and the previous score was 62.

You own the following elements with regard to isolation: you find it difficult to tell other people how you feel and you like to be alone. Identify specifically what is causing you to isolate. To do this, we recommend a consultation with a professional counsellor. In cooperation with professional advice, decide on a strategy and follow it wholeheartedly.

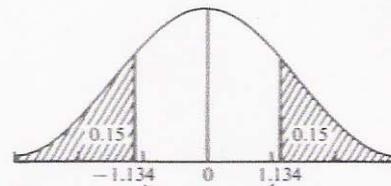
**Best SPS JUNIORS areas:**

- Anxiety
- Guilt Feelings
- Lack of Self worth
- Isolation
- Responsible for Others
- Lack of Assertiveness

Values of *t* for selected probabilities

Appendix 7

VALUES OF *t* FOR SELECTED PROBABILITIES



Example.

d.f. (Number of degrees of freedom) = 6 :

One tail above  $t = 1.134$  or below  $t = -1.134$  represents 0.15 or 15% of the area under the curve. Two tails above  $t = 1.134$  and below  $t = -1.134$  represent 0.30 or 30%.

Probabilities (or Areas Under *t*-Distribution Curve)

One tail	.45	.35	.25	.15	.10	.05	.025	.01	.005
Two tails	.90	.70	.50	.30	.20	.10	.05	.02	.01
Conf. Level	.10	.30	.50	.70	.80	.90	.95	.98	.99
d.f.	Values of <i>t</i>								
1	.158	.510	1.000	1.963	3.078	6.314	12.706	31.821	63.657
2	.142	.445	.816	1.386	1.886	2.920	4.303	6.965	9.925
3	.137	.424	.765	1.250	1.638	2.353	3.182	4.541	5.841
4	.134	.414	.741	1.190	1.533	2.132	2.776	3.747	4.604
5	.132	.408	.727	1.156	1.476	2.015	2.571	3.365	4.032
6	.131	.404	.718	<b>1.134</b>	1.440	1.943	2.447	3.143	3.707
7	.130	.402	.711	1.119	1.415	1.895	2.365	2.998	3.499
8	.130	.399	.706	1.108	1.397	1.860	2.306	2.896	3.355
9	.129	.398	.703	1.100	1.383	1.833	2.262	2.821	3.250
10	.129	.397	.700	1.093	1.372	1.812	2.228	2.764	3.169
11	.129	.396	.697	1.088	1.363	1.796	2.201	2.718	3.106
12	.128	.395	.695	1.083	1.356	1.782	2.179	2.681	3.055
13	.128	.394	.694	1.079	1.350	1.771	2.160	2.650	3.012
14	.128	.393	.692	1.076	1.345	1.761	2.145	2.624	2.977
15	.128	.393	.691	1.074	1.341	1.753	2.131	2.602	2.947
16	.128	.392	.690	1.071	1.337	1.746	2.120	2.583	2.921
17	.128	.392	.689	1.069	1.333	1.740	2.110	2.567	2.898
18	.127	.392	.688	1.067	1.330	1.734	2.101	2.552	2.878
19	.127	.391	.688	1.066	1.328	1.729	2.093	2.539	2.861
20	.127	.391	.687	1.064	1.325	1.725	2.086	2.528	2.845
21	.127	.391	.686	1.063	1.323	1.721	2.080	2.518	2.831
22	.127	.390	.686	1.061	1.321	1.717	2.074	2.508	2.819
23	.127	.390	.685	1.060	1.319	1.714	2.069	2.500	2.807
24	.127	.390	.685	1.059	1.318	1.711	2.064	2.492	2.797
25	.127	.390	.684	1.058	1.316	1.708	2.060	2.485	2.787
26	.127	.390	.684	1.058	1.315	1.706	2.056	2.479	2.779
27	.127	.389	.684	1.057	1.314	1.703	2.052	2.473	2.771
28	.127	.389	.683	1.056	1.313	1.701	2.048	2.467	2.763
29	.127	.389	.683	1.055	1.311	1.699	2.045	2.462	2.756
30	.127	.389	.683	1.055	1.310	1.697	2.042	2.457	2.750
40	.126	.388	.681	1.050	1.303	1.684	2.021	2.423	2.704
60	.126	.387	.679	1.046	1.296	1.671	2.000	2.390	2.660
120	.126	.386	.677	1.041	1.289	1.658	1.980	2.358	2.617
∞	.126	.385	.674	1.036	1.282	1.645	1.960	2.326	2.576

Source: Stephen P. Shao. *Statistics for Business and Economics*. 3d ed. (Columbus, Ohio: Merrill Publishing Company, 1976), p. 789. Used with permission.

**DO WHAT YOU CAN,  
WITH WHAT YOU HAVE,  
WHERE YOU ARE.**

Theodore Roosevelt

**Dedicated to:**

- **The children and staff members of the President Krugerkinderhuis, Pretoria, who will always be in my heart.**
- **My husband, André, my children and grandchildren for walking the walk with me.**
- **My parents, although deceased, still with me.**
- **Dr. J. M. C. Joubert, for her ever-present smile.**
- **The University of Pretoria.**

## **OPSOMMING**

# **DIE LEWENSPADKAART OM SELFKENNIS VAN KINDERS IN 'N KINDERHUIS TE VERBETER**

Deur

Hendriette Wilhelmina du Plessis

Studieleier: Dr. J. M. C. Joubert

Departement Maatskaplike Werk en Kriminologie

Universiteit van Pretoria

Graad: Magister Socialis Diligentiae (Speltherapie)

Die doel van hierdie navorsing was om 'n lewenspadkaart gedurende die intervensie te gebruik om die selfkennis van kinders in 'n kindershuis in hulle middel-kindersjare te verbeter. Ten einde hierdie doel te bereik, is die lewenspadkaart- proses, met gestalt spelterapeutiese tegnieke en beginsels gekombineer, tesame met kuns en kreatiwiteit.

Die studie is kwantitatief. 'n Gestandaardiseerde metingskaal is vir die voor-en-natoetsing gebruik volgens die enkelstelsel-ontwerp. Die hipotese word getoets aan die hand van statistiese analise, van data wat verkry is deur die voor-toets en natoetsresultate met mekaar te vergelyk.

Die kind in die kindershuis weet nie altyd wie hy/sy is nie. Weens die moontlike trauma wat die kind ervaar het, voor opname in die kindershuis, kon daar nie 'n gesonde kennis van die self vanuit die kind se eie innerlike en vanuit sy omgewing ontwikkel nie. Soms weet 'n kind in die kindershuis nie waarom hy/sy daar is nie. Dit is vir die kind nodig om te weet waar hy vandaan kom, waar hy/sy hom tans bevind en waarheen hy/sy op pad is. Dit is die raamwerk van die lewenspadkaart.

Die maak van 'n lewenspadkaart help die kind om homself te leer ken. Wanneer hy eers 'n persepsie het van wie en wat hy is en wat hy wil bereik, kan die kind begin werk aan selfvervulling. Met selfkennis en 'n goeie persepsie van sy/haar lewe, ontwikkel 'n self-konsep, wat 'n waarde-element bevat. Die kind kan begin om 'n eie lewe te lei, eie besluite te maak, verantwoordelikheid vir sy/haar eie lewe te neem en selfstandig te word, afgesien van die omstandighede waaruit hy/sy gekom het. Die doel is om balans en 'n sin van die self terug te bring in die lewe van die kind, 'n doelwit wat vooropgestel word deur beide die modelle.

Die literatuurstudie sluit in gedrag en emosies van die kindershuis-kind. Die invloed daarvan op die kind se lewe is ondersoek.

As doelwit een is 'n literatuurstudie onderneem om die kennisbasis op te bou oor die proses vir die maak van 'n lewenspadkaart en die proses en beginsels van gestaltpeltherapie. Die twee prosesse is vergelyk en geïntegreer in die navorsing. Die begrip, lewenspadkaart is bekend vanaf vroeg in die 20ste eeu, maar is nie dikwels benut as tegniek nie. Die ontwikkeling van die kind in sy/haar middel-kinderjare, in 'n kindershuis, is bestudeer asook selfkennis.

Ontwikkelingstake van die kind in die middel-kinderjare is uiteenlopend en 'n voortsetting van vorige fases. Die sintese, volgens Erikson, in hierdie fase, is bekwaamheid. Arbeidsaamheid staan teenoor minderwaardigheid as die "krisis" van hierdie fase. Die kind begin om die konsep van die ware self en die ideale self te ontwikkel en hom/haarself met ander te vergelyk.

As doelwit twee is intervensie deur middel van die maak van 'n lewenspadkaart, tesame met gestaltpeltherapeutiese tegnieke en beginsels gedoen. Dit is uit die navorsingsresultate suksesvol bewys. Aspekte van respondente se hele lewe is saamgevat in die lewenspadkaarte en dit is in ooreenstemming met die geheel of *gestalt*, van die gestaltpeltherapie. Die respondente het begin om eie eienskappe te sien en eie uniekheid te begin beleef. Dit is dus ook verbetering van die kennis van die self. Al die doelwitte van die studie is bereik. Die studie het 'n 80 persent beduidende positiewe verandering by die selfkennis van die respondente bewerkstellig.

**KEYWORDS**

Life mapping  
Gestalt play therapy  
Self-knowledge  
Self-perception  
Mid-childhood  
Children's Home  
Child in children's home  
Developmental phase  
Creativity  
Life skills  
Projection  
Polarities  
Isolation  
Anxiety  
Guilt  
Self-evaluation  
Assertiveness

**SLEUTELTERME**

Lewenspadkaart  
Gestalt speltherapie  
Selfkennis  
Self-persepsie  
Middelkinderjare  
Kinderhuis  
Kinderhuiskind  
Ontwikkelingsfase  
Kreatiwiteit  
Lewensvaardighede  
Projeksie  
Polariteite  
Isolasie  
Angs  
Skuldgevoelens  
Self-evaluasie  
Selfgelding

## **ABSTRACT**

### **LIFE MAPPING TO ENHANCE THE SELF-KNOWLEDGE OF CHILDREN IN A CHILDREN'S HOME**

By

Hendriette Wilhelmina du Plessis

Supervisor: Dr. J. M. C. Joubert

Department of Social Work and Criminology

University of Pretoria

Degree: Magister Socialis Diligentiae (Play therapy)

The purpose of the research was to use life mapping during the intervention period in order to enhance the self-knowledge of the children in their mid-childhood years, in a children's home. In order to reach this goal, the life mapping- and the gestalt play-therapeutic processes had been combined with, art and creativity included in the process.

The study is quantitative and a standardised measuring instrument had been used for the pre-test and posttest, according to the single-system design. The hypothesis was tested by way of statistical analysis, by comparing data obtained from the pre-test and posttest.

The child in a children's home does not always know who he/she is. Because of possible trauma experienced before admission to the children's home, self-knowledge could not be developed from within or from input obtained out of the social environment. Sometimes, a child in a children's home, does not know why he/she was admitted. It is necessary for the child to know where he/she came from, where he/she is at present and where is he/she is going. The framework of life mapping integrates these concepts.

By compiling a life map, a child obtains self-knowledge. When he/she had formed a perception of who and what he/she is and what he/she wants to achieve, the child can start working on self-fulfillment. With self-knowledge and a good perception of his/her life, the child develops a self concept, which usually contains an element of self-evaluation. The child can start leading an own life, make own choices, take responsibility for his/her own life and becomes independent, notwithstanding the circumstances of origin. The purpose is to bring back balance and a sense of self into the life of the child, which are also the purposes emphasised by both life mapping and gestalt play therapy.

The literature study includes both the behaviour and emotions of the child in a children's home. The influence on the life of the child had been investigated.

Objective one was to build on the knowledge base on life mapping and gestalt play therapy processes. The processes were compared and integrated in this study. Life mapping as a concept, is known since the early 20<sup>th</sup> century, but was not applied in therapy, often. The developmental phase of a child in mid-childhood, in a children's home had been studied.

The developmental tasks in the mid-childhood are varied and is a progression of tasks from the previous phases. The synthesis, according to Erikson, during this phase, is capability. Industry versus inferiority could be seen as the "crisis" of this developmental phase. The child starts having the concept of the true self, versus the ideal self and he/she compares him/herself with others.

Objective two was intervention by way of life mapping, together with the gestalt principles. This proved to have been very successful with observing the research results. Aspects of the whole life of every respondent had been included into the life maps. The fact that the life had been looked at in totality is in accordance with the *gestalt* concept of gestalt therapy. The respondents started owning their own personality traits and began to experiencing their uniqueness. It was thus enhancement of self-knowledge that took place. All the objectives of the study had been reached. The study resulted in an 80 percent significant change in the average self-knowledge of the respondents.

**TABLE OF CONTENTS****CHAPTER 1****INTRODUCTION TO THE RESEARCH PROCESS**

1.1	Introduction	1
1.2	Problem formulation	6
1.3	Purpose, goal and objectives of the research study	8
	1.3.1 Purpose of research	8
	1.3.2 Goal of the study	9
	1.3.3 Objectives	9
1.4	Research hypothesis for the study	10
1.5	Research approach	10
1.6	Type of research	11
1.7	Research design and methodology	11
	1.7.1 Research design	11
	1.7.2 Research methodology	13
	1.7.2.1 Data collection	13
	1.7.2.2 The main research	14
	1.7.2.3 Data Analysis	14
1.8	Pilot study	15
	1.8.1 Pilot testing of measuring scale and life mapping techniques	15
	1.8.2 Feasibility of the study	16
1.9	Research universe, population, sample and sampling method	17

1.9.1	Research universe and population	17
1.9.2	Boundary of sampling and sampling method	17
1.10	Ethical issues	19
1.10.1	Harm to experimental subjects	19
1.10.2	Informed consent	20
1.10.3	Deception of subjects	20
1.10.4	Violation of privacy/anonymity/confidentiality	21
1.10.5	Actions and competence of researchers	22
1.10.6	Cooperation with contributors	23
1.10.7	Release of publication findings	23
1.10.8	Debriefing of respondents	24
1.11	Definitions of key concepts	25
	Gestalt play therapy	25
	Life mapping	25
	Self-knowledge	26
	Children's home	26
1.12	Contents of the research report	27

## **CHAPTER 2**

### **LIFE MAPPING AS TECHNIQUE TO ENHANCE SELF-KNOWLEDGE BY MEANS OF GESTALT PLAY THERAPY TECHNIQUES**

2.1	Introduction	28
2.1.1	Historical background of life mapping	30
2.1.2	Historical background of the gestalt approach/therapy	32
2.2	The foundation of life mapping	34

2.3	The gestalt play therapy perspective	41
2.3.1	Holism	42
2.3.2	Awareness, homeostasis and self-regulation	42
2.3.3	Contact	45
2.3.4	Contact boundary disturbances	45
2.3.5	Structure of personality	46
2.3.6	What is play therapy?	47
2.3.7	The importance of play for children	48
2.3.8	The play therapy process	49
2.3.9	The gestalt play therapy process	49
2.3.10	Play therapy techniques and Oaklander's model	51
2.3.11	The link between play therapy techniques and life mapping	54
2.4	The application of the life mapping technique, integrated with gestalt play therapy principles during intervention	55
2.5	Summary	58

### **CHAPTER 3**

#### **SELF-KNOWLEDGE AND THE DEVELOPMENT OF THE CHILD IN HIS MID-CHILDHOOD YEARS, IN A CHILDREN'S HOME**

3.1	Introduction	60
3.2	Self-knowledge	61
3.2.1	Definition of self-knowledge	62
3.2.2	Self-knowledge and self-confidence ("Who am I")	62
3.2.3	Self-understanding and self-awareness	63
3.2.4	Self-concept ("This is me" or "Who am I")	64
3.2.5	Self-acceptance	65
3.2.6	Self-control	65

3.3	The child in his/her mid-childhood years in a children's home	66
3.3.1	Children's home	66
3.3.2	Reasons for removal of the child	66
3.3.3	Influence of the removal of the child	68
3.3.3.1	Emotional	68
3.3.3.2	Self-blame	68
3.3.3.3	Self-destructive beliefs	68
3.3.3.4	Emotional influence on the physical condition of the child	69
3.3.3.5	The influence on the behaviour of the child	70
3.3.4	Influence of background	71
3.4	Techniques and the task of the therapist	72
3.5	The developmental phase: Mid-childhood years	77
3.5.1	Developmental tasks	80
3.5.2	Creativity	83
3.5.3	The child in the children's home and self-evaluation	84
3.5.4	The influence of the environment	86
3.5.5	Social development	90
3.6	Summary	93

## **CHAPTER 4**

### **EMPIRICAL STUDY**

4.1	Introduction	96
4.1.1	The objectives of the study	96
4.1.2	The hypothesis for the study	97
4.1.3	The research approach	97
4.1.4	Research design	97
4.1.5	Research methodology	97
4.1.6	Sampling	99

4.1.7	Data collection and analysis	99
4.1.8	Confidentiality and informed consent	100
4.1.9	Validity and reliability	100
4.2	The schedule of the sessions	101
4.2.1	Materials	101
4.2.2	Organisation and routine	102
4.3	Sessions	103
4.3.1	Session 1	103
4.3.2	Session 2	104
4.3.3	Session 3	107
4.3.4	Session 4	109
4.3.5	Session 5	110
4.3.6	Session 6	111
4.3.7	Session 7	114
4.3.8	Session 8	116
4.3.9	General evaluation and observations during all of the sessions	117
4.4	Creativity	117
4.5	Comments on projection in the life maps	118
4.6	Data collection and analysis	120
4.6.1	Data collection	120
4.6.2	Data analyses	122
4.6.3	Hypothesis test	128
4.6.4	<i>T</i> -test on overall study results	129
4.6.5	<i>T</i> -test on six constructs	130
4.7	Conclusion	131

**CHAPTER 5****COMMENTS, CONCLUSIONS AND RECOMMENDATIONS**

5.1	Introduction	132
5.2	Evaluation of the goal and objectives	133
5.2.1	Goal of the study	133
5.2.2	The objectives for the study were the following	133
5.2.2.1	Building a knowledge base	133
5.2.2.2	To conduct an empirical study on the utilisation of life mapping	134
5.2.2.3	To provide conclusions and recommendations on the use of life mapping for further use by social workers and staff in children's homes	134
5.2.3	Hypothesis for the study	135
5.3	General comments on the research	135
5.4	Specific comments on art and creativity as method of intervention	138
5.5	Specific comments on life mapping	141
5.6	Specific comments on the gestalt play therapy process	141
5.7	Recommendations	142
5.7.1	Recommendations in general	142
5.7.2	Recommendations for further research	142
5.8	Conclusion	143

**APPENDIXES**

Appendix 1	Self-Perception Scale for Juniors (SPS-JNR)	154
Appendix 2	Consent letter: Guardian	155
Appendix 3	Consent letter: Informed consent Participant	159
Appendix 4	Life maps, creativity, projection, binding for life maps (Figures 1- 35)	161
Appendix 5	Raw data:	
5.1	Anxiety	173
5.2	Guilt	174
5.3	Lack of assertiveness	175
5.4	Isolation	176
5.5	Responsible for others	177
5.6	Lack of self worth	178
Appendix 6	Individual profile	
6.1	Individual profile: Overview	179
6.2	Individual profile on scores for constructs	180
6.3	Individual profile: Overall self-perception score report	181
Appendix 7	Values for <i>t</i> for selected probabilities	182

**FIGURES**

Figures 1-35: Life maps (Also appendix 4)	161
Figure 1 & 2	161
Life maps: Front page Figure 3 & 4 Life map 1: "Who am I" "Where have I come from?"	162
Figure 5 & 6 Life map 2: "Who am I" Strengths and weaknesses	163
Figure 7 & 8 Life map 3: "Who am I" Rosebush technique	164

Figure 9 & 10: Life map 4 “Who am I?” Present life situation	165
Figure 11 & 12: Life map 5 “Where am I going?” Future	166
Figure 13 & 14 Safety hand: Life skills	167
Figure 15 & 16 Life map 6: Future, Hope	168
Figure 17-21 (Also Appendix 4) Creativity	169
Figure 22-35: (Also Appendix 4) Projections	170
Figure 4.1 Group summary report	123
<b>TABLES</b>	
Table 2.1 The gestalt play therapy process	49
Table 4.1 Representing figure 4.1 in tabular format: Self- perception group summary	123
Table 4.2 Percentage change between pre-test and posttest category average	125
Table 4.3 Individual profiles outcome	126
Table 4.4 Significance levels as in the table, <i>t</i> -test for probabilities	129
Table 4.5 Result <i>t</i> -test for self-perception, overall	130
Table 4.6 <i>T</i> -test on individual self-perception constructs	130

## CHAPTER 1

### INTRODUCTION TO THE RESEARCH PROCESS

#### 1.1 INTRODUCTION

The term, *self*, is described by Plug, Louw, Gouws and Meyer (1997:325) as having different meanings. The most important is, how a person sees him/herself, in other words it is synonymous to the word self-concept. The self is the personality of the person. It is also the core of the personality or the proprium. The self is the agent for any behaviour that is shown and is the I or the psyche. It consists of the social self, the religious self and the vocational self. *Self-knowledge* as defined by Encarta Encyclopedia (1999, sv 'self-knowledge'), is the understanding of oneself and one's motives.

In order to empower the self, self-knowledge is a prerequisite. Oaklander as quoted by Blom (2004:117), is of the opinion that to strengthen children's sense of self includes that they must be able to define themselves. Children should be empowered to become aware of who they are, how they differ from others and their uniqueness should be respected at all times (Blom, 2004:117). Children need to be encouraged to be comfortable with themselves and to accept their uniqueness (Humphreys, 2002:141).

After having worked with children in a local children's home it has come to the attention of the researcher that children who were traumatized often experience a feeling of helplessness, loss of direction and a need to be empowered in order to know who they are, where they belong and where they are heading. They want to know how their lives in the children's home link with the lives of their parents. They need self-knowledge in order to take responsibility for their decisions and their own lives. The children in a children's home very often come from broken homes, where

the parents have been divorced. The siblings are not always placed together. The child's family as a system does not exist any more.

Children who have been removed from their homes, could react in two ways: They either keep yearning to be back at home, or they decide to move on with their lives and they do not actually wish to be reunited with the family, especially in cases where the circumstances were not so good. The latter children usually adapt well to the life in the children's home. There will however, always be children finding it very hard to adapt and who will be needing help from different people in the helping professions (Vorster, 2005).

Vorster (2005) is of the opinion that the researcher, by enhancing the self-knowledge of these children, will be able to give input that could be beneficial not only to the participating children but also to the staff members, who will benefit from being provided with the outcomes of the research. Yontef (1993:26) states that assistance-rendering must guide children towards knowing and accepting themselves. Self-support includes both self-knowledge and self-acceptance.

Many of the children, according to Du Preez (2005), are placed in the children's home after multiple foster placements. The child eventually might feel that he/she is the reason for the placements not being successful and there is a lot of self-blame or a feeling of worthlessness and poor self-image as well as anger and difficulty to trust people. The children experience a lack of self-knowledge and do not know who they are and where they belong. These are the children in need of therapy. Only after gaining self-knowledge can the process of self-esteem building start. This is confirmed by Mulligan (1988:9-27), who states that it is necessary to first map your life and then carry on to deepen awareness and develop skills required for an onward journey in life. According to Mulligan (1988:28-37), self-esteem is the level of belief you have in yourself and the level of self-acceptance.

The above opinions of the experts are confirmed by Kendrick (2000:394-395), namely the bad influence of the cumulative nature of the trauma of repeated separations for looked-after children in transitional placements, within the care system. Early experiences of deprivation and abuse and lack of containment both at

external and internal levels could cause later experiences to reactivate earlier catastrophic anxieties.

A child who suffered emotional abuse, having constantly been humiliated, his/her attempts to give affection rejected, never praised or recognized, verbally threatened and terrorised, could turn out being a child having very bad feelings, feeling not a real person, being part of the wallpaper and invisible (Cattanach, 1992:107).

Schoeman and Van der Merwe (1996:89) contradict this by saying that a child has some knowledge that he/she is not like a blank piece of paper. The therapist can use this knowledge to the advantage of the child.

Children admitted to the children's home, very often do not understand the necessity of the placement even after continuous explanation of the situation (Gräbe, 2005). Gräbe confirms what Kendrick (2000:394-395) says about separation and she experiences that children in the children's home become uncertain if she has a day off. She emphasises the worth of strengthening the child's sense of self and regular contact with the parents to build the child's positive self-knowledge.

The research planned by the researcher is of the utmost importance because the children in the children's home need to know who and what they are. They do not always think of themselves as human beings (somebody) but sometimes as being just objects (something). They have a strong need to belong and being part of a group, and focusing on this in the empirical study could be of great value to these children (Van der Linde, 2005).

The researcher sees life mapping as a method of intervention, as the ideal tool to enhance the self-knowledge of children in a children's home. According to Trent (1994), it creates a graphic picture of the child's goals and life story. Life mapping as an enrichment tool, is strengths-based and a future-, solution-, goals- and hope-oriented process. Personal character is built by gaining self- knowledge and insight (Trent, 1994). Short (1997:77) states: "This technique is used to allow children to comprehend a past, present, and future and to be able to identify, express, and own their feelings regarding their life events."

The researcher is of the opinion that by coming into touch with themselves and their own lives, hope for the future could be created in the situation of the children in a children's home. A combination of the life mapping technique and gestalt play therapy principles were introduced in this study with the focus on gaining self-knowledge.

Gestalt therapy is a form of psychotherapy that had been developed by F. Perls and it is focused on that which is present in the immediate presence. The goal is to help clients to improve their experiences, feelings and perceptions in totality, according to (Plug *et al.*, 1997:127).

Gestalt therapy, as viewed by Blom (2004:4), is an existential, phenomenological and holistic approach, with the emphasis on awareness in the here and now and the interdependence between people and their environment. This improves organismic self-regulation in that people become aware of choices they can make in respect of their behaviour and they can thus define the significance of their life. (Compare Yontef, 1993:203; Hardy, 1991:3-4; Geldard & Geldard, 2002:35.) Blom (2004:50-51) holds: "Awareness of needs, self-knowledge and self-acceptance and the ability to exercise choices and to take responsibility for these are also regarded as important skills which children should master regarding their emotional intelligence."

Blom (2004:5) defines gestalt play therapy as a psychotherapeutic technique that uses the principles and techniques of gestalt therapy during play therapy with a child. Children are given the opportunity to confirm their sense of self verbally and non-verbally, to express their thoughts and to nurture themselves. (Compare Plug *et al.*, 1997:356.)

Reyneke-Barnard (2003:1-3) mentions the positive impact of life books as possibly bringing hope and emotional healing, building self-esteem and restoring dignity by way of the creative process and helping people be their best by identifying, creating and achieving meaningful life maps that will result in a positive legacy.

Reyneke-Barnard (2003:4) describes the workshop that De la Porte and Herbst developed for memory book projects for the Heartbeat Capacity Building Programme, called 'Keep me in Your Heart'. This technique of life mapping, which is also the base of memory books, guides the individual on a journey through his life by focusing on the following questions:

- Who am I?
- Where have I come from?
- Where am I going?

The answers to these questions could be drawn, painted, presented as photo collages or even made of beads. The life book/mapping encourages a person to continue collecting and sharing lifelong experiences.

Ryan and Walker (1993:5) held:

Gathering together facts about their lives and the significant people in it helps them to begin to accept their past and go forward into the future with this knowledge. We have found that most children separated in this way gain a great deal from talking about their past, present and future to a sympathetic adult.

The researcher is of the opinion that a child who was removed from home cannot easily answer a question like "Who am I?" Self-knowledge has to be gained first.

Goodyear-Brown (2001:167) postulates that a combination of writing and art and other modalities has intrinsic therapeutic value. According to her, the integration of expressive modalities increases the likelihood that the client will experience a sense of competency or accomplishment in at least one area, thereby enhancing self-esteem.

The researcher worked as a social worker at different institutions for many years, did courses on art therapy and did voluntary art sessions at a psychiatric hospital for three years. She is of the opinion that creativity used for doing life mapping, empowers a child to come to terms with unmet needs and that the method of

projection is less threatening if dealing with traumatic life situations. In the end the child will have a better knowledge of the self.

Hobday and Ollier (1998:129) postulate that children can see their lives improving and they experience that they are succeeding more than failing, when they observe it through a perspective of 'past', 'present' and 'future'.

Ryan and Walker (1993:5) remark: "When children lose track of their past, they may well find it difficult to develop emotionally and socially. If adults cannot or do not discuss this past with them, it is reasonable for children to suppose that it may be bad."

This study was done in a children's home with children in their mid-childhood years, between seven and twelve years of age. Mid-childhood age, according to Van der Berg as quoted by Steenberg (1995:24), is a critical period for the development of the self-concept, social skills and cognitive skills.

## **1.2 PROBLEM FORMULATION**

The children residing in a children's home who were traumatized for many different reasons, do not always have the life skills to take responsibility for their own choices and lives and need to gain self-knowledge in order to know what they want to achieve in life.

Time for in-depth therapy with children in a children's home is in most cases limited due to the staff/children ratio. These children leave the children's home and have to fend for themselves in a world where they find it very difficult to assert themselves due to a lack of self-knowledge and purpose in their lives (Vorster, 2005 & Van der Linde, 2005).

Van der Linde (2005) explained that most children in the children's home are in need of self-knowledge. Some children are so degraded that they will not even point to themselves in a family photograph. They do not have an identity anymore. The need

for therapeutic input to help these children gain a sense of identity by gaining self-knowledge, is of the utmost importance.

A child's feelings about him/herself is determined to a great extent by the early messages he/she gets about him/herself from his/her parents. In the final analysis, it is the child him/herself who translates those messages to him/herself. Children who are emotionally disturbed, have low self-esteem. This is not unexpected, since how the child perceives and value him/herself determines to a great extent how he/she behaves, how he/she copes with life, how he/she manages him/herself. Children might not be aware that they do not feel good about themselves, though they know something is wrong. Children may manifest their feelings about themselves in many different ways, like cheating in games, attention-getting devices, giving away candy, money or toys and by being fearful of trying new things and distrusting people (Oaklander, 1988:280-282).

The researcher agrees with Oaklander (1988:280-282) and is of the opinion that life mapping and self-knowledge will put the child back on track in his/her search for a meaningful life.

Life mapping, according to Mayne and Mayne (2002:6) is a unique 21<sup>st</sup> century personal empowerment system for conscious self-evolution. It puts the person into the driving seat of his own life. It helps the person to gain the freedom to choose his thoughts, feelings and actions in response to the situations he/she is experiencing throughout his/her life. Marcel Proust is quoted by Mayne and Mayne (2002:14): "The real voyage of discovery consists not in seeking new landscapes, but in having new eyes."

The children in a children's home often do not have much of a choice as to where they are staying, according to the researcher. The court orders them to be in the children's home. They can be taught to change their perspective of the circumstances they find themselves in and to turn it into something positive.

The research problem is: Life mapping in therapy in a children's home is a new concept. No research had been done to determine the effect of life mapping to

enhance the self-knowledge of children in a children's home. The only research on life mapping in South Africa had been done in one study (Herbst, 2002) with youths suffering from HIV and Aids.

The researcher thus investigated what the value of life mapping would be for children in a children's home. By doing life mapping, in order to enhance knowledge of the self, a child gets in touch with his/her worth as a person. By gaining self-knowledge a child knows who he/she is, what has happened in the past and how it happened that he/she was placed into a children's home. The child knows what he/she is capable of, he/she knows what his/her needs are and he/she is empowered to determine his/her future by knowing where he/she is going. The results of the clinical intervention are described in chapter four.

### **1.3 PURPOSE, GOAL AND OBJECTIVES OF THE RESEARCH STUDY**

#### **1.3.1 Purpose of research**

The terms *goal*, *purpose* and *aim*, according to Fouché (2002:107) are used as synonyms for one another and is seen as the broader, more abstract conception of, "end toward which effort or ambition is directed", while *objective* denotes the more concrete, measurable and more speedily attainable conception of such "end toward which effort or ambition is directed".

The purpose or goal is seen as the "dream"; the objective is the steps that have to be taken within a certain time-span, in order to attain the dream. Fouché (2002:108) explains that any research endeavour should have a purpose either to explore, describe or to explain.

According to Bless and Higson-Smith (1995:42) exploratory research is conducted to gain insight into a situation, phenomenon, community or individual. The need for such a study could arise out of a lack of basic information on a new area of interest, or in order to become acquainted with a situation so as to formulate a hypothesis.

The purpose of the study is to explore the value of life mapping to enhance the self-knowledge of children in a children's home. The purpose of the research is also to describe the utilisation of life mapping and the effect thereof.

Descriptive research presents a picture of the specific detail of a situation, social setting or relationship and focuses on "how" and "why" questions as stated by Neuman (2000,22) and also quoted in Fouché (2002:109), who adds that descriptive research can have a basic or applied research goal and can be qualitative or quantitative in nature.

### **1.3.2 Goal of the study**

The goal of the study is to determine the value of life mapping to enhance the self-knowledge of children in their mid-childhood in a children's home.

### **1.3.3 Objectives of the study**

The objectives for the study are the following:

- To build on a knowledge base on:
  - drawing and creative techniques in play therapy
  - the utilisation of life mapping with children in a children's home
  - the self-knowledge of children in their mid-childhood years to know who they are, what they are capable of and where they are going.
- To conduct an empirical study on the utilisation of life mapping to enhance the self-knowledge of children in a children's home.
- To provide conclusions and recommendations on the use of life mapping for further use by social workers and staff in children's homes.

## **1.4 RESEARCH HYPOTHESIS FOR THE STUDY**

According to Bless and Higson-Smith (1995:11), a hypothesis is a tentative explanation for certain facts that will become part of a theory as soon as it is confirmed by sufficient evidence. It is usually expressed as the statement of a relationship between dependent and independent variables that give direction to the study.

The hypothesis for this study is:

**If life mapping is utilised with children in their mid-childhood in a children's home, improved self-knowledge will be gained.**

## **1.5 RESEARCH APPROACH**

The researcher is of the opinion that the quantitative paradigm suits the purposes of this study because the effectiveness of the application of life mapping will be more accurately measured in terms of the single-system design and making use of a measuring scale.

In the quantitative study the focus is on control of all the components in the actions and representations of the participants. The researcher plans and executes control in the way the study and its instruments are designed. Respondents and research subjects are usually not free to express data that cannot be captured by the predetermined instruments (Henning, van Rensburg & Smit, 2004:3).

A quantitative study as defined by Cresswell (in Fouche & Delport, 2002:79) is an enquiry into a special human problem, based on testing a theory composed of variables, measured with numbers and analysed with statistical procedures in order to determine whether the predictive generalisations of the theory hold true.

## **1.6 TYPE OF RESEARCH**

The researcher is of the opinion that applied research fits the research type for this study. Neuman, (2002:23) states that applied research is aimed at solving specific policy problems or at helping practitioners accomplish tasks. It is focused on solving problems in practice. Most applied research findings have implications for knowledge development. Applied research is further described as the scientific planning of induced change in a troublesome situation. *The Oxford Reference Online Dictionary* (2005) confirms Neuman's definition by stating that applied research is undertaken with the primary goal of solving practical problems and that it should also be compared to action research and evaluation research.

The application of life mapping is to integrate the knowledge in such a way that it could be applied in practice as an empowerment tool.

## **1.7 RESEARCH DESIGN AND METHODOLOGY**

### **1.7.1 Research design**

A research design is a plan or blueprint of how one intends conducting the research. There is often confusion about design and methodology. Research design focuses on the end product: What kind of study is being planned and what kind of result is aimed at and the point of departure is the research problem or question. It focuses on the logic of the research: What kind of evidence is required to address the research question adequately? (Mouton, 2003:55, 56.)

The researcher is of the opinion that the basic single-system design, A-B-A as described by Strydom (2002a:150-155), is appropriate for this study.

The single system design involves the planned comparison of observations in a pre-intervention period (the baseline phase, A) with observations, (B) during the intervention period or even during a post-intervention phase, (A). Pre- and post-test comparisons are the essence of scientific research (Strydom, 2002a:156). The

baseline phase is indicated with the letter A, the first intervention is indicated with the letter B and then it is followed by a second baseline, A.

The single system design is the genus term denoting the study of a single subject on a repetitive basis, according to Strydom (2002a:151), (who also compares it with Thyer, Yegidis & Weinback, Barker, Salkind and Williams), agreeing that the single-system design is the ideal way in which the effectiveness of treatment interventions or the effects of manipulating an independent variable can be evaluated. Bloom and Fisher are quoted by Strydom (2002a:151) as stating that the use of this design is also one way of enhancing a linkage between research and practice.

The steps to be followed in the single-system design as identified by Bloom, Fisher and Strydom (in Strydom, 2002a:154) include the formulation of the problem; the review of literature; development of goals and objectives; the development of a hypothesis; development of the design; to define the dependent variable; to define the independent variable; to determine obstacles; the baseline phase, the intervention phase; analysis of the data and finally reporting of the findings.

The dependent variable is the variable where change is expected to take place (Strydom, 2002a:154). In the case of this study it is expected that the self-knowledge of the subjects would improve after intervention. The independent variable is the intervention - utilisation of life mapping - the strategy and specific techniques and procedures the practitioner uses to change the client or the client system (Strydom 2002a:155). In this study life mapping and gestalt play therapy techniques were utilised.

The baseline phase as described by Strydom (2002a:155) entails the planned collection of data before the independent variable is implemented, in order to ensure that the researcher has full control over the course of the research project.

According to Bloom and Fisher as quoted by Strydom (2002a:155), after the whole intervention is completed, the researcher analyses the data to see whether there were changes in the dependent variable, to look for relationships between variables and to

try and determine whether it was the independent variable that affected the dependent variable.

### **1.7.2 Research methodology**

In research methodology the focus is on the research process and the kind of tools and procedures to be used. The point of departure is the specific tasks (data collection or sampling) at hand. It focuses on the individual steps in the research process and the most unbiased procedures to be employed (Mouton, 2003:56).

Fouché and Delport (2002:85) describes the quantitative social research process according to phases and steps, which overlaps with the steps in the single-system design.

#### **1.7.2.1 Data collection**

For data collection in this study the researcher made use of the standardised Self-Perception Scale for Juniors, (SPS-JNR), (2002). This scale consists of 49 questions, which is designed to measure the way the child feels about her/himself. This scale will also measure self-perception and self-knowledge, according to a spokesperson for Perspektief Training College, who is making the scale available (Appendix 1.) This will be the baseline in the single-system design and will be used according to the A-B-A single- system design as the post-test as well.

The scale was completed by the respondents during the first meeting/session (A).

The researcher utilised gestalt play therapy techniques in life mapping during the next six sessions with six respondents. (B). The respondents completed the same scale during the last (eighth) session. (A). The data collected during the first and second measuring had been compared to see what the value of life mapping was on the self-knowledge of the respondents. A combination of the life mapping techniques and gestalt therapy principles were introduced in this study with the focus on gaining self-knowledge.

### 1.7.2.2 The main research:

The life mapping technique was implemented together with the gestalt play therapy principles. The children were seen individually in seven of the eight sessions, each for at least one hour per child per session. As subjects for this study, the researcher used six children in their mid-childhood residing in the President Krugerkinderhuis. Permission was gained from the headmaster of the children's home, Mr Kobus Vorster. (Appendix 2.)

The topics for the sessions:

Session 1: Building a relationship and complete the measuring scale in a group.

Session 2: Sensory awareness. Polarities. **“Where have I come from?”**

Session 3: Strengths and weaknesses. **“Who am I”**

Session 4: **“Who am I?”** Rosebush technique and genogram/ecogram – self-knowledge.

Session 5: Still **“Who am I?”**, by looking at everyday activities and relationships in the child's life.

Session 6: **Future** expectations done by way of storytelling and life skills: choices and assertiveness, problem solving and the play therapy technique of a safety hand.

Session 7: Bibliotherapy and metaphor: “Hope” as theme. **“Where am I going?”**

Session 8: Termination and completion of the measuring scale individually.

By seeing the children individually, during sessions two to eight, more in-depth attention could be given whilst doing life mapping, which was divided into the stages of where they came from, where they are at the present moment and where they are going. This was done according to the gestalt therapeutic principles and each child's own process was taken into consideration.

### 1.7.2.3 Data analysis

Data analysis is described by Kerlinger and quoted by De Vos, Fouche and Venter, (2002:223), as the analyst breaking down the data into constituent parts to obtain answers to research questions and to test research hypotheses. It is further stated that the analysis of research data, however, does not in itself provide answers to research questions. Interpretation of the data is necessary. To interpret is to explain, to find meaning. It is difficult or impossible to explain raw data; one must first describe and

analyse the data and then interpret the results of the analysis. Analysis means the categorising, ordering, manipulating and summarising of data to obtain answers to research questions. The purpose of analysis is to reduce data to an intelligible and interpretable form so that the relations of research problems can be studied, tested and conclusions drawn.

The results or data collected during the pre-test and post-test was analysed by the researcher, using the interpretation package of Perspektief Training College for the Standardized Self-Perception Scale for Juniors (SPS-JNR), (2002).

The results of the two measurements were compared and the results are given in statistics and graphics and interpreted by the researcher in chapter four.

## **1.8 PILOT STUDY**

According to Plug *et al.*, (1997:406) a pilot study is a study conducted before the main study is implemented. It is usually a shorter, more simple and inexpensive study with the purpose to develop or test measuring techniques to determine whether the main study would be worth conducting and to identify problems that could then be foreseen and rectified.

Although the measuring scale is standardised, the researcher felt that she should do a pilot study to identify problems and rectify it before the main study was implemented.

### **1.8.1 Pilot testing of measuring scale and life mapping techniques**

The Self-Perception Scale for Juniors (SPS-JNR) is a standardised scale and does not need to be pilot tested. The researcher utilised the measuring scale and the life mapping technique with two children in the Paul Krugerkinderhuis, who fitted the selection criteria. The same procedures were followed as the ones planned for the main research in order to see whether the intervention was practical regarding time and usability. These two children were not selected for the main research.

The pilot study was conducted in exactly the same way in which the main study was planned. Individual profiles were printed for the two children, using the package of Perspektief College for the Self-Perception Scale for Juniors (SPS-JNR), (2000), after the measuring scales and intervention programme were implemented.

The researcher found that the two children made significant progress and that the programme worked well. The pilot study indicated that time had to be used efficiently. The researcher could thus prepare the sessions as such for the main study.

### **1.8.2 Feasibility of the study**

The following points confirm the feasibility of the study:

- Children residing in a children's home have experienced trauma as a result of disrupted family life. In a sense they lost control and are in need of self-knowledge to strengthen their coping skills so that they can take responsibility for their own choices and lives. The children of the President Krugerkinderhuis are available. The headmaster and social worker support the project and see it as a continuation of their therapeutic services rendered to the children. Children were made available and also an office where the play therapy sessions were conducted.

The expenses for buying of equipment needed for life mapping books were not an obstacle, as creativity was used to limit the expenses. Books were made and compiled by the children. All sorts of scrap materials and equipment were used. Costs that were incurred were financed by the researcher. She had obtained a bursary for her post graduate studies. The researcher also did all the work herself, such as data collection and analysis. The researcher had enough time to conduct the research.

- Written permission had been obtained prior to the study to perform the study at the President Krugerkinderhuis in Pretoria.
- Arrangements were made with the social worker at the children's home, regarding the availability of the respondents as well as the time frames.

## **1.9. RESEARCH UNIVERSE, POPULATION, SAMPLE AND SAMPLING METHOD**

### **1.9.1 Research universe and population**

According to Arkava and Lane as cited by Strydom and Venter (2002:198), a distinction must be drawn between the terms *universe* and *population*. The universe refers to all potential subjects who possess the attributes in which the researcher is interested. Population sets boundaries on the study units. It refers to individuals in the universe who possess specific characteristics. Bless and Higson-Smith as quoted by Strydom and Venter, (2002:198) confirm that the population is a set of elements that the research focuses on and to which the results should be generalised.

On the other hand *universe* and *population* are used as synonyms by Plug *et al.*, (1997:283) who are defining it as the total of all subjects who possess the attributes which is the focus of the study whether they have been included in a study or not.

The universe for this research is all the children in their mid-childhood years residing in children's homes who are in need of self-knowledge. The population is all the children in their mid-childhood years residing in the President Krugerkinderhuis, who are in need of self-knowledge. These children are children who have been traumatised by multiple placements, who have questions about their backgrounds and family and who do not understand why they have been placed in the children's home. The children selected were all female and all were of the same cultural group.

### **1.9.2 Boundary of sampling and sampling method**

According to Arkava and Lane as cited by Strydom and Venter (2002:199) a sample comprises the elements of the population considered for inclusion in the study. It is a subset drawn from the population in which we are interested.

Sampling should be random to make it representative of the population. There are two types of sampling, namely probability sampling which is based on randomisation and non-probability sampling which does not implement randomisation (Strydom & Venter, 2002:201).

The researcher made use of purposive sampling which is a non-probability sampling method. In purposive sampling the sample will be composed of elements that contain the most characteristic, representative or typical attributes of the population, as described by Strydom and Venter (2002:207).

Strydom and Venter (2002:207) quote Singleton when stating that purposive sampling is based entirely on the judgment of the researcher, in that a sample is composed of elements that contain the most characteristic, representative or typical attributes of the population.

For the purposes of this study, six children between the ages of seven and twelve years of age who were in need of self-knowledge, had been purposively selected by die social worker of the President Krugerkinderhuis, Pretoria. The social worker of the President Krugerkinderhuis, Mrs Beulah du Preez, did the sampling and selected two children for the pilot study and six most suitable children for the intervention. She is an expert in the sense that she knows the children and was able to select suitable subjects for the study according to criteria set by the researcher.

Criteria set for selection:

- Children residing in the President Krugerkinderhuis, Pretoria.
- Age: between 6 and 12/13 years.
- Gender: Male or female.
- Language: Afrikaans or English
- Children who are in need of improving their self-knowledge. The social worker (Du Preez:2005) was trusted in the matter of selecting the children who had multiple foster placements before their placement in the children's home, who had questions about their background and family and who did not understand why they had been placed in the children's

home. The social worker knew that they were in need of self-knowledge by assessing their behaviour which could be either acting-out behaviour or withdrawal or by the children voicing their needs.

- Belonging to any cultural group.
- School performance was not be taken into account. Performance could be good, bad or average.

## **1.10 ETHICAL ISSUES**

*Ethics* is concerned with the question of right or wrong (Babbie, 1998:438).

Babbie is also quoted by Strydom (2002b:62) in stating that anyone involved in research needs to be aware of the general agreements about what is proper and improper in scientific research.

“Ethics is a set of moral principles that are suggested by an individual or group, are subsequently widely accepted, and offer rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students” (Strydom, 2002b:63).

Strydom (2002b:63) continues to say that ethical guidelines serve as standards and as the basis on which the researcher ought to evaluate his own conduct.

### **1.10.1 Harm to experimental subjects**

Subjects can be harmed in a physical and/or emotional manner. Respondents should be thoroughly informed beforehand about the potential impact of the investigation. Such information offers the respondents the opportunity to withdraw from the investigation if they so wish (Strydom 2002b:64).

Babbie as quoted by Strydom (2002b:64), mentions that unless sensitive and personal information is crucial for the research goals, it should not be included in the measuring instrument. Strydom (2002b:64) notes that it is difficult to establish

whether any degree of harm will come to subjects. Situations that may arise cannot be foreseen and ruled out beforehand.

The researcher was sensitive to the behaviour of the subjects during intervention and in the event of anyone seeming to suffer harm, the subject would have been referred to the social worker or psychologist of the President Krugerkinderhuis. If necessary the subject would have been withdrawn from the research intervention. In the intervention period none of this needed to be done. All the children completed all the sessions without harm or the need to be referred to another professional.

### **1.10.2 Informed consent**

According to the researcher, informed consent means that the subject should have all information regarding the research, the goals, problems that might be encountered as well as the good intentions of the researcher and still decides to participate.

Informed consent might sound easy but it takes time to go through all the procedures and to get the approval of the institution (Henning *et al.*, 2004:73).

Written approval to do the research had been granted by the headmaster (guardian of the children in the children's home) in an interview that was attended by the social worker as well. She undertook to do the selection and arrange the sessions with the subjects and also to do individual therapy with the respondents if necessary. Informed written consent was obtained from each respondent. (Appendix 3.)

If a respondent had not been prepared to sign informed consent, the researcher would have had to look for another respondent but no problems had been encountered.

### **1.10.3 Deception of subjects**

Judd as quoted by Strydom (2002b:66) indicates the following reasons why subjects may be deceived:

- To disguise the real goal of the study

- To hide the real function of the actions of the subjects
- To hide the experiences that subjects will go through

Strydom (2002b:67) distinguishes between deliberate deception and deception of which the researcher was not aware. In the case of the latter the incidents should be discussed with the respondents immediately after or during the debriefing interview.

The researcher agrees with Strydom (2002b:67) that incidents should be immediately discussed. All precautions were taken not to have an incident of deception and honesty had been applied at all times.

#### **1.10.4 Violation of privacy/anonymity/confidentiality**

A distinction between privacy and confidentiality is made by Strydom (2002b:67) by stating that privacy bears an element of personal privacy, while confidentiality indicates the handling of information in a confidential manner. The privacy of subjects can be affected by using hidden apparatus such as video cameras, one-way mirrors and microphones. Information given anonymously ensures the privacy of subjects. The ethical issue becomes relevant when subjects are assured of anonymity while the researcher knows that this will not be the case (Strydom, 2002b:68).

The more sensitive the information, or the more concealed the manner in which the information was gathered, the greater the responsibility of the researcher and all concerned to treat the information as extremely confidential, according to Huysamen as stipulated by Strydom (2002b:69).

Guaranteed anonymity is a problem in instances where the theme of the research inevitably means that private matters, such as a mental disease or addiction problem, or termination of pregnancy for example be directly relatable to the signed consent form which has a signature of identification. The reason for which they have been sampled is thus indicated (Henning *et al.*, 2004:67).

The researcher took special care to handle information in a confidential way. It was however necessary to discuss certain issues and outcomes with the social worker or the headmaster. It was done in a sensitive way and with the permission of the subjects or they had been motivated to do it themselves. The child's best interest was honoured at all times. The headmaster and social worker were aware of who the respondents were and had there been any issues, it might not have been possible to handle the issues without making known who were involved. The researcher discussed this matter during the orientation session. If a child did not want the researcher to discuss a certain matter, the researcher would have had to oblige. No such requests were made although the respondents knew that process reports and the eventual findings of the research were going to be provided for inclusion in their personal files at the children's home.

#### **1.10.5 Actions and competence of researchers**

Researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation. When sensitive investigations are involved, this requirement is even more important (Strydom, 2002b:69).

The researcher realised that children in a children's home are vulnerable because of the trauma that they have experienced and that extra care had to be taken to be aware of emotional issues and the recalling of difficult experiences.

Strydom (2002b:70) indicates the onus on a professional researcher, to respect the customs of a certain community in all actions, in order to obtain proper cooperation from them. The well equipped researcher should evaluate all possible risks and advantages of the investigation, and must assume responsibility for honouring promises made to the subjects.

The researcher undertook to honour the obligation to act in a professional way. Any problems arising from this perspective would have been handled in conjunction with the study leader in order to resolve it in a manner that would have been acceptable to the subjects and everybody else involved with the research. No problems had been encountered. The researcher was a social worker for 12 years; she did the theory and

practical modules of the MSD play therapy course and a foundation course in art therapy. She acted in a responsible way and always worked closely with all staff members involved.

#### **1.10.6 Cooperation with contributors**

The careful attention paid to the cooperation and assistance of others is very important in order to ensure that each project is conducted in an ethically correct manner. The following should be noted:

- When a researcher has to rely financially on a sponsor, both parties need to clarify ethical issues beforehand. The sponsor should not act prescriptively towards the researcher. Real findings should not remain undisclosed. The real goal of the investigation should not be camouflaged.
- When colleagues are involved, a clear contract could avoid misunderstandings (Strydom:2002b:71).
- The researcher did not make use of a donor.
- The researcher worked in a close relationship with the staff of the children's home. The social worker, psychologist, headmaster and house mothers of the President Krugerkindershuis had been the researcher's colleagues. Care was taken to honour the rights of all people involved and polite behaviour was the norm during the period of the research. The researcher was assured by all that her input had been appreciated.

#### **1.10.7 Release or publication of findings**

Huysamen as quoted by Strydom (2002b:72), stipulates that participation in a research project should be a learning experience for all concerned. It is not only the researcher who gains more knowledge about the phenomenon, but also the subjects about themselves. Making the research report available in a simpler way is one such way to ensure that subjects understand what has happened to the information. Researchers should observe the following:

- The final written report must be accurate, objective, clear and must contain all essential information.

- All forms of slanting or emphasis in order to bias the results are unethical and must be avoided.
- Plagiarism is a serious offence; therefore, all due recognition must be given to sources consulted and people who collaborated.
- Shortcomings and errors must be admitted.
- Subjects should be informed about the findings without impairing the principle of confidentiality.

The researcher will honour the above principles in the publication of findings. The children will only use their first names or nicknames in the research report in order to prevent recognition. Reports had been provided to the Paul Krugerkinderhuis, because it is in the interest of a subject that ongoing therapy would be provided in a case where it was indicated.

#### **1.10.8 Debriefing of respondents**

A summary of debriefing according to Strydom (2002b:73) is:

- Debriefing sessions in which subjects get the opportunity to work through their experiences and the researcher can minimise harm that might have been done despite precautions.
- Misperceptions must be rectified after completion of the project.
- Termination and withdrawal of therapy must be handled with sensitivity where subjects benefited from the therapeutic aspect of research.

The researcher had taken time after each session to make sure that debriefing was done where needed. The social worker and psychologist of the children's home had been prepared to assist the researcher if necessary but it was never indicated.

Termination and withdrawal would have been immediately recommended if a respondent appeared to be emotionally too frail to continue. Debriefing and counseling would have been arranged by the social worker and psychologist of the children's home but were not needed in any instance.

## 1.11 DEFINITIONS OF KEY CONCEPTS

### **Gestalt play therapy**

Blom (2004:5) defines play therapy as a psychotherapeutic technique that uses the principles and techniques of gestalt therapy during play therapy with a child. Children are given the opportunity to confirm their sense of self verbally and non-verbally, to express their thoughts and to nurture themselves. (Compare Plug *et al.*, 1997:356.)

The researcher defines *gestalt play therapy* as a therapy that enhances personal awareness, awareness of feelings, awareness of needs and which are empowering to the extent that responsibility is taken for own actions and choices. Gestalt play therapy principles strengthens the self-knowledge and self-esteem and brings about a positive love of the self.

### **Life mapping**

Life mapping is overcoming the past, taking control of the present and charting the future, according to Trent (1994).

Different definitions of *life mapping* are used, such as, raising your awareness of “The Gift of You”, life mapping helps a person to become clear about what is most important to him/her – his/her uniqueness, his/her purpose – and then to articulate, package and fully realise this gift (Mayne & Mayne 2002:8).

Mayne and Mayne (2002:8) also define life mapping as creating a life map that helps a person to capture his/her essence and hold it as a blueprint for his/her inner guidance. The person crystallises his/her best thoughts and feelings about him/herself and this leads the person to be proactive in his/her attitudes and actions, which in turn shapes his/her results. A person’s life map helps him/her to stay on track and focused on choosing who he/she wishes to become, rather than becoming someone by default.

The researcher is of the opinion that life mapping is the process of creating a map that guides a person towards balance in his/her life. It focuses on inner strengths and potential through an insight gaining process by looking at the past and things that restrained growth. Having clear goals for the future to become the person meant to be, will be the end result of life mapping.

### **Self-knowledge**

According to the researcher the terms; *self*, *self-awareness*, *self-knowledge* and *self-image* are very close together. By having self-awareness, self-knowledge is gained.

Self-concept is a person's own concept and evaluation of him/herself. It includes cognitive, emotional and evaluative elements, according to (Plug *et al.*, 1997:327).

According to Mayne and Mayne (2002:20), the *self* is a person's ways of being – his/her behaviours, motivations or true feelings – and the results that they create in his/her life and how they impact on the lives around the person. Mayne and Mayne (2002:25) further define ways of being as being made up of thoughts, feelings, attitudes, actions and habits.

The researcher will define self-knowledge as knowing who you really are in the core of your being, knowing yourself as the real person that you are and not what other people expect you to be. Self-knowledge will include a knowledge of all aspects of your life, such as mental, emotional, physical, spiritual, material and social.

### **Children's Home**

The Terminology Committee for Social work (1995:9) defines a *children's home* in relation to the Child Care Act 1983 (Act No. 74 of 1983) as a facility that is maintained for the admission, protection, CARE and education of more than six CHILDREN away from their parents' homes.

According to the Child Care Act, 1983 (Act No. 74 of 1983) a *children's home* means any residence or home maintained for reception, protection, care and bringing up of more than six children apart from their parents, but does not include any school of industries or reform school.

The researcher sees a *children's home* as a group of children residing in an institution when a normal home life is lacking.

## **1.12 CONTENTS OF RESEARCH REPORT**

Chapter 1: Research process.

Chapter 2: Life mapping as technique together with gestalt play therapy principles.

Chapter 3: Self-knowledge of the child in his/her mid-childhood years in a children's home.

Chapter 4: Empirical study.

Chapter 5: Summary, conclusions and recommendations.

The study will also contain appendixes and a bibliography

## CHAPTER 2

# LIFE MAPPING AS TECHNIQUE TO ENHANCE SELF-KNOWLEDGE BY MEANS OF GESTALT PLAY THERAPY PRINCIPLES

## 2.1 INTRODUCTION

**Helen Keller said:**

**“I’m not afraid of storms, for I am learning how to sail my ship.”**

(Turner, 2000:18).

The above statement, according to the researcher, is a summary of the goals of both life mapping and play therapy, namely responsible life choices and independent functioning based on knowledge of the self.

In this chapter, the concept and history of life mapping will be discussed briefly and how it could be integrated with play therapy techniques and principles.

In social work, the concept of life mapping is not well-known and no research had been done using life mapping as a technique in a children’s home with children in their mid-childhood. Literature is not freely available on the subject. Play therapy had been used in the context of a children’s home and is well-known as a technique of intervention.

The researcher wants to strengthen the self-knowledge of children in mid-childhood residing in a children’s home because these children very often do not have a clear picture of who they are and of their abilities and potential to live a meaningful life.

The researcher is of the opinion that life mapping is the process of creating a map that guides a person towards balance in his/her life. Life mapping focuses on a person’s inner strengths and potential through an insight-gaining process by looking

at the past and obstacles that restrained growth. By looking at the present and having clear goals for the future it will be possible to become the person he/she is meant to be.

Gestalt play therapy is defined by Blom (2004:5) as a psychotherapeutic technique that uses the principles and techniques of gestalt therapy during play therapy with the child. Children are given the opportunity to confirm their sense of self verbally and non-verbally, to express their thoughts and to nurture themselves. (Compare Plug *et al.*, 1997:356.) In this study, life mapping was used with children in a children's home by means of play therapy techniques from the gestalt approach.

A short history of life mapping and play therapy principles and techniques will be discussed in this chapter because the two methods will be used together during the intervention phase of this research project.

Life mapping and play therapy both aim to facilitate independent functioning and the ability to make own choices and also becoming aware of the self in the contexts of the inner self (needs), social self (contact with other people) and self in contact with the environment. By looking at the past, present and future, it is easier to observe life patterns and ways of dealing with life situations and aspects such as mind, body, emotions and spirit (Mulligan, 1988:12).

The aims such as making the child aware of his needs, leading the child to make his own choices and to take responsibility for his own life as described in Schoeman (1996a:29-30) and applied in play therapy are also found in life mapping. Together with using strengths and weaknesses and establishing links between the child's past, present and future, both models will reap the reward of achieving integration of potential into one focused and balanced whole. (Compare Trent, 1994; Short, 1997:77; Mulligan, 1988:12; Mayne & Mayne, 2002:11; Cohen, 1998:9, 13, 37, 50.)

### 2.1.1 Historical background of life mapping.

Life mapping might seem to be a new concept because Mayne and Mayne (2002:6) calls it a unique 21st century personal empowerment system for self-evolution. Life mapping puts a person in the driving seat of his/her life. It helps a person to attain the freedom to choose his/her thoughts, feelings and actions in response to the situations he/she experiences throughout his/her life, even very harsh experiences. Compare Frankl (1956:7,74) who describes his time spent in a concentration camp. Life mapping thus has a link with the logotherapy that Frankl developed and in which he describes his own version of modern existential analysis (Frankl, 1956:7).

McGraw (2001:154,228-231) explains that it is not rational to perceive everything that happens to a person as being good, but everybody has a choice about whether that event will be his/her undoing or whether it becomes something he/she deals with in a constructive manner. In order to take a guided tour of life, it is necessary to evaluate life. The minimum set of categories that will have to be evaluated, would include the personal, professional, relationships, family and spirituality. The conclusion is that a person should ask him/herself where he/she is currently and what he/she truly wants in life. By answering these questions regarding every aspect of the own life the person will be truly meeting him/herself for the first time.

Although the concept is only now becoming a recognized technique in its own right, the principles used in life mapping were described by several authors even as early as the beginning of the 20th century.

Abraham Maslow stated: “Man is only truly happy when he feels that he is making progress and becoming more” and according to Mayne and Mayne (2002:109,139) this is a vital key that so many people miss. Maslow as quoted by May (1995:99), also stated in his model, the hierarchy of needs, that after a person has secured food, shelter and clothing, the person naturally seeks to define greater and greater levels of meaning and purpose. Maslow is described as a person who had a bad deal in life, by being alienated from his mother and afraid of his father but then founded the human potential movement. Cohen (1998:12) quotes Maslow as having said: “A musician

must make music, an artist must paint, a poet must write, if he is to be ultimately at peace with himself.” Being in alignment with our inner blueprints, brings the peace of which Maslow speaks.

It seems that the phenomenology dictated the first ideas of life mapping when stating that the human being is suspended between freedom and limitation. *Freedom* is characterized by will, creativity and expressiveness; *limitation* is signified by natural and social restraints, vulnerability and death. Dread of freedom or limitation promotes dysfunction or extreme counteractions to either polarity in the sense of oppressiveness or impulsivity. Confrontation with or integration of the polarities promotes a more vibrant, invigorating life design. This life design is exemplified by increased sensitivity, flexibility and choice (Schneider & May, 1995:6).

The base that Lecky (1909), laid with his book, *A Map of Life: Conduct and Character*, seems to have been re-discovered in the 21<sup>st</sup> century books on life mapping, according to John Heron (in Mulligan, 1988:12) as a tool to self-discovery. (Compare Mayne & Mayne, 2002; Trent, 1994.)

Lecky (1909) stipulates that the practical aim should be to live an orderly and natural busy life: “We are not intended to pick our way through the world trembling at every step” (Lecky, 1909:18). Ways in which to live a life of happiness and self-fulfilment by not deliberately chasing after happiness, but rather by intelligent regulation and management of life, is pointed out, by focusing on discontent with present circumstances which acts as a trigger to improve them (Lecky, 1909:21-27).

Lecky (1909:60) stresses the main object of life, namely the full development and useful employment of whatever powers a person possesses within a framework of morals and ethics of the community in which he/she lives. The end of the life path is death, but it is meaningful if life had been lived to the full and time was well spent (Lecky, 1909:328).

Saint Thomas of Aquinas, over 700 years ago, already had a formulation of life mapping (Cohen, 1998:72), when he helped people understand that believing (having a belief list), and having goals (a goals list) were only the beginning. A person also

has to do something and actively use a principle list and an activity list to assist him/her in achieving his/her goals. It is inspired by the love and nurturing for the person one wants to become.

Even the theory of Shoma Morita from Japan, in the beginning of the 20<sup>th</sup> century, can be compared to life mapping and play therapy (Reynolds in Corsini, 2001:392-400). Through the application of three principles, namely recognize purpose, accept feelings and control behaviour, the client in morita therapy seeks to build his/her character rather than merely reduce symptoms. The perspective is that feelings and anxieties as well as lack of confidence are part of the reality that exists for the patient. They are the elements in the flow of his/her awareness. The elements are neither good, nor bad, they simply are. The flow of awareness and attention from moment to moment are at the root of Morita therapy. Every moment will bring fresh tasks that will need attention to what needs to be done in any given situation. Morita also based his theory on the region of neurosis. (Compare neuroses as described by Perls and Thompson & Rudolph in 2.3.5 .)

### **2.1.2 Historical background of the gestalt approach/therapy**

The gestalt approach, which is the basis or foundation of gestalt play therapy, had been developed by Fritz Perls as from 1940 onwards, as a version of existential therapy. The gestalt approach is based on the idea that the individual should find his/her own way through life and should accept own responsibility. The here and now experiences are important and should any blockages or unfinished business be experienced, it should be worked through in order to be fully aware of current bodily sensations, emotional feelings and related thoughts, rather than blaming others or the past. The client should achieve a feeling of being more integrated (Geldard & Geldard, 2002:33, 35, 65, 67).

Originally, this concept was developed by a group of German psychologists working in the field of perception, who showed that man does not perceive things as unrelated isolates, but organises them in the perceptual process into meaningful wholes (Perls, 1976:3). According to Perls (1976:19), a person must learn how to become totally

involved in what he/she is doing; how to stick with a situation long enough to close the gestalt and move on to other business.

Perls (1976:16) states that no individual is self-sufficient. The individual can exist only in an environmental field. The nature of the relationship between him and his environment determines the human being's behaviour. Thompson and Rudolph (2000:164, 165) confirm this by stating that Perls believed that awareness could be curative. With full awareness, a state of organismic self-regulation develops and the total person takes control. This is done by the person focusing on one need (the figure) at a time and relegating other needs to the background. When the need is met, the gestalt is closed or completed and a new need comes into focus and becomes the figure.

Thompson and Rudolph (2000:167) conclude that gestalt therapy is not concerned with symptoms and analysis but rather with total existence and integration. The central goal of gestalt therapy, according to Perls (in Thompson & Rudolph), is deeper awareness, which promotes a sense of living fully in the here and now. The measure of success in gestalt therapy is the extent to which clients grow in awareness, take responsibility for their actions and move from environmental support to self-support. (Compare Reynolds, 2001:392-400.)

Perls as quoted by Geldard and Geldard (2002:35, 36), used a number of counselling techniques to bring about the gestalt or wholeness, such as giving immediate feedback about non-verbal behaviour during counselling, getting in touch with bodily sensations and relate these to emotional feeling and thoughts, exploring polarities of the self, for example the love-hate polarity, use 'I' statements, use role-play with different parts of the self or having clients role-play themselves and significant others, introducing the 'top-dog/underdog' concept and explore dreams (Geldard & Geldard, 2002:35, 36).

Theoretical concepts from the gestalt approach, which also apply to gestalt play therapy, include the following concepts: holism, homeostasis and organismic self-regulation, means of self-regulation, figure ground, process of gestalt formation and

destruction, contact and contact boundary disturbances, polarities and the structure of personality (Blom, 2004:9). These are discussed in 2. 3.

## **2.2 THE FOUNDATION OF LIFE MAPPING**

Plug *et al.* (1997:346) uses the word “script” to describe a person’s life plan: The script is called the sub-conscious life plan, which is a result of (especially early) upbringing by the parents and which has a strong influence on present transactions involving other people.

Cohen (1998:13) postulates that a life map, is a map of a person’s life with the basic route identified. There will be changes along the way but having the life map will give that person a much better chance of success in life.

Marcel Proust (in Mayne & Mayne, 2002:14) wrote the following about lessons in life: “The real voyage of discovery consists not in seeking new landscapes, but in having new eyes”. According to Short (1997:77), the rationale of a life map is to allow children to comprehend a past, present and future and to be able to identify, express and own their feelings regarding their life events.

The researcher’s intervention with children in their mid-childhood in a children’s home, was done with the purpose of “developing new eyes”, with life mapping being introduced. The placement in a children’s home happened without the children having a choice in the matter, but they can be led to knowledge of the self and to take charge of the future.

The researcher is of the opinion that by using the technique of life mapping, the children will also be able to come into contact with their senses, their feelings, and their relationships with other people. While seeing themselves in the here and now, they will better be able to take responsibility for the future and choices to be made. (Compare Van der Merwe, 1996a:119; Mulligan:1988:14.)

There are no fixed rules about the processes but the following two models seem to incorporate most of the common steps although the terminology might be slightly different:

Mulligan (1988:8-12) states that life maps are tools to self-discovery. All maps can help a person to become more aware of him/herself, including strengths and weaknesses, and enable him/her to plot any changes he/she wishes to make. The aims are also to develop human capacities and potential, to promote values that will empower individuals and will encourage creative interdependence between people in social and organisational settings and to encourage rounded or holistic development of personal and professional development.

A consultant, John Heron, as quoted by (Mulligan, 1988:12) developed the following system which can be used to explore life as a whole or a specific aspect or concern. It is progressive and sequenced.

Each of the following sections will address successive aspects of this map:

**“Who am I?”** is concerned with identity. It pinpoints the various aspects of life and the way energy is devoted.

**“Where have I come from?”** seeks to outline the personal history or the historical antecedents to the aspects of life being explored.

**“Where am I going?”** attempts to amplify the potential, illuminate the direction and destination in life, define goals and establish guiding vision.

**“What is stopping me?”** looks at the constraints, the blocks and the obstacles that may prevent or hinder progress towards goals.

**“How will I get there?”** tries to establish the steps needed to be taken to reach the goal. It is a specific plan that outlines the logistics of the journey.

**“What help do I need?”** deals with the resources and support that will be needed on the journey. It states the skills needed to develop the qualities required and the people who will be assisting.

**“What will it be like when I get there?”** is an imaginative construction of what life will be like at the journey’s end. With the imaginative vision, it helps identify in

detail of where a person wants to get to. It evokes the emotional, sensational and desirable. In this way it mobilises energy and motivation in preparation for action.

In life mapping the journey starts off with the questions **“Who am I?”** and **“Where have I come from?”** (Mulligan, 1988:12) The first question is concerned with identity, where the second question seeks to outline the personal history.

By answering the question **“Where am I going?”** potential will be looked at, in other words strengths, goals and vision (Mulligan, 1988:12). When placing it in the framework of gestalt play therapy, the actions of the here and now will pave the way for the future.

In Mulligan’s model (1988:12) the question **“What is stopping me?”** will focus on foreground needs, or unfinished business which could be seen as the neurotic behaviours or cycles which cause interruptions in the growth towards maturity or the self-actualization of Maslow. (Compare Totton & Jacobs, 2001:70-72; Trent, 1994.)

Mulligan (1988:9) states that the process described above will be most useful at times when a specific need is experienced, like a need for better communication skills, how to deal with difficult people and development of a career. The journey format of these life maps will help to illuminate the dynamic developmental nature of existence.

Trent (1994) divides the process of life mapping, which he calls a personal, relational enrichment tool, into three categories:

- **“Strengths-based, future-orientated process”**
- **“Solution-orientated process”**
- **“Goals, purpose and hope-creating process”.**

Trent’s (1994) life mapping tool contains eight basic elements, namely:

- **Remembering strengths, successes and acceptance levels:** Looking at what worked in the past and looking at God given abilities, desires, strengths,

talents and sensitivities that make up part of a person's life. Strengths could be verbal strengths; analytical strengths; sensing strengths such as sizing up situations, helping others; patience; and directing strengths, such as leadership and challenges.

- **Uncovering emotional freeze points:** Looking back and seeing black patches that had not been processed as yet. It could be a trial that had been left unexamined. Characteristics of freezing points could be pessimism, procrastination, criticism of others and self.
- **Understanding individual flashpoints:** Small things that might shift entire lives in a positive direction. It happens suddenly and often comes unplanned, it is sometimes unexplainable and individual in nature.
- **Dealing with major transitions:** Transitions offer potential for positive change. Transitions might be like a new chapter in life that is opening up. It could happen in core relationships or might be physical changes. It causes a re-direction of life. A transition could start with an ending. All people are in transition, moving for instance from dark to light, or from childhood to adulthood, or from living to dying.
- **Choosing authentic living over image management:** Being true to the self as opposed to supporting a public self. If image management takes place the private self does not match up with the public self. Inner duplicity attacks the root of life. Mulligan (1988:30), calling image management the false self and authentic living the true self. (Compare Mayne & Mayne, 2002:30.)
- **Planning a positive future:** What needs to be done in a specific area of life, for instance in the next six months? How is it accomplished?
- **Practicing learned hopefulness as opposed to learned helplessness.** This is action opposed to denial. Learned helplessness is a way of keeping the future dependent on the past. Practicing learned hopefulness requires commitment, self-control and centre on a significant challenge for motivation.
- **Picking out tangible memorial markers:** Clearly picturing the wanted future. Hope is significant in this step.

The final instruction by Trent (1994) is to keep on track by having a clear plan for the future.

During the process of life mapping, according to Mulligan (1988:13), it is necessary to look at how satisfied the clients are with various areas of their lives. The question has to be answered whether change is needed in a specific area. It could be looked at as follows:

- **Active versus inactive**
- **Stability versus change**
- **Satisfaction versus non satisfaction**

The final decision then has to be made of leaving the situation and accept it or change it if it is unacceptable.

In the introduction to her book, Coetzee (2000) endorses the value of the outcomes of both the previous models. She mentions that as long as we are pilgrims, our business should be life and not death. Therefore, it is of immense value to plan the journey of life well. She states that it should be remembered that the way we travel determines the outcome of the journey. When being successful with the mapping of life, the outcomes according to Coetzee (2000:3-4) would be:

- **“You will be able to flow with the challenges in your life.**
- **You will be able to transform difficult situations in your environment into opportunities.**
- **You will be able to explore uncharted territories and change the rules that have bound you.**
- **You will be on the threshold of discovering creative ways to empower yourself, your work, your relationships, your purpose and your legacy”.**

Mountains might have to be moved on the journey of life, but it will help to practice on the little hills first (Coetzee, 2000:3-4-2). It is necessary to be quite clear about strengths and talents and to use them to their fullest potential, to acknowledge what life has taught a person so far and to know where a person wants to go with him/herself (Coetzee, 2000:3-4-4).

Coetzee's model(2000:3-4-5-13 and 3-2-17), also looks at the question “**Who am I?**”, qualities and talents, how life can be changed to reach goals and also looking back at specific cycles in life, what factors caused growth to stall - Trent's (1994) freezing points- what causes discontent at present, what actions could be taken to move on to the next destination. Eventually it would be possible to find the answer to “**Why am I here?**” It is concluded that life does not just happen, but is created by the person living the life and taking full responsibility.

The model of ‘a life map’ that Cohen (1998:13, 16) uses will unlock the inner resources within a person. A life map according to him, is a personal plan to reach the unique destiny. The process takes the person through the steps necessary to determine what really matters to him/her. He uses of a five-step model that includes the following:

- **Determining your beliefs**
- **Developing your principles**
- **Deciding on your goals**
- **Dividing the goals into the necessary activities**
- **Designing your schedule of activities**

Life-story work can be a component of life mapping. According to Ixer as quoted by McMahon (1992:189), the making of a life-story book is probably the method most used in helping children to understand their background and personal history. When done well it can take the child on a therapeutic journey through parts of his/her life that pose most pain and conflict. The process is as important as the end-product, for it enables clarification of feelings about events and their causes and the correction of possible misunderstandings – for example, about why a child was moved. It is helpful to both remember good and bad times. Play therapy techniques require creativity, imagination and above all, empathy. Smith and Porter as quoted by Van der Merwe (1996a:121, 122), is of the opinion that self-descriptions and road maps can be used in conjunction with life books.

The researcher is of the opinion that life mapping would be the best tool with which the self-knowledge of the children could be enhanced. The life mapping will be done

by compiling a book or blueprint of the child's life together with the child during six sessions. The child can keep the book as a guide after finishing the project.

Van der Merwe (1996a:117) sums up the importance and positive influence of a life book on children in children's homes. The life book (life map in this study), could help children to keep track of changes in their lives and help them plan their lives. Crompton, Porter and Harrison are quoted by Van der Merwe (1996a:118, 119) as stating that the life book enhances the child's self-concept. It breaks down emotional barriers and defence mechanisms and the child's view of himself and the situation often becomes more realistic and accepting. The life book helps the child to have a better understanding of the past and a sharper focus on the future. The life book provides the opportunity for reconstructing the past and developing an own identity. The child can integrate happy and unhappy experiences and develop a realistic image of the present, build new relationships and eventually plan a positive future. Change is normally the result. The book helps to stimulate the therapeutic relationship. It might involve the parent by asking for information for the book.

From the above it is clear that there is not one fixed model of life mapping, but that different models exist. Cohen (1998:18) makes it clear that during the process of life mapping the therapist helps the client to decide on the right thing to do, and especially, on a system to accommodate this choice.

Mulligan (1988:14) is of the opinion that different people will express their identity in different ways. Some express it through their clothes or their possessions, others through their jobs or the cars they drive. Most people gain their identity through reference points outside themselves. Fewer people seem to gain their identity from sources within themselves. It is knowledge through their internal sources of the identity that relate to self-awareness and self-consciousness. Other internal sources relate to self-image, beliefs, values, desires and needs.

Cohen (1998:63) sums up the process of life mapping with a saying: "The journey of a thousand miles begins with a single step." Short (1997:78), mentions that taking the life mapping one step further, is to talk about the child's control in various situations and what could the story have been, had a different choice been made about the event. If the child had no control, talking about that is important. The child will begin

to understand that at times there is no choice. There is a choice about the reaction to the event and how it will influence the life of the child (Frankl, 1956:7, 74).

During the whole process of life mapping the researcher will focus on the child's self-knowledge and self-nurturing. By doing the life mapping, the child will have a better knowledge of the self and will shape an awareness of where he fits in, in his life.

Mayne and Mayne's model (2002:126-127) summarises the intended outcomes by stating that life mapping centers around the purpose of life. Life mapping, contains the areas of mental, emotional, physical, material, social and spiritual, which together signifies wholeness or oneness. It represents *individuation*, the process of coming to an inner unity and harmony. The completed life map reflects the whole and is a powerful tool to heal any imbalances in the self. As a greater balance is achieved, so is a synergy of the self created. (Compare Perls, 1976:18, 26.)

### **2.3 THE GESTALT PLAY THERAPY PERSPECTIVE**

There are many other approaches and therapies using the basic principles of play therapy. Thompson and Rudolph (2000:87) also postulate that most theories/approaches of counselling can be adapted to fit the play therapy setting.

Play therapy from a gestalt approach proposes a paradoxical theory of change. It suggests that change occurs by fully owning up who one is, not by trying to be different or denying unacceptable parts of self. By helping the child to accept who he/she is, he/she is likely to experience clarity instead of confusion (Geldard & Geldard, 2002:68).

Melanie Klein, Anna Freud, Donald Winnicott, Margaret Lowenfeld and Alfred Adler all did pioneering work regarding children (Geldard & Geldard, 2002:28-31). Oaklander (1993) however, is called a pioneer of gestalt therapy with children. This is confirmed by Geldard and Geldard (2002:36), who see Oaklander as somebody who demonstrates a peculiar way to combine the use of the gestalt therapy principles and practice when working with children.

The foundation of gestalt centres on specific points of departure and is integrated in gestalt play therapy:

### **2.3.1 Holism**

Children can be considered holistic entities, which means that the sum total of their physical, emotional, and spiritual aspects, language, thought and behaviour is more than its components (Blom:2004:10). Carroll and Oaklander (1997:184) postulate that the child is a total organism, including biological and psychological processes, structure and function. The child is born as a fully functioning, integrated organism encompassing senses, body, emotions, and intellect. As the child develops according to his/her unique genetic blueprint, these processes become more differentiated and the individuality of the child evolves.

### **2.3.2 Awareness, homeostasis and self-regulation**

Awareness is the means by which the individual can regulate him or herself by choice. It is often necessary to examine the structure of the child's experiences and increase his awareness thereof (Schoeman, 1996a:30). Thompson and Rudolph (2000:167) confirm this by adding that the counsellor should facilitate the client's awareness in the "now". Awareness is the capacity to focus, to attend and to be in touch with the now. The counsellor stops the client's attempts to retreat into the past or jump into the future by relating the content to the immediate present.

Oaklander (1988:109-135) stresses the importance of giving a child experiences that will strengthen the awareness of the basic senses of sight, sound, touch, taste and smell. It is through the senses that the child makes contact with the world.

Steiner and Perry as quoted by Blom (2004:95), point out the levels of emotional awareness in children. This is significant in this research project where the children in the children's home had been subjected to some kind of trauma before admission and awareness of the emotions might be suppressed. The levels of emotional awareness in children are as follows:

Level 1: **Numbness** – child does not experience any emotion.

Level 2: **Physical sensations** – child experiences emotions as physical.

sensations, such as stomach-aches or headaches.

Level 3: **Primal experience** – child is aware of emotions, but experiences it as enhanced energy and cannot verbalize emotions.

Level 4: **Verbal barrier** – child is aware of emotions, but does not have the emotional vocabulary to express emotions.

Level 5: **Differentiation** – child is aware of the difference between basic emotions and can understand different intensities of emotions.

Level 6: **Causality** – child understands emotions and can link specific reasons to emotions.

Level 7: **Empathy and interactivity** – child is aware of emotions in him/herself and others and can manage emotions in him/herself and others.

Oaklander (1988:122, 123) confirms the above by stating that children are not always aware what feelings are. Children have limited ability to communicate their feelings. They need to learn that they can make choices about ways of expressing feelings. It is only when feelings are acknowledged and experienced that it can be released and energy could be used for other things.

The concepts of homeostasis and organismic self-regulation imply that the child experiences needs of a different nature which cause discomfort, until action is taken to satisfy these needs (Blom, 2004:11, 12). The figure is considered that which is the most significant for the child at that moment. Once the need is satisfied and the gestalt is completed, the figure disappears and a new figure appears. Blom (2004:12) points out that self-regulation can take place internally or externally. Internal regulation is spontaneous and a natural process, whereas external regulation is usually enforced upon a person from the outside. If the need is not satisfied it could lead to fragmentation.

Blom (2004:51) stipulates that during gestalt play therapy, a child should be guided to understand and accept him/herself and his/her needs in order to exercise responsible choices in respect of satisfying his/her needs according to his/her age.

Schoeman (1996a:35) confirms this when she states that the child will experience a disturbance in the case where the needs are not met. If this happens it eliminates the child's ability to grow in his/her own organismic self-regulation and that causes fragmentation.

In play therapy, according to the researcher, the discontent that Lecky (1909:21-27) describes in the process of life mapping, would be the foreground need or the equilibrium which is disturbed and is not in balance in the life of the child at that moment. To be in equilibrium is a very important factor for every child in mid-childhood (Schoeman, 1996a:33).

In play therapy the polarities (Geldard & Geldard, 2002:35) could be compared to the rights and wrongs that Lecky (1909:44) describes in life mapping.

People cause themselves problems (Thompson & Rudolph, 2000:165, 166) by not handling their lives appropriately in the following six categories:

- Lacking contact with the environment by cutting themselves off from it.
- Confluence by incorporating too much of themselves into others or incorporate so much of the environment into themselves that they lose touch with where they are.
- Unfinished business by having unfulfilled needs, unexpressed feelings, or unfinished situations that clamour for attention.
- Fragmentation by trying to discover or deny a need. The inability to do so might result in fragmentation.
- Top-dog/underdog by experiencing a split in their personalities between what they think they should do (top-dog), opposed to what they want to do (underdog).
- Polarities (dichotomies) such as conflicts posed in the areas of body-mind, self-external world, emotional-real, infantile-mature, biological-cultural, poetry-prose, spontaneous-deliberate, personal-social, love-aggression and unconscious-conscious. (Compare Assagoli as quoted in Thompson & Rudolph, 2000:166.) Polarities as seen by Blom (2004:33) are considered to be opposites that complement or oppose each other. It could occur in respect

of emotions, traits of the self or traits of others. Conflict between polarities can manifest itself within children and can lead to fragmentation of the child's holistic entity. Organismic self-regulation causes integration of polarities.

The goal in both life mapping and play therapy, according to the researcher, would thus be to guide the client to be fully aware of the here and now, to function effectively as a whole person who has achieved personal integration, to be able to support the self and be in touch with the own senses, body, emotions and intellect. (Compare Cohen, 1998:50.)

### **2.3.3 Contact**

Healthy functioning implies that children must be capable of distinguishing what aspects belong to them and what aspects are foreign to them. The contact boundary is the point at which one experiences the 'me' in relation to that which is 'not me' (Carroll & Oaklander, 1997:185).

### **2.3.4 Contact boundary disturbances**

Survival in this world, is the aim of a child in his process of growing up, according to Oaklander (1988:205), and a child will do what he can to survive. At earlier and earlier ages children experience childhood not as a garden but as a prison and for many children, childhood is not safe, happy, protected and innocent. According to Blom (2004:22), children with contact boundary disturbances are incapable of being aware of their needs and healthy contact with the environment. These children's integrated holistic functioning of the senses, body, emotions and intellect is fragmented by using contact boundary disturbances that negatively affects the natural process of organismic self-regulation. (Compare Schoeman, 1996c:171-183.)

Blom (2004:22-32) quotes the following methods to meet contact boundary disturbances with children:

- **Introjection** when children take in contents from the environment without criticism and awareness and without considering positive and negative

aspects. During gestalt play therapy, the focus should be on identifying and examining introjects that interfere with children's optimal functioning and helping them identify and reject these. (Compare Carroll & Oaklander, 1997:187.)

- **Projection** means that children deny their own personal experience. They blame others for the unpleasant events in their lives. It implies that children do not take responsibility for their own emotions and behaviour but hold others responsible for these.
- **Confluence** is used by children who do not have a boundary that separates the "I" from the "not I", in other words the self from the environment. It is important that children with confluence should be helped to show resistance and should be assisted to develop a strong sense of self. (Compare Oaklander, 1988:261 – the excessive pleasing child.)
- **Retroflection** is described by Blom (2004:27), by quoting Perls, Hefferline and Goodman, as doing to him/herself what he/she did or tried to do to other persons and objects. Clarkson and Mackewn as quoted by Blom (2004:27) sees psychosomatic behaviour as retroflection, which could then harm the child's awareness. Oaklander (1988:210, 211, 256, 257) sees anger as causing physical-body feelings such as muscles contracting in the head, in the stomach, in the chest, causing headaches, stomach-aches and chest pains and the bodily complaints might not have been the reason for bringing the child into therapy.
- **Deflection** refers to avoiding direct contact with other people and the environment.
- **Desensitisation** is numbing of the self to the sensations of the body. Pain or discomfort is then kept out of awareness (Clarkson & Mackewn, as quoted by Blom, 2004:29; Thompson & Rudolph, 2000:165, 166).

### 2.3.5 Structure of personality

Play therapy should also observe the five layers of neuroses proposed by Perls (1972:136), in which the layers are called the cliché layer, roles and games, implosion, impasse and explosion and authenticity. Thompson and Rudolph

(2000:166, 167) confirm the importance of observing the layers, but it is now called the phony layer, the phobic layer, the impasse layer, the implosive layer and the explosive layer through which a person should grow in order to have proper contact.

- The **phony layer** implicates that a person tries to be what he/she is not.
- The **phobic layer** is when a person becomes aware of his/her phony games and the fears that maintain the games.
- The **impasse layer** is when a person reaches the stage when he/she sheds environmental support for his/her games, but do not really know a better way to cope with his/her fears and dislikes. A person often becomes stuck here and refuses to move on.
- The **implosive layer** is when a person becomes aware of how he/she limits him/herself and he/she begins to experiment with new behaviours.
- The **explosive layer** is when experiments with new behaviours had been successful and the person finds much unused energy which had been tied up to maintain phony existence.

With all the above information in mind, the researcher were consciously aware of the child's own process (what he/she is doing and how), mood, non-verbal behaviour and general behaviour during sessions. Part of the input during sessions were to assess where the child is at that specific moment and what media or techniques could be implemented to bring about change and an increased sense of self in order to move towards a more integrated self and independent functioning.

### 2.3.6 What is play therapy?

*Play therapy* is a psycho-therapeutic technique through which the therapist aims to create the opportunity for children to express their feelings verbally and non-verbally. It is assumed that children will play out their problems in a symbolic way, that they will come into contact with their emotions and will be able to effectively channel the emotions. They will learn how to form a relationship of trust with another person and abnormal behaviour will then be normalised (Plug *et al.*,

1997:356). Swainson (1994:xii) defines *play therapy* as a means of contact, of communication without words; what free speech is to an adult, free play is to a child. The need for play therapy is described by Schoeman (1996b:55):

Many children may lose contact with their sensory orientation. They tend to function instinctively and apart from their human wholeness. However a human being should function as an absolute whole. When functioning as a gestalt, there is an abundance of power and strength.

Schoeman (1996d:67) stresses the importance of supporting the child to deal with issues in the present. Awareness is always here and now. Even the past exists as now as a memory because it is of concern. That is the reason why the therapist should bring the child into contact with the now in his/her life.

Geldard and Geldard (2002:36) sums up Violet Oaklander's role (1988:1-335) in play therapy as having demonstrated a particular way to combine the use of gestalt therapy principles and practice with the use of media when working with children. She works therapeutically with children by encouraging them to use fantasy and believes that usually the fantasy process will be the same as the life process in the child. She therefore, works indirectly in bringing out what is hidden or avoided and relies on what is essentially a projective process. Her working model specifies techniques such as encouraging the child to dialogue between two parts of the child's picture; helping the child to take responsibility or own what he/she had said about the picture; watching for cues in the child's body posture, facial expressions, tone of voice, breathing and silences and moving away from the child's activity with the media to work directly on the child's life situations and unfinished business, as these arise from use of the media. Oaklander does this by directly asking the question, "Does this fit with your life?" (Geldard & Geldard, 2002:36).

### **2.3.7 The importance of play for children**

Playing is how children try out and learn about their world. Play is therefore, essential for healthy development. For children, play is serious, purposeful business

through which they develop mentally, physically and socially. Play is the child's form of self-therapy through which confusions, anxieties and conflict are often worked through. Through the safety of play children can try out their own new ways of being. Play performs a vital function for the child. It is far more than just the frivolous, light-hearted, pleasurable activity that adults usually make of it. Play also serves as a symbolic language. Children experience much that they cannot express in language, so they use play to formulate and assimilate what they experience (Oaklander, 1988:160; Thompson & Rudolph, 2000:87).

### 2.3.8 The play therapy process

Blom (2004:46-47) gives a summary of the aspects that should be addressed during each stage of the gestalt play therapeutic process. (See table 2.1). Although this model consists of specific phases that need to be followed, it is not rigid. Therapists might also find them moving back and forth during the therapeutic process, depending on the child's process at a specific stage. Oaklander (1988:194) stresses the importance of keeping in mind that each child is a unique individual. No matter what technique is used, a good therapist stays with the process evolving with the child. Blom (2004:50) quotes Oaklander to define what a child's process is, namely: "Who they are, what they feel, what they like and do not like, what they need, what they want, what they do and how they do it".

### 2.3.9 THE GESTALT PLAY THERAPY PROCESS

**TABLE 2.1: The gestalt play therapy process**

Stage in the therapeutic process	Aspects that should be addressed
<b>Building the therapeutic relationship, assessment and treatment planning</b>	<ul style="list-style-type: none"> <li>• establish the I-thou relationship</li> <li>• focus on the here and now</li> <li>• responsibility of therapist and child</li> <li>• techniques and activities that</li> </ul>

	<p>focus on experience and discovery</p> <ul style="list-style-type: none"> <li>• manifestation and handling of resistance</li> <li>• setting boundaries and limitations</li> <li>• assessing children according to holistic gestalt assessment criteria</li> <li>• doing treatment planning with reference to objectives of gestalt play therapy</li> </ul>
<b>Contact-making and promoting self-support</b>	<ul style="list-style-type: none"> <li>• sensory contact-making</li> <li>• bodily contact-making</li> <li>• strengthening the self by: <ul style="list-style-type: none"> <li>✓ defining the self</li> <li>✓ choices</li> <li>✓ mastery, authority and control</li> <li>✓ owning projections</li> <li>✓ boundaries and limitations</li> <li>✓ playfulness, imagination and humour</li> </ul> </li> </ul>
<b>Stage in the therapeutic process</b>	<b>Aspects that should be addressed</b>
<b>Emotional expression</b>	<ul style="list-style-type: none"> <li>• expression of aggressive energy</li> <li>• expression of emotions by: <ul style="list-style-type: none"> <li>✓ cognitive conversation on emotions</li> <li>✓ conversation on body's reaction to different emotions</li> <li>✓ projecting and owning emotions</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>✓ learning handling strategies and skills to handle emotions</li> </ul>
<b>Self-nurturing</b>	<ul style="list-style-type: none"> <li>• contact-making with unacceptable part in the self</li> <li>• gain skills to use nurtured parts in order to integrate and nurture unacceptable parts</li> <li>• gain skills to be good to the self</li> </ul>
<b>Handling persistent inappropriate process</b>	<ul style="list-style-type: none"> <li>• promote awareness of own process and behaviour</li> <li>• acquire skills to make choices and to take responsibility</li> <li>• learn handling strategies for problems</li> </ul>
<b>Termination</b>	<ul style="list-style-type: none"> <li>• thorough evaluation to determine suitable time and thorough preparation for this</li> </ul>

(Blom, 2004:46-47.)

The focus according to Blom (2004:60) is on the experience of the child's process, what children do and how they do it, who they are, what they feel and what they want. It is necessary to look at how satisfied the child is with various aspects of life and it will be viewed from the perspectives of polarities: What is good, what is bad, unfulfilled dreams, qualities, stresses and what changes need to be brought about (Mulligan, 1988:13, 18, 19).

### 2.3.10 Play therapy techniques and Oaklander's model

Oaklander (1988:53-56) describes her fourteen-steps model for drawing and painting. The goal is always to help the child become aware of him/herself and his/her existence in his/her world. The very act of drawing is a powerful expression

of self that helps establish one's self-identity and provides a way of expressing feelings:

- Having the child share the experience of the drawing.
- The child describes the picture in his/her own way.
- Promote the child's self-discovery by asking the child to elaborate on shapes, forms, colours, representations and people.
- Ask the child to describe the picture as if the picture is the child, for instance, "I have red lines all over me and a blue square in the middle".
- Pick specific things and describe their function.
- Asking the child questions about the drawing such as: "Who uses you?" "What do you do?"
- Sharpen the child's awareness and be aware of energy and excitement or lack of it in a specific part of the drawing. Ask questions such as: "What is happening to it?" "Where is she going?"
- Having the child dialogue between two parts of the picture such as the road and the car.
- Encourage the child to take note of the colours.
- Watch for cues in the child's voice tone, body posture, facial and body expression, breathing and silence.
- Work on identification and help the child to "own" what has been said about the picture.
- Leave the drawing and work on the child's life situations and unfinished business that comes out of the drawing.
- Watch out for missing parts in the picture and attend to it.
- Stay with the child's foreground flow. Sometimes go with what is there, such as a fun situation and sometimes use the opposite like stating to the child that his/her own life might not be so full of fun at that moment.

Another play therapy technique that the researcher used during the intervention phase is Oaklander's rosebush technique (Oaklander, 1988:32-37). The rosebush projection/fantasy technique was used in the fourth session of the researcher. Lots of information had been gained about the child's awareness of the self by asking the questions of whether the rosebush is small or large, have flowers or thorns, has it got

leaves, what are the roots like, is the bush alone, is there a fence, how does it survive and does somebody take care of it. By linking the fantasy to the child's life, lots of information about the child's life had been gained as in the fourteen steps of Oaklander mentioned above. Schoeman (1996d:67) quotes Oaklander when mentioning that a child who is taught to acknowledge who he/she is, rather than what he/she ought to be, and who is given support and acceptance, will have self-acceptance and it will determine the child's healthy growth.

Story-telling was used in the sixth session in order to enhance the following life skills: choices, assertiveness and problem-solving. According to Oaklander (1988:85-97), stories could be made up by the therapist or the child or done mutually. The story must have a beginning, middle and end and there is a lesson in the story. There are numerous variations on story-telling and it could lead to other activities.

The use of stories according to Blom (2004:182-184), have various advantages during gestalt play therapy, as stories link effectively with the children's world. This technique can be used to improve children's awareness. By identifying with the story, children are made more aware of their emotions. Children have the opportunity to identify with the main character's emotions while insight in their own situation and that of others can be promoted simultaneously. By means of modelling of the characters in the story, children learn handling strategies for future handling of their own emotions.

There must be a link with the living world, the emotions of the child and a main character with whom the child can identify. The children should also be able to recognize own potential and abilities to handle situations. Healthy handling strategies must be used to achieve definite life objects (Blom, 2004:184). Thompson and Rudolph (2000:86) adds that storytelling has also been useful in helping children realizing the possible consequences of their behaviour.

Schoeman (1996e:89) confirms that a child should have control of his own life and has the right to make choices. The metaphor does not take away the problems but gives the child the opportunity of gaining self-knowledge in a way with which he

feels comfortable. The therapist has the advantage that the child knows that he/she is not just a blank piece of paper. Without the hope of improvement, the child will not be willing to work towards meeting his/her needs.

During session seven, the researcher told the story of Pandora but also allowed the child to draw the story or make a collage. Own choice was given as to what medium was going to be used, in order to strengthen the child.

Collages were an alternative to be integrated in all of the sessions that the researcher planned to do. The researcher allowed the children freedom of choice regarding this in order to stimulate own ideas and the concept of being unique. The researcher therefore, did not have pre-printed pages for the life books. Landgarten (1993) in her book, *Magazine Photo Collages*, illustrates a creative way of using this technique. Landgarten (1993:1) mentions the fact that the collage technique is beneficial because the client can identify with the images of self-selected pictures and she also calls the technique projective in nature.

According to the researcher, a collage can be made using many different objects for example, feathers, torn paper, cloth and magazine pictures, which is pasted onto a board. Oaklander (1988:80) mentions that writing could also be combined with it. The French word *collage* means pasting.

### **2.3.11 The link between play therapy techniques and life mapping**

- McMahon (1992:188) mentions the link between life mapping and play therapy. Play therapy techniques could be implemented, namely eco-maps, picture flow charts, diagrams and drawings of how people fit into a child's life and how they were linked together at any one time. Illustrated genograms en family trees as well as story-telling could help children understand what has happened to them. Many different techniques could be used, such as a road divided into squares with houses along the way representing each move the child has made. Questions could be asked, for example "Do you know why Mum and Dad could not look after you?" Symbolic stories could be used such as a suitcase that became more and more battered and got more

labels stuck on it as it made more journeys (Catholic Children's Society, 1983 in McMahon, 1992:188). The process of making the charts and books is as important as the end-product as it enables clarification of feelings about events and their causes and the correction of possible misunderstandings. It is helpful to remember both good and bad times. (Compare polarities 2.3.2.)

## **2.4 THE APPLICATION OF THE LIFE MAPPING TECHNIQUE, INTEGRATED WITH GESTALT PLAY THERAPY PRINCIPLES DURING INTERVENTION**

In the literature study in this chapter, it is clear that life mapping and play therapy could be used together. The researcher had already studied the reasons for the admission of the selected children to the children's home prior to meeting them. The researcher met the children when they had to sign the appropriate consent letters during the first session.

### **Session one:**

Group session.

Goal:

- Relationship-building
- Completion of measuring scale.

Technique:

- Joining with the child. Put the child at ease in the environment. Give recognition to the willingness to participate in the programme. Explain the intervention period of seven sessions per child during the time to follow.
- Measuring scale: Self-Perception Scale for Juniors (SPS-JNR) (2002), was explained and completed by each individual in the group

### **Session 2:**

Individual session.

Goal:

- To answer the life mapping question "**Where have I come from?**"
- Sensory awareness.

- Emotional awareness.

Technique:

- Sensory awareness was done first by way of different exercises such as putting a drop of paint into a glass and see how it spreads, touching things, listening, tasting and smelling. Polarities were looked at, such as likes and dislikes regarding the above senses.
- Emotional awareness was incorporated in the sensory exercises by asking questions such as what memories the different activities, brought forward.
- The first page of the life map was done by way of a drawing, picture or collage, spanning from birth up to the period of admission to the children's home. The researcher had many different art media available. Emotional awareness regarding these life events were attended to. The question "**Where have I come from?**" sought to outline the personal history.

### Session 3:

Individual session.

Goal:

- To determine strengths and weaknesses (personality traits).
- The life mapping question "**Who am I?**" is answered.

Technique:

- Strengths and weaknesses could be depicted in many different ways in the life map, for example by using a traffic light that is green when a strength is portrayed, or red lights when it is a weakness. It could take the shape of blocks, tables, balloons. The respondents were given a choice of what they wanted to do regarding materials or techniques.

### Session 4:

Individual session.

Goal:

- Still at the life mapping question "**Who am I?**". To determine what is important in the child's life at present.

Technique:

- The rosebush technique of Oaklander (1988:32-37).
- In the case of a child not identifying with the rosebush, a geno-gram or eco-map could be done or it could be combined.

**Session 5:**

Individual session:

Goal:

- The life mapping question “**Who am I?**”
- Life skills: Different life situations and what is happening in the child’s life.
- What is stopping the child from moving forward?

Technique:

- The researcher made use of a recent photograph of the child, road signs, like stopping signs, traffic lights and signposts to give direction in the children’s lives and in order to allow the children in the children’s home to identify their own movement through the layers of Perls as described in 2.3.5. It was done in a practical and creative way by asking the children whether the road in their life map is smooth or muddy or whether there are huge chasms along the road. They had to portray their daily activities. The developmental stage of the children was taken into consideration. The researcher focused on the fact that weaknesses could be placed in a trash can along the way and that new strengths could be built on the knowledge gained in the process.

During this phase, the children were made aware of the fact that their choices need not be perfect and that mistakes in life are part of the process of growing up.

**Session 6:**

Individual session.

Goals:

- The life mapping question “**Where am I going?**”
- To acquire life skills: Problem-solving and solutions: own responsibility, choices and assertiveness. Identification of solutions that helped in the past. Planning of future coping skills.
- Strengthening the child. Self-nurturing.

Technique:

The story of Makaplan or Thinky-do in English was told, as described in chapter 4 and the children were asked to participate. Helping the child to find solutions to problems by drawing a helping hand.

**Session 7:**

Individual session:

Goals:

- Life mapping question “**Where am I going?**”
- How to reach goals and instil hope for the future, no matter what the present circumstances might be. To change the perception from hopeless to hopeful.

Technique:

- **Story-telling/bibliotherapy:** In the research the story of Pandora was told and the children could draw a box containing their hopes and dreams. They were led to link the story to their own lives in the way that Oaklander (1988:85-91) describes. According to Oaklander, the children will always link the story to their own lives. By linking it they gained more knowledge about their own dreams and expectations in their lives.

The story of Pandora is fully described in chapter 4.

**Session 8:**

Individual session.

Goal:

- Closing session.
- To implement the measuring scale at the end of the session.

Technique:

- The same measuring scale as in session one was implemented. Rounding off was done to the life maps and final discussions took place.

## **2.5 SUMMARY**

Using life maps as a technique in therapy is not a new concept. Elements of life mapping were found in the theory of Maslow, Victor Frankl's logotherapy and others such as Lecky and were again brought into the 21<sup>st</sup> century by authors such as Trent and Cohen. A life map brings about an alignment with the inner blueprint in every person.

The main goal of life mapping is to gain self-knowledge, creating a balanced life and taking responsibility in different presenting life situations. By taking an overview of life by looking at the past, present and future, the fundamental questions of life mapping can be answered, such as “**Who am I?**”, “**Where have I come from?**” and “**Where am I going?**” All life situations namely mind, body, emotions, social and spiritual, are dealt with, with the purpose of shaping a balanced and integrated person who is able to make own choices.

By implementing gestalt play therapy principles and techniques, change could be facilitated. The gestalt principles form the basis of gestalt play therapy and include concepts such as holism, awareness, homeostasis and self-regulation, contact and contact boundary disturbances which could cause fragmentation if needs are not met.

Play is the natural way of children to assimilate what is going on in the world around them. A child cannot always verbally communicate what he/she is experiencing and play is a natural way to work through issues in his/her life.

By implementing play therapy techniques, the child is led to be what he/she is and not what he/she ought to be. The child is led to own who he/she is.

The goal in both life mapping and play therapy would thus be to guide the client by way of different techniques in life mapping and play therapy. The outcome would be to have a good knowledge of the self as a unique person, to be fully aware of the here and now, to function effectively as a whole person who has achieved personal integration of all aspects of life, to be able to support and nurture the self and make own independent choices regarding life situations and the future.

The client will be open to change and will experience personal growth as the self-knowledge improves.

## CHAPTER 3

# SELF-KNOWLEDGE AND THE DEVELOPMENT OF THE CHILD IN HIS MID-CHILDHOOD YEARS, IN A CHILDREN'S HOME

## 3.1 INTRODUCTION

**George Elliot said:**

**“It is never too late to be what you could have been.”**

(Le Roux & De Klerk, 2003:74).

It is good for a person to know him/herself, to be able to accept what he or she is and to be able to relate to others. Having good self-knowledge, is for a person to know what is important in his/her life and what needs he/she have. A person will know what he/she is prepared to change and what not. In order to obtain self-knowledge, it is absolutely important to be honest and not to wear a mask (Le Roux & De Klerk, 2003:70, 74).

A child is not born with bad feelings about himself. All babies think they are wonderful. How a child feels about him/herself after a time however, is certainly determined to a great extent by early messages he/she gets about him/herself from his/her parents. It is the child him/herself who translates those messages to him/herself (Oaklander, 1988:281).

Self-knowledge as seen and described from different viewpoints will be discussed in this chapter.

Children who are residing in a children's home have already gone through experiences of trauma, according to the researcher. The trauma could have been violence in the family, sexual exploitation, emotional neglect and abuse and in

general, circumstances damaging to healthy development. These factors and the consequences on the lives of the children, are discussed in this chapter.

The researcher wants to explore whether a knowledge of the self will bring about own responsibility and better functioning in the lives of the children in a children's home, if they could know the causes of certain actions taken by them in the here and now.

In this chapter the developmental phase of the mid-childhood will also be discussed.

In the life of a child who grows up in ideal circumstances, the child learns quickly that he/she can get his/her personal needs for love and care met by his/her parents. Bonds are formed, trust created and protection and guidance are offered until the small people can manage in the world by themselves (Crawford, 1994:12).

In some cases however, parents and other caregivers may neglect a child, failing to give him/her the love, care and attention necessary for normal healthy development. Even more drastically, some may subject a child or children to physical or sexual abuse. A problem that is encountered is the child's inability to speak out (Smith, Cowie & Blades, 1998:99, 100).

## **3.2 SELF-KNOWLEDGE**

### **3.2.1 Definition of self-knowledge**

The conclusion of finding a definition of the self, that Wicklund and Eckert (1992:2-5, 13) came to, is that the *self* is: when a person seeks to find self-knowledge, is recognising material components, others' evaluations, as well as inner psychological mechanisms. It is claimed that a psychologist might look at other aspects, such as training or momentarily experienced settings that brings a person to be acutely aware of certain self-dimensions. Another aspect that might be looked at, will be what the consequences of self-knowledge would be regarding further thinking processes and

behaviour. The memory of all past events also have a role in the concept of self-knowledge.

According to Allport (in Wicklund & Eckert, 1992:18), a person who has *self-knowledge* or *self-insight* is determining the ratio of the relation of what he himself thinks he is, to what others think he is and thus focuses on the social criterion of self-knowingness. Different schools of thought have different opinions of what self and self-knowledge are. The authors see self and self-knowledge as two different concepts: the self just being traits, and the knowledge thereof that can bring about behavioural potential.

According to the researcher, *self-knowledge* could be defined as having a clear knowledge of the inner self. This would include a knowledge of emotions, and strengths and weaknesses, as well as the expectations regarding what makes life valuable. Self-knowledge would influence behaviour and actions.

### **3.2.2 . Self-knowledge and self-confidence (“Who am I?”)**

De Klerk and Le Roux (2003:24, 25) is of the opinion that *self-knowledge* increases self-confidence. A list of information is provided, of which the researcher lifts out the following:

A person can know him/herself by listening to the self and by improving emotional awareness. A person should understand how he/she feels and the reason for the feelings and reactions. When receiving feedback from others, a person can decide whether it is valid or not. The real identity of a person is in his/her mind and heart and in the thinking processes. The more experience a child has in as many new areas as possible, the more he/she will gain a sense of confidence about him/herself (De Klerk & Le Roux, 2003:24, 25).

McGraw (2001:231) is of the opinion that it is a tragic loss not to know oneself. It means that there is no understanding of wants and needs and it is not possible to know what is most important and valued in a person’s life. It is the self that most time in a life is spent with, and it should not be underestimated how important it is to

know the self. McGraw (2001:232) stresses the importance to realise that every person is unique and one of a kind. Not to have an intimate relationship with the self would be wrong. It is also important to be totally honest and not wearing a mask, even in evaluating the self.

The researcher is of the opinion that changes can only start taking place and personal growth can only begin once there is self-knowledge and honest acceptance thereof.

A fact that is very important is that the child's knowledge of the self is not only based on excellence and achievement, but also on the emotional component of what he/she needs, such as friendship and the expectations that the child has regarding the friendship. Self-control and self-regulation are important aspects of the self-image because the child learns to trust him/herself with regard to personal and social expectations and whether he/she is able to perform accordingly (Louw *et al.*, 1998:349; Herbert, 2003:11 and 3.2.6.)

### **3.2.3 Self-understanding and self-awareness**

Brandon (1993:3) is of the opinion that there is an age-old longing for *self-understanding* and he sees self-understanding as the first step to change. Self-understanding is rewarding, as it can be integrative and can bring a person closer to the experience of wholeness that is a life-serving experience. Another benefit that a person can derive from self-knowledge is an enhanced understanding of others. Self-knowledge and *self-awareness* is needed to understand the feelings and behaviour of others.

*Self-awareness* therefore, is described as the ability to know what is happening inside and outside of yourself as well as the knowledge of how to react to these feelings. To be able to identify the inside feelings, it is necessary to identify physical symptoms in the body and to be able to name them. The body is a messenger that should be listened to. Emotions gives information to a person and motivates him/her (De Klerk & Le Roux, 2003:41).

The things about a person that are the most painful for him/her to look at, are those that are the hardest for him/her to see, according to Mayne and Mayne (2002:21).

Seeing the self more clearly - ways of being, behaviours, motivations and true feelings - is the process of raising self-awareness.

According to the researcher, *self-understanding* is to feel whole. It is to be free, living without masks and not pretending to be something or someone else, to be a unique person in his/her own right.

### 3.2.4 Self-concept (“This is me” or “Who am I?”)

Plug *et al.* (1997:325,326) see the *self* and *self-concept* as synonyms. It is also seen as the personality traits of a person, the agent for behavioural acts, and the aspects that is shown by a person in different life situations, such as social, religious and vocational. Jung, according to Plug *et al.* (1997:325) see the self as a person who eventually comes to terms with and fuse the polarities that exist between the conscious and sub-conscious in the personality. The fusion will provide stability and balance and can be seen as the goal of life.

Self-concept is seen as the own evaluation of a person of him/herself. It includes the cognitive, emotional and evaluative elements (Plug *et al.*, 1997:325). Other words relating to the above are then described such as self-image, self-actualization, self-efficacy, self-expression, and assertiveness.

The researcher is of the opinion that *self-concept* is an over-all concept of a person about him/herself. The concept can be good or bad and will determine actions and behaviour. Plug *et al.* (1997:324) sees self-concept as a synonym for self-knowledge.

Another definition to clarify these concepts, is found in the *Encarta Encyclopedia* (2005, sv ‘*perception*’, *perception/perceiving*): The process of using the senses to acquire information about the surrounding environment or situation. It is also an *impression*: An attitude or *understanding* based on what is observed or thought. According to the researcher it is not the same as the evaluative term of *self-concept* as described by (Plug *et al.*, 1997:325) where the *self concept* is seen as the own evaluation of a person of him/herself.

### 3.2.5 Self-acceptance

Van Jaarsveld (2003:56) is of the opinion that *acceptance of the self* is a life-long process that will have an effect on emotions and behaviour. Wijngaarden as quoted by Van Jaarsveld (2003:57) describes passive acceptance as the things in life that have to be accepted and that cannot be changed. Active acceptance is seen as the traits in a person that can be changed by identification of such traits and by doing something about it. Van Jaarsveld mentions stress as an example and says that a person can learn to control stress.

Self-acceptance could be created in children and is very valuable. Self-acceptance will lead to fulfillment of potential, giving attention to own special characteristics without comparison to others all the time, having realistic expectations for the self and letting go of perfectionism (De Klerk & Le Roux, 2003:24, 25).

By accepting the self unconditionally, energy is not wasted in trying to be like other people or to perform like them, according to the researcher.

### 3.2.6 Self-control

According to Van Jaarsveld (2003:57), it is of the utmost importance that a person should be able to accept himself as an individual with certain strengths. It can be very de-grading to compare yourself to others. It is not bad to follow somebody else's example, but nobody should try to be somebody else. It is therefore, important to identify strengths and to be thankful for them. Then after that, identify weaknesses and accept the ones that cannot be changed and actively change the ones that can be changed. Van Jaarsveld (2003:195) quotes Goleman as saying:

*Self-control* is the ability to manage a person's impulsive feelings, as well as distressing emotions, so well that a person is able to remain composed and positive even in difficult situations, enabling the person to think more clearly and to retain his/her focus under pressure.

According to the researcher, *self-control* can only be attained with a good knowledge of the self and by gaining life skills accordingly, so that own responsibility could be taken for all actions.

The researcher agrees with Phillips (1997:277) who concludes that wherever a person is coming from, whatever injuries have been suffered, whatever might have happened to impair the ability to give and receive love, it is the person him/herself that can change life by living every moment of the life journey from the starting point of giving and receiving value, understanding, respect and love. It will enable a person to make own decisions for the highest good. It is seen as a life voyage.

### **3.3 THE CHILD IN HIS/HER MID-CHILDHOOD YEARS IN A CHILDREN'S HOME**

#### **3.3.1 Children's home**

According to the Child Care Act, 1983 (Act No. 74 of 1983), a children's home is defined as any residence or home maintained for the reception, protection, care and bringing up of more than six children apart from their parents, but does not include any school of industries or reform school.

*The New dictionary of Social Work* (1995:32) defines a child as a person under the age of 18 years according to the Child Care Act, 1983 (Act No. 74 of 1983). In the Child Care Amendment Act, 1996 (No 96 of 1996) the following is added to define a child: “ ‘Child born out of wedlock’ means a child born outside a marriage; ‘child in need of care’ means a child referred to in section 14(4); ‘children in especially difficult circumstances’ means children in circumstances which deny them their basic human needs, such as children living on the streets and children exposed to armed conflict or violence.”

#### **3.3.2 Reasons for removal of a child**

At a children's court, according to the Child Care Act, 1983, (Act No. 74 .of 1993), Article 14 (4) the inquiry shall determine whether –

- (a) the child has no parent or guardian; or
- (b) the child has a parent or guardian or is in the custody of a person who is unable or unfit to have the custody of the child, in that he –
  - (i) is mentally ill to such a degree that he is unable to provide for the physical, mental or social well-being of the child;
  - (ii) has assaulted or ill-treated the child or allowed him to be assaulted or ill-treated;
  - (iii) has caused or conducted the seduction, abduction or prostitution of the child or the commission by the child of immoral acts;
  - (iv) displays habits and behaviour which may seriously injure the physical, mental or social well-being of the child;
  - (v) fails to maintain the child adequately;
  - (vi) maintaining the child in contravention of section 10;
  - (vii) neglects the child or allow him to be neglected;

The Child Care Amendment Act, 1996 (Act No. 96 of 1996) adds to the above the “(aB) clause, the child-

- (i) has been abandoned or is without visible means of support;
  - (ii) displays behaviour which cannot be controlled by his or her parents or the person in whose custody he or she is;
  - (iii) lives in circumstances likely to cause or conduce to his or her seduction, abduction or sexual exploitation;
  - (iv) lives in or is exposed to circumstances which may seriously harm the physical, mental or social well being of the child;
  - (v) is in a state of physical or mental neglect;
  - (vi) has been physically, emotionally or sexually abused or ill-treated by his or her parents or guardian or the person in whose custody he or she is; or
  - (vii) is being maintained in contravention of section 10; and
- (c) by deletion of paragraph (b) of subsection (4).

### **3.3.3 Influence of the removal on the child**

#### **3.3.3.1 Emotional**

*Emotional security* is defined by *The New Dictionary of Social Work* (1995:21), as a feeling of a person that his deeper emotional needs, particularly the need for love, acceptance and security are met.

A child in a children's home very often experiences the opposite of emotional security, which is defined by *The New Dictionary of Social Work* (1995:21) as *emotional dependence*. This is a state characterised by physiological and behavioural changes based on a person's perception of an internal or external object that gives rise to the tendency to rely on others for nurturance, support, security, decision-making and protection.

The researcher found in her dealings with children in a children's home that apathy as emotion might be present as well as a 'come what may' acceptance of what had happened to them. The apathy has to be changed over to taking own responsibility for their choices.

#### **3.3.3.2 Self-blame**

Geldard and Geldard (2002:115) postulate that it is renowned for children to think that they are responsible when things go wrong. When children live in violent homes, they often feel responsible for the violence that occurs between adults. Similarly, in situations where sexual abuse have occurred, children may often be troubled by their perceived collaboration in the event and *blame themselves* for the negative outcomes that occur.

#### **3.3.3.3 Self-destructive beliefs**

Following trauma, there is a common *self-destructive belief* that an irreversible negative change has occurred, which will prevent life returning to normal. The possibility of something new and different is thus ruled out and the child believes that there is no way in which to start living in an adaptive and comfortable way. This is a very destructive belief, because it prevents the child from leaving the trauma behind and moving forward into a space where life can once again be enjoyed (Geldard & Geldard, 2002:117).

It is important to know that the outcome of self-knowledge could lead to being able to say that “Today is the first day of the rest of my life.” Habits do not make a person. The person’s past history is not the future. By knowing the self, any patterns of self-defeating behaviour can be replaced. The diversity of the authentic self is discovered and experience is gained in a different light. Life can be lived with a stronger sense of own identity and own integrity, free of comparison to others. In a stormy and unpredictable world, the knowledge of the inner essence of the self can be an anchor (Phillips, 1997:151-166).

The researcher believes that *self-destructive behaviour* can be counter-acted by knowing the self and start acting on the self-knowledge. Potential can be identified, which will open up new possibilities.

#### **3.3.3.4 Emotional influence on the physical condition of the child**

The cumulative effect of abuse on an individual often surfaces through *physical symptoms*, according to Jantz and McMurray (2004:119-134). The mind and body are linked and what a person feels emotionally is experienced physically as well. The author found that abuse, that becomes a way of life and does not occur only occasionally, is bound to have physical effects on the body. Fear is most often experienced in the stomach. Anger is located in the head. Guilt seems to produce an overall reaction (Jantz & McMurray, 2004:120).

Certain physical conditions could point to the presence of emotional and other types of abuse:

Addictions, allergies, asthma, depression, anxiety, digestive disturbances, eating disorders, hypochondria, chronic fatigue syndrome, migraine headaches, panic attacks, phobias, unexplained skin rashes, unexplained physical pain. When the body speaks, a person has to listen. When being alert to the body, more could be discovered about the whole self – emotional, physical and relational (Jantz & McMurray, 2004:121, 134).

### 3.3.3.5 The influence on the behaviour of the child

According to the researcher the scars left in the minds of traumatised children could be immense. This is confirmed by Van Jaarsveld (2003:61), who states that the amygdala in the brain stores away incidents that happened in the past, for example trauma, abuse and emotional memories. Something small could trigger the stored-away emotions independent of the rational part of the brain. In some instances the upsetting incident could have happened many years ago and children can remember their parents ignoring them, not giving them attention, social rejection and a life without love. Behaviour might be problematic in later life due to these experiences.

Crawford (1994:3) who was a victim of violence during her childhood years describes her behaviour and actions as follows:

I learned to withdraw into a tiny inner recess of self where nothing could enter. It wasn't the same as being safe from harm, but it was the only haven available to me. The self I showed to the world was no longer an authentic self, but one resigned for the sole purpose of surviving violence on a day-to-day basis.

Crawford (1994:3) describes how her behaviour began to imitate that of her home circumstances by her being engaged in regular schoolyard fist fights, hurling swear-words she had heard at home and lying, even when there was no obvious reason to do so. Although intellectually gifted, she was a highly emotional child, quick to anger, needing her own way and slow in healing her wounds. This resulted in not valuing herself and not learning how to form friendships, how to acquire new skills, how to resolve interpersonal conflicts, how to evaluate strangers for trustworthiness, how to be kind to herself and others, how to accept help or assurance or how to love and be loved. The result was that the things she did and did not learn as a child, affected the rest of her life. As a child, it was a struggle to stay alive because all messages she received from without and within were telling her to give up and die. Eventually, all feelings of abandonment, terror and helplessness were shut down in order to feel less pain. But in the place of the pain a total emptiness was felt, which later resulted in the use of alcohol, cigarettes and sex to fill the void.

The conclusion that Crawford (1994:8, 9) draws from the above, is that survival behaviour is very different from the developmental processes of those who have not experienced violence and abuse. Survivors of violence, neglect and abuse tend to isolate themselves, drawing only on their own strengths, intelligence, information-gathering skills, and intuition. Since the outside world has proven to be very dangerous and unpredictable, it is safe not to interact, trust, depend or count on anyone other than the self. Such behaviour denies the survivor the experience of caring and being cared for, which is the foundation of all social interaction. The problem is that such a person only feels “at home” in an environment where all the above is present and might repeat the situation in adulthood. If they do not repeat the childhood experiences in their own adult lives, they may engage in self-destructive behaviour because fear of retribution for telling the truth is always present.

Jantz and McMurray (2004:104) add more influences of abuse by mentioning low self-esteem, lack of self-confidence, acting out sexually, loneliness, failure syndrome, perfectionism, unrealistic guilt, crises-oriented and unresolved anger and resentment, which will all manifest in the behaviour of the person.

### **3.3.4 Influence of background**

The researcher studied the background reports of participants in the research project at the Paul Krugerkinderhuis. Most of the children came from broken homes where the parents could not provide for the children, where children were neglected and kept in unhygienic circumstances and where there were no control over the children’s school attendance. There was also the presence of alcohol as well as substance abuse by one or both parents and parents not being able to provide in the basic needs, such as food. Children had also previously been placed in foster care and in some instances, multiple placements in places of safety prior to placement in the children’s home.

Thompson and Rudolph (2000:10, 11) confirm that children have trouble satisfying their need for self-esteem according to Maslow’s hierarchy of needs, as quoted by Thompson and Rudolph, (2000:10, 11) which include the physiological needs, safety needs, love and belonging, self-esteem and self-actualization. Children are ordered,

directed, commanded, criticized, devalued, ignored and put down. If an adult is not happy about treatment, he can leave the scene, but such behaviour is not considered acceptable in children. All people need to be respected as worthwhile individuals, capable of feeling, thinking and behaving responsibly. Children can be treated with the warmth and respect needed to encourage their learning with firm guidelines and expectations. Cruel and thoughtless remarks can be avoided, criticisms can be reduced and positive interactions can be accentuated to build self-respect and self-esteem (Compare Schoeman, 1996c:180.)

Child abuse in the child's background, is closely linked to loss. Stewart as quoted by Bates, Pugh and Thompson (1997:116), mentions the losses: boundaries, trust, hope, feelings of what the child means to himself and others, intimacy, childhood, spontaneity, privacy, self-respect, confidence, serenity and family. The losses could have profound consequences, which the therapist has to address.

### **3.4 TECHNIQUES AND THE TASK OF THE THERAPIST**

The gestalt play therapy model allows the therapist to look at the child in totality, as described in Thompson and Rudolph (2000:163). (The gestalt play therapy techniques used by the researcher during intervention, is described in Chapter 2, 3.9.)

The counsellor must help the child to feel good about him/herself and acknowledge the fact that he/she has shown courage in trying out new behaviour (Geldard & Geldard, 2002:122).

Oaklander (1988:282) gives some guidelines for enhancing a child's feeling of self: Listen to, acknowledge and accept the child's feelings. Treat him/her with respect. Accept the child as he/she is. Give him/her specific praise to the point and be honest. Involve the child in problem-solving and decision-making relative to his/her own life. Respect feelings, needs, wants, suggestions and wisdom.

Oaklander (1988:282, 284) claims that when she sees a child in therapy, she has the opportunity to give back the lost sense of self to the child. Dealing with real feelings, is the beginning of change. Body awareness is basic to a strong sense of self. The first step is to accept the present feelings of being blank, rotten and nothing and then for the child to get re-acquainted with his/her senses and his/her body and all that could be done with it. In this way the child learns about his/her uniqueness from the inside, instead of through the judgments and opinions of others. The child then begins to feel a sense of well-being – that it is fine to be who he/she is.

The researcher agrees fully with what Oaklander claims as the purpose of intervention with a child, namely giving back to the child the sense of self, and purpose. By knowing the self this could be achieved.

Perls's primary motivational construct in gestalt therapy was also an actualising tendency. In his view, this involves a self-regulatory organism meeting its needs, moving towards growth and thereby establishing its own identity. The goal is to maintain equilibrium within the self and between the self and the environment. In this view, awareness of both internal and external information is viewed highly significant in healthy functioning and need satisfaction. The person is therefore continually organising him/herself to make contact with the environment to meet the need. When the need is met, the person turns to equilibrium (Greenberg, Rice & Elliot, 1993:39).

The researcher had to facilitate the above self-regulatory process. Gestalt play therapy techniques were used in this study, such as projection by way of fantasy, story-telling and art.

The life mapping questions “**Where am I going?**” and “**What is stopping me?**” are addressed by a model used by Maya Phillips (1997:151-166). Phillips developed a model of emotional mapping, which is designed to gain self-awareness and self-cognition by drawing circles and exploring certain emotions and traits one after the other. The wish of one of her participants was, for instance, to have a loving relationship, and the question is then asked: “How it is not to have a loving relationship?” The emotion of coldness is then written down. The coldness is

explored and mapped and it becomes clear that it brings distance between people and keeps people away. Connections interlinking emotions are thus explored. These negative experiences can then be replaced by positive ones. It is done with another map, where questions are asked such as “How would it be if I was not afraid?” Powerful insights about deep-seated behavioural patterns help to solve previous insurmountable problems.

In the intervention period of this research, the researcher also handled the emotional aspects of the child’s placement in the children’s home. During the sessions done about the background of the child and the sessions where the child had to look at his/her present experiences and answering to the questions “**Where did I come from?** “ and “**Who am I?**” the children were asked whether there was something stopping them from moving forward. The uniqueness of every child was stressed by way of looking at their birth history, the happiness of a child being accepted into the world, the fact that their parents chose a unique name for them and the closeness to the mother. They were then helped to understand that sometimes it is necessary to have a substitute mother. Small animals sometimes also have to be raised by humans. The children could identify with that concept. One child, when asked by the researcher whether she would like to fly away from where she is at present (had she had wings), replied: “I will stay right here!” (In the children’s home).

Bays (2003:v), a therapist, is doing journey work with children in order to discover the radiant presence and boundless potential with which each child is born. Unfortunately, the pains in life cover the inborn radiance with layers of hurt, moments of failure and emotional shut-downs. In time the layers are accepted and the greatness within is forgotten. In the method of *The Kid’s Journey*, Bays uses stories that provide lessons on how to address these issues. The researcher did the same, but according to gestalt play therapy principles.

Bays (2003:216-228) describes the actual process that she uses in her therapy and how she leads the children on a fantasy journey to discover the true brilliance of the inner self. The image of a set of steps is used. The child climbs down the steps until step one is reached, where there is the feeling of love and peace (which could be compared to a safe place for the child in gestalt therapy). During the process of *The*

*Kid's Journey* (Bays,2003:216-228), use is made of balloons with messages of 'strength' inside, which is applicable on the life or problem of the particular child (such as a balloon with the trait of purity written on a slip of paper inside the balloon, in the case of the child that had been sexually molested). The child has to breathe-in the quality contained in the balloon. Other techniques are used, such as campfire sessions in which the child is talking to the younger version of him/herself and then integrating the strengths into the problem situation and solving the problem. The child returns from the journey by climbing the staircase again. The sole purpose is to bring the child into contact with his/her core of love and brightness and to unleash the true potential of the child as a result of the self-knowledge and also helping the child to internalize the skills and strengths gained.

The researcher used a similar method in the life mapping, where strengths and weaknesses were addressed during the intervention period in the third session. Instead of balloons, the researcher made use of the idea of crossroads. Strengths were identified and weaknesses were not handled negatively but just as traits that could be worked on. Both life mapping and gestalt principles were used in the intervention. The child could see that balance was needed to function as an integrated person. The fact that polarities, as in the gestalt play therapy techniques, were used as well, brought home the idea of a balanced whole. This will be discussed more fully in chapter 4.

Different methods of getting to know the self are used by different schools of thought as seen in the above two models. Brandon (1993:1-180) makes use of sentence completion, where McGraw (2001:1-282) is using a similar method by asking questions, for example about relevant behaviour, actual inner feelings, negatives that are present and positives that are absent but needed.

The researcher also gave the children the opportunity to write poems or ideas in the pages of their life maps, if they felt that it was relevant.

The researcher used the Self-Perception Scale for Juniors (SPS-JNR) (2000) as a measurement tool before and after the implementation of the life mapping model, together with gestalt play therapy techniques, as discussed in Chapter two. The

constructs that were measured within the measuring tool, are fully described in chapter 4.

According to Schoeman (1996c:180), part of the cure is to empower the child. Oaklander as quoted by Schoeman, (1996c:180), is giving guidelines for enhancing a child's feelings of self and thus empowering him/her:

- Listen to, acknowledge and respect the child's feelings.
- Treat him/her with respect.
- Accept the child's feelings.
- Give him/her specific praise to the point.
- Be honest with him/her.
- Use "I" messages rather than "you" messages.
- Be specific in criticism.
- Consistency with rules and controls is essential.
- Give the child responsibilities.
- Give the child independence.
- Give the child freedom to make choices.
- Involve him/her in decision making and problem-solving.
- Respect his feelings, needs, wants, suggestions and wisdom.
- Allow him/her to experiment
- Remember the unique principle: each child is wonderful and amazing.
- Be a good role model.
- Avoid judgmental attitudes.
- Take the child seriously.

Through empowerment, the child must get a feeling of power: he/she must get the feeling that he/she is in control of his/her anger. (Compare Oaklander, 1988:282.)

According to the researcher, this is consistent with the gestalt play therapy techniques as well as with life mapping and planning for the future.

### 3.5 THE DEVELOPMENTAL PHASE: MID-CHILDHOOD YEARS

Meyer (1998:3) sees developmental psychology as a tool to describe and organise the changes in the different developmental phases during the entire lifespan of a human being. It also describes the changes that have an influence on development. Newman and Newman's (1999:3) perspective on development through life embraces the following four assumptions:

- **Growth occurs at every period of life, from conception through very old age.** At each period, new capacities emerge, new roles are undertaken, new challenges must be faced and new orientations toward self and society unfolds.
- **Individual lives show continuity and change as they progress through time.**
- **The whole person needs to be understood because humans function in an integrated manner.** Physical, social, emotional and cognitive capacities and their interrelationships should be studied.
- **Every person's behaviour must be analysed in the context of relevant settings and personal relationships.**

Change and development take place in aspects of body, cognition, personality and social interaction, according to Meyer (1998:10-12).

Different authors describe different stages of development but the researcher will make use of Meyer (1998:16), as it is largely the same as the stages of Erikson (in Thompson & Rudolph, 2000:16, 17). Newman and Newman (1999:35) see a developmental stage as a period of life that is characterised by a specific underlying organisation. A wide variety of behaviours can be viewed as expressing the underlying structure of each stage. At every stage, some characteristics differentiate it from the preceding and succeeding stages. Each new stage incorporates the gains made during previous stages. Each stage is unique and leads to the acquisition of new skills related to new capabilities.

Another important aspect is mentioned by Newman and Newman (1999:38), namely that the stage approach is useful, but it should be avoided thinking of the stages as pigeonholes. Just because a person is described as being at a given stage, does not mean that he or she cannot function at other levels. Erikson is quoted by Newman and Newman (1999:39) as stating that although the theory suggests that important ego strengths emerge from the successful resolution of conflicts at every stage, one should not assume that these strengths, once established, are never challenged or shaken. The idea of life stages should be used to highlight the changing orientations toward oneself and others that dominate periods of the life span.

According to Erikson as cited by Meyer and Van Ede (1998:53-55), every developmental phase in the life of a child is characterised by a crisis and a situation in which the individual has to orientate himself regarding two opposites or polarities. In the infancy stages the polarities are trust versus mistrust (the synthesis being hope), in the next phase of toddler-hood it is autonomy versus shame (the synthesis being will-power), in early school age it is initiative versus guilt (the synthesis being purposefulness), in mid-age childhood it is industry versus inferiority (the synthesis being capability). (Compare Newman & Newman, 1999:36, 42.)

Industry (versus inferiority) that is the psychosocial crisis in the mid-childhood years, can be described as comprising of three dimensions, as quoting Kowaz and Marcia (in Newman & Newman, 1999:291):

- The cognitive component of acquisition of basic skills and knowledge valued by the culture.
- The behavioural component of the ability to apply the skills and knowledge effectively through characteristics such as concentration, perseverance, work habits and goal directedness.
- The affective component of a positive emotional orientation toward the acquisition and application of skills and knowledge, such as general curiosity and desire to know, a pride in the efforts, and ability to handle the distresses of failure as well as the joys of success.

Inferiority is seen as coming from two sources, according to Kowaz and Marcia (in Newman & Newman, 1999:291):

- The self.
- The social environment.

The researcher will focus on the mid-childhood years, that is the period from the age of six up to the beginning phase of puberty, according to Meyer (1998:16).

Louw *et al.* (1998:326) describes the mid-childhood years as a time of relative calm as far as physical development is concerned, but that it is an important period regarding the cognitive, social, emotional and self concept development. By developing in these areas, the child gains a better understanding of his own life, which is also widened by the extension of the social world and reality of the child. By attending school the child has the opportunity to socialise. (Compare Newman & Newman, 1999:265; Aguilera, 1990:208.)

In the mid-childhood years, the child will be able to differentiate and express a variety of emotions and feelings (Turner & Helms as quoted by Louw *et al.*, 1998:349). Children are however, very often hampered to express themselves fully due to stereotyped gender roles, such as boys not crying, and girls not showing aggressive behaviour.

Emotions are now seen as coming from inside, such as happiness, sadness and aggression. Children start knowing where the emotions have originated and why people experience the emotions (Vander Zanden as quoted by Louw *et al.* (1998:349). The child develops a sensitivity for other people and is not so egocentric as in the preceding period of his/her life.

According to Louw *et al.* (1998:348) the self-concept of a child in the mid-childhood years develops at a quick rate. Papalia and Olds are quoted by Louw *et al.* (1998:348) as stating that a child of six to seven years of age, is starting to define himself in psychological terms. The child develops the concept of the true self and

the ideal self. The ideal self is the person he/she wants to be and the child will therefore, control his/her impulses in order to be seen as a good child.

The child will look at him/herself in a different way by not only looking at an activity, for instance mentioning that he can ride a bicycle, but by defining the quality of the ride: "I am able to ride the bicycle better than my sister." By the age of eleven there is correlation between how the child sees himself and how he is perceived by his peers and teachers. (Harter, as quoted by Louw *et al.*, 1998:348).

Newman and Newman (1999:265) adds that mid-childhood is characterised by more purposeful, industrious behaviour, where play dominates the behaviour of early school-age children. Play is not lost but is more complex for example riding the bike further from home or riding a roller-coaster without the parent.

Wolfe (1987:98) looks into the aspect of the relationship of childhood trauma and the developmental outcome. According to him there are many misconceptions regarding the effect of abuse on the developing child and it is mostly seen as fatalistic, negative and disruptive. Cicchetti and Rizley is quoted by Wolfe (1987:98), postulating that child abuse does not affect each victim in a predictable or consistent fashion. Some child victims emerge from abusive families relatively unscathed, leading to the realisation that the impact of abuse cannot always be detected in terms of its negative or undesirable influences upon the child's development. Diverse outcomes are understandable if the child's coping abilities are taken into consideration.

### **3.5.1 Developmental tasks**

The developmental tasks can be seen as another concept regarding the developmental theory and consist of a set of skills and competencies that contribute to increased mastery over one's environment. Failure of the tasks at one stage leads to greater difficulty with later tasks or may even make later tasks impossible to master (Newman & Newman, 1999:39).

All the traits of the previous stages are continued in a stronger way in the mid-childhood years. Children are now busy achieving skills needed in adulthood and the

society is assisting them by way of providing schooling. By learning the skills, feelings of incompetence and a poor self-image are prevented. The child wants to connect and be in competition with children of his/her own age. When mastering the skills, competence, is the reward. The phase following the mid-childhood years is the adolescence, where identity and identity confusion are the polarities, with trustworthiness being the synthesis (Meyer & Van Ede, 1998:55).

According to the researcher, it is therefore, of the utmost importance that the child in the mid-childhood years should have a good base and knowledge of the self. This base will enable the child to be successful in achieving the tasks of every specific phase and in the next stages of development, so that the question “**Where am I going?**” could be answered. The objective would be to find the obstacles hindering change and to focus on tasks that could promote change, such as the two sets of tasks mentioned by Louw *et al.* (1998:326) and Van der Merwe (1996b:198) below:

According to Louw *et al.* (1998:326), the child has to achieve the following developmental tasks during this period of his life:

- further refining of motor skills
- sex role identity formation
- development of cognitive skills
- knowledge-growth
- extended social interaction and participation
- developing a better knowledge of the self
- expansion of moral insight and behaviour.

Divorce of the parents have an influence on the behaviour of the child and it could be sadness and the strong wish that the parents should re-unite. Some children become more aggressive and negative and do not trust people. School performance could be influenced and feelings of rejection could be present (Louw *et al.*, 1998:360; Smith, Cowie & Blades, 1998:96).

Van der Merwe (1996b:198) quotes Wallerstein when pointing out the tasks that a child should handle when working through the divorce of parents:

- Accept the reality of the marital disintegration.
- Learn to stand objectively regarding parental conflict and resume own concerns.
- Handle the losses that divorce brings about.
- Handle anger and feelings of guilt and self-reproach.
- Accept the permanence of the divorce.
- Develop realistic hope regarding future relationships.

Van der Merwe (1996b:198) concludes that these tasks must be mastered together with the usual developmental tasks.

It needs to be mentioned that the parents of all eight children whom the researcher selected (two for the pilot study and six for the main study), came from broken homes. The parents were either never married, married and estranged, or married and divorced. Most of the children came from very poor home environments and in most cases they experienced neglect and/or abuse of some sort.

The following traits should also be stimulated in children, as summarised by Louw *et al.* (1998b:345-346):

- strong motivation could be stimulated by lifting out the importance of intellectual achievement
- the wish to achieve different things
- perseverance should be seen as a trait helping the child to achieve what is seen as the aim
- work should be quantitative and qualitative
- specific skills should be developed more fully when a child shows an aptitude for it
- the practicing of independent intellectual activities should be promoted
- stress should be handled and the child should be assisted to produce results, even if stress is present
- independence of thought and own decision-making should be stimulated

- tolerance at times of uncertainty, so that a child could realize that uncertainty is not always negative but could be changed into something positive when creativity is used
- willingness to try again in cases where the first effort is not a success. The child should learn to experiment.

The researcher agrees and is of the opinion that children in a children's home are really in need of strengthening of skills and abilities, for example tolerance at times of uncertainty. (Compare Newman & Newman, 1999:276-282; Van der Merwe, 1996b:198.) The knowledge of the self and hope for the future were gained by the compilation of a life map, with the guidance of the researcher. The life map clarifies the whole life span for the child. Good problem-solving skills were integrated into the life mapping techniques and the children responded very well to it. Nurturing of the self was also stressed in each session according to the gestalt play therapy process.

The researcher strived to go along with Harris and Rosenthal as quoted by Newman and Newman (1999:284), that evaluative feedback associated with intellectual ability or skill, feeds into children's conceptualisation of their own competence. It also fits in with the empowerment principle of the gestalt play therapy process.

### **3.5.2 .Creativity**

Creativity has to be respected, as mentioned by Louw *et al.*, (1998:344-345), being an important aspect of the mid-childhood years. The child who is creative will have creative productivity, will be able to create different responses to a situation, as well as different ways of problem-solving and will be pliable and unique in dealing with different situations.

The creativity of a child should be stimulated during this period of his life. Vander Zanden is quoted by Louw *et al.* (1998:345) as proposing the following:

- Children's ideas and questions should be respected.

- A child should be respected to initiate his own way of learning.
- The right of the child to question the ideas of his/her carers should be respected.
- Children should be supported in taking note of environmental stimuli and to be open to it.
- Children should be exposed to polarities, vague situations and things that could cause uncertainty. Creativity could come to the fore in situations like this and a child could be forced to form an own opinion and find more certainty.
- Children should be allowed to create something and then to use it.
- Children should be given the opportunity to share with others what they have learnt.
- Respect for the self and worthiness of the self should be stimulated.

Newman and Newman (1999:276) adds that in art the child may experiment with mixing paints to achieve new colours at the same time as they are experimenting with line drawing, perspective and shading.

### **3.5.3. The child in the children's home and self-evaluation**

Newman and Newman (1999:282) comment on the fact that skill-building is accompanied by a new focus on self-evaluation. Children strive to match their achievements to internalized goals and external standards. Simultaneously they receive feedback from others about their performance. In mid-childhood, pressures toward conformity, competition and the need for approval feed into the self-evaluation process. Butler and Ruzany is quoted by Newman and Newman (1999:282) as stating that at this age children begin to pay attention to the work of others in order to assess their own abilities.

The child may start asking the question “**Who am I?**” according to the life mapping model. The child in the children's home does not always know his/her background. Porter (1983:289) is quoting Holgate in stating:

Knowing that the child is not free to establish satisfying substitute relationships while crippled by the half-understood facts and the pervading fantasies regarding himself and the family from which he has been removed....

According to the researcher, the background histories had to be clarified and attention was given to this in the first session. Some of the children did not know why they had been placed in the children's home. The child could thus evaluate his/her life and decide what he/she wants to achieve in future. As discussed in Chapter four, one child wanted to burn all the bad things happening in the world and that that happened in her world. This was portrayed by way of a finger painting in the Rose Bush play therapy technique. (Appendix 4, Projection, Figure 28.)

When compiling a map/book of his life, the child can come to terms with the past by reconstructing the past and find an own identity. By making the book, the substitute parent in the children's home can take note of the child's life story and can therefore, have a better understanding of each individual child (Porter, 1983:291).

During the mid-childhood and according to Erikson's psychosocial theory, as stipulated in Newman and Newman (1999:291), the child's fundamental attitude toward work is established. As children develop skills and acquire personal standards of evaluation, they make an initial assessment of whether or not they will be able to make a contribution to the social community. They also make an inner commitment to strive for success. Some children are keenly motivated to compete a standard of excellence and achieve success, while others have low expectations about the possibility of success and are not motivated by achievement situations.

In research done by Coopersmith as quoted by Louw *et al.* (1998:349), it seems that children who had a good self-image tended to be more independent, creative, assertive, more extrovert and also did better academically. They were more popular than children with a low self-image. It further seemed that the way children are handled by adults, especially the parents, plays an important role in the self-esteem that a child develops. Herbert (2003:161) points out the opposite of a child with a good self-image by stating that a child who cannot get on with other children, who

lacks social skills, and who is clumsy and shy, often leads a lonely and miserable life. Such a child may lack the vital skills of social sensitivity and of forming accurate impressions of other people (Compare Crawford, 1994:3 as mentioned in 3.3.3.5.)

Newman and Newman (1999:291) asks the question of what experiences then could cause a child to feel inferior and state that feelings of worthlessness and inadequacy come from the self and the social environment. Adler who is quoted by Newman and Newman (1999:291-292) states that children who cannot master certain skills experience some inferiority. If we assumed that success in one area could compensate for failure in another it meant that the psychosocial conflict of industry versus inferiority could be minimized.

#### **3.5.4 Influence of environment on development**

The problem is that the social environment does not always reinforce success in all areas equally. It is extremely difficult for a child who does not excel in the culturally valued skills to compensate through the mastery of others. Especially in the school setting, children could be confronted by statements suggesting that they are not as good as some peer, sibling or cultural subgroup. The intrinsic pleasure of engaging in a task for the challenge it presents, conflicts with messages that stimulate feelings of self-consciousness, competitiveness and doubt. Crooks as quoted by Newman and Newman (1999:292) postulates that children might refuse to try a new activity because they fear the possibility of being battered by their peers. (Compare Herbert, 2003:10.)

Newman and Newman (1999:292) blame the social environment for stimulating inferiority through the negative value it places on any kind of failure. Two types of failure messages exist such as implying that if the child had really tried he/she could have avoided failure and the other type refers to lack of ability. The implication is then that the child does not have the competence to succeed. This then leads to the concept of learned helplessness, which implies that the effort does not matter because it is outside of the control of the child. Two groups of children were identified by Seligman and Nelson as quoted by Newman and Newman (1999:293), being the

mastery-orientated children and the helpless ones. The mastery-orientated children were able to keep a positive attitude, increase the problem-solving efforts and use their past mistakes to correct their approach. The helpless children began to blame themselves. They emphasized the negative aspects of the task or criticized their own abilities and tried to find ways to escape from the situation. The negative children also discount their successes (Philips & Holloway as quoted by Newman & Newman, 1999:293.; Aguilera, 1990:208; Trent, 1994, using the terms, *learned helplessness and learned hopefulness*).

Newman and Newman (1999:294, 297) conclude that it is an irony of the crisis at this stage of life that the social community which depends on the individual's motives for mastery for survival, is itself such a powerful force in negating those motives by communicating messages of inferiority. Children who have internalized a sense of competence, love to learn and work. They are excited about developing new skills and optimistic about being able to achieve success. These children are the ones who sign up for new activities or start neighbourhood clubs, participate in different sports, look forward to field trips and take pleasure in being asked to help with difficult projects. The opposite of competence is inertia, where a child has a powerful sense of apathy or disinterest. Erikson (quoted by Newman & Newman, 1999:297) sees inertia as paralysing and individual's productive life and sees it as the core pathology of the mid-childhood years.

Children who leave mid-childhood with a sense of inertia are likely to continue to be withdrawn and passive. They will have trouble instigating actions or changing the course of events in their lives. Children with a sense of inertia will not believe that they can master the challenges they face and thus they are likely to be swept along by the tides of events. (Compare to the introduction statement of this chapter by George Elliot, as quoted by Le Roux & De Klerk, 2003:74.)

According to the researcher, the child in a children's home has not always had the proper stimulation and influence from the parents. The child could then be seen as environmentally disadvantaged. To be environmentally disadvantaged is described by Plug *et al.* (1997:225) as a person with developmental disadvantages especially

regarding intellectual functioning and which could be attributed to things such as inadequate intellectual stimulation.

Oaklander (1988:221-230) describes the hyper-active child, as a child who might just want to avoid his/her painful feelings. The child might be like that to hide his/her anxiety, that is a result of something in his/her environment. Oaklander goes along with what the child is paying attention to, and later bring back the focus to the issue at hand.

Lewis (1999:30) mentions the influence of trauma on the development of the child in mid-childhood. Some of the most relevant issues will be mentioned here:

- The child may experience guilt for things he/she did or did not do.
- The child may become generally more fearful than usual.
- Regression – the child loses skills that have been developed and behaves like a younger child. The child may wet the bed at night again or revert to thumb sucking.
- Problems at school for example disruptive behaviour and poor memory.
- The child might withdraw socially and might lose interest in activities previously enjoyed.
- Aggression.
- Sleep disturbances – nightmares, difficulty falling or staying asleep and reluctance to sleep in own bedroom.
- The child eats too little or too much.
- Somatising – the child reports physical symptoms such as headaches and stomach-aches which have no medical cause.

Normal development could thus be influenced negatively, such as fantasising about taking revenge (Lewis, 1999:29).

Newman and Newman (1999:6) quote Duncan, who mentions the influence of poverty on the development of a child. Poverty has potentially powerful and pervasive effects on the biological and psychological systems across the life span. In itself poverty does not place inevitable limits on development. There are many well-known cases of people who grew up in poverty and achieved eminence. However, it

is well-documented that poverty increases the risks individuals face, including risks associated with malnourishment and poor quality health care; living in a hazardous physical environment and living in a dangerous neighbourhood; and participating in an ineffective school system. Poverty is linked with reduced access to the basic resources associated with survival.

The family environment influences a child's social competence in at least three ways:

- Children may imitate their parents' positive or aggressive behaviour. If parents ask a lot of questions and invite their child's opinions, the child may be more likely to show interest in other's ideas and opinions.
- A parent's disciplinary technique may influence what a child expects in a social interaction. Children who have been exposed to aggressive parental techniques believe that these same strategies will work with their peers. As a result, these children are more likely to experience social rejection.
- Parents who are highly restrictive and who try to control their children's behaviour are less likely to permit their young children to have many peer social interactions. These children arrive at the mid-childhood years with less experience in peer play (Newman & Newman, 1999:266).

Porter (1983:80) found in her research that every child shows a need to identify with a place called home, a place where he/she feels safe and nurtured and where he/she can have a close relationship with one of the identification figures at the children's home. The children's home should be a safe system for growth and development of the child and a place where there is satisfactory interaction between members in the home.

McCartt Hess and Proch (1988:3) mentions the fact that security does not always mean that the child's parents should be excluded from his/her life. There is evidence that children in long-term care fare better if they have regular contact with the family of origin. Contact with the birth family might provide the child with continuity.

In a study done by Epprecht, Matlakala, Moremi, Muller, Nieuwoudt, Ranganya, Rich and Timm (2001:1), the key issues addressed by children's homes are the needs to maintain order and quality of life in the home to ascertain that the work of the home is incorporated in a plan that involves preparing the children for the time when they leave the home. Whittaker is quoted as maintaining that true effectiveness and success depend entirely on the quality and effectiveness of the relationship of those care staff who are in daily, direct, intimate, face-to-face contact with troubled children and youth.

### **3.5.5 Social development**

Social development is dramatically extended during the mid-childhood years, according to Louw *et al.* (1998:354-376), in different areas such as the role of the family, with divorce, step families and single-parent families having different influences on the child; the school and the role of the teacher; the area of peer groups; and moral development. Herbert (2003:157) confirms this by stating that teachers, friends and peers now become important social influences. However, in many ways, children of this age turn their backs on adults and become immersed in the community of children.

The researcher found this to be very true. One of the children participating in the research mentioned that she would rather go back to the abusive mother than being called a "child from the children's home" and thus being stigmatised by other children at her school.

Although the child in his/her mid-childhood years will spend less time in the company of the parents, due to attending school, the home is still seen as the place providing security and it is seen as the axis round which the child's existence is centred. The parent teaches the child about morals, religion and cultural beliefs and how to adhere to it as well as behaviour regarding acceptance of authority (Louw *et al.*, 1998:354).

The teacher's influence on a child's happiness at school is huge, and especially the way in which the teacher treats them (Herbert, 2003:158).

Children during the mid-childhood years are learning to become less dependent on parents for help with school work, dressing, preparation for examinations and finding a best friend. Children also start differing from the parents regarding issues such as play time, time to go to bed, and pocket money, and they compare their own family to those of other children (Louw *et al.*, 1998:354).

Aguilera (1990:208) adds that children are better able to cope with stress when normal familial supports are available. Any real or imagined threat of separation from a nuclear family member could drastically reduce their abilities to cope with new or changing psychosocial demands.

Thompson and Rudolph (2000:77) refers to psychoanalytic counselling and the development of self-esteem by stating that severe trauma is often associated with damaged egos, but that counsellors can overlook the devastating effects on self-esteem of the daily onslaught of negative criticism heaped on some children throughout their developing years. As the type of abuse happens in relatively small doses, it often goes unnoticed and unchecked. Freud believed that love and work are the keys to mental health. For children, the keys to mental health are their schoolwork and their relationships with family, peers, and other significant people.

Simon as quoted by Thompson and Rudolph (2000:77), mentions six conditions as a complement to healthy self-esteem formed by productivity and relationships, namely, **belonging** (children need to feel connected to their family, or another set-up if the family of origin did not work out, and to a peer group); **child advocacy** (children need at least one person they can trust and relate to in periods of crisis); **risk management** (children need to believe that they are successful if they have given a task their best effort and that it is okay to take risks and fail); **empowerment** (children need to develop a degree of control over their own lives); **uniqueness** (children need to feel special); and **productivity** (children can find intrinsic rewards in accomplishment).

All these factors were strongly taken into account by the researcher during the intervention phase and implemented into the making of the life maps.

According to Thompson and Rudolph (2000:78, 79), children could be assessed to see if their basic needs are met in their environment by making use of a rating scale to assess progress in each level of Maslow's hierarchy of needs, including self-esteem. Although Erikson's model of development is used in this research, it is of value to compare the issues that are assessed in Maslow's above-mentioned rating scale, being:

**Physiological needs:** nutrition, sleep, exercise, general health.

**Safety needs:** safety within the family and peer-group settings.

**Love and belonging needs:** affection shown to the child, promises made and kept to the child, family follows a dependable schedule, child has his own space, possessions and a right to privacy, someone is there when the child arrives home, the child is loved unconditionally.

**Self-esteem needs:** someone affirms the child's worth, the child is given the opportunity to achieve and accomplish tasks, the child is given the opportunity to make choices.

**Self-actualization needs:** the child is not blocked by unmet needs in the previous levels, the child is developing potential abilities and strengths, problem-solving skills enable the child to engage in developmental rather than remedial activities (Thompson & Rudolph, 2000:78, 79).

The needs of children in a children's home are the same as those mentioned above. According to the researcher, more attention has to be given to be sure each need is met. The child needs safety within the children's home, which has to become the *place of safety*. The 'love and belonging need', is more difficult to be met, due to lack of own space and privacy.

Porter (1983:87) quotes Brill and Thomas by stating that it is a problem that the family is no longer present in the child's everyday life. Although all the other needs might be met by the children's home, the child will still have the need to talk about his absent family members, have a need to have contact with different family members or on the other hand might even reject the family. (Compare McCartt Hess & Proch, 1988:3) In the case where a child rejects the family, he/she needs

understanding. A child might create fantasy parents by addressing any other person as mom and dad.

Porter (1983:79) quotes Pringle, Strydom and Campbell in mentioning the needs of children in a children's home. The need for love is mentioned by all three the authors. Two mention the need to be of worth to others. The need to belong is mentioned together with the need to take own responsibilities and to be independent. There is also a need to have own possessions and to be an individual with an own identity.

The researcher can confirm this and it will be apparent in the conclusions in chapters four and five. The measuring instrument that was used by the researcher also proved that the children in general had an overly activated sense of having to take responsibility for others. This correlates with the idea of wanting to be of worth to others. The feeling of rejection can be counter-acted by giving love and attention to other people.

It is mentioned by Thompson and Rudolph (2000:79) that problems in adult development are often traced to childhood frustration from failure to meet basic human needs during the developmental years. Questions of how children handle that pain of not getting what they want, can be treated in counselling.

The way in which the researcher handled the children's emotions and needs and how empowerment was done, will be handled in full in chapter four.

### **3.6 SUMMARY**

By knowing the self and by knowing more about own strengths and weaknesses, active participation in own choices could be developed. By owning choices and taking responsibility for it, a more fulfilled life could be lived.

If self-knowledge is obtained, it is easier to be honest and not to wear a mask.

A child is not born with bad feelings about him/herself but it could develop in time, depending on the messages he gets from other people.

The emotional aspects of a child in a children's home was discussed. It was stated that following a trauma, a child may have the self-destructive belief that a negative change had occurred which will prevent life to return to normal.

The therapist must help the child to feel good about himself and to acknowledge the fact that he/she could show courage by trying out new behaviour. The counsellor should know the developmental phases of the child and the needs of the child in each phase. The children in a children's home might need added help to complete the developmental tasks, due to environmental disadvantages experienced at home with the parents.

The developmental phase of the mid-childhood years is the phase of industry versus inferiority. Self-knowledge en self-concept is very important for the future development of the child, and especially for the next phase of adolescence. All the traits of the previous stages are continued in a stronger way in the mid-childhood years. Children are busy achieving skills needed in the adulthood.

Growth occurs at every period of life, from conception through to very old age.

The whole person needs to be understood, because a person functions in an integrated manner. Gestalt therapy, which takes into account the whole life of the person, is therefore ideal to use as intervention tool.

Extended social interaction and participation takes place during the mid-childhood phase.

Emotions are seen as coming from within, such as happiness, sadness and aggression.

It is concluded that problems in adult life could be traced to childhood frustration from failure to meet basic human needs. It is therefore, necessary to know own needs

and to work towards meeting them in order to lead a fulfilled life. Equilibrium will then be experienced.

In chapter four, the results of the empirical study will be described.

## **CHAPTER 4**

### **EMPIRICAL STUDY**

#### **4.1 INTRODUCTION**

In this chapter, the empirical intervention that was undertaken by the researcher, is described together with the findings derived from a comparison of the two similar measuring scales that were used in the pre-test and the posttest. The theoretical background described in the previous two chapters, served as a model for the intervention and is based on the following main guidelines.

##### **4.1.1 The objectives for the study**

The objectives for the study are the following:

- To build on a knowledge base on:
  - drawing and creative techniques in play therapy
  - the utilisation of life mapping with children in a children's home
  - the self-knowledge of children in their mid-childhood years to know who they are, what they are capable of and where they are going.
- To conduct an empirical study on the utilisation of life mapping to enhance the self-knowledge of children in a children's home.
- To provide conclusions and recommendations on the use of life mapping for further use by social workers and staff in children's homes. (Compare Chapter 5.)

In order to prove that these objectives set for the study, were realised, it is necessary to have clear and extended descriptions of the research that was undertaken. Data collection, analysis and the intervention programme will be described in this chapter.

#### **4.1.2 The hypothesis for the study**

**If life mapping is utilised with children in their mid-childhood in a children's home, improved self-knowledge will be gained.**

#### **4.1.3 The research approach**

The quantitative paradigm suited the purposes of this study because the effectiveness of the application of life mapping could be more accurately measured in terms of the single-system design and making use of a measuring scale. According to the *Encarta Encyclopedia* (2005, sv 'hypothesis'), a hypothesis is an assumption. It is a statement assumed to be true for the sake of argument. The researcher believed the hypothesis to be true and wanted to prove it with statistical analysis, which is, according to the researcher, the main difference between qualitative and quantitative studies. The significant change lends weight to the outcome of the study.

#### **4.1.4 Research design**

The researcher made use of the basic single-system design, A-B-A, as described in Strydom (2002a:150-155). The single-system design involves planned comparison of observations in a pre-intervention period (the baseline phase), with observations during the intervention phase, or even during the post-intervention phase. A posttest is done after completion of the intervention. Pre- and posttest comparisons are the essence of scientific research (Strydom, 2002a:156). Bloom and Fisher is quoted by Strydom (2002a:151), as stating that the use of this design is also one way of enhancing a linkage between research and practice.

#### **4.1.5 Research methodology**

In accordance to the literature study described in the previous two chapters, the main empirical study was undertaken as described in chapter one. The respondents were six Afrikaans-speaking girls in their mid-childhood years and residing in a children's home. The intervention was done on an individual basis, with each respondent attending one group session for completion of the baseline measuring scale and

seven individual sessions for the structured intervention and the completion of the second measuring scale.

The measuring scale of the Perspektief Training College (SMS-JNR) (2002) that was used, ( compare Appendix 1), consists of 49 questions, which is designed to measure the way the child feels about him/herself and also to measure *self-perception/self-knowledg*, (used as synonyms). According to a spokesperson at the Perspektief Training College (Hanekom, 2005) the measuring instrument used, is the recommended one. The *Encarta Encyclopedia* (2005, sv ‘perception’), defines *perception/perceiving*) as: the process of using the senses to acquire information about the surrounding environment or situation. It is also an *impression*: an attitude or *understanding* based on what is observed or thought. According to the researcher it is not the same as the evaluative term of *self-concept* as described by Plug *et al.* (1997:325), where the *self-concept* is seen as the own evaluation of a person of him/herself. The self-concept includes the cognitive, emotional and evaluative elements.

It is clear why the Self-Perception Scale for Juniors (SPS-JNR) (2000) was recommended as a measuring scale for this research project. The multi-dimensional scale makes the child aware of his anxiety levels, his guilt feelings, his lack of self worth, his isolation traits, his responsibility for other people and his lack of assertiveness. It could also make the child aware of positive traits. (Compare the individual profile, Appendix 6.1, 6.2 & 6.3.) The same measuring instrument was used before and after the intervention as described in the use of the single-system design. (Compare 4.1.4.)

The dependent variable is the variable where change is expected to take place (Strydom, 2002a:154). In the case of this study, it was expected that the self-perception/self-knowledge of the subjects would improve after intervention. The independent variable is the intervention – *utilisation of life mapping together with gestalt play therapy techniques* – the strategy and specific techniques and procedures that the practitioner used to change the client or the client system (Strydom, 2002a:155).

#### **4.1.6 Sampling**

The researcher made use of purposive sampling, which is a non-probability sampling method. In purposive sampling the sample will be composed of elements that contain the most characteristic, representative or typical attributes of the population, as described by Strydom and Venter (2002:207).

For the purposes of this study, six girls between the ages of seven and twelve years of age, who were in need of self-knowledge, had been purposively selected as respondents by die social worker of the President Krugerkinderhuis, Pretoria. The social worker is an expert in the sense that she knows the children and was able to select suitable subjects for the study according to criteria set by the researcher. (Compare 1.9.2.)

#### **4.1.7 Data collection and analyses**

The data collected during the first and second measuring was compared to prove that the intervention done, resulted in a significant change in the self-perception/self-knowledge of the subjects. In this chapter the significant changes will be described and given in statistics and graphics. It will be interpreted by the researcher.

Data analysis is described by Kerlinger and quoted by De Vos *et al.* (2002:223), as the analyst breaking down the data into constituent parts to obtain answers to research questions and to test research hypotheses. To interpret is to explain, to find meaning. It is difficult or impossible to explain raw data; one must first describe and analyse the data and then interpret the results of the analysis. Analysis means the catagorising, ordering, manipulating and summarising of data to obtain answers to research questions. The purpose of analysis is to reduce data to an intelligible and interpretable form so that the relations of research problems can be studied, tested and conclusions drawn.

#### 4.1.8 Confidentiality and informed consent

Confidentiality was honoured at all times. Informed consent was obtained from the headmaster of the President Krugerkinderhuis, as legal guardian and also from the respondents. (Appendix 2 & Appendix 3.)

#### 4.1.9 Validity and reliability

Validity and reliability has to be taken into consideration. According to Delport (2002:166-169), the definition of *validity* consists of two parts: the instrument actually measures the concept in question and the concept is measured accurately. *Content validity* is concerned with how well the instrument measures what has to be measured. *Reliability* is primarily concerned, not with what is being measured, but with how well it is being measured. The more reliable the instrument and observations, the more consistent and dependable our results.

The researcher took care regarding the stability of the variables. Sessions lasted one hour per participant per session, the same session content and structure were repeated. The participants were all in their mid-childhood years and all the participants were selected according to the criteria set for the selection. (Compare 1.8.2.)

The researcher is of the opinion that the measuring instrument that she used, is valid and reliable, because it is a standardised instrument. The Perspektief Training College (Hanekom, 2005), whose measuring instrument was used, designed 30 different measuring instruments and sell another 40 since 1994 and the scales are widely used and acknowledged. The specific scale was recommended as suitable to test self-knowledge, although it is called the self-perception scale. (Compare 4.1.3.) Because of the fact that the researcher was supported by Hanekom (2002) right through the process of using the instrument and that a PASWIN programme for computer, for analysis, is provided with the purchased package, the accuracy is guaranteed. The programme scores the scale, generates the client profiles as well as a comprehensive report on the functioning of the client (Hanekom, 2005). (Appendix

6.1, 6.2, 6.3.) The researcher did an additional hypothesis test and proved a significant difference between the pre-test and the posttest data, thereby accepting the hypothesis.

Due to the fact that the study of life mapping, together with gestalt play therapy techniques to enhance self-knowledge, was never before done in a children's home with children in their mid-childhood years, the researcher gives complete descriptions of what had been done during the intervention period. At the end of the sessions, comments on the sessions are done to clarify specific results of the intervention.

## **4.2 THE SCHEDULE OF THE SESSIONS**

### **THE OVERALL GOAL WITH ALL THE SESSIONS: ENHANCEMENT OF SELF-KNOWLEDGE**

#### **4.2.1 Materials**

The respondents were given T-shirts or overcoats, to wear as protection over their clothing during each session.

A very wide variety of materials were taken to the children's home in order to stimulate creativity and free choice, which are both empowering. The materials used during the successive sessions were the same. The respondents were shown all the materials right in the beginning and they were assured that all the materials would be available at all times. All materials did not need to be used in one single session.

All materials were stored in marked boxes for the purpose of easy access:

A3 paper, in different colours, (with a free choice of colour during each session); A4 "syco delic" paper; A4 coloured/rainbow paper; A4 coloured board; A4 white paper; paper plates; paper doilies; luggage tags; envelopes in different sizes; cut-out paper shapes such as stars, circles, normally used as price tags in shops; drawing materials

such as crayons; coloured pencils; lead pencils; fibre-tipped pens; metallic pens and an eraser; different painting materials, such as water colours; fabric paints and glitter; fabric liners; finger paints; a selection of magazine pictures, such as road maps; road signs; shoe pictures; jewellery; faces; babies; mothers and babies; hands and feet of babies; pictures of toys; pictures of all sorts of objects seen along a road; different types of scissors, such as straight cutting scissors; craft scissors with patterned blades; different types of glue, such as pritt sticks for paper; cold/wood glue for wood and other objects; fabric glue; glitter glue; a selection of other materials, such as string; cord; lace; ribbons; feathers; porcupine quills; pipe cleaners; many different types of stickers with different pictures on it; “glow in the dark” stickers; star stickers and dot stickers; fabric painting stamps; stencils; stamp pad and ink for finger prints; different types of punches, such as a leaf-patterned punch; single-hole punch; double-hole punch; split-end pins; safety pins; stapler; beads; charms and glass pebbles; flattened cold drink caps; recent photographs of the participants; wooden ice cream sticks; zippers; pre-printed headings and words; brushes for painting; cooldrink straws for blowing the paint; tooth brushes for spattering the paint; an afro-comb to create texture in the finger paints. More craft tools were made available, such as a paper wrinkler and craft knives; thinners; water containers; plastic sheets to put on the floor for protection of the carpet and easy cleaning after sessions.

#### **4.2.2 Organisation and routine**

Each individual session started with a relaxation exercise that served as an icebreaker. (Compare 4.3.2, section on the process and instructions.) Although not directly relevant to the study, relaxation is mentioned because it always had a connection to the main theme of the session. It created security and was seen forward to, same as with stories told repetitively. (Compare Jantz & McMurray, 2004:33.) The respondents indicated that they looked forward to the relaxation activity.

A poster with the motto: “I can” was displayed during each session to counter-act the participant’s claim of “I can’t”. There was also a little “eye can” displayed: a small can pasted with hundreds of eyes watching them and noticing how capable they were. They could look at all the eyes, and it was handled in ‘n playful way. This was seen as empowering. (Compare Geldard & Geldard, 2002:50.)

Every respondent was informed once more, that the life map book would eventually be his/hers. The respondent was informed that he/she was participating in a research group, but at the same time was compiling his/her own life map. They therefore, have to be as creative as possible in order to have a beautiful result in the end. The map could be extended on their own, after completion of the research.

The boundaries regarding the equipment and materials were set, namely that no equipment could be removed from the room. Tidiness was essential in order for everyone to have optimum use of all equipment. This is according to the play therapy process, where set boundaries create a sense of security. (Compare Geldard & Geldard, 2002:47 & Schoeman, 1996c:180.) Time limits of one hour per session had to be honoured to assure consistency. (Compare Oaklander, 1988:282.) In cases where maps could not be finished, it had to be done at the end of follow-up sessions, when time was available.

The respondents were also told that there was no such thing as right or wrong while creating the maps and that ideas should just flow freely. (Compare 3.5.2.)

The researcher demonstrated different painting techniques, at appropriate times during the sessions to stimulate creativity. Spattering, blowing paint with a cooldrink straw, creating texture with a comb or printing a magazine picture by rubbing it with thinners, were some of the techniques used. This was done to stimulate creativity.

None of the six participants withdrew but attended all the sessions very punctually. The respondents were between seven and twelve years of age. At the end of all the sessions, a party was held for all the participants, at the children's home.

## **4.3 Sessions**

### **4.3.1 Session 1**

**Introduction, measurement and preparation:** Group session with first two participants for the pilot study and thereafter six for the main study.

**Aim:** To start building a relationship, recognition of willingness to participate and signing of consent forms. Completion of the baseline measuring scale. Photographs to be taken.

- During this session the researcher met the participants in an initial informal group session where participants were introduced.
- As preparation for the next seven sessions, the participants signed a declaration of participation. (Appendix 3.) The participants were given an Afrikaans version, it being their home language.
- The purposes, duration, and venue for the research sessions were explained.
- Confidentiality was explained: The respondents were informed that process notes on the practical sessions would be written for their personal files in the children's home. The content of the sessions would be used in the dissertation of the researcher. (Compare 1.10, ethical issues.)
- The participants were assured that they could withdraw from the sessions at any time, for whatever reason.
- With permission to do so, photographs of the respondents were taken with the purpose to use it in session five of “**Who am I?**” Permission was gained to include drawings and images that were done by the participants, in the dissertation of the researcher. The respondents did not have any own photographs available to use. Photographs used in the dissertation will partly be blocked out to preserve confidentiality. (Compare 1.10.4.)
- Completion of the first measuring scale: The measuring scale completion was explained. The respondents were between the ages of seven and twelve years of age.

#### **General evaluation and observations during the session**

No problems were experienced regarding completion or comprehension of the questionnaire/measuring scale.

### **4.3.2 Session 2**

**“Who am I?” and “Where have I come from?”**

**Aim:** Sensory awareness. Emotional awareness. Establishing an identity.

The first life map deals with the task of getting to know the own personal history up to the present. The birth, bonding with the mother, love that is always present in the world and uniqueness, were part of the life map. (Appendix 4, Figure 3, Figure 4.) (Compare Oaklander, 1988:284.)

Gestalt play therapy principles of self-awareness: Taking note of the five senses. Likes and dislikes (polarities).

### **The process and instructions**

- The second session started with an icebreaker. The pretend/fantasy image, of the researcher and the participant who found themselves in a bubble, was used. The bubble is a safe space and in the space there will always be peace and love. The borders of the bubble were imaginatively touched at the top, bottom and all round. This was done according to the gestalt play therapy process, regarding setting up a safe environment for the intervention period and creating a good atmosphere. Relaxation is described by Blom (2004:112), when she states that a child should learn the relevant skills, to be able to apply the relaxation techniques to any situation where he/she feels tense. (Compare Oaklander, 1988:124.)
- The researcher made use of the fantasy of a bubble because of Oaklander's claim that children can have fun with fantasy but at the same time the researcher can learn more about the child's process. Usually the child does things and moves around in the fantasy in the same way he/she does in her life (Oaklander, 1988:11.)
- An exercise with different objects to be touched, smelled, heard, seen and tasted, were done in order to strengthen sensory awareness. The researcher followed Oaklander's method, with touch, sight, sound, smell and taste. Oaklander uses pantomime and different other techniques, such as pretending that something was smelling bad and then pulling a face (Oaklander, 1988:140, 141). During the researcher's sessions, the respondent was given different objects in order to experience the senses.

- The senses were discussed. The respondent's likes and dislikes were written down and decorated by using a sheet of A4 paper. This was placed in an envelope and pasted onto the first map.
- Emotional awareness was stimulated by asking what memories came to mind when using the senses. Oaklander (1988:122) postulates that children do not always know what feelings are. Most important is that a child should know that he/she has choices in expressing feelings. Gestalt play therapy enables the child to have a raised awareness of strong emotions and the child may be able to release them (Geldard & Geldard, 2002:67). (Compare the structure of personality, 2.3.5.) Feelings were recorded during the sessions and the paper was placed in the envelope of the life map. Polarities were pointed out in the manner that Oaklander (1988:158) does it, by helping the child understand that polarities are an inherent aspect of every person's life and personality.
- The concept and purpose of the specific life map to be done, was explained to the participant as described by Mulligan (1988:12). (Compare 2.2.)
- The respondent had to start with a front page for the life map. The front page could we worked on during all successive sessions. (Appendix 4, Figure 1 & Figure 2).
- The respondent had to answer to the question "**Who am I?**" "**Where have I come from?**" (Mulligan, 1988:12). The participant could paint this or could use pictures from magazines for the making of a collage.
- A poster of a very small monkey that was bottle-fed, was used to demonstrate that all biological mothers cannot take care of their offspring. Alternative care is found, also for children, and a child can still develop and have a good future with the help of other people. Projection is on the monkey en therefore easier to identify with, if it is not so close and personal. The technique of projection is used to help the child move from denying feelings to owning them (Geldard & Geldard, 2002:109; Blom, 2004:25).
- Feelings and facts regarding the respondent's birth were discussed before starting with the activity of compiling the first map. The respondent was allowed to put as much of these aspects into the picture as he/she wants.

- The fact that the respondent is precious and unique and was given a special name by his/her parents was discussed. Meanings of names were discussed and whether he/she knew the meaning of his/her name.
- The participant could talk or remain silent during the actual activity phase. The researcher assisted by handing the relevant materials to the participant so that there could be fluency in the work.
- Issues that came up during the activity were discussed, such as the reasons for admission to the children's home, with the main purpose of gaining self knowledge. (Appendix 4, Figure 3 & Figure 4.)

#### **General evaluation on observations regarding the session**

- In general, the participants were very keen to participate.
- The participants could very easily identify with the pictures for the collages and it seemed to work well. It was interesting to note that pictures denoting closeness to the mother were snapped up.
- Some of the participants did not know why they were admitted to the children's home and this could be seen as an element contributing to the participants not having self-knowledge and proper awareness regarding their origins. Polarities helped bringing the awareness, especially regarding likes and dislikes.

### **4.3.3 Session 3**

#### **“Who am I?” Strengths and Weaknesses.**

**Aim:** To become aware of own strengths and weaknesses. (It was described as things that the participant are very good at, and things that can still be improved.) No negative connotation was placed on the weaknesses. (Compare 2.2.)

#### **Process and instructions**

As an icebreaker, a soft ball was thrown between the participant and the researcher. The own name or surname or second name was called out when throwing the ball. This strengthened the fact of own uniqueness. Oaklander (1988:282, 284) mentions

the child's uniqueness and especially in the sense that it is good to be true to the own inner self.

- The participant could choose the materials to be used for the second map. (Compare Oaklander, 1988:282.) It could be done in any way the participant wished to do it. Blom (2004:118, 119) confirms that making choices gives the child the opportunity to build inner strength. (Compare 2.3.9.)
- The concept of strengths and weaknesses was discussed and it was portrayed as the participant coming to a place of the cross-roads where choices had be made. Choices could be made for the better or the worse. The participant was asked what the results would be in both cases. The idea that weaknesses could restrain personal growth was mentioned.
- The researcher had a bottle full of word clippings, depicting strengths and weaknesses. It was offered to some of the participants to pick a few words, in cases where the participants could not really think of their own strengths and weaknesses. The participant could use a word drawn from the bottle or reject it, depending on whether the participant could identify with the word.

Behaviour that stops the participant to progress and grow in life, was discussed during the session. (Compare Oaklander, 1988:194.) The work done during session two, (Appendix 4, Figure 5 & Figure 6) are examples of this.

#### **General evaluation and observations regarding the session**

- When mentioning the strengths and weaknesses, it was clear that the participants, in general, immediately connected it to the good and the bad and saw it as the broad- and the narrow way. It was then decided to call the second map "the crossroads".
- The map worked well in the sense that it stimulated creativity and that the participants could identify their strengths.
- A participant was so inspired by her strength, which is writing poetry, that she actually wrote a poem in her map. She knew that she had the freedom to do so. According to the play therapy principles the session not only made the participant aware of him/herself and the environment, it pointed out areas that

could be worked on and it was clear that self-acceptance was needed to be able to make the right choices.

- Self-knowledge was enhanced by knowing so much more about own capabilities and shortcomings.

#### 4.3.4 Session 4

##### “Who am I?”

##### **Aim: “Who am I?” by way of the rosebush technique.**

By doing the rosebush, it is determined what is happening in the life of the participant at present. Does the participant have friends, is the participant alone or is the participant happy? The questions and discussion regarding the rosebush reveals this, in the same way as in a genogram or eco-map. (Compare 2.3.6.)

##### **Process and instructions**

As an icebreaker, the game of “charades” was played where the participant had to portray an act, without telling what it is. The researcher had to guess what it was. Both the participant and the researcher participated. This resulted in much fun and originality.

The rosebush story of Oaklander (1988:32,33) was used:

The participant is told: “Close your eyes”.

“Imagine that you are a rosebush. What kind of rosebush are you? Are you small or large? Are you fat or tall? Do you have flowers? Do you have many or just a few? Are you in full bloom or do you only have buds? Do you have leaves? What kind? What are your stems and branches like? What are your roots like? Or, maybe you do not have any? If you do are they long and straight? Are they twisted? Are they deep? Do you have thorns? Where are you? In a yard, or a park? In the desert? In the city? In the country? In the middle of the ocean? Are you in a pot or growing in the ground or through cement, or even inside somewhere? What is around you? Are there any flowers or are you alone? Are there trees? Animals? People? Birds? Do you look like

a rosebush or anything else? Is there anything around you, like a fence? If so, what is it like? Or are you in an open place? What is it like to be a rosebush? How do you survive? Does someone take care of you? What is the weather like for you right now? Now open your eyes. When you are ready, you can draw your rosebush. Later you can explain your rosebush to me.”

Some of the questions are to be repeated as prompts when it seems that the participant is stuck. (Appendix 4, Figure 7 & Figure 8.)

### **General evaluation and observations during the session**

- The researcher still sees this play therapy technique as very strong and many projections came forward during this session. It is seen in Appendix 4 (Figure 8), where a rosebush was not only in the middle of the sea but an added rose bush in the same map was burning, in order to burn out all the ugly things in the world.
- During this session it was clear that the participants came into contact with emotional self-awareness, as many emotions were displayed during the session. Birds exploded in one participant’s rose garden. She was very angry about a bully at the children’s home who bullied her brother just before she came into the session.

## **4.3.5 Session 5**

### **“Who am I?”**

**Aim:** To determine what is happening in the life of the participant. To identify different life situations and what is stopping the participant to move forward in life.

### **Process and instructions**

A rhyme was said by changing the words of “Inky, Pinky, Ponky”. This was done in such a way as to strengthen the idea that the participant can do anything. If he/she can think about something and then act on the thoughts it could be a strengthening experience. The rhyme was in Afrikaans. It also focused on self-nurturing

- A recent photograph was used in the session and the rest of the page was used to tell about the present life situations. The participant could use any of the materials to mount or frame his/her picture. Whenever a participant had difficulty in thinking about friends, hobbies and everyday life, the researcher asked the participant to portray his/her whole life as if she is telling somebody from outer space what is happening here on earth in the life of that participant at that moment. The participant was thus asked to tell about his/her own life as if looking at it from outside. This is the “here and now” of gestalt play therapy.
- Issues regarding the participant’s life that were mentioned, were discussed and worked through and all play therapy techniques were used such as listening., empowerment, self-nurturing and life skills. (Appendix 4, Figure 9 & Figure 10.)

#### **General evaluation and observations of the session**

- The session caused a lot of excitement and care was taken by the participants to give a good view of life in the present. It was a highlight that they could use a recent photograph of themselves. The map became personal and added another dimension to it.

### **4.3.6 Session 6**

#### **“Where am I going?”**

**Aim:** To acquire life skills: Problem-solving and solutions: own responsibility, choices and assertiveness. Identification of solutions that helped in the past. Planning of future coping skills by drawing a helping hand. Empowerment and self-nurturing of the participant.

#### **Process and instructions**

As an icebreaker a song was sung, to the tune of “Vader Jacob” (Friar Jacques), to strengthen the idea that perseverance pays off. Where there is a will, there is a way.

The story of Makaplan (Thinky-do in English), a little elephant was told: (Posters of baby elephants were shown. One poster of a little elephant whose mother was pushing him with her trunk to help him walk, the other of a little elephant who did not stay with the group and was going to get lost.) (The story was written by the researcher to serve the purpose of the session.)

Thinky-do was a baby elephant. His mother gave him the name which means that he always had clever ideas on how to solve problems and to act on the ideas. (Compare Geldard & Geldard, 2002:122.)

Thinky-do walked around the river with his mother. He was nibbling on leaves and looked at little insects. When his mother walked away, he did not notice, because elephant's feet are padded. At first he was very scared, because he could suddenly hear all the sounds of the forest and the river. He knew that soon it would be dark.

Thinky-do was very afraid and cried: "I have nobody to help me find my mother. I know that she went to the other side of the river!"

He then decided that crying would do him no good and that he should rather think of an idea to reunite with his mother. He knew that the river was too deep and the water was flowing too strongly for him to swim through. His mother used to help him with her trunk. (Thinking about the problem and identify what he has to do.)

Thinky-do's strength was that he could think and then act. He decided to walk a bit further down the river and find the bridge that the humans had made. On his way to the bridge, a warthog came along and said: "You need not go to the bridge. You can swim to the other side. The bridge is too far and it is going to take too much time".

Thinky-do is clever and he decided that it was no good listening to someone who gives you bad advice. He decided that his own idea would work better and was safer anyway. (Own choices, ignoring bad influences from others, and assertiveness is handled here. The participant can be asked whether something like that had ever happened to him/her in order to get the participant to participate in the storytelling, according to play therapy techniques of storytelling). (Compare 2.3.10.)

Thinky-do then walked to the bridge and started crossing it. But then he heard noises of something breaking. He first thought that it was a tree falling over, but soon realised that it was the bridge giving way. Again he first wanted to cry, and he could if he wanted to because he was still very small. True to his name, he decided that crying is out in that situation. He looked around him to see how deep the river was in the spot where he found himself now.

He realised that he fell on the rubble of the bridge and could clearly see that he would be able to walk to the other side of the river, safely. He jumped up and walked to the other side. He then started calling his mother. (Good decisions can also turn out wrong, but new thinking and solutions have always got to be done and found.)

Soon he heard her responding. There was a very happy reunion with his mother and the other elephants. Thinky-do's mother told him to play school and teach all the other little elephants what to do when experiencing problems. He used the washing line as a make-belief black board and started with his lesson. What did he tell the other little elephants?

- Another page for the map was chosen from the coloured paper. The participant could portray the story in any way, but a stamp of an elephant and a warthog was available, as well as magazine clippings of elephants.
- The participant was prompted to write down the whole problem-solving plan in some way or another. (Appendix 4, Figure 11 & Figure 12.)
- A safety hand was drawn, painted or printed on a separate piece of paper and solutions for everyday problems in the life of the participant were looked at and recorded. (Appendix 4, Figure 13 & Figure 14.) (Compare Van der Merwe, 1996b:198.)
- 

#### **General evaluation and observations regarding the session**

- The plight of Thinky-do was very easy to identify with. It made a huge impression on the participants and the researcher heard them telling each other to “just remember the story of Thinky-do and you will find a solution”.

- The respondents could easily identify with the problem-solving skills of assertiveness, own choices, thinking and planning and they were all very happy with the outcome of the story and Thinky-do's success. They could compare themselves with Thinky-do and thus gain self-knowledge regarding their own problem-solving skills.

### 4.3.7 Session 7

#### **“Where am I going?”**

**Aim:** How to reach goals and still have hope for the future, no matter what the present circumstances might be. To change the perception from hopeless to hopeful.

#### **The process and instructions**

For the icebreaker, different sorts of very original, but simple musical instruments from the South Pacific islands were used to create interesting sounds. This was done to strengthen the idea that much can be done with very little and that hope must not cease because of not owning much.

The story of Pandora in the Greek mythology, as told by Benson (1962:83) was told. The story is as follows:

When Pandora was created and given life, she was given every gift like beauty, love of music, communication skills and social graces. Then a character by the name of Vulcan made a beautiful golden box into which were put all the evils that plagued mankind, like disease, famine, fever, envy, greediness, hatred and intolerance. It did not seem possible that such a lovely box could contain so much evil. In the end it was regretted that all the evils had to go into the box. It was then decided to add one beautiful gift that would take away all the pain caused by the other evils. The gift was called hope.

The gift of hope was placed at the bottom of the box and Pandora's new husband was told to give her the box. The husband was instructed to tell Pandora that she should

hide the box and never open it. Whilst he was out of the house, visiting his brother, she did all sorts of things in and around the house and looked at the lovely golden box very often. Towards the evening she thought that it would do no harm just to open the box a mere crack in order to see what it contained. She wondered whether it could be a crown, a precious jewel or a magic cloak. She decided to open the box but could see nothing at first. Then she opened it wider and a dark brown ugly cloud escaped. She tried to close it again, but by the time that she managed to close it, only the precious gift of hope remained inside.

Her husband returned and she looked so innocent and lovely that he almost forgot to ask her whether she had indeed opened the box. She told him that she did and that she saw the gift of hope in the box but never told him about the dark brown cloud that came out of the box. When he eventually found out about the dark cloud of evils that went out into the world, he could not punish her for he loved her good qualities too much. She told him that the evils went outside and that they now only have the lovely gift of hope in their home.

The ending is reassuring and optimistic as it should be, according to Blom (2004:184) and storytelling techniques. Because of the fact that the evils went elsewhere and the hope remained in their home, the story has a happy ending, but also the lesson to cling to the gift of hope.

In this story, according to the researcher, Pandora was not doing the right thing by opening the box, but it turned out well in the end.

The participants had to portray the whole story in order to remember that hope could be found in any situation. (Appendix 4, Figure 15 & Figure 16.)

### **General evaluation and observations regarding the session**

- This gift could also bring hope into the lives of the children residing in the children's home. The story was used as a metaphor, that although bad things might happen, hope could always be available. (Compare Blom, 2004:200.) The researcher is of the opinion that their outlook on life and their future could be changed. By having hope and integrating it into their attitudes

towards life, the participants will know that it is possible to reach their goals. To be hopeful is a skill that could be implemented at any time by anyone. The good and the bad is present. Wrong choices are illustrated in the story, but also the good outcome. Good things and good deeds could triumph over bad things.

- In general, this was the session most enjoyed by the participants, because of the concept of hope. It brought about a feeling of well-being.
- Some respondents did not want to show the bad things that escaped from the box. They chose to put the bad things in an envelope and this could also be seen as projection. They liked the fact that Pandora was beautiful and has such good personality traits. Some portrayed her love of music, other did an image of Pandora. (Appendix 4, Figure 15 & Figure 16.)

### **4.3.8 Session 8**

#### **Closing session.**

**Aim:** To round off any unfinished work in the life maps. To discuss any issues that still felt like unfinished business to the participant. Completion of the second measuring scale.

#### **Process and instructions**

- In order to close the sessions according to the play therapy process, the participants were given a last opportunity to finalise the life maps and add last decorations.
- After discussing any outstanding issues of importance to the respondent, the measuring scale was handed out.
- The same measuring scale that was used for the baseline, was completed. The participant was told to be honest when completing the form. The answers could differ from that in the first form, that was completed months ago, without being wrong.
- The respondent was thanked with a little gift for taking part in the research.

### **4.3.9 General evaluation and observations during all of the sessions**

Quantitative research was done and case studies were therefore, not done. It is however, necessary to comment on some of the gestalt play therapy techniques and on creativity for the sake of building on the knowledge base as mentioned in the objectives of the study. (Compare 4.1.1.)

The participants enjoyed the sessions because of the free choices regarding materials. (Compare 2.3.9.)

Creativity was encouraged as well as empowerment regarding abilities which all built the self-knowledge and an awareness of the self. (Compare 3.5.2.)

## **4.4 CREATIVITY**

An objective of the study was to build a knowledge base on drawing and creative techniques in gestalt play therapy. In order to comment on how this objective was realised, it is necessary to comment on some of the drawing techniques and creativity. (Compare 1.3.3.)

- It was quick thinking and a new way of looking at a pipe cleaner, that made one participant use it as a question mark. (Appendix 4, Figure 17.)
- Thinky-do who is reflected in a pool of water, is creative in the sense that participant ‘saw’ him next to the water. (Appendix 4, Figure 18.) No other participant thought about doing that.
- Using finger prints to become animals, was the new way of thinking for one participant. (Appendix 4, Figure 19.)
- A rosebush that does not look like a rosebush, but served the same purpose, is a new way of thinking for a participant who did not know what a rosebush was. (Appendix 4, Figure 20.)

- To use a zipper as a frame for her life map heading, made that specific life map original for that participant. (Appendix 4, Figure 21.)

## 4.5 COMMENTS ON PROJECTION IN THE LIFE MAPS

- The life mapping model as a whole, together with the gestalt play therapy techniques, proved to be very valuable in helping the participants to gain a knowledge of the self as proved in the statistical analysis. (Compare 4.6.) *Projection* (compare 2.3.9) as a technique in gestalt play therapy, was incorporated in the different life maps by way of the art work and is discussed by pointing out to the different projection images as portrayed in Appendix 4 (Figure 22-34.)
- Appendix 4 (Figure 35) shows the binding of the life maps. Wooden strips and fly nuts were used for the binding.
- One respondent pasted a wooden gate in her road. The gate looked like a barrier. She explained that the gate was something that stopped her progressing further down her road, but she was able to get over it and carry on. When asked what happened when the gate appeared, she commented that it was her parents' pending divorce. She did not want to write anything about it in the map but said that she herself would know what it was. This was a clear projection of her feelings. (Appendix 4, Figure 22.)
- Even on the front page of her life map, one participant already did a projection when she pasted a signpost onto the map. She wrote the names of the towns where her family members are residing on the signpost. It was a wish to be with them in the future. (Appendix 4, Figure 34.) Another participant pasted two very beautiful shoes on the front page and she wanted to walk 'a lovely life' with them. The participant came from a very abusive background and immediately during the second session projected her wish for a beautiful life. (Appendix 4, Figure 25.)
- Another respondent split the road on her front page into two definite sections where one part of her road went through hell, which was portrayed as a very dark and wide road winding through a very red hell. (Appendix 4, Figure 24.)

- The rest of her road was done in little dots with flowers all around and herself enveloped in the flowers. (Appendix 4, Figure 2.) The projection is clear and was voiced by her. The specific participant still had a lot of anxiety.
- What proved to be very true, was the need for the participants to know about their lives and their origin. Most of the participants showed an idealised version of their origin. All the participants chose to make use of magazine pictures and to make a collage. With the limited time available, the participants could not page through books and the researcher had a box full of pictures available. All the participants immediately identified one picture out of a box full of pictures of mothers and babies, babies alone, babies with both parents, babies in the uterus before birth and babies breastfeeding. After picking a specific picture, the participants were not even interested in looking at any other pictures. To them the picture/s that they chose, represented what they wanted and demonstrated what they had experienced. The need to show a closeness and intimacy with the mother became clear as an overall trait. (Appendix 4, Figure 26 & Figure 27.)
- The rosebush technique, as discussed in session four (compare 4.3.4), resulted in many good projections, such as the burning rose bush (Appendix 4, Figure 28), where the respondent mentioned that the burning bush was portraying all the bad things in life that have to be destroyed by the fire. This resulted in a discussion about such things in her own life, for example her father abusing alcohol and the fact that he sexually abused her sister. Catharsis could take place as a result of the projection. The respondent also painted herself as the rosebush (a second rosebush on the same life map), and became the rosebush to such an extent, that the branches of a second rosebush in her life map became her hair. (Compare Appendix 4, Figure 8.)
- The rosebush that was portrayed in the middle of the desert, where the researcher found, by making use of the steps of Oaklander (compare, 2.3.10), that the respondent projected her need for isolation (Appendix 4, Figure 29.)
- Another rosebush resulted in the respondent showing the animals that she used to have at home. She printed the animals with her own finger prints and said that she misses her animals whilst being in the children's home. Although her whole picture was a happy one and the life map confirmed this,

there was still a longing for losses that she suffered after being placed in the children's home. (Appendix 4, Figure 30.)

- A strong rosebush projection was made by a respondent who was very upset by her brother being beaten by a bully at the children's home, just before she had to come into a session. She concentrated and listened to the rosebush story and when she started drawing, she made the birds in her picture 'explode'. (Appendix 4, Figure 31.) The birds were first drawn to look like the letter 'm', in red, and then she changed some of them into blobs of red paint and told the researcher that they were exploding. This could be handled by Oaklander's steps, (compare 2.3.10.) problem-solving that was done during that session, as well as in follow-up sessions.
- In her portrayal of the rosebush, one participant did not know what a rosebush was. (This could be due to the neglect in her family of origin and a lack of stimulation, according to the researcher). She was shown the technique of blowing paint through a cooldrink straw and she made the branches that way. When asked what her flowers looked like, she asked to use a stamp. In the end all the flowers 'became' her friends and it proved to be true, that she was very sociable and loved all her friends. (Appendix 4, Figure 33.)
- One participant made a question mark out of a pipe cleaner in her life map on "Who am I?" in session five (4.3.5.) When discussed, it proved to be a real question for her to know herself. The question mark projected it. (Appendix 4, Figure 32.)

## 4.6 DATA COLLECTION AND ANALYSIS

### 4.6.1. Data collection

According to the standardised measuring instrument (Appendix 1), developed and recommended by Perspective Training College (SPS-JNR) (2002), which was used in this study, the self-knowledge/self perception of the participants was tested according to the following constructs:

- **Anxiety:** This sub-scale measures the feeling of uncertainty and anxiety that the child is experiencing. This scale is very sensitive regarding the specific

developmental phase in which the child finds himself. Anxiety is very often the problem with young primary school children. Children who experienced trauma in this phase of life will experience high levels of anxiety (Perspektief Training College, SPS-JNR (2002).

- **Guilt feelings:**

This sub-scale measures the guilt feelings that the child is experiencing. A child who was subjected to trauma usually feels that he/she has to take responsibility for what went wrong in his/her life (Perspektief Training College, SPS-JNR (2002).

- **Lack of self-worth:**

This sub-scale measures the problems that a child is experiencing with regard to the feelings of self-worth. The child who experienced trauma, normally does not have a good self-image (Perspektief Training College, SPS-JNR (2002). Self-esteem is the evaluative aspect of self-concept and looks at the acceptance of own personality traits (Plug *et al.*, 1997:325).

- **Isolation:**

This sub-scale measures the degree to which the child is isolating him from others. The child who experienced trauma has a tendency to isolate himself from others (Perspektief Training College, SPS-JNR (2002).

- **Responsibility for others:**

This sub-scale measures the responsibility for others that the child feels he/she should undertake. The child who experienced trauma normally feels that he should take responsibility for the impact of the trauma on others (Perspektief Training College, SPS-JNR (2002).

- **Lack of assertiveness:**

This sub-scale measures the lack of assertiveness that a child displays in his behaviour towards others (Perspektief Training College, SPS-JNR (2002). (Hanekom, 2005). *Assertiveness* is further defined by Plug *et al.* (1997:326) as the ability of a person to assert him/herself in interpersonal situations. It is the ability to put forward requests or to deny requests of a positive and negative nature without too much stress being experienced. The conclusion is that a lack of assertiveness will therefore, have a negative impact on behaviour and interpersonal relationships.

According to the single system design ( A-B-A), (compare 4.1.4), the same scale was used in the pre-test (A) as in the posttest (A). The (B) being the intervention phase.

The Self-Perception Scale for Juniors (SPS-JNR) (2002), consisting of 49 questions, was reduced to the six key *self-perception* constructs. This approach was validated by Perspektief's Training College spokesperson (Hanekom, 2005). Following are the questions as grouped for the different constructs:

Question 1-8 = Anxiety

Question 9-17= Guilt feelings

Question 18-25= Lack of self-worth

Question 26-33= Isolation

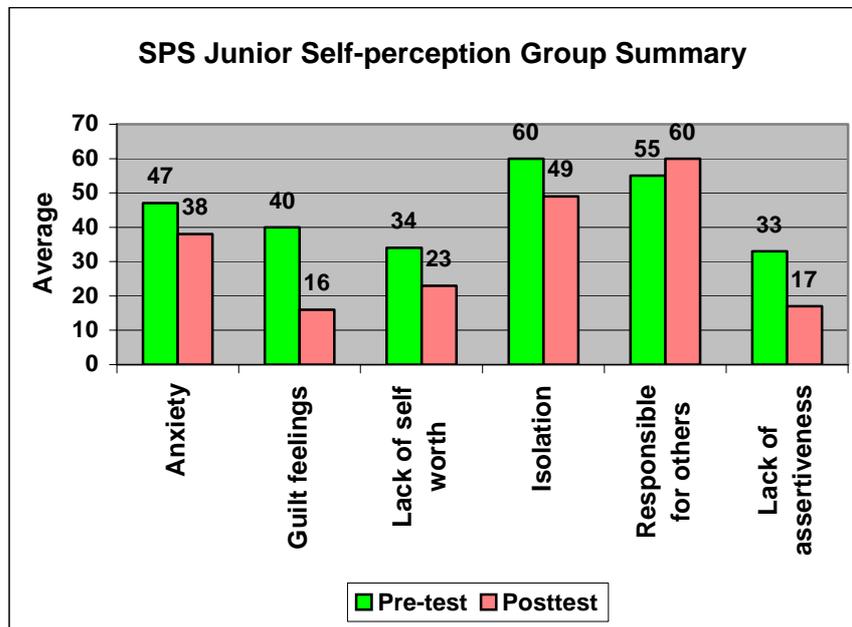
Question 34-41= Responsible for others

Question 42-49= Lack of assertiveness

#### 4.6.2 Data analysis

Although individual profiles were available for each respondent, the group results were analysed to test the significance in difference between the pre-test and the posttest data.

For each construct namely, anxiety, guilt feelings, lack of self worth, isolation, responsibility for others and lack of assertiveness, a *composite* average was calculated, by finding the average for the six respondents across all the questions. (As mentioned in 4.1.5, the words *self-knowledge* and *self-perception* are seen as synonyms.) Figure 4.1 was analysed with the PASWIN programme, that was part of the measuring scale package obtained from Perspektief College (SPS-JNR) 2002. Although the table shows a shift in percentages, the hypothesis was not proved beyond any doubt. The significance of the shift in percentages could only be proved with an hypothesis test and determining of the *significance* of the outcome, given in a percentage. This is done in Figure 4.5.

**FIGURE 4.1 Group summary report: N=6 (plus 6 constructs)**

Results show a clear improvement in all six constructs as depicted in the group summary report, Figure 4.1 and Table 4.1 below.

The same figure (graph) as above is given in tabular form in table 4.1 below, in order to represent the changes in averages in a clear way. The star next to 'Responsible for others', points out that there was a increase in the results of that construct because of the fact that it is testing a positive response.

**TABLE 4.1 Representing Figure, 4.1 in tabular format:  
Self perception group summary N=6**

Self-perception Category	Pre-test Composite Ave	Posttest Composite Ave
Anxiety	47	38
Guilt feelings	40	16
Lack of self worth	34	23
Isolation	60	49
*Responsible for others	55	60
Lack of assertiveness	33	17

From figure 4.1 and Table 4.1 it is clear that all categories show a decrease in average, but “responsible for others” shows an increase. According to the researcher, the fact that “responsible for others” increased from an average of 55, which is already high, to 60, could be positive and could mean that the participants felt more secure and were therefore more able to help others. In a negative way it could be that a child might turn to others in order to feel needed. Jantz and McMurray (2004:150) postulates that people who have been abused, might feel unworthy to be loved in and of themselves. A co-dependent kind of relationship could be the result where the person is told how important he/she is, but in actual fact he/she is manipulated to provide the other person with a need. Excessive compliance could also be a reason for feeling responsible for others. Helping others could validate to the child that he/she is worthy of a friendship. By doing whatever the other person wants and trying to please, love is earned (Jantz & McMurray, 2004: 151,152). The reasons for the respondents to feel overly responsible for others and variables could even be from outside the research sphere.

Anxiety decreased by 9% but seeing that two participant’s anxiety levels increased, this would have an influence on the average. The researcher is of the opinion that taking note of what is happening in life, having to confront unpleasant issues and not feeling all that comfortable to talk about it, could raise anxiety. After the sessions, the anxiety might decrease again. Hanekom (2005) confirms this.

To further clarify Figure 4.1 and Table 4.2, which depicts the percentage change experienced in each construct, it is re-arranged and ranked from **most improved** to **least improved**. The data for this table was obtained from Table 4.2 by just subtracting the averages of the pre-test and the posttest.

**TABLE 4.2: Percentage change between pre-test and posttest category average. N=6**

Self-Perception Category	% Change between Pre-test and Posttest category average
Guilt feelings	60 Decrease
Lack of assertiveness	48 Decrease
Lack of self-worth	32 Decrease
Anxiety	19 Decrease
Isolation	18 Decrease
Responsible for others	-9 (Increase)

The decrease was much more in guilt feelings (60%), than in isolation (18%). The researcher can comment on this but cannot give clear-cut reasons for the difference. For children in a children's home, isolation is a real need. It was observed in the life maps of two respondents, portraying this in an extreme way: One wanting to be a rosebush in the middle of the sea and the other in the middle of the desert. (Appendix 4, Figure 8 and Appendix 4, Figure 28 & Figure 29.) People might hurt so much after abuse, that they do not want to enter in relationships (Jantz & McMurray, 2004:151). In a children's home there is not much opportunity to be alone at times, according to the researcher. This could lead to a real need for isolation.

The measuring scale, Self-Perception Scale for Juniors (SPS-JNR), (2002), apart from being multi-dimensional, also measures the self-perception/knowledge according to the above six constructs, in another way. This was done by categorising the results as being *optimally activated*; *being a warning area* or being *over-activated* on a scale of 100. Where a count of under 35 is in the *recommended range*, 35-40% is in the *warning area* and 40%+ *needs the attention of a professional*.

The data to compile table 4.3 was obtained from the Perspektief Training College, (SPS- JNR) PASWIN Programme. The tabular format of the data was done by the researcher, as it gives a clear picture of individual outcomes. The individual outcomes give a clear indication of which respondents needed more attention after completion of the research.

**TABLE 4.3: Individual profiles outcome:**

- **optimally activated:** Within the 35 cut-off point for the recommended range.
- **warning area:** 36-40% indicates a warning area.
- **over-activated:** 40%+ needs attention of a professional.

N=6

Construct		Outcome	Respondents
<b>Anxiety</b>	50%	Optimally activated	3
	17%	Warning area	1
	33%	Over-activated	2
		<b>Total</b>	<b>6</b>
<b>Guilt feelings</b>	50%	Optimally activated	3
	50%	Over-activated	3
		<b>Total</b>	<b>6</b>
<b>Lack of self-worth</b>	50%	Optimally activated	3
	17%	Warning area	1
	33%	Over-activated	2
		<b>Total</b>	<b>6</b>
<b>Isolation</b>	100%	Over-activated	6
		<b>Total</b>	<b>6</b>
<b>Responsibility for others</b>	17%	Warning area	1
	83%	Over-activated	5
		<b>Total</b>	<b>6</b>
<b>Lack of assertiveness</b>	83%	Optimally activated	5
	17%	Over-activated	1
		<b>Total</b>	<b>6</b>

- **Anxiety**

As shown in Table 4.3, three (50%) of the six respondents had anxiety levels that were **optimally activated**, in other words, healthy anxiety. Children in their mid-childhood normally have high anxiety levels. (Compare 4.6.1, anxiety.) A healthy anxiety level, points in the direction of growth towards maturity.

One (17%) was placed in the anxiety **warning area**, (needs to pay attention to the construct), in two (33%) of the cases anxiety was **over-activated** (needing attention from a professional).

- **Guilt feelings**

In three (50%) of the participants guilt feelings were **optimally activated** (healthy), and in three (50%) were **over-activated**. Three (50%) of the participants reached the healthy level of guilt, which means that they have already accepted what had happened to them without blaming themselves.

- **Lack of self-worth**

In three (50%) of the cases, the lack of self-worth was **optimally activated** (Compare Appendix 6.1), one (17%) was in the **warning area**. In two (33%) the lack of self worth was **over-activated**. Where the lack of self-worth was over-activated the respondents will need the attention of a psychologist or social worker.

- **Isolation**

In all cases isolation was **over-activated** which is six (100%). Children in a children's home have a need for privacy. The fact that all respondents were in the over-activated level, confirms this.

- **Responsibility for others**

With the construct responsibility for others, one (17%) was in the warning area and five (83%) percent was **over-activated**. The respondents might feel that they need to take responsibility for others, being together in one home and having to share everything. The researcher is of the opinion that a comparison between children in a children's home and others, living with the parents and where the parents take the responsibility, would show a difference regarding this construct.

- **Lack of assertiveness**

Five (83%) was **optimally activated** (healthy) and one (17%) **over-activated** and needs attention.

The individual profiles were handed to the social worker of the President Krugerkinderhuis, for filing in the individual respondent's files, so that follow-up therapy could be done by the social worker or the psychologist of the children's home. (Appendix 6.1, 6.2 & 6.3, individual profile.)

### 4.6.3 Hypothesis test

**H1: If life mapping is utilised with children in their mid-childhood in a children's home, improved self-knowledge will be gained.**

A *t*-test was used to test this hypothesis. It was used to compare the population means of the pre- and posttest results. The *t*-test particularly suits a *small sample* where the two populations are approximately normally distributed and the sample variances are equal. These assumptions are reasonable, because the same sample was used in the pre-test as well as in the posttest and the same scale was used in both instances according to the single system design. (Compare 4.1.7, data collection and analyses.)

The formula provided by Groebner & Shannon (2002:461) was programmed into a Microsoft Excel spreadsheet and used to calculate the *t*-test statistic.

The hypothesis is tested by assuming that the population means of the pre- and posttest are equal (in other words the self-knowledge had not improved). Then proving that this is statistically not true, by using the *t*-test and rejecting this assumption, thereby proving that in actual fact the self-knowledge has statistically significantly improved. The hypothesis is therefore accepted (Groebner & Shannon 2002:461).

For a hypothesis to be *significant* and to prove it significant in statistics, it means that change did not take place by chance. The Encarta Encyclopedia (2005 vs 'significant'), defines *significance* as the occurrence of events and the outcomes that are too closely linked statistically to be mere chance. It is also defined as having meaning.

Hypothesis:  $H_0 : \text{Pre-test (A)} = \text{Post test (B)}$

(When the pre-test and posttest remains the same, then the  $H_0$  is accepted which would mean that there was no difference between the pre-test and posttest data and self-knowledge did not improve).

If  $H_0$  is rejected then  $H_1$  is accepted:

$H_1$ : Pre-test (A) not equal to posttest (B).

(The pre-test and posttest are not equal: the hypothesis is accepted.)

Test: If  $t < -s$ -level then reject  $H_0$

If  $t > s$ -level then reject  $H_0$

(Compare Appendix 7. *T*-test for selected probabilities. If the outcome of the *t*-test is outside the white area, of the bell curve, the  $H_0$  is rejected and  $H_1$  accepted, meaning that there is a statistical significant difference between the pre-test and the posttest results.)

The significance levels used for this study, based on a sample size of six children (5 degrees of freedom) were as follows:

**TABLE 4.4: Significance levels as in the table,  
*t*-test for probabilities.**

N=6	
Significance levels	S level
70%	1.156
80%	1.476
90%	2.015
95%	2.571

Shao (in Groebner & Shannon, 2002), small extract taken from the table. ( Compare Appendix 7 for full table.)

#### 4.6.4 *T*-Test on Overall Study results

Self Perception (Appendix 5.1-5.6) is the raw material used for conducting the *t*-test.

The Hypothesis was accepted for the study based on:

$t=1.650413$

**TABLE 4.5: Result t-test for Self-perception – overall:**

N=6			
<i>T</i>	<b>1.650413</b>		
Significance levels			
		S level	
	50%	.727	
	70%	1.156	
	<b>80%</b>	<b>1.476</b>	<b>Significant</b>
	90%	2.015	
	95%	2.571	

Table 4.5 proves that the researcher can be at least 80% confident that there is a *significant difference* between the pre-test result and the posttest result for the overall test on self-perception. Therefore the H1 is accepted.

By knowing what the significance level is, for the group as a whole, the hypothesis can be accepted namely that if life mapping is utilised with children in their mid-childhood in a children's home, improved self-knowledge will be gained.

#### 4.6.5 T-test on six constructs

The following table summarises the *t*-test result for each of the constructs.

**TABLE 4.6: T-Test on individual self-perception constructs**

N=6		
	<i>t</i>	Confidence Significance level
Guilt Feelings	1.851896	80%
Lack of self worth	1.606641	80%
Lack of assertiveness	1.157146	80%
Isolation	1.107567	50%
Anxiety	0.534545	Not significant
Responsible for others	-0.48669	Not significant

As shown in the table, four of the six constructs showed a statistically significant difference between the pre-test and posttest result. These four constructs are guilt, lack of self worth, lack of assertiveness and isolation. Even though the ‘anxiety’ construct and ‘responsible for others’- construct did not significantly change, it did not effect the overall hypothesis being accepted. The possible reasons for the results in these two constructs are discussed in comments on table 4.2.

Appendix 5 (5.1 – 5.6) presents the record of the raw data used in the research to reach these conclusions. It was calculated in the excel (microsoft) programme with the raw data obtained from the measuring scale that was completed as pre-test and posttest, Perspektief Training College (SMS – JNR) 2002.

## **4.7 Conclusion**

The single-system design suited the purposes of the research and offered a framework/blueprint for the quantitative research.

An accepted and standardised measuring instrument was used to acquire data in order to prove the significance of the research. The same measuring instrument was used as a pre-test and for the posttest.

According to the above results, it could be concluded that the hypothesis is accepted and that significant changes took place. It proved that if life mapping is utilised with children in their midlife in a children’s home, they will improve their level of self-knowledge.

Overall very healthy changes took place. In cases where the participants need the input of professional, the social worker of the President Krugerkinderhuis, will see to it that the input is given.

## CHAPTER 5

# COMMENTS, CONCLUSIONS AND RECOMMENDATIONS

### 5.1 INTRODUCTION

**The Road goes ever on and on, down from the door where it began,  
now far ahead the road has gone, and we must follow if we can,  
pursuing it with eager feet, until it joins some larger way  
where many paths and errands meet and wither then? I cannot say...**

Tolkien (2001:35).

In this chapter, according to objective three of this study (compare 5.2.2), the researcher will make comments, recommendations and conclusions.

The researcher decided that it was necessary to give some comments in general and some specific conclusions regarding life mapping, gestalt play therapy techniques and creativity.

The life maps that were done during the intervention period, and as partially shown in Appendix 4 (Figures, 1-16), proves that life mapping with children in a children's home is a good method of intervention. It also linked very well with gestalt play therapy, as discussed in chapter four (4.5), where projection was lifted out as the technique that proved to be successful. Other techniques, such as storytelling, collage, life skills and metaphors, proved to be integrating well with the life mapping idea. (Compare 4.2, schedule of sessions.)

The empirical study was conducted as planned. It proved that the respondents really enjoyed the sessions and they were very punctual in turning up for the sessions. They were very proud of what they achieved with the end result of having compiled life map books.

## **5.2 EVALUATION OF THE GOAL AND OBJECTIVES**

### **5.2.1 Goal of the study**

The goal of the study is to determine the value of life mapping to enhance the self-knowledge of children in their mid-childhood in a children's home.

The results of the empirical study as described in chapter four, proved that the intervention was effective. The significance level of the overall summary, which was 80%, proved beyond any doubt that the self-knowledge of the children improved dramatically.

The goal of the study was realised, by realising the objectives for the study.

### **5.2.2 The objectives for the study were the following:**

- To build on a knowledge base on:
  - drawing and creative techniques in play therapy
  - the utilisation of life mapping with children in a children's home
  - the self-knowledge of children in their mid-childhood years to know who they are, what they are capable of and where they are going.
- To conduct an empirical study on the utilization of life mapping to enhance the self-knowledge.
- To provide conclusions and recommendations on the use of life mapping for further use by social workers and staff in children's homes.

#### **5.2.2.1 Building a knowledge base**

The objectives of building on a knowledge base, were realised in the following ways:

Drawing and creative techniques in gestalt play therapy were used throughout the intervention period and the making of the life maps. A proper literature study was conducted on the subject in chapter two and three. The developmental level of the

respondents were taken into account during the sessions. The use of these techniques proved to be informative and built on the knowledge base. (Compare Chapter 4; 3.4; 4.4; 4.5.) Life mapping as a framework was used and proved to be a good intervention tool because it provided a framework for the individual sessions. The objective of enhancing the self-knowledge of the children in a children's home was realised. The outcome of the quantitative study proved this. The measuring instrument measured the multi-dimensional aspects of self-knowledge in the way that it was planned.

#### **5.2.2.2 To conduct an empirical study on the utilisation of life mapping to enhance the self-knowledge**

The empirical study was done according to the life mapping model/system of John Heron, (as quoted by Mulligan 1988:12 & Compare chapter 2, 2.2.)

The life mapping model was done by integrating the principles of the gestalt play therapy process (Blom, 2004:46, 47). (Compare 2.3.9.) All aspects that are normally taken into account with play therapy sessions had been taken into account. The play therapy techniques of Oaklander (1988:53-56) regarding the fourteen-steps model for drawing and painting had been used. (Compare 2.3.10.)

It is clear that the objectives were all reached during the course of the study. The respondents were proud of what they have achieved. They produced life maps that could serve as a guide to them in their lives and their self-knowledge was enhanced. The data collection, analysis and interpretation was described in chapter four.

#### **5.2.2.3 To provide conclusions and recommendations on the use of life mapping for further use by social workers and staff in children's homes.**

Comments, conclusions and recommendations are done in 5.3 up to 5.7 of this chapter.

### 5.2.3 The hypothesis for the study

**If life mapping is utilised with children in their mid-childhood in a children's home, improved self-knowledge will be gained.**

The quantitative study proved with 80% significance that the hypothesis could be accepted after analyses of all the constructs of the scale, SPS – JNR (2002). The research indicated that life mapping as an intervention tool together with the gestalt play therapy techniques, proved valuable.

The research, design and the quantitative approach thus served the purposes of the study.

## 5.3 GENERAL COMMENTS ON THE RESEARCH

- The respondents very soon grasped the idea of creating a life map and realised that it was an intimate portrayal of their life. They took ownership of the life maps and knew that eventually the books would belong to them. This created a feeling of pride.
- The six participants in the main research were in their mid-childhood years of development, ranging from seven to twelve years of age. The researcher found that two of the respondents were not able to do abstract thinking. (These respondents were either the youngest ones in the sample or the background report of the respondent mentioned low intellectual ability.) Thoughts were still very concrete in these cases. Although the significance of the study had been proved, the concept of using life maps might have been better, had the respondents all been a little older. It worked well with younger respondents, as had been proved by the research, but the developmental phase of the children has to be considered at all times. It has to be accommodated. The older respondents grasped the idea of a road map very well.
- The researcher worked in a directive way. It was directive in the sense that the different sessions were planned according to the framework of the life

mapping model and some play therapy techniques and principles. Direction was given by having specific topics for each session. All the respondents had to have the same programme during the intervention in order to do valid research.

- The way in which the respondents wished to portray their pictures, was, according to the gestalt approach, non-directive. Being creative and having a free choice were strongly supported. The foreground needs of some respondents were respected.
- It was difficult to fit in all the sessions that had to be done, in-between school holidays, weekends, when the respondents were out of the children's home and long weekends. The fact that the researcher could only see two respondents per day on weekdays, from Mondays to Thursdays, with Fridays being the shopping day, allowed little time for the 57 sessions that had to be conducted for the pilot- and main studies. It leaves little time for the recording of the research, if research is conducted within a certain time frame.
- The respondents had other after-school activities, apart from the sessions, that had to be taken into consideration with the planning of a time schedule. The intervention proved to have been successful, despite the time schedule problems that had to be handled.
- The practical nature of the work actually demanded a little more time per session in some cases, than the one hour set for the sessions. In such a case the respondent was given time to do rounding off in consecutive sessions. It had to be finished properly, else it would have been very unsatisfactory.
- According to the process of a child, some respondents proved to be slower in thinking and others could immediately start working on an idea. A respondent who could not finish the whole life map, were not just left in the middle of a projection. Care was taken to assure the respondent that the matter is important and that it will be attended to. It was never stopped at a moment where the respondent would have to leave, whilst anxious. The respondent could go and think about it and report back the next time. This aspect was handled with care and sensitivity.

- Within the model of life mapping, strong projections as seen in gestalt play therapy, were made. (Compare 4.5 & Appendix 4, Figures 22-34.) The merging of the two models of life mapping and play therapy, as applied in a children's home for the first time, added onto the knowledge base. This research project can serve as an example to other social workers and professionals.
- The researcher prompted the children to be creative, to look at things with new eyes and to do things differently and in a fresh way. This was done, especially with the developmental phase of the children in mind, where the "crisis" is industry versus inferiority. Empowerment was done in every session. The creative images was discussed in 4.4 and is portrayed in Appendix 4 (Figures 17-21). At the end of all the sessions the researcher picked one life map of each respondent that portrayed creativity the best. An A4 copy was made and it was laminated and given to the respondent to remind him/her to always remain creative regarding all aspects of life.
- The respondents enjoyed the sessions and could not wait for a next session.
- Bonding between the respondents and the researcher happened in the first session and every respondent was handled with the acknowledgement of the respondent's uniqueness. It was very important to acknowledge the uniqueness, as children in a children's home are so often handled as being part of a group.
- The atmosphere was relaxed and respondents felt free to do projections and talk about it. The respondents were never forced to do anything. Whenever a child preferred not to write about the 'bad' years, before admission to the children's home, (because it would 'spoil' the book), he/she was allowed to omit it. One respondent pasted a wooden gate in her road. The gate looked like a barrier. She explained that the gate was something that stopped her progress in her road, but she was able to get over it and carry on. When asked what had happened at the time that the gate appeared, she commented that it was her parents' pending divorce. (Compare 4.5.) She did not want to write anything about it in the map but said that she herself would know what it was. This was a clear projection of her feelings. (Appendix 4, Figure 23.)

- The researcher noticed a strong need for the respondents to have belongings that they could call their own. So many things have to be shared in a children's home. At the end of all the sessions, the researcher gave each respondent a pair of craft scissors, it being the one piece of equipment most desired by all of them.
- The respondents were jealous in a specific way and were afraid of not being treated equally. The researcher had to be very careful to handle the respondents in the same way and to make all materials available to all children at all times. It was clear that the respondents compared what had happened during their individual sessions, although they were asked not to do so. It could also be seen in the light of their need for attention and equal attention. The researcher, however, would have preferred the sessions to be fresh and new to every respondent.
- The children's home did not have a separate room where the sessions could take place. The researcher had to use the office of the social worker, which could have caused inconvenience to her. Had a separate room been available, it might have been easier for the social worker. The researcher appreciated the sacrifice made by her.

#### **5.4 SPECIFIC COMMENTS ON ART AND CREATIVITY AS METHOD OF INTERVENTION**

The fact that the study undertaken by the researcher made use of the quantitative approach (compare 1.5), prevented in-depth recording of the dynamics of art and creativity. Had the study been qualitative and case studies done, in-depth comments would have been appropriate.

The researcher is of the opinion that some comments have to be made in this regard, to broaden the knowledge base on the topic of art and creativity. The analyses and proof of the significance of the study had been done by interpreting group results.

- Art provides an outlet for emotions and promotes catharsis. This happened in the case described in 4.5; Appendix 4, Figure 31. The respondent became

upset before coming into the session, as a result of her brother being bullied. The fact that she made the birds in her life map explode, caused her to calm down later on. She practically turned her brush in a circular movement to make a blob. The non-verbal behaviour proved her total anger in the beginning and after telling that the birds were actually exploding, the respondent could start discussing it. She could then find solutions, like seeing the headmaster or social worker about the matter. The therapist have to take note of the respondent's behaviour when entering the session.

- The researcher is of the opinion that art and creativity, when stimulated in a child, could cause improvement in other areas of the child's life. Respondents started coming into the sessions being very afraid of making mistakes. By doing the art and finding that mistakes can be reversed, they became much more open to experimenting.
- In the criteria set for the selection of the participants (compare 1.9.2), no mention was made of the intelligence level of the participants. The researcher knew from studying the background reports of participants, that the intelligence levels differed. It seemed to make not much of a difference in executing the art and creativity work. The participants became involved and were so eager that beautiful life maps were done by all.
- It could be mentioned, as in 4.5, that some respondents appeared to be environmentally disadvantaged. The respondent did not know what a rosebush looked like. By doing the art work and by being challenged to be creative, the respondents were stimulated to experiment and to observe. This could also overflow into other areas of the respondent's lives. The researcher just encouraged such a respondent to proceed and not to allow the ignorance to stand in her way. a (Compare 4.5; 3.5.4 and Appendix 4, Figure 33.)
- The researcher found that a respondent who was known to be over-active, had a good concentration span when being busy with the art activities. The researcher had no problem with the respondent's over-activity. According to the researcher, and as stated by Oaklander (compare 3.5.4), a child could show hyperactive symptoms as a means to avoid feelings that are painful. The researcher is of the opinion that the concentration span of a child can be extended by way of art work. This could also be a topic for further research.

- The art work inspired one respondent to write a poem on her life map. Creativity, when stimulated, unleashes many other talents. (Compare Appendix 4, Figure 2.)
- When using a projection like the rosebush, one respondent identified with her life map to such an extent she 'became' the rosebush. (Compare Appendix 4, Figure 8.) She painted the rosebush and later said that the branches of the bush represented her hair. The movement of her hands in the finger paints, actually looked like somebody combing her hair with her fingers. The researcher did not interfere or ask about it, until the painting was done. The researcher is of the opinion that the respondent should be left to portray what he/she wants, even if it does not make sense to the therapist or researcher at first. This has got to be honoured, especially in cases of total absorption. It is discussed afterwards.
- The researcher found that the pleasure that art and creativity brings, can be seen in the non-verbal behaviour of the participants. This was found in some of the cases where the researcher empowered the respondent, by telling him/her that he/she was very creative and that nobody else did it that way. The fact that the respondent uniquely executed something new, acted in a way like self-nurturing as well. (Compare 3.2.2, McGraw on uniqueness & 2.3.9, self-nurturing.)
- The participants started saying: "I am creative and I know I can do this", when asked to do another life map. It is proof of the success of the method of using art and creativity.
- A collage (Appendix 1, Figure 2 & Figure 3), proved to be a very good technique. The participants could identify with the pictures and make it applicable on their own situations. The picture 'became' his/her situation and could create feelings and awareness. (Compare Appendix 4, Figure 27.) The nearness to the mother figure was described, but also detaching from the mother as described by one respondent.

## **5.5 SPECIFIC COMMENTS ON LIFE MAPPING**

- The life mapping model served the purposes of this study well in that it provided a framework for the gestalt play therapy techniques and principles.
- The lives of the respondents were placed in different time frames of past, present and future and thus portrayed the whole life.
- The life mapping also allowed the respondents to gain a knowledge of the self. By doing the maps, respondents became aware of what is happening in their lives and what they wanted.
- It is true that a child of the mid-childhood years do not have a clear picture of the future, and therefore life skills were done to empower the respondents for the future. (Compare 4.3.6 & 4.3.7.)

## **5.6 SPECIFIC COMMENTS ON THE GESTALT PLAY THERAPY PROCESS**

- The whole process (compare 2.3.9) was taken into account during the intervention period. The full process cannot be discussed here but it can be mentioned that the researcher was able to build good relationships with the participants, they were always seen as individual beings and limits were set. (Compare 4.2.2.)
- The respondents were allowed to tell their story and in the last session they were again asked whether they still had something to say or discuss. (Compare 2.3.10.)

## 5.7 RECOMMENDATIONS

### 5.7.1 Recommendations in general

- Children in a children's home really need empowerment and self-knowledge to be able to apply the life skills to their own situations. It could be more effectively done when life mapping is used.
- The respondents whose individual profiles showed that they needed professional help, have to be followed up, else the purpose of the study would not be reached in the end.
- The researcher provided process reports on every respondent on every session, as well as the individual and group profiles. All these would be of assistance to the social worker, the psychologist and the head of the children's home who will have to follow up on it.
- The intervention proved to be more expensive than planned and future students could perhaps find a sponsor.
- Other disciplines could use the whole concept of life mapping equally well.
- Life mapping during intervention with the child client serves the purposes of:
  - acquiring information
  - assessment
  - therapy

The recommendation is that it is used as such.

### 5.7.2 Recommendations for further research

- A similar study could be undertaken with children in another developmental phase. The fact that the smaller respondents sometimes had problems with abstract thinking, might not be present in children in an older developmental phase.
- A hypothesis for a similar study could be:

**If life mapping and gestalt play therapy principles are used with adolescents, they will have a better concept of themselves in order to plan their future.**

- The knowledge base set by the researcher could also serve as a basis for further research in the qualitative approach. Case studies could be done, using the same framework, but doing more individual sessions. By doing such a study, die actual intervention phase could be the focal point, together with the therapeutic inputs.

## **5.8 CONCLUSION**

Life mapping, done in a children's home, with children in their mid-childhood, combined with gestalt play therapy techniques and principles, enhances the self-knowledge/self-concept of the children and can be applied with success.

## BIBLIOGRAPHY

Aguilera, D.C. 1990. *Crisis intervention: Theory & methodology*. 6<sup>th</sup> ed. Philadelphia: The C.V. Mosby Company.

Babbie, E. 1998. *The practice of social research*. 8<sup>th</sup> ed. Belmont: Wadsworth Publishing Company.

Bates, J., Pugh, R. & Thompson, N. (Editors). 1997. *Protecting children: Challenges and change*. Vermont: Arena.

Bays, B. 2003. *The journey for kids: Liberating your child's shining potential*. London: Element.

Benson, S. 1962. Pandora: the First Woman. In Martignoni, M.E. (Editor). 1962 *Colliers junior classics: The young folks shelf of books – Legends of long ago*. New York: The Crowell-Collier Publishing Co.

Bless, C. & Higson-Smith, C. 1995. *Social research methods: An African Perspective*. 2<sup>nd</sup> ed. Kenwyn: Juta.

Blom, R. 2004. *Handbook of gestalt play therapy: Practical guidelines for child therapists*. Fichardtpark: Drufoma.

Brandon, N. 1993. *The art of self-discovery: A powerful technique for building self-esteem*. New York: Bantam.

Carrol, F. & Oaklander, V. 1997. Gestalt play therapy. In O'Connor, K. & Braverman, L.M. (Editors). 1997. *Play Therapy Theory and Practice: A comparative Presentation*. New York: John Wiley and Sons.

Cattanach, A. 1992. *Play therapy with abused children*. London: Jessica Kingsley Publishers.

Coetzee, A. 2000. *I think. I feel. I am: A new approach to self-empowerment*. Pretoria: booksCreative.

Cohen, B. 1998. *Life mapping: A unique approach to finding your vision and reaching your potential*. New York: William Morrow and Company, Inc.

Crawford, C. 1994. *No safe place*. New York: Station Hill Press.

De Klerk, R & Le Roux, R. 2003. *Emotional intelligence for children and teens*. Pretoria: Human & Rousseau.

Delpont, C.S.L. 2002. Quantitative data collection methods. In De Vos, A.S. (Editor), Strydom, H. Fouché, C.B. & Delpont, C.S.L. 2002. *Research at grass roots: For the human sciences & human service professions*. 2<sup>nd</sup> ed. Pretoria: Van Schaik Publishers.

De Vos, A.S., Fouché, C.B. & Venter, L. 2002. Quantitative data analysis and interpretation. In De Vos, A.S. (Editor). Strydom, H., Fouche, C.B. & Delpont, C.S.L. 2002. *Research at grass roots: for the human sciences & human service professions*. 2<sup>nd</sup> ed. Pretoria: Van Schaik Publishers.

Du Preez, B. 2005. Interview with the social worker, President Krugerkinderhuis. [Transcript]. 15 February. Pretoria.

*Encarta encyclopedia*. 1999. De Luxe ed. Disc 2. [CD-ROM]. Available: Microsoft.

*Encarta Encyclopedia*. 2005. [DVD-ROM]. Available: Microsoft.

Epprecht, C., Matlakala, M.L., Moremi, D.M., Muller, K.S., Nieuwoudt, J., Raganya, L., Rich, E. & Timm, V. 2001. *Children's homes: A comparison of approaches*. Pretoria: University of South Africa. (Reports from the Psychology Department, No. 41, 2001)

Fouché, C.B. 2002. Problem formulation. In De Vos, A.S. (Editor). Strydom, H., Fouché, C.B. & Delport, C.S.L. 2002. *Research at grassroots: For the social sciences and human service professions*. 2<sup>nd</sup> ed.. Pretoria: Van Schaik Publishers.

Fouché, C.B. & Delport, C.S.L. 2002. Introduction to the research process. In De Vos, A.S. (Editor). Strydom, H., Fouché, C.B. & Delport, C.S.L. 2002. *Research at grassroots: For the social sciences and human service professions*. 2<sup>nd</sup> ed. Pretoria: Van Schaik Publishers.

Frankl, V. 1956. *Men's search for meaning: An introduction to logotherapy* 4<sup>th</sup> ed. Boston: Beacon Press.

Geldard, K & Geldard, D. 2002. *Counselling children: A practical introduction*. 2<sup>nd</sup> ed. London: Sage Publications.

Goodyear-Brown, P. 2001. Postcards in motion. In Kadusen, H.G., & Schaefer, C.E. *101 More favourite play therapy techniques*. London: Jason Aronson, Inc.

Gräbe, L. 2005. Interview with the house mother, President Krugerkinderhuis. [Telephonic]. 17 February. Pretoria.

Greenberg, L.S., Rice, L. N. & Elliot, R. 1993. *Facilitating emotional change: The moment-by-moment process*. London: The Guilford Press.

Groebner, D.F. & Shannon, P.W. 2002. *Business statistics: A decision-making approach*. 5<sup>th</sup> ed. Ohio: Merrill Publishing Co.

Hanekom, B. ([perspektief@lantic.net](mailto:perspektief@lantic.net)) 2005/09/05, 2005/09/08 & 2005/09/28 SPS – JNR Analysis. E-mail to awdp@netactive.co.za.

Hardy, R. E. 1991. *Gestalt psychotherapy: Concepts & demonstrations in stress, relationships, hypnosis and addiction*. Springfield: Charles Thomas.

Henning, E., Van Rensburg, W. & Smith, B. 2004. *Finding your way in qualitative research*. Pretoria: Van Schaik Publishers.

Herbert, M. 2003. *Typical & atypical development: From conception to adolescence*. Victoria: BPS Blackwell.

Herbst, A.G. 2002. *Life maps as technique in a social group work programme for young adults with HIV/AIDS*. Potchefstroom: University of Potchefstroom. (Thesis).

Hobday, A. & Ollier, K. 1998. *Creative therapy: Activities with children & adolescents*. Leicester: British Psychological society.

Humphreys, T. 2002. *Self-esteem: The key to your child's future*. Dublin: Newleaf.

Jantz, G.L. & McMurray, A. 2004. *Healing the scars of emotional abuse*. Revised ed. Grand Rapids: Fleming H. Revell.

Kendrick, J. 2000. 'Be a kid': The traumatic impact of repeated separations on children who are fostered and adopted. *Journal of child psychotherapy*, 26(3):393-412.

Landgarten, H. B. 1993. *Magazine Photo Collage: A multi-cultural assessment and treatment technique*. New York: Brunner/Mazel Publishers.

Lecky, W.E.H. 1909. *The map of life: Conduct & character*. London: Longmans, Green & Co.

Le Roux, R. & De Klerk, R. 2003. *Emosionele intelligensie: Die alles-in-een werkboek vir optimale persoonlike groei*. Pretoria: Human & Rousseau.

Lewis, S. 1999. *Childhood trauma: An adult's guide to childhood trauma: Understanding traumatised children in South Africa*. Cape Town: David Philips Publishers.

Louw, D. A., Van Ede, D. M. & Ferns, I., in conjunction with Schoeman, W. J. & Wait, J. 1998. Die middelkinderjare. In Louw, D.A., Van Ede, D.M. & Louw, A.E. 1998. *Menslike ontwikkeling*. 3<sup>rd</sup> ed. Pretoria: Kagiso Tersiêr.

May, R. 1995. The wounded healer. In Schneider, K.J. & May, R. 1995. *The psychology of existence: An integrative, clinical perspective*. New York: McGraw-Hill. Inc.

Mayne, B. & Mayne, S. 2002. *Life mapping: Create a powerful blueprint to bring out the best in yourself and your life*. London: Vermillion.

McCartt Hess, P. & Proch, K.O. 1988. *Contact: Managing visits away from home*. London: British Agencies for Adoption and Fostering.

McGraw, P.C. 2001. *Life strategies: Doing what works, doing what matters*. London: Vermillion.

McMahon, L. 1992. *The handbook of play therapy*. London: Routledge.

Meyer, W.F. 1998. Basiese konsepte van die ontwikkelingsielkunde. In Louw, D.A., Van Ede, D.M. & Louw, A.E. 1998. *Menslike ontwikkeling*. 5<sup>th</sup> ed. Pretoria: Kagiso Tersiêr.

Meyer, W.F. & Van Ede, D.M. 1998. Ontwikkelingsteorieë. In Louw, D.A., Van Ede, D.M. & Louw, A.E. 1998. *Menslike ontwikkeling*. 5<sup>th</sup> ed. Pretoria: Kagiso Tersiêr.

Mouton, J. 2003. *How to succeed in your Master's & Doctoral Studies: A South African guide & resource book*. 4<sup>th</sup> ed.. Pretoria: Van Schaik Publishers.

Mulligan, J. 1988. *Personal management handbook: How to make the most of your potential*. London: Sphere Books.

Neuman, W.L. 2000. *Social research methods: Qualitative and quantitative approaches*. 4<sup>th</sup> ed. Boston: Allyn and Bacon.

*New dictionary for social work*. 1995. Revised and comprehensive ed. Cape Town: CTP Book Printers, (Pty) Ltd.

Newman, B.M. & Newman, P. R. 1999. *Development through life: A psychosocial approach*. 7<sup>th</sup> ed. New York: Brooks/Cole Wadsworth.

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

Oaklander, V. 1993. *The therapy Process in Action: A Session with Carlos*. [Video Tape]. Available: Max Sound, Washington.

*Oxford Reference Online Dictionary*. 2005. Available:

<http://www.oxfordreference.com.innopac.up.ca.za/views> Accessed on 2005/02/06.

Perls, F. S. 1972. *In and out the garbage pail*. New York: Bantam Books.

Perls, F. 1976. *The gestalt approach & eye witness to therapy*. New York: Bantam Books.

Phillips, M. 1997. *Emotional excellence: A course in self mastery*. Melbourne: Element.

Plug, C., Louw, D.A., Gouws, L.A. & Meyer, W.F. 1997. *Verklarende & vertalende sielkunde-woordeboek*. 3<sup>rd</sup> ed. Johannesburg: Heineman.

Porter, C. 1983. *Terapie met die sorgbehoewende kind*. Pretoria:University of Pretoria. (Dissertation).

Reyneke-Barnard, E. 2003. *Creating memory books as a model of ministry to HIV/AIDS affected persons in the inner city community*. Pretoria: University of Pretoria. (Assignment).

Reynolds, D.R. 2001. Morita psychotherapy. In Corsini, R.J. (Editor). 2001. *Handbook of innovative therapy*. New York: J. Wiley & Sons.

RSA MINISTRY OF HEALTH AND WELFARE. 1983. Childcare Act, 1983 (Act 74 of 1983). *Government Gazette*, Vol. 216, No. 8765 (22 June). Pretoria: Government Printer.

RSA MINISTRY OF HEALTH AND WELFARE. 1996. Childcare Amendment Act, 1996 (Act 96 of 1996) *Government Gazette*, No. 1895 (22 November). Pretoria: Government Printer.

Ryan, T & Walker, R. 1993. *Life story work*. London: British Agencies for Adoption and Fostering.

Schneider, K.J. & May, R. 1995. *The psychology of existence: An integrative, clinical perspective*. New York: McGraw-Hill. Inc.

Schoeman, J.P. & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach*. Pretoria: Kagiso.

Schoeman, J.P. 1996a. The art of the relationship with children – A gestalt approach. In Schoeman, J.P. & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach*. Pretoria: Kagiso.

Schoeman, J.P. 1996b. Sensory contact with the child. In Schoeman, J.P. & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach*. Pretoria: Kagiso.

Schoeman, J.P. 1996c. Handling aggression in children. In Schoeman, J.P. & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach*. Pretoria: Kagiso.

Schoeman, J.P. 1996d. Projection techniques. In Schoeman, J.P. & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach*. Pretoria: Kagiso.

Schoeman, J.P. 1996e. Fantasy, metaphor & imagination. In Schoeman, J.P. & Van der Merwe. 1996. *Entering the child's world: A play therapy approach*. Pretoria: Kagiso.

Shao, S.P. 2002. Values for  $t$  for selected probabilities. In Groebner, D.F. & Shannon, P.W. 2002. *Business statistics: A decision-making approach*. 5<sup>th</sup> ed. Ohio: Merrill Publishing Co.

Short, G.F. 1997. Life maps. In Kaduson, H.G. & Schaefer, C.E. 1997. *101 Favourite play therapy techniques*. Northvale: Jason Aronson Inc.

Smith, P.K., Cowie, H. & Blades, M. 1998. *Understanding children's development*. 3<sup>rd</sup> ed. Oxford: Blackwell Publishers.

Steenberg, E. 1995. *Die effek van 'n kreatiewe kunsteraapeutiese program op die psigologiese funksionering van kinderhuiskinders*. Potchefstroom: Potchefstroom University for Christian Higher Education. (Dissertation).

Strydom, H. 2002a. Single-system design. In De Vos (Editor) Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2002. *Research at grass roots: For the social sciences and human service professions*. 2<sup>nd</sup> ed. Pretoria: Van Schaik Publishers.

Strydom, H. 2002b. Ethical aspects of research in the social sciences and human service professions. In De Vos (Editor). Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2002. *Research at grass roots: For the social sciences and human service professions*. 2<sup>nd</sup> ed.. Pretoria: Van Schaik Publishers.

Strydom, H. & Venter, L. 2002. Sampling & sampling methods. In De Vos, A.S. (Editor). Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2002. *Research at grassroots: For the social sciences and human service professions*. 2<sup>nd</sup> ed. Pretoria: Van Schaik Publishers.

Swainson, M. 1994. Foreword. In West, J. 1994. *Child centred play therapy*. London: Edward Arnold.

Thompson, C.L. & Rudolph, L.B. 2000. *Counseling children*. 5<sup>th</sup> ed. Pacific Grove: Brooks/Cole Publishing Co.

Totton, N. & Jacobs, M. 2001. *Character & personality types*. Philadelphia: Open University Press.

Trent, J. 1994. *Life mapping: A revolutionary process for overcoming your past, taking control of your present, and charting your future*. [Sound recording] Available: Focus on Family, Colorado Springs:

Turner, J.L., 2000. A. crush. In Canfield, J., Hansen, M.V. & Kirberger, K. 2000. *Chicken soup for the teenage soul III: More stories of life, love, and learning*. Florida: Health Communications, Inc.

Van der Linde, J. 2005. Interview with the psychologist, President Krugerkinderhuis. [Telephonic]. 15 February. Pretoria.

Van der Merwe, M. 1996a. Biblio-play. In Schoeman, J.P. & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach*. Pretoria: Kagiso.

Van der Merwe, M. 1996b. The use of play techniques when counselling young children in a divorce situation. In Schoeman, J.P. & Van der Merwer, M. 1996. *Entering the child's world: A play therapy approach*. Pretoria:Kagiso.

Van Jaarsveld, P. 2003. *Die hart van 'n wenner: Onwikkkel jou emosionele intelligensie*. Wellington: Lux Verbi.

Vorster, J. 2005. Interview with the headmaster, President Krugerkinderhuis. [Transcript]. 15 February. Pretoria.

Wicklund, R. A. & Eckert, M. 1992. *The Self-knower: A hero under control*. New York: Plenum Press.

Wolfe, D. A. 1987. *Child abuse: Implications of child development and psychopathology*. London: Sage Publications.

Yontef, G.M. & Simkin, J.S. 1989. Gestalt therapy. In Corsini, J. & Wedding, D. (Editors). 1989. *Current psychotherapies*. 4<sup>th</sup> ed. Itasca: E.E. Peacock Publishers.

Yontef, G.M. 1993. *Awareness, dialogue & process: Essays on gestalt therapy*. New York: Gestalt Journal Press.

Yontef, G. M. & Jacobs, L. 2000. Gestalt therapy. In Corsini, R.J. & Wedding, D. (Editors). 2000. *Current psychotherapies*. 6<sup>th</sup> ed. Itasca: F.E. Peacock.