The primary school girl's perception of body image and the influence thereof on her sense-of-self

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SUMMARY

The researcher embarked on this study, as the need was identified to investigate whether girls in primary schools have a realistic body image. The hypothesis was made that pressure from society, the media and parents might have a negative influence on a girl's body image. The goal of this qualitative study was thus to determine how the primary school girl views her body and the influence this view has on her sense-of-self. It was anticipated that the outcome of the study would equip the researcher and social work colleagues with information that can be used in order to make parents and teachers aware of the pressures children experience and the effect this has on their sense-of-self.

The exploratory study endeavoured to answer the following research questions: How does the primary school girl view her body, and how does this influence her sense-of-self? The objectives for this study were the following:

- To provide a knowledge base on body image, sense-of-self and the perceptions primary school girls have regarding their bodies, based on a literature review.
- To use gestalt play therapy techniques to investigate the influence of perceptions regarding body image on the sense-of-self.
- To investigate primary school girls' body image by means of an empirical study.
- To draw conclusions and make recommendations regarding the primary school girl's perception of body image and the influence thereof on her sense-of-self.

The study was feasible and consent was gained from the parents, respondents and organization where the study was done. The researcher studied with a bursary and costs were therefore covered by this. Eight respondents were selected at the researcher's discretion by using certain criteria for selection. Care was given in selecting respondents who were representative of girls in the middle childhood phase.

Five themes emerged from the study, namely sensory awareness, body image, the development of body image, the sense-of-self and the link between the sense-of-self and body image. Sub-themes were also identified from these five themes. Two consecutive play therapy sessions were used as data collection methods.

From the empirical findings it is evident that the primary school girl's perception of body image is largely based on the opinions and feedback from significant others. Self talk and self-statements play an important role in the formation of body image in the primary school girl. The study further indicates

that body image has a direct influence on all aspects of the primary school girl's sense-of-self and that a preoccupation with body size and shape amongst primary school girls is common. All of the respondents had hang-ups with regards to some aspect of their physical bodies, wished that they weighed less and indicated that they would want to change something about their bodies. It thus seems that girls in their middle childhood are particularly vulnerable to having a negative body image.

From the research findings several conclusions and recommendations were made such as professionals needing to be aware of the potential negative impact that the media, peers and parents have on a child's body image and sense-of-self. The recommendation was further made that professionals should encourage teachers, parents and child care workers to realize that in order for a child to develop a healthy sense-of-self and accept the way she looks, she has to receive positive feedback from significant others in her life.

This study indicates that the primary school girl's body image is fragile, and that significant others, the media and peers play an important role in the formation of a positive body image in children.

KEY TERMS

Primary school girl

Body image

Sense-of-self

Gestalt play therapy

Middle childhood phase

Perception

Maturing

Weight

Hang-ups

Self concept

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CHAPTER 1

GENERAL INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

Living in an ever-changing society, the demands placed on children become more and more difficult to adhere to. Children experience challenges with the school curriculum and on a social level more is expected of them in order to be accepted by peers. Demands placed on children to have a perfect figure are presented by the media in a manner that distorts the child's perception of a healthy body. This can potentially impact negatively on a child's body image and sense-of-self. According to Wulff, Allison, Baker and Dagostino (2004) children idolize extremely, frighteningly thin television stars, and the anorexic image is glamorized. "For children, aspiring to unrealistic standards can lead to self-doubt, depression, extreme dieting and in some cases, eating disorders" (Wulff *et al.,* 2004). There was a need to investigate whether children in primary schools have a realistic body image. The hypothesis was made that pressure from society, the media and parents have a negative influence on the child's body image. This pressure especially affects girls and therefore the study focused on primary school girls in their middle childhood phase.

A child's appearance plays a significant role in how others perceive her[1]. If the child has a distorted body image and seeks to perfect her body, she might develop a poor sense-of-self and subsequently withdraw from others. Erwin (1993:62) states that: "… the child is, to a significant extent, the prisoner of his or her own appearance, and the sentence is usually for life". Van Manen and Levering (1996:94) deduce that: "… if a child is unhappy with the way she looks or if she worries about her physical health, then she can try to ignore or suppress the demands her body makes on her; yet, she cannot hide from her body. A person cannot separate her body from her sense-of-self". It follows that children need to develop a healthy sense-of-self and accept the way they look, regardless of what society expects from them.

This view is supported by Le Roux (2005) who states the following:

> Hedendaagse kinders wil hul uniekheid prysgee ter wille van die norm en om aanvaar te word binne hul vriendekring. Hulle weier om hul unieke andersheid te erken wat hul liggaamsbou, agtergrond en geloofsoortuiging insluit. Derhalwe word die kind se selfkonsep negatief beïnvloed, aangesien elke kind tog maar 'n soeke na uniekheid het.

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[1] The female pronoun will be used throughout, as the sample comprises of female respondents.

Physical appearance is of the utmost importance in peer relationships and forms the basis of how others perceive a person to be.

> A child's physical appearance can determine whether his or her peers seek interaction with him or her. Rightly or wrongly, children do anticipate a peer's patterns of behaviour on the basis of physical appearance and level of attractiveness. Attractive individuals are attributed many desirable characteristics while the less attractive, disfigured, and handicapped go unnoticed, or are shunned and actively rejected (Erwin,1993:61).

The need for the study was identified after the researcher found, through the course of her work at the Moreleta Park Support Center, that some girls of six to twelve years view themselves as overweight even though they are within the normal weight-range. The girls seem to have developed a distorted body image and subsequently their sense-of-self could be affected negatively. The researcher anticipated that this could be the case for a great number of primary school girls within the east of Pretoria where the Support Center is based. Pretorius (2005) concurs with this in stating that most parents do not actively encourage children to develop a positive body image:

> Daar word tydens die middelkinderfase geensins bewustelik deur ouers aan kinders se liggaamsbeeld aandag gegee nie. Die invloed van die media kan dus 'n verwronge beeld vir die kind skep indien ouers dit nie ondervang nie. Elke kind moet meer bewus gemaak word van haar eie liggaam se uniekheid.

Within the study, the researcher aimed to investigate the primary school girl's perception of her own body and the effect this has on her sense-of-self. The outcome of the study would equip the researcher and social work colleagues with information that can be used in order to make parents and teachers aware of the pressures children experience and the effect this has on their sense-of-self.

1.2 PROBLEM FORMULATION

Cresswell (1998:94) states: "In the first few paragraphs of a study, the researcher introduces the problem leading to the study". Fouchè (2002a:95) elaborates that a clear definition of the research problem must be stated before a study is conducted. "We must be able to formulate an answer to the question: What exactly do I want to find out or achieve by undertaking this study?" The researcher should ensure that the problem is researchable. Furthermore the research question should be reasonably narrow and focused (Fouchè, 2002a:100).

Research conducted by Herbozo, Tantleff-Dunn, Gokee-Larose and Thompson (2004:21-22) suggests that young children have body image concerns such as a desire for thinness and an avoidance of obesity. A preoccupation with body size and shape is clearly present during early childhood. The researcher is of the opinion that the above statement holds especially true for children in the affluent areas of eastern Pretoria. Society has placed an emphasis on body image, and there is pressure on children to adhere to the 'standards' prescribed. Reading popular South African magazines, it is apparent that society is fixated on perfecting and exploiting the female body. This does not go unnoticed by children. Research conducted by Van der Spuy (2003:3) indicates that females are especially influenced by the mass-media such as television. Bloom (in Van der Spuy, 2003:15) is of the opinion that parents' attitudes towards the natural development and growth of the child's body can also impact negatively on the child's body image. It follows that children who experience pressure from society, peer groups or parents regarding their bodies might develop a distorted body image and subsequently a negative sense-of-self.

The key question underlying the problem statement was as follows: How does the primary school girl view her body, and how does this influence her sense-of-self? The focus of this study was to determine if primary school girls have a distorted body image, and whether this has a negative influence on their sense-of-self. The problem was researchable as it was feasible to select respondents and use play therapy techniques to gain the information needed. The problem statement was also narrow and focused seeing that it is specifically directed at body image and the connecting issue of sense-of-self in children of a specific age and gender. It appears that there is a gap in studies being done regarding this topic. The researcher found that most studies are focused on the body image of the adolescent and concentrate on the overseas population. Furthermore, as the demands placed on children by society are ever-changing, it follows that research on this topic could quickly become outdated. The researcher proposed to fill this gap by focusing the study on the primary school child (middle childhood phase) and applying the research to the South African context.

1.3 PURPOSE, GOAL AND OBJECTIVES OF THE STUDY

1.3.1   PURPOSE OF THE STUDY

Cresswell (1998:95) explains the purpose of the study as: "… the major objective or intent that provides a road map for the reader". The purpose of any professional research endeavor should be exploratory, descriptive or explanatory in nature (Fouchè, 2002b:109). The purpose of this study was exploratory in nature. Wagenaar and Babbie (1992:44) describe exploratory studies as follows: "These studies are often done when a researcher is examining a new interest, or when the subject of study is

relatively uncharted". As the demands of society are ever changing and body image among school children is a relatively 'new' field of study, the topic was exploratory in nature. Babbie (2004:88) provides the following three purposes that usually drive the researcher to do an exploratory study:

- To satisfy the researcher's curiosity and desire for better understanding.
- To test the feasibility of undertaking a more extensive study.
- To develop the methods to be employed in any subsequent study.

The shortcoming of exploratory studies is, however, that they seldom provide satisfactory answers to research questions. Furthermore, exploratory studies are usually not representative of the larger population (Babbie, 2004:88). The purpose of this phenomenological study was to describe the primary school girl's view of her body and to discover how this influences her sense-of-self.

1.3.2 GOAL OF THE STUDY

Fouchè (2002b:107) describes the terms goal, purpose and aim as interchangeable and as: '… the end toward which effort or ambition is directed". The goal can also be seen as the 'dream' the researcher wants to attain by conducting the study. The goal of the study was to determine how the primary school girl views her body and the influence this view has on her sense-of-self. The study was narrowed to girls from the eastern suburbs of Pretoria where the researcher is employed.

1.3.3 OBJECTIVES OF THE STUDY

According to Fouchè (2002b:107) the objectives of the study are the: "… steps one has to take, one by one, realistically at grass-roots level, within a certain time-span, in order to attain the 'dream' or goal of the study".

The objectives for this study were the following:

- To provide a knowledge base on body image, sense-of-self and the perceptions primary school girls have regarding their bodies, based on a literature review.
- To use gestalt play therapy techniques to investigate the influence of perceptions regarding body image on the sense-of-self.
- To investigate primary school girls' body image by means of an empirical study.

- To draw conclusions and make recommendations regarding the primary school girl's perception of body image and the influence thereof on her sense-of-self.

1.4 RESEARCH QUESTION FOR THE STUDY

Cresswell (1998:18) describes the research question as follows: "To study the research topic, we ask open-ended research questions wanting to listen to the participants we are studying". Cresswell explains that the research question might change during the process of research, as the problem is better understood. "The researcher should refrain from assuming the role of the expert researcher with the 'best' questions" (Cresswell, 1998:19). Bless and Higson-Smith (2000:17) state that research questions are based on the research problem and reduce the problem so that it can be handled in a single study.

The study intended to answer the following questions:

- What is the primary school girl's perception of body image?
- How does the child's perception of her body influence her sense-of-self?

1.5 RESEARCH APPROACH

Two main approaches constitute research, namely *quantitative* and *qualitative research* approaches. A combination of these two research approaches results in a *triangulation* study where the researcher uses multiple theoretical perspectives early in the planning stages of the research or when interpreting the data (De Vos, 2002:342). The researcher chose the qualitative research approach for her study. Cresswell (1998:17) suggests that the qualitative research approach should be chosen when the research question starts with a 'how' or a 'what' as the researcher wants to gain more information on a topic. The topic is explored and a detailed view needs to be gained when a qualitative study is conducted. All the above mentioned prerogatives were part of the study. Body image as perceived by the primary school girl was studied, and in-depth information was gathered as to how the girl perceives her own body. Furthermore, the fact that an individual's feelings and perceptions regarding a specific situation was researched, qualified this study as qualitative research (Neuman, 2000:16). From data gathered, conclusions were drawn regarding a specific gender, age and geographical group's body image and sense-of-self.

Qualitative research, as defined by Cresswell (1998:15) can be viewed as follows:

> Qualitative research is an enquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The

researcher builds a complex, holistic picture, analyzes words, reports, detailed views of informants, and conducts the study in a natural setting.

When examining the strengths of qualitative research, Babbie (2004:307) deduces that the chief strength of qualitative research lies in the depth of understanding it permits. "Whereas other research methods may be challenged as 'superficial', this charge is seldom lodged against field research". Other advantages according to Babbie (2004:307) are the flexibility, as well as inexpensiveness of this approach. In the study, flexibility was used when the respondents were selected. As the researcher is employed at the Moreleta Park Support Center, respondents were selected when referred to the center for counselling. The qualitative approach provided the necessary flexibility when conducting such a study. As Babbie (2004:307) deduced, qualitative studies are fairly inexpensive. It was anticipated that the study would be inexpensive as the researcher would conduct the research as social worker at the Support Center.

1.6 TYPE OF RESEARCH

Two types of research are distinguished in social science, namely applied research and basic (or pure) research. Fouchè (2002b:108) constitutes that basic research provides a foundation for knowledge and understanding, whereas applied research is aimed at solving specific policy problems or at helping practitioners accomplish tasks. Bailey (1994:24) describes pure or basic research as the testing and developing of theories and hypotheses that are intellectually interesting to the investigator. Basic research does not necessarily have application to social problems at the present time, whereas applied research is focused on social science areas such as education, drug addiction and crime (Bailey, 1994:24). The type of research used in this study was *applied*, as the aim was to investigate the problem of distorted body image and subsequent sense-of-self problems of the primary school girl.

1.7 RESEARCH STRATEGY AND METHODOLOGY

1.7.1 RESEARCH STRATEGY

Wagenaar and Babbie (1992:44) define research design (research stragtegy) as the developing of strategies for executing scientific inquiry. "It involves specifying precisely what you want to find out and determining the most effective and efficient strategies for doing so". Terre Blanche and Durrheim (1999:29) view research design as: "… a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research". The researcher

deduces that the research strategy of a study will be the plans that is used when gathering the data and analyzing it. Within the study the *phenomenological research strategy* was implemented.

Cresswell (1998:51) defines the phenomenological research strategy as: "… the description of meaning of the lived experiences for several individuals about a concept or the phenomenon". Fouchè (2002c:273) has a more simple explanation: "This approach aims to understand and interpret the meaning that subjects give to their everyday lives". Within the study the researcher investigated the perceptions of primary school girls regarding their bodies. The study's aim was to understand the meaning children give to body image, and the effect this has on their sense-of-self. It was therefore an 'everyday phenomena' that was researched. Fouchè (2002c:273) further deduces that: "… researchers using this strategy will mainly utilise participant observation and long interviews as methods of data collection". The researcher utilised play therapy sessions to observe and interview respondents in the study.

1.7.2   RESEARCH METHODOLOGY

When utilising children as respondents, Bailey (1994:447) warns against three basic problems that must be dealt with in the methodology of the research study:
- The child's limited vocabulary and ability to understand abstract concepts.
- The child-adult role relationship.
- The child's lack of understanding of the interview situation and short attention span.

Keeping above mentioned issues in mind, play therapy sessions as a form of an unstructured interview, were used as data gathering method in the study. In terms of the limited vocabulary of children, the researcher experienced no problems in this area as the primary school children had a fairly extensive vocabulary. It was however anticipated that the child might lack in an 'emotional' vocabulary when communicating. The researcher, therefore, used play therapy techniques in focusing on emotional awareness and used these techniques to assess the child's emotional vocabulary. In terms of the second and third issues raised by Bailey, the child might not have understood the role the researcher played in conducting the 'interview'. In order to alleviate this issue, the researcher initially played with the child in order to 'bring her in contact with her sensory-self'. Drawing was also used as technique. Bailey (1994:449) suggests that: "… rather than playing a game prior to the interview, another tactic is to call the interview itself a game. The researcher used this tactic by 'conducting the interview' as part of the gestalt therapeutic process and placing the child at ease in this way. Consent

for the research was gained from the parents, respondents and organisation where the research was conducted, prior to the initiation of the play therapy sessions (see Addendums A, B and C).

The data-collection was done in two consecutive individual sessions. Throughout the sessions the researcher observed the child's 'body-language'. Observation was therefore used as a data collection method. In order to store and review the data, the sessions were recorded on videotape.

1.7.3 DATA PROCESSING AND ANALYSIS

According to Cresswell (1998:142) data processing and analysis should be conducted in five steps that follow upon one another in a spiral image, namely:

- Collecting and recording data
- Managing the data
- Reading and memoing the data
- Describing, classifying and interpreting the data
- Representing and visualizing the data.

In terms of the first two steps of data processing the interviews were recorded on videotape. As children are easily distracted, and the researcher had to give her full attention to the respondent, field-notes were not taken during the interview. The interview was conducted behind a one-way mirror. In this way the child was not distracted by the video camera. Video recordings were numbered and stored in a safe place, and will be destroyed at the end of the study. In terms of managing the data, the researcher transcribed the interviews in order to have something concrete to work with when she analyzed the data.

Elaborating on the last three steps of the data processing and analysis process, Cresswell (1998:32) provides the following suggestions:
- The researcher first reads all descriptions in their entirety.
- The researcher then extracts significant statements from each description.
- These statements are formulated into meanings, and these meanings are clustered into themes.
- The researcher integrates these themes into a narrative description.

De Vos (2002:344) describes the process of classifying and interpreting the data as follows: "… taking the text or qualitative information apart and looking for categories, themes or dimensions of information". It follows that general themes identified, are further broken down into sub-themes. In order to interpret and make sense of the data, the researcher must make use of his or her own hunches, insight and intuition (De Vos, 2002:344). The researcher has interpreted the data based on a combination of her own opinions, thoughts and insights as well as the integration of relevant literature.

Babbie (2004:490) explains that the presentation of the data, the manipulation thereof, and the researcher's interpretation should be integrated into a logical whole. He warns that every step in the analysis should make sense at the time it is taken. "It frustrates the reader to discover a collection of seemingly unrelated analysis and findings with a promise that all the loose ends will be tied later in the report" (Babbie, 2004:490).   Cresswell (1998:20) provides valuable suggestions in order to prevent this from happening: "After the organizing and storing of data, we analyse the data by carefully masking the names of the respondents. Then we engage in the perplexing (and lonely if we are the sole researcher) exercise of trying to make sense of the data". Cresswell further explains that, in qualitative data analysis, the researcher works inductively - from particular to more general perspectives. Neuman (2000:418) expands on this, stating that: "… qualitative analysis is inductive in the sense that the researcher rarely knows the specifics of data analysis when he begins a project". The researcher can start analysing while still collecting data, as patterns or relationships can be identified from the onset of the research.

In conclusion to the process of data-analysis, Babbie (2004:490) suggests that: "… the report should end with a statement of what you have discovered about your subject matter and where future research might be directed. You should review the particular shortcomings of your own study and suggest ways those shortcomings might be avoided". The following statement by Cresswell (1998:20) should always be kept in mind when presenting qualitative data: "In presenting the data we tell a story: We talk about our experiences in conducting the study. We let the voices of our informants speak and carry the story through dialogue".

1.8 PILOT STUDY

According to Strydom and Delport (2002:337) it is important to conduct a pilot study, whether a qualitative or a quantitative study is undertaken. The pilot study is usually informal and a few respondents possessing the same characteristics as those of the main investigation can be involved in this study. Royse (in Strydom & Delport, 2002:337) is of the opinion that the pilot study is of importance in the qualitative research process, in order to determine whether the relevant data can be

obtained from the respondents. The importance of the pilot study in qualitative research lies in the fact that it allows the researcher to focus on specific areas that may have been unclear previously. It also contributes to effective communication patterns, the estimated costs and time can be determined and potential problems that may arise during the actual qualitative interviews can be identified (Strydom & Delport, 2002:337). Within the study a pilot test was conducted with one primary school girl. Relevant play therapy techniques were utilised in order to gather information. The purpose of the pilot test was to determine the effectiveness of the play therapy techniques in order to collect relevant data.

As mentioned in the problem statement, the study was feasible as respondents from the Moreleta Park Support Center were included in the study. The researcher obtained written permission (see Addendum C) to conduct the study as part of her workload as social worker within the organisation, and was allowed to gain access to the respondents. The researcher was of the opinion that she had the required skills, knowledge and time to gain data, using gestalt play therapy techniques. As the respondents only saw the researcher for the duration of the study, three of them were referred for follow-up therapeutic sessions.

The researcher was studying with a bursary and all costs were therefore covered by this.

1.9 RESEARCH POPULATION, SAMPLE AND SAMPLING METHOD

1.9.1 RESEARCH POPULATION

When conducting a study the researcher should define the universe and population used within the study before the sample is drawn. Arkava and Lane (in Strydom & Venter, 2002:198) state that the universe: "… refers to all potential subjects who possess the attributes in which the researcher is interested". In the study the universe encompassed every primary school girl within the eastern suburbs of Pretoria. "The population, on the other hand, is a term that sets boundaries on the study units". Strydom and Venter (2002:198) further expand on this definition explaining that: "… the study of a population may be said to be exhaustive in that it includes an investigation of every entity under consideration. In other words, a study of the population is a study of the whole".

The research population for the study included females in primary schools – aged six to twelve years old - in the east of Pretoria who were clients at the Moreleta Park Support Center. This population was selected as it was easily accessible to the researcher and contained a sufficient number of potential respondents that might have been involved in the study. However, there were a large

number of children that fit this description. Therefore, a sample from the population was drawn that represented the population as a whole.

1.9.2   BOUNDARY OF SAMPLE AND SAMPLING METHOD

As it would have been impossible to study the population in its entirety, a sample needed to be drawn from the population. Strydom and Venter (2002:199) define the sample as a: "… subset of measurements drawn from a population in which the researcher is interested. The sample is studied in an effort to understand the population from which it was drawn". Babbie (2004:95) views the unit of analysis (sample) as: "… those things or persons we examine in order to create summary descriptions of all such units and to explain differences amongst them. When the unit of analysis is decided upon and information is gathered from these individuals, generalization about the population they belong to can be made".

In the study, *non-probability* sampling was used as sampling method. Literature indicates that non-probability sampling is used when there is no list of the unit of analysis available, or when, even if a list was available, probability sampling would not be appropriate (Babbie, 2004:182). In the study a list of the unit of analysis (the respondents) was available as record is kept of all intakes (population) at the Moreleta Park Support Center. It was however not appropriate to do probability sampling in this study. Strydom and Delport (2002:334) indicate that: "… in qualitative investigations non-probability sampling is used almost always without exception". As method of non-probability sampling, *purposive sampling* was used. According to Neuman (2000:198) in purposive sampling the researcher uses his/her own judgment in selecting cases with a specific purpose in mind. Babbie (2004:183) elaborates stating that: "… units to be observed are chosen by the researcher on the basis of deciding which ones will be most useful and representative". One of the disadvantages of this method of sampling is that the researcher never knows whether the cases selected represent the population. In the study, eight respondents were selected according to specific criteria. Neuman (2000:198) suggests that the researcher use many different methods to identify the cases, as his/her goal is to locate as many cases as possible.

The criteria for selection of the respondents were:
- Primary school girls between the ages of six and twelve years;
- From any ethnic group, but able to converse in English or Afrikaans;
- Girls who were referred to the Moreleta Park Support Center due to self-image or socializing problems;

- Girls who reside in the eastern suburbs of Pretoria where the Support Center is based.

Respondents were selected at the researcher's discretion, from intakes at the Moreleta Park Support Center. Care was given in selecting respondents who were representative of girls in the middle childhood phase. The aim was to select eight respondents.

1.10 ETHICAL ISSUES

According to Strydom (2002:63) 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". Babbie (2004:306) raises the question of ethics in social research by making the following statement: "By bringing researchers into direct and often intimate contact with their subjects, field research raises ethical concerns in a particular dramatic way". Some of the important ethical issues will be discussed.

1.10.1 MINIMIZING HARM TO RESPONDENTS BY UTILISING DEBRIEFING

Strydom (2002:64) warns that subjects can be harmed in a physical and/or emotional manner. "Emotional harm to subjects is often more difficult to predict and to determine than physical discomfort, but often has more far-reaching consequences for respondents". Keeping the potential emotional harm that respondents might be subjected to in mind, the researcher referred the respondents to Mrs N Pretorius (registered social worker and play therapist at Moreleta Park Support Center) for therapeutic intervention, free of charge. By putting the referral system in place (which acted as debriefing sessions), the researcher allowed the child to deal with negative feelings that might have been evoked by the research. Strydom (2002:73) is of the opinion that by conducting debriefing sessions, subjects are provided with the opportunity to work through their experience and its aftermath, minimizing potential emotional harm.

1.10.2 INFORMED CONSENT

Informed consent entails: "… informing the respondents about the overall purpose of the investigation and the main features of the design, as well as of any possible risks and benefits from participation in the research project" (Kvale, 1996:112). When information is given to the respondent, he/she will be able to make a decision whether they want to partake in the study. The respondent has the right to withdraw from the study at any time (Kvale, 1996:112). In the study the researcher informed the parents and the respondent from the onset regarding the details of the research. The parent as well as

the child was able to make a decision whether they wanted to partake in the study. Consent was also obtained to videotape the sessions. They were informed that the respondent would be referred for therapeutic intervention after the data has been obtained for the research. Parents were also informed of the benefits that the study might provide to primary school children. Both the consent of the parent and the respondent were obtained in writing (see Addendums A and B). Written permission to conduct the research was also obtained from the Moreleta Park Support Center (see Addendum C).

1.10.3 DECEPTION OF SUBJECTS

Deception takes place when the subjects are observed without their knowledge or when the subjects are not informed of the true nature of the study (Bailey, 1994:463). Deception also occurs when the researcher withholds information from the subjects in order to ensure their participation (Strydom, 2002:66). Deception did not take place in the study. All respondents were fully aware of the purpose and procedures of the study.

1.10.4 PRIVACY, CONFIDENTIALITY AND ANONYMITY

Kvale (1996:114) states: "Confidentiality in research implies that private data identifying the subjects will not be reported. The protection of subjects' privacy by changing their names and identifying features is an important issue in the reporting of interviews". In the study, the researcher numbered the videotapes and did not connect the tapes with the child's name or surname. When transcriptions were done, names were changed to protect the child's identity. Bailey (1994: 462) states that invasion of privacy further occurs when questions are asked that arouses feelings of anxiety or guilt in a respondent. When using play therapy techniques to gather data needed for the study, the respondent was not asked direct questions that aroused feelings of invasion of privacy. Strydom (2002:67) deduces that the right to privacy is the individual's right to decide when, where, to whom, and to what extent his or her attitudes, beliefs and behaviour will be shared. The researcher was, as a registered social worker, bound by rules of confidentiality.

1.10.5 RELEASE OF INFORMATION

Strydom (2002:71) states that the findings of a study must be introduced to the reading public in written form. The report should be compiled as accurately and objectively as possible, and the information must be formulated and conveyed in a clear and unambiguous manner. Strydom

(2002:72) further states that plagiarism is a serious offence and that all due recognition must therefore be given to sources consulted and people who collaborated in the study.

In presenting the information gathered for this study, the researcher kept all the above mentioned aspects in mind, and published her findings in such a manner that met all the professional requirements for a research study.

1.10.6 COMPETENCY OF THE RESEARCHER

Strydom (2002:69) states that researchers are ethically obligated to ensure that they are competent and adequately skilled to undertake the proposed investigation. As a registered social worker with the South African Council for Social Service Professions, and having completed the theoretical modules for the MSD (Play Therapy) degree, the researcher felt confident that she possessed the necessary knowledge and skills to have carried out this research project. The study was also completed under the direction of a supervisor to ensure that competence was maintained. Kvale (1996:117) is of the opinion that the researcher needs two attributes, namely to be sensitive to identifying an ethical issue and the responsibility to feel committed to acting appropriately in regard to such issues. The researcher at all times aimed to keep the above mentioned attributes in place throughout the study.

1.11 LIMITATIONS OF THE STUDY

The following limitations of the study were identified:
- As the field of study was relatively new, especially in the South African context, the researcher was limited to the resources that were available. It follows therefore that some of the references that were used are quite outdated.
- Specific questions should have been asked regarding the father's role in the formation of body image in his daughter. The researcher is of the opinion that valuable data could have been gathered if these questions were asked.

1.12   DEFINITIONS OF KEY CONCEPTS

The concepts of perception, sense-of-self, body image and the primary school child are defined. Concepts, according to Bailey (1994:41) are: "… simply mental images or perceptions. Concepts may be impossible to observe directly, such as justice or love, or they may have referents that are readily observable, such as a tree or a table".

1.12.1 PERCEPTION

The *Collins Pocket Reference English Dictionary* (1992:354) defines the concept perception as follows: "To obtain knowledge of something through the senses, to observe, to understand or the intuitive judgment of an individual". According to the *Nasionale Woordeboek* (1984:387), perception means to observe in the spirit. The researcher is of the opinion that perception is the individual's understanding of information gathered through the senses. It follows that the child's perception of body image is the way in which she views herself in response to the information she receives from individuals around her.

1.12.2 SENSE-OF-SELF

Words such as self-esteem, self-concept and self-image can be used as synonyms for the child's sense-of-self. Oaklander (1988:280) expresses concern about these terms stating the following: "… *esteem* refers to how highly we value something, whereas a *concept* is an idea, a notion and an *image* is a representation of something, not the real thing". The researcher therefore decided on the use of the term sense-of-self as this encompasses the child's perception of herself in its entirety. Sense-of-self refers to how the child perceives her body, her intellect and herself as a whole person.

Blom (2004:113) describes the child's sense-of-self as central to the child's development. "Their self-esteem is the amount of their real self that they dare show to the world. Children with a strong sense-of-self accept their physical appearances, attempt new tasks with courage and also show love and acceptance of other people". The researcher deduces that the child's sense-of-self is determined by the way she views herself.

1.12.3 BODY IMAGE

Slaughter and Sun (1999:1) define body image as the: "… mental picture of the size, shape and form of our body". It also describes our feelings about these characteristics. Body image is divided into two components: how we perceive the appearance of our body and our attitude toward our body. Slaughter and Sun (1999:1) deduce that a significant distorted perception of the body may lead to self-destructive behaviour aimed at improving the appearance of the body. The researcher defines body image as the way in which a person perceives her body and projects it to others.

1.12.4 MIDDLE CHILDHOOD PHASE

Blom (2004:242) states that the middle childhood years stretch from about 6 or 7 years to 12 years with development occurring on the physical, social, cultural, cognitive and emotional levels. Moral and sexual development is influenced at this level and the child's perception of her body is also formed within these developmental years. Erwin (1993:113) explains that the self-concept is in a constant state of development over the whole lifespan. As the child reaches the middle childhood phase: "… it becomes important for him/her to evaluate his or her standing on attributes such as age, sex and size". The researcher deduces that the middle childhood phase stretches from 6 to 12 years old, and that crucial developmental milestones need to be reached in these years.

1.12.5 PRIMARY SCHOOL GIRL

The primary school years stretch from grade 1 to grade 7. Pretorius (2005) states that primary school children find themselves in the middle childhood phase stretching from 6 to 12 years old. The researcher is of the opinion that the development of the child's sense-of-self and body image is crucial in the primary school years, as the foundation for further development is laid within these years.

1.13   CONTENTS OF RESEARCH REPORT

The research report consists of the following chapters:

Chapter 1: General introduction and orientation to the study.
Chapter 2: Literature study focusing on the middle childhood phase, body image, perception and sense-of-self.
Chapter 3: Literature study focusing on gestalt play therapy
Chapter 4: Gathering of data using gestalt play therapy techniques. Data analysis and the integration of relevant literature.
Chapter 5: Conclusions and recommendations.

CHAPTER 2

THE PRIMARY SCHOOL CHILD IN THE MIDDLE CHILDHOOD PHASE, BODY IMAGE, PERCEPTION AND THE SENSE-OF-SELF

2.1 INTRODUCTION

The middle childhood phase is a time of rapid change on various levels of the child's development, hence the statement that it is a special period in the life of a child. Prinsloo, Vorster and Sibaya (1996:99) state that the middle childhood phase starts with the momentous step of leaving home and starting school. Due to these changes, parents often describe it as a turbulent time in a child's development. "Children become increasingly independent, questioning and assertive, while at the same time open to influences from peers and from the media" (Borland, Laybourn & Brown, 1998:19). It follows that, during the middle childhood phase, the child forms a perception regarding her body image and sense-of-self which is crucial to the way she regards herself. In this chapter the researcher will explore the perceptions of the primary school girl in the middle childhood phase, with specific reference to the development of the self-concept. Furthermore, the concepts of 'body image' and 'sense-of-self' will be discussed in more depth.

2.2 THE PRIMARY SCHOOL CHILD IN THE MIDDLE CHILDHOOD PHASE

During middle childhood, the period between 6 to 12 years, most children are in the primary school, stretching from grade 1 to grade 7. Development occurs on different levels during these years and specific developmental milestones need to be reached. The researcher finds that for most children, the primary school years are not without challenges. Adapting to the school environment, making and keeping friends, difficult school work and family stresses can place a burden on the child that is sometimes too difficult to deal with. Prinsloo *et al.* (1996:99) explain that in the middle childhood phase the child is very young, inexperienced, compliant and eager to please both parents and teachers. This phase ends when the child is far more experienced, and has learned to be quite independent.

2.2.1   DEVELOPMENTAL TASKS OF CHILDREN IN THE MIDDLE CHILDHOOD PHASE

More than fifty years ago, Havighurst formulated ten developmental tasks that should be accomplished by the primary school child. "Each stage of development ushers in new tasks relating to skills, attitudes, understanding and accomplishments, which must be actualized before an individual commences to the next developmental stage" (Rapoo, 2002:46). When a child accomplishes a

specific task, it leads to happiness. It follows that, if a task cannot be completed, the child will experience disappointment and disapproval by the society. The following developmental tasks should be completed by the primary school child:

- The child should master physical skills necessary for ordinary games. She will only be accepted in the peer group if she is able to participate in many games typical of this phase.
- The development of basic scholastic skills such as reading, writing and calculating skills.
- Developing concepts necessary for everyday living. In order to communicate effectively with adults and other children, she needs to learn concepts on a concrete and abstract level.
- Building wholesome attitudes towards the self. The child needs to appreciate her physical and personal strengths and abilities, and to care for her physical appearance. This is a precondition for being accepted in society and establishing healthy relationships.
- Forming a positive self-image.
- Learning to get along with peers. The acceptance of the peer group becomes important to the primary school child.
- Learning behaviour appropriate to her gender group. In the senior primary phase differences that manifest themselves during adolescence become evident.
- Developing a conscience, sound morals and a system of values.
- Achieving personal independence. It is necessary for the child to become a self-sufficient person who can plan and accept responsibility for her decisions.
- Developing positive attitudes towards social and cultural groups. Attitudes towards religion, culture, race and gender are fixed in the primary school years (Prinsloo *et al.,* 1996:100-101; Rapoo, 2002:46).

2.2.2   PHYSICAL DEVELOPMENT

Middle childhood is a time of slower growth for children although their size, weight and body proportions do change significantly. It is noticeable that there are wide individual differences among children throughout the middle childhood years (Krantz, 1994:373). Some children still look much like children, while others begin to take on the more mature look of adolescents. It is unfortunate that: "… children whose physical features correspond more closely to society's ideals tend to be favored by adults and peers" (Krantz, 1994:373). As a result, these children feel more positive about themselves. This conclusion, along with the fact that girls mature more rapidly than boys (they experience their growth spurt about two years earlier), contribute to girls feeling very sensitive about their physical appearance at this age (Prinsloo *et al.*, 1996:103).

Physical activity is very important for children in the middle childhood phase. Most primary school children cannot sit still for long periods of time and exercise is vital as bone and ligament growth are still incomplete (Blom, 2004:242). Physical activity is very beneficial for children as it increases their self-confidence. Prinsloo *et al.* (1996:101) is of the opinion that the primary school child regards her body as something that enables her to be active – to run, climb, scramble and jump. Improvement in motor coordination allows the child to write, jump, play ball and ride a bicycle. Team sports are also important for children in this phase. Schools encourage primary school children to take part in netball, swimming, tennis or hockey. As individual talent becomes more apparent in this phase, some children receive positive feedback about their physical abilities, while others do not. The researcher is of the opinion that, in order for the child to develop a positive body image and sense-of-self, it is important for adults to be sensitive in their appraisal.

The approach of puberty brings about curiosity and concern regarding sex (Prinsloo *et al.*, 1996:104). The late primary school years are when most girls start their menstruation cycle. This usually causes anxiety and body image concerns for children. The average age of puberty for girls in South Africa is twelve years (Mwamwenda in Prinsloo *et al.,* 1996:104); the range is from ten to eighteen years. Interestingly enough, research conducted by Borland *et al.* (1998:76) indicates that although parents and teachers view the sexual development of primary school children as a major concern, most children appear to have retained a remarkably romantic innocence. Where children talked about 'boyfriends' the concerns were emotional rather than sexual.

2.2.3   SOCIAL DEVELOPMENT

Family support, community structures, school and friendship networks are important sources of opportunity for children in the middle childhood phase (Blom, 2004:244). According to Prinsloo *et al.* (1996:120) the single most important influence on the primary school child's socialization is the *family*. The family satisfies both physical and psychological needs. A study conducted by Borland *et al.* (1998:90) shows the discrepancy between how parents view their home environment versus the child's view of the home.

> Parents, with acknowledging the routine irritations of family life, seemed to see the home basically as a safe haven, a comfortable and cosy nest away from the pressures and dangers of the outside world. The picture given by children was much more mixed. They were aware of the important role of the family in promoting their emotional well-being, and the help it could provide when things went wrong. However, they also spoke vividly of family relationships as a major source of stress.

It should therefore be noted that, even though the child should receive the affection, security, warmth and praise from within the family, some children do not experience this in their families (Prinsloo *et al.,* 1996:120). Most parents view the middle childhood phase as 'their last chance' to influence their children before the pressures of the teenage culture hit them (Borland *et al.*, 1998:87). It is thus important that within the home, the child should learn to know herself, her parents and siblings. She should also learn how to relate to authority and how to get along with others. This knowledge forms the basis for adjustment in society (Prinsloo *et al.,* 1996:120).

In middle childhood, the child's social world expands significantly as *friends* become more and more important sources of stimulation and social support (Krantz, 1994:437). Involvement in friendships which are going well seems to be crucial to a child's sense of emotional well-being and self-confidence. Hence, when friendships go wrong, they are a source of great pain for the child (Borland *et al.,* 1998:100). Vrey (in Prinsloo *et al.,* 1996:121) lists the following functions of the peer group:

- The peer group provides companionship for the child.
- The child learns to cooperate and negotiate with others and to think and act independently from the standards set by parents and teachers.
- The peer group helps to convey knowledge and information.
- The peer group teaches rules and regulations.
- The peer group helps to strengthen gender roles.
- The peer group helps the child towards emotional independence.

It is important to note that children can be 'cruel' in their honesty towards each other. Verbal harassment is much more commonly reported in schools than physical bullying (Borland *et al.,* 1998:103). Some physical characteristics, such as wearing glasses, freckles, obesity, clothes or ethnicity can evoke verbal abuse. The child's body image and sense-of-self is usually affected negatively by verbal harassment. Primary school girls, particularly those in the upper grades, use the medium of 'gossip' to informally share information and opinions of their peers' strengths and shortcomings. Regardless of the accuracy of its content, gossip can have powerful effects on children's peer relationships (Krantz, 1994:440).

2.2.4   EMOTIONAL DEVELOPMENT

The emotional development of the primary school child involves the child's growing understanding and control of her emotions (Prinsloo *et al.*, 1996:113). It is characterized by emotional flexibility and

differentiation, whilst their expression of emotions like anger or aggression is closely related to their social development (Blom, 2004:245). The child's emotions and her expression of it are more specific, diverse and sophisticated (Du Toit & Kruger, 1993:116). The child in this phase is more able to control her emotions, express appropriate emotions, suppress it or hide it (Blom, 2004:245). This causes a problem for parents, teachers and therapists as it is not always easy to know what a child is feeling, or to read accurately the signs from what they say and do (Borland *et al.,* 1998:32). Children learn to express their feelings in an indirect manner such as being cheeky or getting angry when actually an emotion of disappointment or rejection is felt.

Prinsloo *et al.* (1996:113) state that during middle and late childhood, children develop sympathy and empathy and this enables them to appreciate and identify with the feelings of others: "They take pleasure in pleasing teachers and parents and are truly concerned about the feelings of their friends and classmates" (Prinsloo *et al.*, 1996:113). The fact that this period in childhood is seen as a time when children bridge the gap between child and adult worlds causes the individual to show both child and adult characteristics. A child might be clingy and childlike one day and fiercely independent the next (Borland *et al.,* 1998:20).

The middle childhood phase is thus a turbulent time in the development of the child, where developmental milestones need to be reached and quite a few challenges need to be faced.

2.3 BODY IMAGE

2.3.1 DEFINING BODY IMAGE

The first definition of body image originated in the work of Paul Schilder in 1950, who stated that body image is: "… the picture of our own body which we form in our own mind, that is to say, the way in which the body appears to ourselves" (Grogan,1999:1). Cash and Pruzinsky (2002:7) is of the opinion that the concept is far more complex than implied by Schilder. The difficulty in defining the concept lies in the fact that there are many terms used interchangeably for the different components of body image. Some of these terms are: body satisfaction, appearance satisfaction, body esteem, body concern, body perception, body image, body attractiveness, perception of body boundaries and so forth (Cash & Pruzinsky, 2002:7; Banfield, [sa]:1; Grogan, 1999:1). It is generally accepted that body image comprises of two main elements: (1) the perception of one's body and (2) the thought processes and feelings that an individual associates with the body (Olivardia & Pope, 2002:82).

Several definitions for the concept of body image will subsequently be given in order to construct the most appropriate definition for the purpose of this study. Grogan (1999:1) defines body image as: "… a person's perceptions, thoughts and feelings about his or her body". Grogan (1999:2) further states that body image is elastic and open to change through new information, social experience and the media. According to Rutherford (2001) body image is based on how you see and feel about your physical appearance. Wilder Coughlin, Heinberg, Marinilli and Guarda (2003:56) define body image as: "… the subjective experience of one's body and outward appearance". The *Wikipedia encyclopedia* (2006) defines body image as: "The subjective concept of one's physical appearance based on self-observation and the reactions of others". Cash and Pruzinsky (2002: 65) add the dimension of facial features to body image: "The measure of overall body image includes items concerning facial features, hair and general appearance". Body image is thus more than what a person sees in the mirror, and is inextricably tied to their self-esteem and acceptance by peers (*Wikipedia encyclopedia*, 2006). Body image is strongly affected by peers, parents, teachers, mentors and commercial advertising.

Banfield ([sa]:1) explains that body image can be divided into four dimensions, namely:

- Perceptual body image: This aspect of body image can be defined as the *accuracy* of individuals' judgement of their size, shape, and weight relative to their actual proportions.
- Affective body image: It can be defined as the *feelings* individuals have towards their bodies' appearance.
- Cognitive body image: It relates to *thoughts and beliefs* concerning body shape and appearance.
- Behavioural aspect of body image: Negative body image may lead to behavioural disturbances. For example, a cycle of dieting followed by failure may lead to negative body image and a feeling of fatness.

The researcher deduces that body image is a complex and puzzling topic. It describes not only the objective and external appearance of a person, but also the subjective experience and feeling of one's own body. Due to the fact that a person's body image plays an important role in the choices that one makes – such as a career choice and marriage choice – it is important that a child has a positive body image from an early age.

2.3.2   DEVELOPMENT OF BODY IMAGE

Body image forms gradually, beginning in infancy, according to Piaget. By 4 to 5 months of age, infants begin to distinguish themselves from their mothers and other objects. This awareness of the

child's body is a means of separating herself from others and the world, and the first step in the formation of the child's body image (Olivardia & Pope, 2002:83). Cash (1997:43) explains that a person's sense of identity is rooted in her experience of being embodied: "The body is a boundary between you and everything that is not you". According to Ross (in Jordaan & Jordaan, 1998:619) four key elements of the self are present at birth, even if only rudimentarily: a body, experiences and activity. The fourth element, however, is missing; there is no distinction between 'self' and 'others'. Hence there is no line demarcating 'me' from the rest of the world. Gradually this fourth element emerges and we develop a capacity for self consciousness. By the age of two, most children can recognize their physical self as a reflection in the mirror.

Kearney-Cooke (2002:101) states that the way in which parents respond to a child through touch plays an important role in early body image development:

> The infant has practically no knowledge of his or her body and must distinguish it from other objects in their environment through kinesthetic, visceral and motor sensations. Adequate stimulation such as rocking, massaging and water play is crucial for the development of body image in infants (Kearney-Cooke, 2002:101).

Wilder Coughlin *et al.* (2003:56) are of the opinion that childhood and early adolescence are critical periods for the development of self-esteem and lifelong eating behaviours. Therefore, more attention should be given to body image development in younger populations. Herbozo *et al.* (2004:23) also support this view in stating that a preoccupation with body size and shape is clearly present during early childhood, and that research in this area is needed to increase parents' awareness of body image issues in children. Girls are particularly vulnerable to having a negative body image: "More girls than boys are concerned about becoming fat. They place great importance on having the 'right' body and readily compare their own appearance to that of others" (Cash & Pruzinsky, 2002:71). More and more, the child will begin to reflect upon how society views her appearance (Cash, 1997:43). Children also learn from a young age how society views various physical characteristics. For example, lovely Cinderella wins the handsome prince while her ugly and mean step sisters lose out (Cash, 1997:43). These perceptions form a basis of the child's body image as children try to adhere to what society demands they should look like and subsequently value themselves upon this image.

> Once a negative body image is formed, it affects feelings, thoughts, behaviours and perceptions of the body. A negative body image serves as a powerful function in maintaining body image disturbances because it determines what we notice, attend to, and remember of our experiences (Kearney-Cooke, 2002:99).

Body image development reaches its pinnacle in the adolescent years. Erikson viewed body image and self-concept as integral parts of adolescent development. The central question: Who am I?, becomes focused on the body. "This developmental phase is a period of intense introspection and self-scrutiny with particular focus on appearance and the dramatic transformations that the body undergoes during puberty" (Olivardia & Pope, 2002: 84).

Cash (1997:43) is of the opinion that many factors lead some people to relate to their bodies in a positive and satisfying way, while others travel down a less enjoyable path. These influential factors can be divided into two basic categories, namely:
  ➢ The *historical factors* are the forces from your past that shaped how you came to view your appearance in the ways that you do.
  ➢ The *current influences* are the experiences of everyday life that determine how you think, feel and react to your looks.

The image that an individual has of her body is largely determined by social experience (Grogan, 1999:3). Culture and society play a major role in the construction and hence the development of body image (Cash & Pruzinsky, 2002:69). The *sociocultural influences* that will be briefly discussed are parents, peers and the media.

- Parents

Parents can influence a child's body image by commenting on children's clothing and appearance, or by requiring the child to look a certain way or avoid certain foods (Cash & Pruzinsky, 2002:69). Parents sometimes actively influence their children to loose weight in order to look better. In addition to direct comments, parental modeling of weight concerns may contribute to body esteem problems in children. Girls may be particularly affected by their mothers' behaviour (Cash & Pruzinsky, 2002:69). Research conducted by Olivardia and Pope (2002:96) show that children look to their parents for information pertaining to body image.

- Peers

Peer influences contribute to children's awareness of the negative stereotypes associated with body fat. Peers might comment on a child's weight and shape, discuss her body shape or give advice on weight control techniques. Teasing between peers is often related to body dissatisfaction amongst primary school children (Cash & Pruzinsky, 2002:69). Being repeatedly criticized, taunted or teased about your appearance during the childhood and teen years can leave a lasting effect on body image development (Cash, 1997:47). This holds especially true for girls who develop earlier than their peers. Girls whose hips and breasts develop early, might feel self-conscious and this may lead to the

development of a poor body image (Cash, 1997:46). Research suggests that most people have some reference group that furnishes social information relevant to body image. Such a group might be friends, family or the media (Grogan, 1999:3). The unfortunate fact is that most children prefer not to play with their overweight peers, and assign negative adjectives to drawings of overweight people (Grogan, 1999:7). Studies conducted to investigate the influence that peers have on body image suggests several peer related variables including teasing, friends' concerns with diet and body image, amount of time spent discussing body image and comparison with peers (Olivardia & Pope, 2002:97).

- Media

The *Wikipedia encyclopedia* (2006) states that one of the reasons most often cited for body dissatisfaction among women is the influence of the media. By late primary school, girls start to read the 'teen' magazines that present a particular ideal appearance as well as address appearance concerns. Girls compare themselves to the fashion models and movie actresses or even Barbie dolls, and feel bad about the comparison. Girls who make such a comparison may have higher levels of weight concerns (Cash & Pruzinsky, 2002:69). There is also no doubt that the media – television and films – emphasize the desirability of thinness at a level that is impossible for most women to achieve by healthy means. The Barbie doll figure, for example, would be virtually unattainable if she was a life-size human being. It is estimated that fewer than one in 100 000 women could achieve Barbie's proportions (Olivardia & Pope, 2002:92). The diet industry promotes a thin ideal, although dieting may lead to health problems and is unlikely to lead to long-term weight loss (Grogan, 1999:24). Research has shown that the media play an important role in shaping – that is reflecting the ideal female body (*Wikipedia encyclopedia*, 2006). Thinness is also linked by the media to happiness, desirability and status. It follows that when a child cannot achieve the desirable weight, a negative body image will be formed. It should be noted that some people are more influenced by the media and society's expectations than others. For instance, it has been suggested that adolescents are especially vulnerable because their body image is particularly 'elastic' (open to change) while they undergo the significant physical and psychological changes of puberty (Grogan, 1999:3). Women are also more likely than men to be influenced and have always been encouraged to change their shape and weight to conform to current trends. Through the ages, women have undergone pain to attempt to conform to the current ideal (Grogan, 1999:25).

2.4 SENSE-OF-SELF

2.4.1 DEFINING THE CONCEPT SENSE-OF-SELF

The concept of sense-of-self, self-esteem, self-concept and self-image are sometimes used interchangeably. Jordaan and Jordaan (1998:617) state that in psychological jargon there is a whole string of terms linked to the 'self' such as self-awareness, self-actualization, self-deception, self-worth and self-competence. There are, however, differences between these concepts which should be noted. Esteem (self-esteem) refers to how high something is valued, while an idea is a concept (self-concept) – what we think about something. Image (self-image) is a representation of something – not the real thing (Oaklander, 1988:280).

Geldard and Geldard (2002:208) support this view by stating that:

> Self-concept is not the same as self-esteem. The image or picture a child has of herself is her self-concept. That is how she sees herself. The value she puts on this image is the measure of her self-esteem. Self-esteem is therefore an indication of the extent to which a child values herself.

Purkley (in Huitt, 2004) defines self-concept as the cognitive or thinking aspect of the self: "… the totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence". Huitt, (2004) is of the opinion that self-esteem is the affective or emotional aspect of the self and generally refers to how we feel about ourselves, or how we value ourselves (one's self-worth). Self-concept can also refer to the general idea we have of ourselves and self-esteem can refer to particular measures about components of the self-concept.

2.4.2 THEORETICAL FOUNDATIONS OF SELF-CONCEPT (SENSE-OF-SELF)

Three theoretical foundations underlining the development of the self-concept will be discussed for the purpose of this study.

- Eric Erikson

According to Erikson each person has the need to form an 'ego identity'. "This identity formation consists in part of an emotional separation from earlier patterns of dependency on parents to form a sense-of-self" (Specht & Craig, 1987:156). Erikson placed a lot of importance on the formation of the individual's personal identity as this forms the way in which a person sees herself (Geldard & Geldard, 2002:32). The potential for identity formation continue throughout life but is dominant in the adolescent

phase. Furthermore the ego identity seeks to stabilize itself in each new phase (Specht & Craig, 1987:156). Kohlberg (1987:370) states in this regard: "The child's self, competence and position in the world are constantly changing. During each new phase the ego must reestablish itself". Erikson (in Kohlberg, 1987:370) states the following regarding ego identity:

> The sense of ego-identity … is the accrued confidence that one's ability to maintain the inner sameness and continuity … is matched by the sameness and continuity of one's meaning for others, thus self-esteem, confirmed at the end of each major crisis, grows to be a conviction that one is learning effective steps towards a tangible future, that one is developing a defined personality with a social reality that one understands.

- Sigmund Freud

Freud explains the development of a person's self-concept on the basis of three dimensions namely the *id*, *ego* and *super-ego* (Meyer, 1989:66; Specht & Graig, 1987:158). The id represents the biological side of a person's personality. This is the basis of instincts through which all behaviour is directed. The id, according to Freud, is the strongest dimension of the personality. The ego, often called the executive of the personality, strives to strike a balance between the needs of the id and the superego. Freud viewed the ego as a relatively weak portion of the personality, barely able to control the much stronger id. The superego composes of two parts, namely the ego ideal (the ideal rather than the real) and the conscience. The superego can be viewed as a person's moral standard.

Ideally the id, ego and superego systems should work together as a cooperative unit, helping people fulfill their basic needs and desires and carry on satisfying relationships with others. When the three systems are at odds, the individual is dissatisfied with herself and the environment and a negative self concept is thus formed. When the three systems work together in harmony a positive self-concept is formed (Meyer, 1989:66).

- Carl Rogers

Rogers view the primary goal of a person as to achieve self-actualization. Every person is, according to Rogers, in the process of 'becoming' the ideal person he or she would like to be. A person needs to experience positive regard, conditions of worth and unconditional positive regard for the development of the self-concept (Rapoo, 2002:28-29). We achieve this positive self-regard by experiencing the positive regard others show us over our years of growing up. Without this self-regard, we feel small and helpless, and we fail to become all that we can be (Carl Rogers, 2006).

In Rogers' view, the self is the central ingredient in human personality and personal adjustment (*Wikipedia encyclopedia*, 2006). Rogers described the self as a social product, developing out of interpersonal relationships and striving for consistency. He maintained that there is a basic human need for positive regard both from others and from oneself. He also believed that in every person there is a tendency towards self-actualization and development so long as this is permitted and encouraged by an inviting environment (*Wikipedia encyclopedia*, 2006). Rogers further describes the conflict between the *real self* (the 'you' that, if all goes well, you will become) and the *ideal self* (something that is not real, something that is always out of our reach - the standard no person can meet) as the basis for neurosis (Carl Rogers, 2006). The gap between the real self and the ideal self, the 'I am' and the 'I should', is called incongruity. The greater the gap, the more incongruity. The more incongruity, the more suffering for the person. The *Encyclopedia of Psychology* (2006) explains this incongruity as follows:

> The self-concept of a mentally healthy person is consistent with his or her thoughts, experiences, and behavior. However, people may maintain a self-concept that is at odds with their true feelings to win the approval of others and "fit in," either socially or professionally. This involves repressing their true feelings and impulses, which eventually causes them to become alienated from themselves, distorting their own experience of the world and limiting their potential for self-actualization, or fulfillment. According to Rogers, a strong self-concept is flexible and allows a person to confront new experiences and ideas without feeling threatened.

Keeping the theoretical foundation of the self-concept in mind, the components of the sense-of-self will subsequently be discussed.

2.4.3   COMPONENTS OF THE SENSE-OF-SELF

Three authors' opinions on the components of the 'self' will be discussed. Some of these components overlap such as the physical and social aspects of the 'self', but there are some differences in their perceptions of the 'self'. Jordaan and Jordaan (1998) place emphasis on the applications of the 'self' whereas Huitt (2004) differentiate between the components of a person's self-concept. Humphreys (in Blom, 2004:115) focuses on the child's sense-of-self as applied to the play therapy context.

Jordaan and Jordaan (1998:617) mention applications to the concept of 'self', namely:
- the perception you have of yourself, your self-concept;
- any of a series of aspects of yourself as they emerge in various life contexts; such as the social self, the religious self;
- the professional self;
- the core of your personality;

- all your personal attributes, the totality of your personality structure.

Huitt (2004) is of the opinion that there are several different components of self-concept, namely physical, academic, social and transpersonal.

The physical aspect of self-concept relates to that which is concrete: what we look like, our sex, height, weight, what kind of clothes we wear; what kind of car we drive; what kind of home we live in; and so forth. Our academic self-concept relates to how well we do in school or how well we learn. There are two levels: a general academic self-concept of how good we are overall and a set of specific content-related self-concepts that describe how good we are in math, science, language, arts, social science and other subjects. The social self-concept describes how we relate to other people and the transpersonal self-concept describes how we relate to the supernatural or unknowns.

Within play therapy, the concept of sense-of-self is used, as the concept in itself is self explanatory. The child's sense-of-self can be defined as the child's perception (or sense) of herself. The sense-of-self is central to the child's development (Blom, 2004:113). As a child becomes older, she increasingly develops a concept of who she is, what she is like and what she would like to be. "By means of her own relationship with herself, she comes to realize that she can meet her own personal expectations, those of her peer group and of others" (Du Toit & Kruger, 1993:124). Blom (2004:113) states that: "A child's self-esteem is the amount of her real self that she dares show to the world". Geldard and Geldard (2002:115) are of the opinion that a child's self-concept is made up of how the child sees herself and what she thinks and believes. When the real self and ideal self are too far apart from each other, the child will develop a poor sense-of-self as she will always strive for the ideal self, whilst rejecting the real self (Blom, 2004:113).

Humphreys (in Blom, 2004:115) explains that a child's sense-of-self can be divided into six main headings, namely:
- Physical sense-of-self (appearance);
- Emotional sense-of-self (whether the child is lovable and interesting);
- Intellectual sense-of-self (whether the child is able to comprehend certain aspects in the world);
- Behavioral sense-of-self (whether the child is skilled, able and independent);
- Social sense-of-self (whether the child has a sense of uniqueness or inferiority);
- Creative sense-of-self (whether the child conforms or resists conformity, whether the child is a people-pleaser or does things in her own way).

Blom (2004:115) explains that some children do not have a poor sense-of-self with reference to all six aspects. A child might, for example have a good physical sense-of-self, but experience difficulty with her school work and thus have a poor intellectual sense-of-self. It has been found that the sense-of-self correlates highly with body satisfaction. People with high self-esteem also tend to feel good about their bodies (Grogan, 1999:180). It follows that a child needs to hear that her body is unique, right and need not be like anyone else's body in order to develop a positive sense-of-self (Blom, 2004:115).

2.4.4   THE DEVELOPMENT OF THE SENSE-OF-SELF

Four sources that contribute to the development of the sense-of-self will be distinguished, namely biological sources, social sources, self-reflection and observation of own behaviour.

- Biological sources

Most authors agree that a child's sense-of-self starts developing from birth. At birth an infant has no understanding of the self as distinct from other people and things, but by the age of 18 months the notion of a self is already fairly well developed (Jordaan & Jordaan, 1998:618). Oaklander (1988: 280) states that: "… a baby is not born with bad feelings about herself. All babies think they are wonderful". Geldard and Geldard (2002: 209) are also of the opinion that a child begins to form an image or picture of herself from a very early age. This image is generally referred to as the child's self-concept and is largely based on the way in which the child is treated by the significant people in her life. According to the *Wikipedia encyclopedia* (2006) self-concept is learned: "As far as we know, no one is born with a self-concept. It gradually emerges in the early months of life and is shaped and reshaped through repeated perceived experiences, particularly with significant others" (*Wikipedia encyclopedia*, 2006). In terms of the biological source for the development of the sense-of-self, Schwalbe (in Jordaan & Jordaan, 1998:619) maintains that the self originates through a process of self-organisation which the author calls autogenesis. This process is based on the information processed by the five sensory systems and transmitted to the brain as impulses. The brain processes this information into sensations and perceptions which are basic to the ability to differentiate between self and others (Jordaan & Jordaan, 1998:620).

- Social sources

The way in which others see and describe a person is a major source for the formation of the sense-of-self. Oaklander (1988:280) states that: "How a child feels about herself a few years after birth, is certainly determined to a great extent by the early messages she gets about herself from her parents". The child interprets messages throughout her life in order to reinforce parental messages given to her in the first few years (Oaklander, 1988:280). Erikson states that if parents provide opportunities for

children to develop their potential (skills), their feelings of inferiority can be controlled (Erikson in Rapoo, 2002:53). Often the love, affection, approval and acceptance that children receive from their parents depend on the extent to which they meet their parent's expectation (Jordaan & Jordaan, 1998:622). In return, the child receives the love and nurturing she needs and subsequently develops a sense-of-self that is based on the 'good me'. When expectations are not met, love, affection and acceptance are often withheld. Thus the development of the sense-of-self is also affected by an unacceptable 'bad me'.

> Children will learn to act in ways that maintain the 'good me', as defined and personified by their significant others, and to avoid or conceal behaviour that damages the image of the 'good me'. At the same time they learn to feel good or positive about the 'good me' and to feel bad or negative about the 'bad me' (Jordaan & Jordaan, 1998:622).
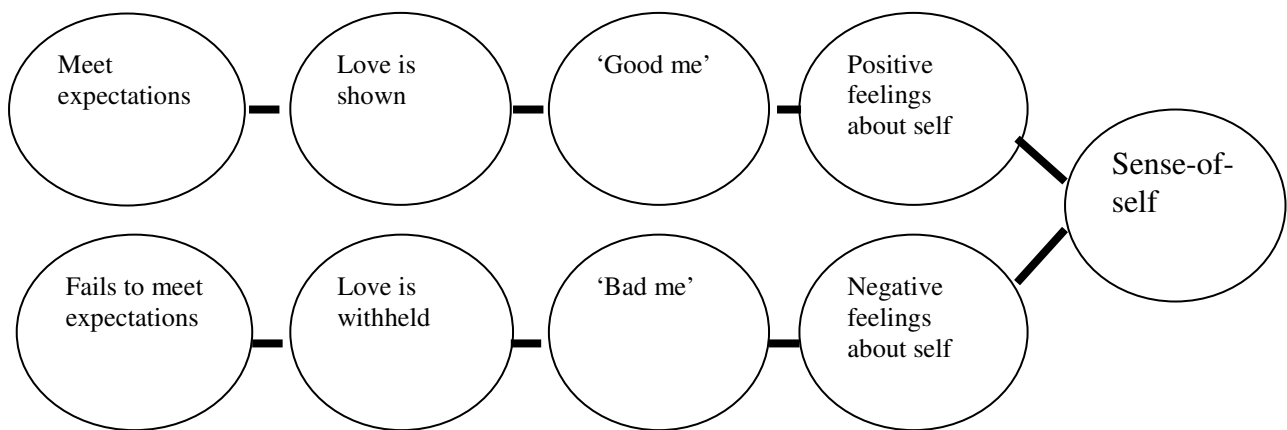
Figure 1: Development of the sense-of-self (Jordaan & Jordaan, 1998:622).

The normal way in which children develop their sense-of-self and learn what is acceptable is by naturally absorbing ideas and beliefs from the adults and children around them. These ideas and beliefs that the child acquires are strongly influenced by the culture the child lives in. The child thus begins to develop a view of herself within the context of a family and a wider community (Geldard & Geldard, 2002:114).

- Self-reflection

The third source of the development of a person's sense-of-self is the process of self-reflection. This often takes the form of stocktaking based on the question: W*ho am I really?* Jordaan and Jordaan (1998:623) state that this question may relate to tension between the acceptable 'good me' that you try to keep up for the sake of others' approval, and the unacceptable 'bad me'. The child will develop a negative sense-of-self when she reflects on herself and only perceives the 'bad me' aspects. When a child constantly attributes her failures to internal and uncontrollable causes such as her own competency, she will develop a tendency for social learned helplessness (Krantz, 1994:457). This causes the development of a negative sense-of-self as the child will be less able to deal with failure.

These children will not try something new or challenging as they already think that they will not be able to do it. The importance of positive feedback by parents and teachers is thus stressed.

- Observation of own behaviour

This source of the formation of the sense-of-self is based on the fact that a person will know who she is from her behaviour in certain situations. It should be noted that this view can, however, be selective and distorted (Jordaan & Jordaan, 1998:623). According to Huitt (2004) people develop and maintain their self-concept through the process of taking action and then reflecting on what they have done and what others tell them about what they have done:

> We reflect on what we have done and can do in comparison to our expectations and the expectations of others and to the characteristics and accomplishments of others. That is, self-concept is not innate, but is developed or constructed by the individual through interaction with the environment and reflecting on that interaction (Huitt, 2004).

Geldard and Geldard (2002:114) state that a child will develop a negative self-concept when she observes her own behaviour and interprets her participation in past experiences as sneaky, incompetent, inept, disloyal, naughty, nasty or stupid. The role stereotype which decrees that 'proper little boys' should be tough and rough and 'proper little girls' should be the opposite can be used as illustration of this point. When a boy observes his own behaviour and sees himself doing rough and tough things, he will view himself as a 'proper little boy', thus adhering to the stereotype (Jordaan & Jordaan, 1998:623).

2.4.5 THE SENSE-OF-SELF IN MIDDLE CHILDHOOD

When the child goes to school at age six, she has a fairly clear idea of her identity. She identifies herself as female, recognises herself in the mirror and can value positive attributes that she has. Within the school environment she comes into contact with teachers, friends and other adults who evaluate her and react according to their evaluation of her. The effect this has on her sense-of-self depends on the child's experience of efficiency, adequacy and success (Prinsloo *et al.,* 1996:100). Oaklander (1988:281) states that how we perceive and value ourselves determine to a great extent how we behave, how we cope with life and how we manage ourselves. This statement is applicable to the primary school child who moves from the secure environment of the family to the school where she has to conduct herself in a self-assertive manner in order to be able to cope with all the demands placed on her (Prinsloo *et al.,* 1996:100). According to Rapoo (2002:53) children in middle childhood begin to acquire the ability to view themselves in more psychological terms: "Self-concept has been found to be a major aspect of personality development in middle childhood". Geldard and Geldard

(2002:210) state that, generally, the self-esteem of a child remains fairly constant and stable over a period of several years. However, the self-esteem can be influenced either directly or indirectly by appropriate interventions.

Eric Erikson stresses that, in the middle childhood phase, the child finds herself in the developmental stage where the two poles of industry versus inferiority are represented. The child should try to reach a synthesis of the two poles as this leads to positive feelings of competence (Du Toit & Kruger, 1993:117). Erikson's work is relevant to issues relating to self-concept (sense-of-self) and to the therapist's work in helping the child to gain ego-strength through the successful resolution of a developmental crisis (Geldard & Geldard, 2002:32).

Children in the middle childhood phase become increasingly orientated towards success and enjoy competitive activities. When the child can, however, not master these activities, it can give rise to feelings of inferiority and the child's sense-of-self will be affected negatively. Children use social comparison to refine their perceptions of their own competencies. A child who, for example, thinks of herself as socially competent compared to her peers, is likely to be more assertive and confident in her social initiatives (Krantz, 1994:440).

2.5 THE LINK BETWEEN BODY IMAGE AND SENSE-OF-SELF

Body image has been hypothesized to be crucial to early personality formation, thus the development of the sense-of-self (Olivardia & Pope, 2002:83). Grogan (1999:180) is of the opinion that a poor body image leads to low self-esteem, whereas people with high self-esteem tend to feel good about their bodies. Studies also show that children's body satisfaction is positively related with their self-esteem (Olivardia & Pope, 2002:85). The direction of the relationship, however, is unknown. Rutherford (2001) states that people tend to relate self-esteem to body image for several reasons:

> First of all, most people care about how other people see them. Unfortunately, many people judge others by things like the clothes they wear, the shape of their body, or the way they wear their hair. If a person feels like he or she looks different from others, then body image and self-esteem may be affected negatively.

Erikson viewed body image and self-concept as integral parts of a person's development. He was of the opinion that the body is a source of identity and a means by which to operate effectively on the external environment. Self-concept and self-esteem therefore easily becomes intertwined with body satisfaction (Olivardia & Pope, 2002:84).

Wilder Coughlin *et al.* (2003:56) state that a healthy body image is associated with positive self-esteem, whereas a disturbance in body image can lead to a number of negative consequences including decreased self-esteem, depression and unhealthy eating behaviours. Poor self-esteem means feeling inadequate as a person: it means that a person has low self-worth. Cash states that: "If you don't like your body, it's difficult to like the person who lives there - you!" (Cash, 1997:40). Interestingly, body image seems to be more crucial to women's self-esteem than to men's, due to the higher importance placed on physical appearance for women in Western cultures (Grogan, 1999:180). An important factor in the formation of body image and the influence it has on the sense-of-self is the existence of introjects. Blom (2004:22) states that an introject can include an idea, attitude or belief. Children assimilate these introjects and in the process sacrifice their own opinions and beliefs. The negative outcome of the formation of introjects is that it can lead to a poor sense-of-self. "Introjections may contribute to a poor sense-of-self in children as it often leads to children feeling that they are only conditionally accepted" (Blom, 2004:115). The belief amongst researchers has been that negative body image attitudes begin during the adolescent years. However, Wilder Coughlin *et al.* (2003:56) state that: "… body image dissatisfaction can begin as early as five years of age and, although often reported as more common among girls, should not be overlooked in boys". Kostanski, Fisher and Gullone (2004:1317) support this view, stating that body image dissatisfaction starts during childhood years, and that it is a significant issue for girls as well as for boys. They further state that: "… socialization processes, such as the media, peer group pressure and the family are major determinants of these high levels of negative attitudes in especially girls" (Kostanski *et al.,* 2004:1317).

2.6 SUMMARY

In this chapter the researcher explored the primary school girl in the middle childhood phase with specific reference to the development of the sense-of-self. Furthermore, the concepts of 'perception', 'body image' and 'sense-of-self' have been defined in more depth. The middle childhood phase is a crucial time for the child to form a perception of her body image and sense-of-self. The fact that girls mature more rapidly than boys, contribute to them feeling very sensitive about their physical appearance at primary school age. Development occurs on different levels during these years and the child gains self-esteem by how others view her. Thus, the child's sense-of-self, which can be defined as the child's perception of herself, is formed. Defining body image can be complex and puzzling. A person's body image is more than just what she sees in the mirror, it is linked to what others think of her and it directly influences the person's sense-of-self. In the following chapter, gestalt therapy will be discussed as the study will be conducted utilising this approach. Specific gestalt play therapy techniques for the assessment of body image in children will be discussed in depth.

CHAPTER 3

THEORETICAL FOUNDATION OF GESTALT THERAPY

3.1 INTRODUCTION

In the previous chapter, the concept child in middle childhood is clearly defined, as are the concepts body image and sense-of-self. In order for the researcher to effectively conduct the study, a solid theoretical foundation is required. Thus, in this chapter, gestalt therapy will be discussed.

The aim of the gestalt approach is for a person to discover, explore and experience her own shape, pattern and wholeness. Gestalt therapy is aimed at the integration of all disparate parts. In this way people can let themselves become totally what they already are, and what they potentially can become (Clarkson, 1989:1). The emphasis of gestalt theory is on self-integration, fulfillment and awareness (Hardy, 1991:4). It is not aimed at instant joy, instant sensory awareness or an instant cure, but rather the focus is placed on lasting results. Perls (in Polster & Polster, 1973:xi) states in this regard: "The growth process is a process that takes time. We can't just snap our fingers and say: Come on … let's be gay! Gestalt therapy is no magic short cut!" The central goal in gestalt therapy is deeper awareness, which promotes a sense of living fully in the here and now. The aim is to help people help themselves to grow (Perls in Thompson & Rudolph, 2000:167).

It should be noted that gestalt as we know it today, has come a long way since the concept was developed by Perls. In terms of working with children, it can be said that Violet Oaklander developed the gestalt approach to play therapy. According to the researcher, Schoeman was one of the first therapists to apply this approach to play therapy in the South African context. The following concepts regarding gestalt play therapy will be discussed in this chapter:

Basic concepts	Layers of neurosis	Gestalt therapy process	Play therapy techniques
Awareness	Phony layer	Therapeutic relationship	Relaxation play
Foreground	Phobic layer	Sensory contact making	Biblio-play
Here and now	Impasse layer	Emotional expression	Dramatic play
Self-regulation	Implosive layer	Self-nurturing	Creative play
Unfinished business	Explosive layer	Termination	

Figure 2:   The basic concepts of gestalt therapy

3.2 THE NATURE OF PEOPLE

It is important to first put gestalt play therapy in context with its belief about the nature of human beings. According to gestalt theory, the most important areas of concern are the thoughts and feelings people are experiencing at the moment (Thompson & Rudolph, 2000:185). It can be deduced that what a person is feeling now is more significant than what a person felt an hour ago. The gestalt approach is based on the notion that each person is responsible for the experience of his or her own life: "This implies that every moment the individual makes choices to act or not to act in certain ways, and that he or she is responsible for all of these choices" (Clarkson, 1989:24). It can be said that gestalt has a positive view on the existence of human beings. Human beings have the ability to live integrated lives and be totally responsible for themselves. Thompson and Rudolph (2000:185) state that a healthy person focuses sharply on one need (the figure) at a time, while relegating other needs to the background. When the need is met – or the gestalt is closed – it is relegated to the background and a new need comes into focus. A healthy personality is experienced once there is a harmonious relationship between needs placed on the foreground, and the person's level of awareness (Thompson & Rudolph, 1996:142). The researcher deduces that when working with children, the child should be supported in identifying the primary need in order to 'close' this need and move on to another need. The main aim of gestalt therapy is to support a person to mature and to grow up, in other words to assume responsibility (Perls in Passons, 1975:19). The second major goal is achieving integration. It should be noted that there is no such thing as total integration. Maturation is never completed as a person learns new things every day. The following assumptions about the human nature form the basis of gestalt therapy:

- Man is a whole, who *is* (rather than *has*) a body, emotions, thoughts, sensations, and perceptions, all of which function inter-relatedly.
- Man is part of his environment and cannot be understood apart from it.
- Man is proactive rather than reactive.
- Man is capable of being aware of his sensations, thoughts, emotions and perceptions.
- Man, through self-awareness, is capable of choice and is thus responsible for his behaviour.
- Man possesses the resources to live effectively and to restore himself.
- Man can experience himself only in the present.
- Man is neither intrinsically good nor bad (Passons, 1975: 14).

Pathology according to gestalt therapy can be caused when an unfinished or incomplete 'gestalt' is inappropriately or prematurely closed under stress. This closure may take a physiological, affective, cognitive or behavioural form (Clarkson, 1989:7). Neurotic people are those who try to fulfill too many needs at a time. However, they fail to satisfy any of them (Thompson & Rudolph, 1996:142). In conclusion, the ultimate measure of success in gestalt therapy will be when a person grows in awareness, takes responsibility for her own life and moves out of environmental support.

3.3 BASIC CONCEPTS OF GESTALT THERAPY

There are several basic concepts that form the basis of gestalt therapy such as: a holistic view; I/Thou relationship; holism; awareness; continuum of awareness; experience; responsibility; contact; contact boundary disturbances; here and now; self-regulation; gestalt formation (figure and ground); unfinished business; topdog versus underdog; polarities; self-nurturing; fragmentation of personality and equilibrium; balance and homeostasis. Only the concepts relevant to this study will be discussed in this chapter.

3.3.1 AWARENESS

Passons (1975:48) is of the opinion that awareness is the essence of gestalt therapy. Schoeman (1996a:30) also underlines the importance of awareness in the sense that in order for a therapeutic relationship to be established, the therapist must determine what the child is experiencing at the present moment. Polster and Polster (in Passons, 1975:47) state that awareness is a continuous means for keeping up to date with one's self: "Focusing on one's awareness keeps one absorbed in the present situation". The importance of awareness is captured in this statement: "… for a person to

live effectively she must have sufficient awareness of both herself and her environment" (Passons, 1975:49).

Several points need to be made about awareness:

- Firstly, awareness is different from introspection as it is the process of noticing and observing what you do, and what your feelings, thoughts, and body sensations are, whereas introspection is usually evaluative in the sense of trying to learn something by looking inwards (Passons,1975:47).
- Secondly, it is not possible to simultaneously attend to two things with the same degree of awareness. A gestalt cannot be formed when only partial attention is given to it.
- Thirdly, a person has the power to focus her awareness (Passons, 1975:47). Schoeman (1996a:31) agrees with this notion stating that awareness is the means by which the individual can regulate herself by choice.
- Fourthly, the absence of awareness is usually associated with avoidance. A person can, for example, choose not to be aware of something if she desires to do so (Passons, 1975:47).

Within gestalt therapy a person must be made actively aware of herself and her surroundings by conducting experimental exercises. The following elements constitutes awareness of the self: body structures, movement, body processes, sensations, feelings, thinking, fantasy, seeing, hearing, touching, tasting, smelling and voice (Passons, 1975:47-59).

3.3.2   FOREGROUND NEED

For any individual the 'figure' is usually that which is most relevant or meaningful to the person, that which draws his or her interest in a dominant manner (Clarkson, 1989:5). When the need is met, it moves to the background. Healthy people take care of their figural needs first, and as these needs are met they become aware of those placed on the ground. Those needs are then pushed to the figure to be fulfilled (Thompson & Rudolph, 1996:146). The gestalt approach emphasizes that good experience is predicted on the perception of one clear figure after another. A clear figure may be, for example, the biological need for sleep. Clarkson (1989:6) further states that a good figure is one which is clear, sharply distinguished from the background and of strong interest. The movement of interests from the figure to the ground is called the 'cycle of experience'.

3.3.3 HERE AND NOW

Gestalt therapy emphasizes direct experiences (Thompson & Rudolph, 2000:187). The function of the gestalt therapist is to focus the client's awareness in the 'now' by frustrating any attempt of the client to break out of the 'here and now'. In play therapy the therapist will help the child to focus on what she is experiencing at the moment.

Buber developed a model in gestalt called 'healing through meeting' (Yontef in Schoeman, 1996a:29). Healing here refers to: "… a restoration of wholeness, with the full engagement taking place in the here and now". In building a relationship with the child, the therapist must look at the child's level of awareness. If the child is not aware of herself, her reactions and sensory functions, the possibility of building a good relationship with her and doing an assessment is very slight (Schoeman, 1996a:29). Another reason for the importance of the here and now is stated by Passons (1975:46):

> Changes in a person can only occur in the present. A person cannot redo her past or change what she has not experienced, the future. Thus, change in values, feelings, thoughts, physical behaviours and the like, can emerge only in the present.

The central goal of therapy is deeper awareness which promotes a sense of living fully in the here and now (Thompson & Rudolph, 2000:187).

3.3.4 SELF-REGULATION

In its quest for good health, an organism seeks to achieve homeostasis (Rapoo, 2002:16). In gestalt a person is seen as having a natural or organismic tendency to regulate the self. This means that a person strives to maintain a balance between need gratification and tension elimination (Clarkson, 1989:19). Kottman and Scheafer (in Rapoo, 2002:16) state that individuals are constantly faced with needs to be met. Once these needs arise, a discomfort is experienced. However, as soon as they are fulfilled, a state of equilibrium (homeostasis) is experienced. The gestalt approach assumes that people know at some level what is good for them. The orgasmic self-regulation, left undisturbed, usually leads towards a healthy, balanced and self-actualizing outcome. The goal of counseling is to re-establish this natural and healthy functioning (Clarkson, 1989:19).

3.3.5 UNFINISHED BUSINESS

At the basis of gestalt therapy lays the concept of unfinished business. Thompson and Rudolph (2000:187) explain the concept as follows: "A gestalt is formed in a person as a new need arises. If a need is satisfied, the destruction of that particular gestalt is achieved and new gestalts can be formed". The process of figure and ground (needs that are met) can be chronically or traumatically interrupted. This interferes with the natural completion of an adequate gestalt and will result in an unfinished experience or gestalt and will prevent the formation of a new gestalt (Clarkson, 1989:6). Thompson and Rudolph (2000:187) state that an incomplete gestalt is referred to as 'unfinished business'. Rapoo (2002:16) confirms this statement: "Any incomplete gestalt is unfinished business demanding resolution". Schoeman (1996a:37) states that unfinished business can be explained in terms of unexpressed feelings or concerns and unsatisfied needs. Unsatisfied needs can arise when a person is out of touch with her potential.

Polster and Polster (1973:37) reflect that, if these unfinished circumstances are powerful enough, the individual, no matter how successful she is in deflected directions, can never be satisfied. Schoeman (1996a:37) is of the opinion that unfinished business accumulates: "Once a child gets into the habit of organismic indigestion, she becomes clogged with incomplete gestalts, which interfere with free functioning". This can lead to the child collecting a stream of incomplete situations, fantasies, dreams and unexpressed needs. Polster and Polster (1973:37) explain that: "… once closure has been reached and can be fully experienced in the present, the preoccupation with the old incompletion is resolved and one can move on to current possibilities". Schoeman, (1996a:38) however, warns that unfinished business never goes away unless it is dealt with in a therapeutic relationship.

Unresolved childhood situations are often experienced as 'unfinished situations' or incomplete gestalts. Clarkson (1989:7) deduces that these unfinished situations can continue to disturb the person in adult life: "They tend to interfere with behaviours, perceptions and thinking related to effective functioning in the here and now".

3.4 LAYERS OF NEUROSIS

Gestalt therapy outlines five layers of neurosis which depict how people fragment their lives and prevent themselves from succeeding and maturing (Thompson & Rudolph, 2000:166). A person's progress through the layers is determined by whether she chooses to remain in the layer where she is most comfortable, or move on to the next layer.

The phony layer: This layer, also referred to as the cliché layer, describes a pattern of non-contact with others and the world. The cliché level of interaction between people requires no commitment.

Many people are trapped in trying to be what they are not. Hardy (1991:26) gives an example as illustration to this layer: "When a person says 'hello' and the other answers 'fine' before even being asked, the phony layer is present".

Phobic layer: The second layer is what Perls called the Freud layer and has to do with playing games and performing roles. This level is superficial in the sense that people pretend to be better and more polite than what they really are. People become aware of their games and their fears that maintain these games. This experience is often frightening to people (Thompson & Rudolph, 2000:166). According to Hardy (1991:26) most people live much of their lives in this layer. The roles which are played in our lives provide a kind of protection for us. It can be deduced that, in this phase, a person has to decide whether to accept the true self or continue with the phony games.

Impasse layer: In this layer a person experiences emptiness, nothingness and feelings of being stuck with strong phobic reactions and avoidance behaviours (Hardy, 1991:26). The ambivalent feelings a person experiences in this phase is due to the fact that she moves back and forth not knowing whether it is right to remain stuck.

Implosive layer: People become aware of how they limit themselves, and they begin to experiment with new behaviours within the counseling setting (Thompson & Rudolph, 2000:166). A person enters this layer when she chooses to give up on the phony roles. This layer presents itself as the 'death layer' in the sense that the person is willing to let her false identity go. When doing this, the person is forced to find meaning in herself. Hardy (1991:26) states that: "… in this layer we must then identify who we really are and identify ourselves apart from the roles we have to fulfill".

Explosive layer: Experimenting with new behaviours within the counseling sessions releases much of unused energies that have been tied up by maintaining the phony games (Rapoo, 2002:19). When a person becomes who she really is, she moves into the explosive layer.

In order for counseling to be successful, the therapist must help the child to move through all of these layers in order to become a self-regulating being of awareness. The gestalt process by which a child is guided through these layers will be discussed briefly.

3.5 GESTALT THERAPY PROCESS

Gestalt play therapy is a process orientated approach in which sometimes the therapist leads and sometimes the child leads. The goal of the therapy process is to restore the child's natural functioning

and self-regulatory processes, leading to integration, choice and change (Thompson & Rudolph, 2000:380). Oaklander stresses that the therapeutic process should be kept in mind by the therapist from start to finish. It is the therapist's responsibility to: "… provide the means which will open doors and windows to the child's inner world" (Oaklander, 1988:193). When discussing the gestalt play therapy process, different authors have different opinions on the stages of the process. The researcher will, however, discuss the main phases as presented by Geldard and Geldard (2002), utilised when conducting the study.

3.5.1   THE DEVELOPMENT OF A THERAPEUTIC RELATIONSHIP

The relationship between the therapist and child is critical to the success of the therapeutic process. The formation of a strong therapeutic relationship forms the foundation of therapy. Landreth (1991:153) states that the therapeutic relationship should be the place where the child can be, experience and express all she is at the moment and be accepted fully. In gestalt therapy the relationship is used and regarded as a tool to unlock the child's deepest feelings, fears and frustrations (Rapoo, 2002:20). It should be noted that some children do not engage easily – they may have lost all their trust in adults or they might be frightened. They might also lack the language to communicate effectively. As each child should be viewed as a unique individual, there is therefore no recipe for the establishment of a therapeutic relationship. Landreth (1991:154) proposes the following six objectives for the establishment of a strong therapeutic relationship:
- to establish an atmosphere of safety for the child;
- to understand and accept the child's world;
- to encourage the expression of the child's emotional world;
- to establish a feeling of permissiveness;
- to facilitate decision making by the child;
- to provide the child with an opportunity to assume responsibility and to develop a   feeling of control.

Gardner (in Van der Merwe, 1996a:22) states that within a good relationship, it is possible for the child to communicate with the therapist on a deeper level. The strength of this trusting relationship should also motivate the child to handle the frustration that often accompanies therapeutic change, and to strive towards further therapeutic growth.

When conducting the research, the therapeutic relationship will be established within the first session by utilising sensory awareness activities.

3.5.2. SENSORY CONTACT MAKING

Individuals are able to make contact with themselves and their environments through the sensory modalities of touch, smell, sight, taste and hearing. Blom (2004:99) stresses the importance of these modalities: "Sensory awareness fulfils an important function in the child's life, as it should have a direct influence in the child's contact-making with the environment". Oaklander (1988:109), however, states that somewhere along the line we loose full awareness of our senses: "… they become hazy and blurred and seem to operate automatically and apart from ourselves". Blom (2004:99) highlights the danger in this: "If children shut themselves off sensorial in respect of one or more senses, they will find it difficult to come into contact with their repressed emotions". In gestalt therapy, the child is helped to become fully aware of her senses as this stimulates the child to express herself on an emotional level. Oaklander (1988:128) explains as follows:

> Children disconnect their bodies as a result of stress caused by unfinished business; they loose their sense-of-self and a great deal of physical and emotional strength. We therefore need to provide methods of helping them regain their bodies, to help them know their bodies, be comfortable with them and learn to use them again.

Sensory contact making enhances the process for both the child and the therapist to be in touch with their inner child, acknowledge and nurture it. It follows that this is empowering to the child as it leads to self understanding. A child who is unwilling to observe what is going on around her finds it difficult to position herself in the world. It is therefore important that the child explores, tests and realizes what she finds agreeable or disagreeable (Schoeman, 1996b:42). Blom (2004:108) states that: "… every emotion has a bodily contact point, thus there is a relationship between the body and emotions. Emotions are experienced by means of a bodily sensation".

The different sensory modalities will be mentioned and activities to enhance sensory awareness will be briefly discussed:

Touch: People depend a lot on their sense of touch. The world is explored through touching objects (Schoeman, 1996b:47). Oaklander (1988:110) places objects with a variety of surfaces in a bag and asks the child to reach into the bag and pull something out that is rough, or soft or smooth. When taking the object out, the child can explain what it feels like and what it reminds her of. The therapist and child can take off their shoes and walk barefoot indoors describing different surfaces and talking about how their feet feel.

Sight: Sight is one of the most important modalities a child uses to learn things about the world. A child is not afraid to look. They see, observe, notice, examine, inspect everything and often seem to stare (Oaklander, 1988:111). Tear (in Schoeman, 1996b:43) suggests the following exercises in order for the child to gain sensory awareness: peeping though fingers, looking through a piece of paper with a hole in it, looking through coloured cellophane or playing with a mirror.

Sound: A child uses her sense of hearing before she is born. In the womb, the baby can hear the sounds of her mother's body and voice, as well as noises from the outside world (Schoeman, 1996b:43). As a child grows older, she will learn to hear only what she wants to hear. However, when a child does not have contact with sounds, she will have difficulty in making contact with connected feelings. Feelings and sound are often interrelated. Oaklander (1988:114), therefore, suggests that helping children to appreciate sound increases their sense of being in the world. Suggested exercises are to sit quietly with eyes closed and to allow the sounds you hear to come to you. Notice the feelings as you take in every sound. Talk about sad sounds, happy sounds, scary sounds and sounds evoking other feelings.

Music can also be used effectively in the therapeutic milieu to stimulate sensory awareness. It brings to the surface emotions in the child that nothing or no one has ever elicited – music can bring out what the child is trying to verbalise (Schoeman, 1996b:45). When reacting to music the child can come into contact with her own body, particularly with the muscles in her body. She will learn to release emotions in a healthy way through music.

Smell: Smell is a strong sensory modality for most people and the role of smell is often underestimated. It is possible to connect smells with memories from the past: "These aromas are connected to certain emotions evoking pleasant memories, anxiety or sadness" (Schoeman, 1996b:45). Talk about smells – favourite smells and unfavourate ones. To stimulate a child's sense of smell, a few bottles can be filled with substances with various aromas; the child can then guess what these aromas are. She can then also relate what the smell reminds her of.

Taste: The tongue is used for talking, chewing and swallowing. It is very sensitive as it tells us when things are sour, sweet, bitter or salty. Our tongue can help us to express emotion as well – sticking out your tongue at someone is an expression of aggression. Assorted sweets such as peppermint, chocolate, almond and dried fruit can be mixed in a dish. The child chooses a sweet and describes the taste. She must then describe an incident related to the taste. The child can also close her eyes and guess what she is eating (Oaklander, 1988:119).

3.5.3 EMOTIONAL EXPRESSION

Emotional expression includes the expression of thoughts, ideas and when allowed, is empowering to the child (Rapoo, 2002:22). Blom (2004:137) explains that: "… during the stage of emotional expression, the therapist will focus on aspects such as what emotions are, the kinds of emotions and the body's reaction to various emotions". Schoeman (1996b:53) states that it seems that children have difficulty in verbally expressing the real intensity of their feelings. Some children are not familiar with what feelings are, even though all children certainly have feelings. It is important that the child should know the range of feelings that she can experience. Schoeman suggests that it is helpful to show a card with faces reflecting feelings. The researcher usually asks children to identify different emotions and demonstrate these emotions on their faces. They can then draw these emotions. Children usually find it interesting to hear how their bodies react to feelings. During therapy, the therapist can draw the child's attention to the reactions of her body to certain feelings. By being able to identify signs in her body the child will be better prepared to identify and cope with feelings (Schoeman, 1996b:52).

3.5.4 SELF-NURTURING

Self-nurturing means that: "… children learn to accept those parts of themselves which they hate in order to achieve integration, in other words to accept and nurture themselves" (Blom, 2004:173). Most children blame themselves for trauma that happened to them. Feelings of guilt, shame and blame are thus pushed deeper and deeper. As the child feels stronger – more acquainted with her senses, her body, her intellect and emotions – she learns to express her emotions rather than bury them (Rapoo, 2002:22). Self-nurturing helps the child to integrate the polarities within herself and to accept and nurture that part of herself which she blames for the trauma and to forgive herself (Blom, 2004:174). The child must thus be guided to use herself as a resource in order for healing to take place. The process of empowering the child takes place throughout the therapeutic intervention. Schoeman (1996c:180) states that children are sometimes so diminished that they cannot make choices: "By making a choice, a child is saying who he is". When the child is empowered, she should get a feeling of power, knowing that she is in control of making her own choices. Self-nurturing needs to take place in order for the child to maintain this power. (Schoeman, 1996c:181). Finally, the child must be taught during the self-nurturing phase that it is not wrong to be good to herself (Blom, 2004:175).

3.5.5 TERMINATION

Blom (2004:201) states that termination forms an important stage in the gestalt therapy process and that it is not merely the ending of the therapy. She further explains that changes in behaviour, more

interest in other activities than in therapy and what happened during therapy, must be used as a norm in evaluating termination (Blom, 2004:202). Termination is thus reached once the child has dealt with her unfinished business and the therapy has reached a plateau. Clarkson (1989:134) states that, ideally, both therapist and client begin at approximately the same time to anticipate possible termination and both can give it their full attention.

> Every goodbye that is well done in the present can retrospectively help heal incomplete goodbyes in the past. It can also teach the client to negotiate life's many natural and unnatural endings in the future. The most important aspect of termination is to allow the client to finish any 'unfinished business' with a therapist in as complete a way as possible (Clarkson, 1989:140).

The child needs to be prepared to cope with her problems without the help of the therapist, thus the issue of loss involved in termination must be handled with great sensitivity (Van der Merwe, 1996b:197). Hepworth and Larsen (in Van der Merwe, 1996b:197) identify several tasks that must be accomplished to help the child with the transition from being a client to being on her own, namely:

- a decision must be taken when to implement termination;
- emotions commonly experienced during the process of separation should be mutually resolved;
- the therapy and the extent to which goals were attained should be evaluated;
- plans should be made to consolidate the gains of therapy, while change maintenance strategies should be planned.

Landreth (1991:328) suggests that the discontinuation of the relationship should be a smooth process, not abrupt and should be accomplished with great sensitivity to the feelings of the child: "… if the termination of the play therapy experience is not handled properly, children may feel rejected, punished, or a sense of loss". The termination should be planned carefully with great sensitivity, and it is important to have an open door policy regarding follow-up therapy. Landreth (1991:329) further states that leaving the door open for children to return if they feel the need to do so, by informing them that they can come back, sometimes help children with the turning loose process.

3.6 THE ROLE OF PROJECTION IN GESTALT PLAY THERAPY

In order to fully define gestalt play therapy, the concept of projection must be explained. Projection forms part of the play therapy process and it is goal orientated. According to Schoeman (1996d:61) the child projects her feelings and needs through play. Projections will differ from child to child, but all children will usually reflect the state of their unfinished business through their projection.

Several authors attempt to define projection (Oaklander, 1988:25; Blom, 2004:24; Yontef in Schoeman, 1996d:64; Geldard & Geldard, 2002:109; Thompson & Rudolph, 2000:73). By taking the writings of these authors into consideration, the researcher deduces that a client will project her own unwanted feelings or ideas onto an object or another human being, when she does not have enough strength to take responsibility for owning these feelings. Projection thus helps the child to express uncomfortable and unacceptable feelings. Blom (2004:24) explains that clients may hold others responsible for the way things are, or they might project their emotions on others when they do not have enough ego strength to deal with their problems. Cattanach (2003:33) states that projection happens when the child discovers the world outside of herself through toys, dolls and other play objects. These toys then become representative of other objects – a doll becomes a baby or a stick becomes a sword. "Toys and objects assist the child in externalization and help the child to separate from a problem and expand their perspectives" (Cattanach, 2003:33).

When utilising projection, children are often asked to speak as the people, animals or objects in their fantasy or drawing (projection technique). By doing this, the child is supported in conceptualizing their feelings, becoming able to reflect on them and owning them. Geldard and Geldard (2002:109) explain that projection can rather be like a stepping-stone that enables the child to move from denying feelings to owning them. By doing this, the client will become emotionally stronger, have a higher self-esteem and reach integration.

Several authors state the goals and objectives of projection (Landreth, 1991:15; Oaklander, 1988:175; Schoeman, 1996d:67).

- To reach the child's problem area, the child should be helped to direct all projections to the *here and now* – that what is making her unhappy now. The child's problem must thus be dealt with in the present.
- Projections can be used to *help a child to grow*. The growth takes place as the child is able to accept herself demonstrated by the therapist's unconditional support and acceptance of the child.
- Projection can be used to *solve unfinished business.* Most children who come for therapy have experienced some kind of trauma in their lives. Tension is caused in the child as she tries to bring balance to the incomplete gestalts in her life. As the child tries to find closure, she has to project this unfinished business onto something else.

Landreth (1991:15) explains how most children find it difficult to put into words what they feel or how an experience has affected them. Through this symbolic language of projecting herself in her play, the child reveals her experiences, her own relation to her experiences, her feelings, wishes, wants and needs and her perception of herself. The researcher finds that projection is a valuable tool through

which children can express their innermost feelings and experiences. In this study, projection techniques will be utilised in order for the child to express her feelings regarding body image and her sense-of-self.

3.7 FORMS OF PLAY

Play is to the child what verbalization is to the adult. Play is thus the child's strongest communication tool. Through play: "… children are able to use toys to 'say' what they cannot verbalize, do things they would feel uncomfortable doing and express feelings they might be reprimanded for verbalizing" (Landreth, 1991:14). When utilising gestalt play therapy techniques, the following can be revealed, according to Landreth (1991:15):

- what the child has experienced;
- reactions to what was experienced;
- feelings about what was experienced;
- what the child wishes, wants or needs;
- the child's perception of self.

The four forms of play that will be discussed for the purposes of this study are: relaxation play, biblio-play, dramatic play and creative play. All forms of play, except dramatic play, will be utilised in the study.

3.7.1 RELAXATION PLAY

Schoeman (1996d:63) suggests that relaxation play is mainly used in the beginning and final phases of therapy. *Music* can be used to facilitate communication between the therapist and the child and to put the child at ease within the therapeutic setting. Oaklander (1988:116) suggests that specific songs must be chosen as songs talk about feelings or life situations. The child is encouraged to take on the characters in the song and act out the story as she sings along. The idea is for the child to relate her life situation to the song. Musical instruments such as a drum can also be used to help a child express her emotions, such as anger (Oaklander, 1988:118).

Ghiaci and Richardson (in Van der Merwe, 1996c:81) proposes *body movement games* such as activities in which the child and the therapist pretend to be objects performing a certain action, for example, rosebuds opening their petals, suns rising, burning and melting candles or a melting snowman. When acting out these activities, the child can project her feelings. If the child is feeling light

hearted she will jump up as the sun is rising, in comparison whereas when she's feeling down, the sun may rise very slowly.

3.7.2 BIBLIO - PLAY

Van der Merwe (1996d:108) describes biblio-play as a form of play in which books, reading material, the written word and audio-visual media are used. Geldard and Geldard (2002:183) state that the use of biblio-play is suitable for children of pre-school age through to late adolescence. They are, however, most suitable to young children who are used to listening to stories. Stories enable children to be expansive in their thinking. Van der Merwe (1996d:126) states that stories offer the opportunity of educating children on relevant aspects regarding their problems. "Through biblio-play children can generalize their circumstances when they see other people in similar situations. This will also help to reduce their feelings of isolation" (Van der Merwe, 1996d:126). Smith (in Van der Merwe, 1996d:114-115) points out four requirements that must be met in order for projection to take place in biblio-play. Firstly, the child must be able to see a resemblance between the characters and her circumstances; secondly, there must be a resemblance between the emotions of the character and herself. Thirdly, the child's unassimilated inner feelings must be intimidating enough to cause her to feel anxious and finally, an emotional bond must take place between the child and a character in the story.

In this study, *incomplete sentences* will be used as a form of biblio-play (see Addendum D). Thompson and Rudolph (1996:115) describe incomplete sentences as one of the gestalt techniques. These sentences can address issues such as preferences and dislikes, family, friends, aims and wishes. Oaklander (1988:96) states that completing unfinished sentences is an excellent way to encourage children to make declarative statements about themselves, to get in touch with their feelings, wants, needs, disappointments, thoughts and ideas. When the child completes these sentences valuable information can be brought to the fore and this can be utilised for further discussion.

3.7.3 DRAMATIC PLAY

Drama is used to encourage the child to communicate in an alternative way. Most children find dramatic play exciting and usually take part in this form of play with enthusiasm and creativity (Van der Merwe, 1996e:136). Dramatic play includes mime, improvising acting, role playing, telephone play, doll houses, 'talking-feeling-doing-game', puppets, masks, paper dolls and other toy figures (Van der Merwe, 1996e:136). Oaklander (1988:137) explains that play acting will help children to get closer to themselves by giving them permission to open up and tell their story. She explains this statement as

follows: "This seemingly contradictory statement actually makes sense. In play acting children never in truth leave themselves; they use more of themselves in the improvisational experience". Role playing is also a part of socio-drama. Van der Merwe (1996e:130) indicates that the child can either play herself or a reversed role. The technique can be useful in practicing role behaviours. By placing the child in a hypothetical situation, she will be able to practice different ways of solving problems. When utilising dolls and puppets in dramatic play, is should be noted that there is a difference in the way that children use these toys. Children tend to talk to dolls while they talk through puppets (Van der Merwe, 1996e:132). Puppets are a good medium to use when working with shy children, as they can speak more confidently 'behind' the puppet.

It can be deduced that, through creative drama, the child develops a total awareness of the self by utilising her whole body, imagination and senses. An important advantage of dramatic play is that information that is crucial to the therapeutic process can come to the fore and the child can then be given the opportunity to manage her world as she likes (Ghiaci & Richardson, Porter and Dunne in Van der Merwe, 1996e:128-129).

3.7.4   CREATIVE PLAY

Drawing and painting: Various drawing and painting techniques can be used to help children express their emotions. According to Oaklander (1988:53) the mere act of drawing is an expression of self, which helps the child to express her self-identity. Van der Merwe (1996f:139) also states that creative play gives the child the opportunity to examine and realize her feelings which can lead to insight and change in the child's life and thereby promotes self-growth. Children may be asked to draw something specific or do a free drawing. Specific topics such as the tree-person-house drawing, the family drawing, self drawing, the monster technique or the rosebush drawing, can stimulate specific discussions. Oaklander (1988:63) uses the scribble technique in order to help children to express an aspect of their inner self. The child is asked to use the whole paper and draw a scribble on it. They must then examine the scribble and look for a picture in it whereafter the child must tell a story about the picture. Painting has specific therapeutic value for (especially) children in their middle childhood as it gives the child the opportunity to be messy and colourful. Thompson and Rudolph (1996:352) state that drawings and paintings have specific advantages such as:
- They facilitate communication with children.
- They encourage creativity, self expression and spontaneity.
- They contribute to catharsis in that the emotions and ideas of children are projected, explored and understood.

- They provide experiences of mastery.
- They help children to express their thoughts and emotions in a non threatening way.

An exercise to promote self-awareness in a child, is to let the child make a drawing of herself and then describe it (Schoeman, 1996d:67). The *body-outline-technique,* which was introduced by Oaklander (1988), will be used in the study (see Addendum E). Schoeman (1996d:67) makes the following statement regarding the usefulness of this technique:

> Children enjoy it when the therapist lets them lie down on a piece of paper and draws around their limbs to make a live silhouette. They can then be asked to name all the bad and good characteristics of 'that' model. When the child gets the opportunity to project all his own characteristics into the model (knowing that it is his own silhouette), he is busy growing and changing from the way he manifests himself to a fuller manifestation of his potential. Change can thus flow from acknowledgement of 'is', rather than promoting of 'ought'.

Other drawing techniques used by Oaklander (1988:65) in assessing a child's body image is to ask the child to draw herself exaggerating how she thinks she looks. The child can also be asked to draw how she thinks she looks, and how she would want to look. Instruct the child to: "… just allow your hand to move over the paper and do whatever it wants to" (Oaklander, 1988:65).

The *rosebush technique* is used by Oaklander as a means of projecting the child's inner most emotions onto a drawing. The child is asked to close her eyes, go to her secret place and imagine that she is a rosebush. Oaklander (1988:32) gives suggestions and possibilities to the child while the fantasy is taking place. She would ask questions such as: "What type of rosebush are you? Are you small or big? How do your roots look? Does anyone care for you?" After the child has finished drawing her rosebush, she may be asked to describe the rosebush as-if it was herself. Every detail that the child gives must be reflected back to her in order to evaluate whether the description fits in any way with her own life.

Sand tray work is an expressive and dynamic play process that can be used with children, adolescents, adults and families. It is considered to be a form of non-verbal projective play where children create landscapes, pictures or abstract concepts in a sand tray of specific size in which they place miniature figures chosen by them (Blom, 2004:152). The child is encouraged to play with the sand exactly as she wishes. She can dig into its depths or build heights, create mountains, valleys or rivers. Some children prefer to play with the dry sand while others add water (Oaklander, 1988:167). There is no right or wrong play when working with sand. Most authors agree that sand tray work consists of a container which can be either placed on the ground or on a small table. The researcher

usually has water readily available for the child if she prefers to play with wet sand. Various miniature toys are placed in containers for the child to choose from.

The value of sand tray work is collaborated by Blom (2004:152):
- it provides sensory stimulation;
- boundaries are set, namely the size of the sand tray and the amount of miniature   figures the child can choose;
- the child experiences control in the sense that she can decide which figures she wants to use and how she wants to place them in the sand;
- it can encourage verbal discussion where the child has poor verbal skills;
- it contributes to expressing emotions such as aggression or anxiety;
- the projective element of sand tray work has therapeutic value as children thus express something within themselves.

Clay as a medium can be used effectively during all stages of the gestalt process. The medium of clay will be used as a projection technique in the study (see Addendum F). Clay promotes the child's emotional expression and gives the child the sense of mastery as there are no specific rules for using clay (Blom, 2004:159). Van der Merwe (1996f:146) describes how clay is an acceptable medium in which a child can release her feelings of hostility and aggression. The child can throw, form or knead the clay based on her feelings whilst working with the clay. Woltmann (2002:187) suggests that children handle clay directly with two hands in comparison with holding a pencil, crayon or brush. This leads to early bilateral coordination of the arms, hands and fingers. In the case of quiet children with poor verbal skills clay can also assist in helping them express and release their feelings. Geldard and Geldard (2002:113) deduce that clay can be used to help a child express a wide variety of emotions which she may have been keeping locked inside. This can lead to a cathartic experience. The child may serenely stroke it, punch it aggressively or pull it apart showing frustration. When using clay as a medium, it is of utmost importance to note that only the child can say how she feels and thinks about something. Schoeman (1996d:74) states that the therapist must be sensitive in guiding the child towards an assertion, as children, particularly in their middle childhood, are too frightened to say whether they feel different than what the therapist interprets. When utilising clay as an assessment tool, Woltmann (2002:197) warns that the therapist should never be satisfied with looking at the finished creation, but should try to learn from the child what her creative intentions were and what the creation means to her. The child should thus be encouraged to speak freely about her finished clay work.

3.7 SUMMARY

Gestalt therapy's major goal is towards self awareness – thus, living fully in the here and now. In gestalt therapy, the therapist should guide the child through the five layers of neurosis as identified by Perls. Working through these layers, the therapist can utilise different forms of play in order to aid the child in reaching the explosive layer. Projection techniques, where the child imagines her own unwanted feelings or emotions belonging to someone or something else, are used to support the child in owning her feelings.

In this chapter, the theoretical foundations for the study were thus provided. The basic concepts of gestalt therapy, as well as gestalt play therapy techniques were outlined. Having a concrete theoretical basis for the study, the empirical study could now be undertaken.

CHAPTER 4

THE EMPIRICAL STUDY

4.1 INTRODUCTION

The main aim of the previous two chapters was to obtain a theoretical frame of reference for the study. Having provided a clear and concrete frame of reference on body image, sense-of-self, middle childhood and gestalt therapy through literature and consultations with experts, the next logical step would be to undertake the empirical study.

The researcher chose the *qualitative approach* focusing on the feelings and perceptions that girls in middle childhood have regarding their bodies. The study was conducted in order to answer the following questions: "What is the primary school girl's perception of body image?" and "How does the child's perception of her body influence her sense-of-self?"

The type of research used in this study is *applied* as it is aimed at solving specific policy problems or at helping practitioners accomplish tasks (Fouchè, 2002b:108). The *phenomenological research strategy* which aims to "… understand and interpret the meaning that subjects give to their everyday lives", (Fouchè, 2002c:273) was implemented. In the study information was gathered from eight children (girls in middle childhood) in two consecutive individual sessions.

In this chapter, the research methods and empirical findings are discussed.

4.2 RESEARCH METHODOLOGY

4.2.1 THE RESPONDENTS

Respondents for the study were selected by narrowing the '*universe',* that is "…all potential subjects who possess the attributes in which the researcher is interested" (Arkava and Lane in Strydom & Venter, 2002:198) to the *population* which sets boundaries on the study units. The research population for the study included females in primary schools, aged six to twelve years, in the east of Pretoria, who where referred to the Moreleta Park Support Center. A sample of eight girls was drawn from the population using *non-probability* sampling. As method of non-probability sampling, *purposive sampling* was utilised whereas the researcher used her own judgment in selecting eight respondents with a specific purpose in mind (Neuman, 2000:198).

As girls were referred to the Support Center, information was passed on by the referring social worker to the researcher, and a sample of eight girls was selected based on specific criteria. After the eight respondents were selected, consent forms (see addendums A and B) were given to the respondents and their parents. All of them agreed to participate in the study. Permission was further obtained from the Moreleta Park Support Center to conduct the research (see Addendum C).

4.2.2 DATA COLLECTION METHOD

Play therapy sessions as a form of unstructured interview were used as a data gathering method in the study. Throughout the sessions the researcher observed the child's body language and thus, observation was also used as data collection method. The data collection was done in two consecutive individual sessions.

Cresswell's process of data analysis (in De Vos, 2002:340), was used in order to analyse and interpret recorded data. The sessions were recorded on videotape for the purpose of storing and reviewing the data. Videotapes will be destroyed when the study is completed. Basic background information regarding each respondent was gathered from the parent, prior to the interview.

4.2.3 PRESENTATION OF EMPIRICAL DATA

In presenting the data in this study, the two consecutive play therapy sessions will first be outlined followed by basic background information regarding each respondent. Themes and sub-themes identified from the data will then be presented in diagrams; whereafter the empirical data will be presented. In the presentation of the data, pseudonyms are used when referring to the respondents. Verbatim quotes are presented in Afrikaans seeing that this was the respondents' language of preference.

4.2.4 PLAY THERAPY SESSIONS

SESSION 1

The goal of the first session was to build a relationship with the child, to make her feel at ease, gain her trust and gather information regarding body image. The researcher explained the process and purpose of the study to the respondent and requested her written consent to conduct the interview. In order for the respondent to become aware of the 'here and now' and thus stimulate the expression of emotions, the senses of smell and touch were used as *sensory awareness techniques*. Blom

(2004:108) states that: "… every emotion has a bodily contact point, thus there is a relationship between the body and emotions. Emotions are experienced by means of a bodily sensation". A bag with objects of a variety of surfaces, were presented to each respondent. The following objects were placed in the bag: cotton wool, a fork, a mirror, a stone, a piece of 'goldilocks', bandage, cellophane and wood. Each respondent was asked to reach into the bag and pull something out. Keeping her eyes closed, she then had to describe what it feels like and what it reminds her of. When touching the mirror, the respondent had to open her eyes and describe what she sees. The respondents were also given two objects to smell, namely beef extract and vanilla essence. They were asked to describe the smell and say what it reminds them of. The sensory awareness techniques were utilised as a means of building a relationship, gaining trust and helping the respondent come into contact with herself on an emotional level.

Following the sensory awareness, the *body outline technique* (see Addendum E) as introduced by Oaklander (1988), was used as a method to gain information regarding body image and the impact thereof on the child's sense-of-self. Schoeman (1996d:67) describes this as a projection exercise to promote self-awareness in a child. The researcher drew around the respondent's limbs in order to create a life size silhouette of the child. The following instructions were given to each respondent: "As you can see, this is only an outline of your body. You can now use any colours, shapes or lines to fill the silhouette of yourself. This picture should be a copy of you when finished. If need be, you can look in the mirror that is provided". The respondents could choose from a variety of crayons, pastels, paint or pencils. They were given 15 minutes to complete the picture.

During completion of the outline, the following aspects were *observed*:
- The respondent's reaction during the tracing of her limbs.
- The respondent's initial reaction to the life size image of herself.

The following questions were asked after completion of the body outline:
- What part of the picture was easiest to finish?
- What part of the picture did you struggle with?
- Do you think that the picture is a good representation of yourself? Why or why not?
- What part of your body do you like most and why?
- What part of your body do you like the least and why?
- What do your mother/father/friends/the boys say about your body?
- Do you look more like your mom or your dad?
- Do your friends talk about body image or weight and what do they say about it?

- How do you think your body compares to your friends' bodies?
- Do you know how much you weigh?
- When do you look in the mirror?
- What do you see when you look into the mirror?
- Would you like to change a part of your body and why?
- Would you like to hide a part of your body and why?
- Are you shy about any part of your body and why?
- Have you ever been scared of gaining weight?
- Which movie actress's, singer's, model's or famous person's looks do you envy? Would you want to look like that person?

A photograph was taken of the respondent's drawing, as the respondent was allowed to take the body outline home (see Addendum E).

The *body figure scale* by Cash and Pruzinsky (2002:87) was lastly presented to the respondent (see Addendum G). Each respondent was asked to identify her body figure by plotting herself on figure 1 to 8 on the scale. She was subsequently asked which figure she *wishes* to have on the scale. The accuracy of the respondent's judgment of her shape, size and weight relative to her actual proportions was then subjectively determined by the researcher. The goal of this technique was to assist in measuring the respondent's perceptual body image.

SESSION 2

The aim of the second session was to gain further information on the respondent's perceived body image, her sense-of-self and the link between the two. Three different colours of *clay* were provided. The clay was first used as a sensory contact making medium to promote self-awareness. Van der Merwe (1996f:146) states that: "… the child can throw, form, or knead the clay based on her feelings. Clay can help a child to express and release feelings". In the study the respondent could familiarize herself with the clay by molding, kneading and throwing it. The researcher then gave each respondent the following instructions: "Create an image of your body from the clay". A mirror was provided and 10 minutes were given to complete the image. A picture was taken of each respondent's clay creation (see Addendum F).

After completion of the clay figure each respondent was asked the following questions:
- Do you think that the image is a good representation of yourself? Why or why not?
- Describe your body by making self-statements such as: "my hair is…", "my arms are…", "my legs are…"

- What do you think other people see when they look at you?
- What matters more to you – the inside or the outside?
- What determines how you feel about yourself – how you look on the outside or who you are on the inside?
- Whose opinion of you matters the most?

Incomplete sentences (see Addendum D) were given to each respondent to assess the child's sense-of-self. Oaklander (1988:96) views unfinished sentences as an excellent way to encourage children to make declarative statements about themselves, to get in touch with their feelings, wants, needs, disappointments, thoughts and ideas. Some questions, asked in session 1, were repeated in the incomplete sentences in order to gain collateral information. In conjunction with the incomplete sentences, the respondents were asked to draw or write the things they like and dislike on a separate paper (see Addendum H). According to Oaklander (1988:53) the mere act of drawing is an expression of self, which helps the child to express her self-identity.

The data gathering were completed by giving a certificate of appreciation to each respondent and thanking her and her parents for partaking in the study (Addendum I). Three respondents were referred to the Support Center for therapy (Lindy, Anne and Kate).

4.3 FINDINGS AND INTERPRETATIONS

Before discussing the information gained from the sessions, the researcher will provide a brief background of each respondent as to contextualize the information. The background information was provided by the referring social worker and the mother of the respondent prior to the first session. The researcher will make use of pseudonyms when referring to the different respondents.

Kate

Kate is an articulate, enthusiastic and talkative 8 year old. She immediately trusted the researcher and was energetic throughout the two sessions. She was, however, quite unsure of herself, had difficulty making choices and constantly sought the researcher's approval. This could be some of the factors indicative of a poor sense-of-self according to Blom (2004:115). Kate volunteered information and enjoyed the exercises. She is the eldest of three siblings. According to Kate's mother, she feels responsible for her two sisters and is quite protective of them. The family moved from Cape Town to Pretoria a few months ago and Kate has been struggling ever since to make friends in school.

Layla

Layla is a 12 year old African girl, who speaks three languages. During the week she lives in Hammanskraal with her brother, whereas over weekends and holidays she visits her mother who is employed in Moreleta Park. Layla considers her mother's white employer as her second mother. Layla experiences problems at school as she is intellectually below average. This, according to her mother's employer, impacts negatively on her self-image. Her greatest wish is to live in Moreleta Park with her mother and to go to a 'white school'. Due to financial restraints, this is however not possible. Layla was shy and reserved at the start of session one. She did not trust the researcher at first and hesitated to close her eyes in the sensory awareness exercise. As the exercise progressed, she relaxed and was able to enthusiastically participate in the rest of the research. Even though language was not a barrier, Layla struggled to understand some basic concepts such as 'form', 'eyebrows' and 'weight'. She chose to converse in Afrikaans, but completed the sentences in English.

Mary

Mary is an outspoken 11 year old who was referred to the Support Center as her parents are experiencing marital problems. Mary's mother is worried that this might impact negatively on her child's socializing skills, as Mary regularly gets into verbal fights at school. Even though the family recently moved to a new home, she is still in the same private school. Mary is very popular and is identified as a leader in school. She immediately formed an attachment with the researcher and maintained this trust throughout the sessions. Mary is an only child.

Anne

Anne is a shy and soft-spoken 8 year old. She appears to be unsure of herself and initially struggled to express herself. She prefers drawing and reading to speaking. Anne's parents divorced a few years back and she now lives with her mother and stepfather. She visits her biological father every second weekend. Anne was referred to the Support Center due to a negative self-image and extreme shyness. She has one older sister. Anne initially presented resistance and was passive. After gaining her trust, she relaxed and was able to participate and enjoy some of the exercises.

Dezi

Dezi is a quiet, soft spoken 11 year old African girl. She prefers to converse in Afrikaans as she attends an Afrikaans primary school. She has lived with her mother in her employer's house since she was a toddler. She has six brothers who go to the same school as she does. Dezi presents as extremely passive and has a slow process. She expresses herself better on paper than she does in words. She did not volunteer any information and showed resistance throughout the study.

Jinx

Jinx is a shy, but friendly 7 year old. Initially, she was quiet and reserved, but quickly trusted the researcher and enjoyed the exercises. The researcher helped her to complete the sentences as she's not yet able to write long sentences. Jinx has a younger brother. Her baby sister died a few years back. Jinx tends to be shy and this sometimes impacts negatively on her socializing skills.

Lindy

Lindy is a very talkative, small for her age, humoristic 8 year old. She's been in foster care for the past two years. She receives monthly supervised visits from her biological mother. Lindy has been attending a private school for the past year. She's experiencing some problems with children in her school and this impacts negatively on her socializing skills. According to her foster mother, Lindy tends to be aggressive towards younger children and animals.

Erica

Erica is a soft spoken, reserved 10 year old girl. She was quite shy in the beginning, but soon relaxed and participated enthusiastically in the exercises. Erica was referred to the Support Center due to her parent's divorce and her struggle to cope with this. Erica's socializing skills are negatively affected by her parent's divorce. She has one younger sister whom she is very protective towards. Erica does modeling and is very good at it, according to her mother. Erica's mother is extremely overweight.

From the two play therapy sessions, the researcher identified the following themes and sub-themes as condensed in the following diagram:

Theme 1: Sensory awareness	Sub-themes: 1. Touch and smell 2. Ability to own projections
Theme 2: Body Image	Sub-themes: 1. Perceptual body image • The body figure scale • Weight • The mirror 2. Affective body image 3. Cognitive body image • Self-statements • Introjections
Theme 3: Development of body image	Sub-themes: 1. Significant others • Parents • Extended family 2. Peer group

	• What friends say …
	• Popularity
	• The need to 'fit in'
	• Overweight children
	• Boys
	3. The media
	4. Religion
	5. Maturing
Theme 4: The sense-of-self	
Theme 5: The link between the sense-of-self and body image	

4.3.1 THEME 1: SENSORY AWARENESS

Utilising different methods of gaining sensory awareness in the respondents, the sub-themes of touch, smell and the ability to own projections, were identified.

4.3.1.1 SUB-THEME 1: TOUCH AND SMELL

Sensory awareness is important for the child, as it enables her to be involved on a physical and emotional level in the research. Passons (1975:49) states that in order for a person to live effectively, she must have sufficient awareness of both herself and her environment. Blom (2004:99) also stresses the importance of awareness: "Sensory awareness fulfils an important function in the child's life, as it should have a direct influence in the child's contact-making with the environment". Some children, however, loose full awareness of their senses.

In the study, five of the respondents were able to make sensory contact through touch and smell. Three of the eight respondents struggled with sensory awareness as their senses seem to be 'hazy and blurred'.

People depend a lot on their sense of touch. According to Schoeman (1996b:47) the world is explored through touch. In the study, most respondents could correctly describe the objects in the bag and identify other objects that felt similar.

The two African respondents lacked the vocabulary to describe the objects. Dezi spent quite a lot of time feeling each object. Her description of the objects was very basic, and she could only say if she thought it felt 'nice' or 'not so nice'. When smelling, she was only able to say whether something smelled 'weird' or 'plain'. Upon feeling an object in the bag, she made a 'gmmf' sound as if it was

something new that she discovered. The sensory contact making exercises also seemed to have been a 'new experience' for both Layla and Anne.

Most of the respondents were able to identify the objects as hard, soft, sharp, smooth, scratchy, course or round. They were also able to say which objects felt similar, and which objects felt the most pleasant. The favourite touch sensation amongst all, were the cotton wool. It seems that most respondents were able to use their senses in an integrated way. Upon touching the cellophane, Lindy looked through it, and held it to different backgrounds as to see if the colour would change. With each object she felt, she rubbed it to her face in order to 'feel it better'. This is indicative of some of the respondents being more sensitive to touch than others.

Smell is a strong sensory modality for most people and the role of smell is often underestimated. Schoeman (1996b:45) states that it is possible to connect smells with memories from the past, and that this might evoke emotions in the child. Most respondents were able to identify their likes and dislikes regarding smell, as well as the memories that it evoked. Respondents provided the following verbatim responses:

> **Dis vanilla essence! Dit laat my dink aan sjokolade. Ek 'laaik' sjokolade (Kate).**
>
> **Dit ruik sterk. Oooh … dit stink. Ek hou nie daarvan nie (Layla).**
>
> **Dit ruik "okay". Dit ruik soos as ons koek bak (Mary).**
>
> **Dir ruik soos kos wat gebrand het (Anne).**
>
> **Dit ruik vir my soos vla. Dit laat my dink aan mamma (Jinx).**
>
> **Dit laat my dink aan ouma toe sy koek gebak het. Ons het altyd by haar gaan kuier op die plaas. Dit was baie lekker (Erica).**

Some of the respondents did not identify the smells correctly. Dezi, for example, thought that the beef extract was coffee and the vanilla essence smelled like medicine to her. Jinx identified both the smells as fish food.

Some of the respondents presented with a form of tactile defensiveness. Layla was sensitive to the touch and smells, and she exclaimed that her fingers hurt upon touching the 'goldilocks'. She turned her head away from the smells and was not able to identify them. Jinx jumped up and sneezed when the objects she smelled were held in front of her nose, and Dezi was not able to express herself on a sensory level. Blom (2004: 99) states that: "If children shut themselves off sensorial in respect of one or more senses, they will find it difficult to come into contact with their repressed emotions". The

researcher, however, does not think that these three respondents shut themselves off in respect to their touch and smell senses. It does however seem that they might not have been stimulated to experience these senses, or that they are very sensitive towards these smells.

The findings in this sub-theme suggest that all children differ in their ability to make contact with their environment through the sensory modalities of touch and smell. Some children are more sensitive to touch and smell than others. This confirms the statement by Oaklander (1988:109): "… the senses sometimes become hazy, blurred and seem to operate automatically and apart from ourselves". There seems to be a direct link between an inability to express sensory awareness and a lack of sensory vocabulary. Both Dezi and Layla struggled to make sensory contact as they lack the vocabulary to express themselves. According to Oaklander, children who seem to have lost full awareness of their senses, loose their sense-of-self and a great deal of physical and emotional strength (Oaklander, 1988:128). In the study, most of the respondents were, however, fully aware of their senses and were thus able to express themselves on an emotional level.

4.3.1.2 SUB-THEME 2: ABILITY TO OWN PROJECTIONS

The body-outline-technique as well as clay, were used in the study as projective techniques. Cattanach (2003:33) states that projection happens when the child discovers the world outside of herself through toys, dolls and other play objects. Some children, however, do not own their projections in the sense that they struggle to identify with them. This might lead to the child not being able to deal with unfinished business. Schoeman (1996d:61) indicates that projections will differ from child to child, but that all children will usually reflect the state of their unfinished business through projection. In the study, only half of the respondents (Kate, Jinx, Lindy and Erica) were able to own their projections. Verbatim statements regarding the respondents' abilities or inabilities to own the projections are as follows:

> **Dis mooi! Dit lyk net soos ek (Jinx).**
>
> **Ja, dit lyk vir my soos ek. Veral my hare (Erica).**
>
> **Nee … dit lyk nie soos ek nie. Ek kan nie myself teken of maak of iets nie (Mary).**
>
> **Dit lyk 'weird' … ek is nie seker of ek so lyk nie (Dezi).**
>
> **Dit lyk vir my baie mooi … behalwe die kop … hy lyk vir my bietjie skeef. Dit lyk nie heeltemal soos ek nie (Layla).**

Most of the respondents wanted to create a very precise and realistic representation of themselves, and therefore were not satisfied with the end result of their drawings. Kate, for example, measured her

legs and arms next to the body outline as she did not want to make a mistake. Lindy was very concerned that her hair was not traced, and struggled to draw this, as she wanted to make a pony tail. She got so anxious about her hair, that the researcher suggested that she rather draw loose hair, as this is easier. Other respondents also became anxious when they were not able to draw themselves exactly the way they wanted to.

Ooee … my lippe lyk skeef. Dis nie reg nie. Dit lyk nie mooi nie (Lindy).

Lyk ek so? Ek wil nie so wees nie! (Anne).

The respondents' inability to own their body-outline projections are directly linked to the fact that they were not able to create a precise, realistic picture of themselves. The study thus shows that girls in their middle childhood strive to perfectly give a representation of themselves when drawing. Most of the respondents frequently looked in the mirror when drawing their faces. This confirms their need to create a realistic, perfect picture of themselves. Schoeman (1996d:67) states that the body-outline-technique promptes self-awareness as it gives the child the opportunity to projects all of her own characteristics onto the life size silhouette. In the study, the respondents' inability to own their projections did not hamper the findings in any way, as they were still able to talk about body image and sense-of-self regardless of owning their projection.

4.3.2   THEME 2:   BODY IMAGE

Three of the four dimensions of body image, as stated by Banfield ([sa]:1), will be used as sub-themes for this theme. The dimensions are perceptual, affective and cognitive body image. The sub-themes are further divided into different categories.

4.3.2.1 SUB-THEME 1: PERCEPTUAL (PHYSICAL) BODY IMAGE

This aspect of body image can be defined as the accuracy of individuals' judgment of their size, shape and weight relative to their actual proportions (Banfield, [sa]:1). In this theme, the child's perception of her physical body is discussed. The perceptual (physical) body image links closely to the physical sense-of-self which can be defined as the child's perception of her appearance (Humphreys in Blom, 2004:115). This sub-theme is further divided into the body figure scale, weight and the mirror.

- **The body figure scale**

The body figure scale by Cash and Pruzinsky (2002:87) was used as a technique to measure the accuracy of the respondents' judgment of their shape and size (see Addendum D). Five of the eight

respondents were accurate in their judgment by plotting themselves correctly on the scale. Three of the respondents were wrong in their judgment of their shape and size.

One respondent plotted herself as extremely underweight, even though she is within a normal weight range for her age. Kate plotted herself on the body figure scale as number 2 (a figure that is dangerously thin). The researcher plotted her figure at number 3. The reason she provided for plotting herself as underweight, was that her tummy is too thin.

Two of the respondents judged themselves as heavier than they are. Both Lindy and Erica judged themselves incorrectly at figure 5, as the researcher plotted them at figure 4. Interestingly, both of their 'wished for' figures were number 4. When viewing this misconception regarding their body size and shape in the light of other data gathered, it can be deduced that both of them have specific reasons for wanting to be bigger than they are. Lindy's strong belief that God made everyone perfect, as well as her acceptance of overweight friends at school, encouraged her to value a fuller figure more than a slender one. In Erica's case, her involvement in modeling encouraged her to loose weight in order to fit into beautiful clothes, even though she is within a normal weight range. Both of these respondents also have mothers (in Lindy's case a foster mother) who are overweight. This could also influence them to judge themselves heavier than they really are, as their role models are overweight.

Half of the respondents have a 'wished for' figure that is thinner than what they judged themselves to be. Verbatim statements provided by the respondents are as follows:

> **Ek wil maerder weeg. Ek moet nog 'n paar kilogramme verloor (Mary).**
>
> **Ek wil gewig verloor om vir mamma te help (Erica).**

Although the reasons for wanting to be thinner were not explored in this study, Erica's reason should be mentioned as it might shed light on another sub-theme regarding parental influence on body image. Erica seemed to have ambivalent feelings regarding her figure. She first stated that she would like to loose some weight, but mentioned later that she thinks she has the perfect weight. These ambilivant feelings can be directly linked to her mother's struggle with her weight. Both mother and daughter were on a diet during the time of data collection and Erica was not allowed to eat any sweets during the week. It does seem that her mother's weight, projects negatively on Erica as she would like to loose weight to help her mother feel better.

Only one of the respondents wished to have a fuller figure than where she plotted herself. Jinx correctly plotted herself as figure 3 on the body figure scale, but she wished to look like figure 4 as this figure has a more mature body.

> **Ek hou nie daarvan om te maer te wees nie – dis nie lekker gemaklik nie. Ek voel maklik my ribbes – dit pla my. Ek wil swaarder word, want dan word ek sterker. Ek wil my bolyfie groter hê. Daai ene** (Figure 4) **is vir my mooier want dit is vetter. As dit te maer is, is jou lyf nie mooi nie (Jinx).**

Some of the respondents commented on the figures at both ends of the scale - this being the extremely over- and underweight figures. Some commented that the underweight figure was very unhealthy. One respondent had a very negative viewpoint regarding children who are overweight:

> **Ek dink … wat eet jy as jy so lyk?** (overweight). **Ek sal partykeer lelik praat oor hulle … ek weet dis nie reg nie want party mense kan nie help om so te lyk nie, maar ander kan help (Mary).**

The findings of this sub-theme supports literature stating that: "… the media play an important role in shaping – that is, reflecting the ideal female body" (*Wikipedia encyclopedia*, 2006). It seems as if each of the respondents did have a 'perfect female figure' in mind when the body figure scale was shown to them. The fact that women have always been encouraged to change their shape and weight to conform to current trends (Grogan, 1999:25) was also apparent through the comments made by the respondents. Half of the respondents desired a thinner figure than they judged themselves to have. This is alarming, seeing that the thinner figure would put them in a dangerously thin category. Interestingly, the younger the child, the reverse holds true. As with Jinx (the youngest respondent) she wished to have a fuller, more mature figure as this is more womanly.

As five of the eight respondents were accurate in their judgment by plotting themselves correctly on the scale, it could be deduced that these respondents' judgments of their size, shape and weight relative to their actual proportions, are relatively accurate. As the goal of this technique was to measure the respondents' perceptual body image (Cash & Pruzinsky, 2002:87), the study shows that more than half of the respondents have a good perceptual body image.

- **Weight**

Enquiring about the respondents' weights, were used as a technique to measure accuracy in body image. It was also used as a means to know whether weight matters to the child or not. Five of the eight respondents knew exactly what they weighed and weighs themselves regularly. Three of the respondents weighed themselves on the morning of data collection. Within the group of respondents,

weights varied from 22 kilograms to 50 kilograms. Only one respondent was negative about her weight:

> **Ek weeg 32kg en dis vir my baie erg. Ek sal graag minder wil weeg. Een van my maats weeg 21 kilogram (Mary).**

One respondent wants to weigh more:

> **Ek het vanoggend myself geweeg. Ek wil kyk of ek swaarder word. Ek weeg net 25.4 kilogram (Jinx).**

Two respondents, namely Kate and Dezi, did not know what they weighed, and one mentioned that they do not own a scale.

Half of the respondents (Mary, Anne, Dezi and Erica) said that they were scared to gain weight. Three respondents were not scared and one was unsure. Reasons provided for not being scared of gaining weight, were right nutrition and exercise. These findings correlate with Cash and Pruzinsky's statement that: "Girls are particularly vulnerable to having a negative body image. More girls than boys are concerned about becoming fat. They place great importance on having the 'right' body and readily compare their own appearance to that of others" (Cash & Pruzinsky, 2002:71). Verbatim statements provided by the respondents are as follows:

> **Ek was nooit bang vir vet word nie. Toe ek klein was, was ek bang dat ek so 'n vet tannie gaan wees. Ek gee nou nie meer om as ek vet word nie (Anne).**
>
> **Ek is bang om vet te word. Ek weet nie hoe ek eendag gaan lyk nie (Mary).**
>
> **My ma is 'n bietjie vet. As my ma vir my sê "jy eet baie", dan sê ek: "ek wil ook vet wees soos ma". Nee, dis net 'n grappie! Ek wil nie vet wees nie (Layla).**
>
> **Ek is bang vir gewig optel, want dalk gaan my maatjies nie meer met my wil speel nie (Dezi).**
>
> **Ek is bang om gewig op te tel. Dan kan mens nie in 'n kostuum rondloop nie. Jy kan nie meer hardloop nie en jy kan nie lekker sit nie (Erica).**

This sub-theme indicates that most of the respondents are aware of what they weigh, and that they are relatively worried of what the scale tells them. It is concerning to know that at this young age, girls are already scared of gaining weight. According to Grogan (1999:3) adolescents are especially fixated on weight, because their body image is particularly open to change. This study shows however, that girls at a younger age are already concerned about gaining weight and that this might have a negative influence on their body image.

- **The mirror**

Asking the respondents what they see when looking into a mirror, were used as another technique to measure perceptual (physical) body image. A mirror was provided for the respondents and they were asked to describe what they see. Three of the respondents started to laugh upon looking into the mirror, and found the exercise very amusing. Verbatim responses are as follows:

> **Ek sien eerste my gesig … dan my blonde hare (Jinx).**
>
> **Ek sien my mond, my tande, my oë … my hele gesig (Layla).**
>
> **Ek sien eerste my mond. Dan sien ek my oë (Anne).**
>
> **Ek sien eerste my neus raak. My gesig lyk snaaks. My neus is vir my snaaks. Hierdie merk, die strepie hier op my neus lyk baie snaaks (Lindy).**

One respondent hesitated to look into the mirror, and then started to talk about her face without looking into the mirror. She places a great deal of importance on physical appearance. Herbozo *et al.* (2004:23) give the theoretical foundation for this, stating that a preoccupation with body size and shape is clearly present during early childhood.

> **Ek weet wat ek eerste sal raaksien … die muskietbyt op my wang. Ek hoef nie eens vir myself te kyk om dit te sien nie. Ek weet dis daar, en ek weet dit lyk sleg, maar ek kan niks daaraan doen nie. Ek's baie selfbewus daaroor … ek weet almal sien dit raak (Mary).**

The study indicates that the power of positive self talk should not be underestimated where body image is concerned. Two opposite reactions to looking into a mirror are reflected in these statements:

> **As ek vir myself in die spieël kyk sê ek … Oeee … jy lyk so mooi. Dan voel ek baie lekker (Layla).**
>
> **Ek kyk nie baie in die spieël nie. My ma vat baie lank met haar hare. Ek kyk net na my tande in die spieël as ek tande borsel. Miskien sien ek net my brille raak as ek in die spieël kyk. Ek sal my oë wil verander sodat ek beter kan sien (Anne).**

Layla's positive self talk when looking into the mirror reflects a positive physical body image, whereas Anne's comments about only seeing her spectacles and wanting to change her eyesight, reflects a negative physical body image.

The respondents were also asked about the frequency of looking into a mirror. Seven of the eight respondents frequently look into a mirror. Only one indicated that she seldom looks in the mirror. Another respondent could not stop looking at herself when the mirror was provided. This should, however, not be

seen as a sign of vanity, as she is still in the egocentric childhood phase. The respondents' reasons for looking into a mirror differ as these verbatim quotes indicate:

> **Ek kyk baie in die spieël. Ek hou daarvan. Ek kyk as ek 'glitter' aansit of as ek my hare kam of my 'lipice' aansit. Ek sê vir myself: Jy lyk mooi (Kate).**

> **As ek my skoolklere aantrek. Ek kyk of ek mooi aangetrek is en kyk of alles in plek is. Die laaste stukkie van die zip sukkel partykeer. Ek lyk mooi vir myself as ek in die spieël kyk (Jinx).**

> **Ek kyk amper nooit in die spieël nie … As ek in die oggend in die spieël kyk is my oë groen. In die aand is dit bruin (Anne).**

> **Ek kyk in die oggend en in die aand in die spieël. Ek kyk of my hare en my klere reg is. Ek sien eerste die wit in my oë raak – dis vir my mooi. Dan sien ek my lippe raak. Ek sê vir myself: jy lyk darem mooi (Dezi).**

> **As ek reg maak vir skool … dan kyk ek of my hare reg is en of my   kraag reg is, want ek kan nie agter my sien nie (Lindy).**

> **Ek kyk elke oggend en deur die dag. Ek hou daarvan om te sien hoe ek lyk. Ek kyk altyd eerste na my hare. Ek kyk of dit reg is … of daar niks 'bubbles' in is nie. Ek hou nie van 'bubbles' nie. Dan kyk ek of my broek en hemp reg sit (Mary).**

Some children use the mirror as a way of reflecting on the day. While looking into the mirror, they talk to themselves and debrief on the day's happenings:

> **Elke aand staar ek vir 'n hafuur lank in die spieël. Ek sê vir myself … jis ek's mooi. Partykeer huil ek … as iets nie lekker is vandag nie. As ek in die spieël kyk, kyk ek vir my gesig. Ek kyk baie in die spieël. Ek haat 'bubbles' in my hare. Partykeer kom ek laat vir skool omdat my hare nie reg is nie (Erica).**

> **Ek hou daarvan om 'poses' te maak voor die spieël. Partykeer lyk ek mooi en dan sê ek vir myself … Jy lyk mooi (Mary).**

This sub-theme shows that most of the respondents give themselves positive feedback when looking into a mirror. They use the mirror as a means to evaluate how they look. Interestingly, the two African girls in the study present with very positive self talk. The effect that positive self talk has on a person's body image is thus confirmed by two respondents, as both of these girls have a good physical body image. It should however be noted that body image is more than what a person sees in the mirror, and is inextricably tied to their self-esteem and acceptance by peers (*Wikipedia encyclopedia*, 2006).

In conclusion to this sub-theme, half of the respondents presented with a strong perceptual body image. Two showed ambivalence as their perceptual body image is dependent on what they look like on the day, and two of the girls presented with a negative perceptual body image.

4.3.2.2 SUB-THEME 2: AFFECTIVE BODY IMAGE

This aspect of body image can be defined as the *feelings* individuals have regarding their body's appearance (Banfield, [sa]: 1). A child's feelings regarding her body, has a direct influence on her sense-of-self. Grogan (1999:180) states that the sense-of-self correlates highly with body satisfaction as people with high self-esteem also tend to feel good about their bodies. The following verbatim quotes pertain to the affective body image of the respondents:

My lyf is vir my lekker (Layla).

Ek hou nie van my lyf as ek siek is nie (Dezi).

Some of the respondents appreciate their bodies for the functional purpose it provides, whereas others focus on the beauty aspect of their bodies. This correlates with Prinsloo *et al.* (1996:101) stating that primary school girls regard their bodies as something that enables them to be active – to run, climb, scramble and jump. Jinx, for example, views her body as primarily serving a functional purpose – she's able to play and do her schoolwork by using her body. Verbatim quotes regarding this sub-theme are as follows:

Ek gebruik my arms die meeste om werkies mee te doen en om te speel. Ek gebruik my kop die minste. Ons speel baie keer seuns teen dogtertjies by die skool en dan gooi ek die seuns daar doer ver (Jinx).

My oë is bietjie klein … ek hou daarvan want ek kan ver en naby sien (Layla).

Ek is sterker as die ander meisies … ek het sterk geword omdat ek baie boeties het (Dezi).

In contrast with the focus being placed on the functional purpose of the body, the rest of the respondents placed the emphasis on the exterior of their bodies. Kate, Mary and Erica were very aware of their bodies during the study. When the researcher left the room, they looked at themselves in the mirror to check if everything was still in place. It can be deduced that they view their bodies as something nice to look at and to be appreciated for its beauty. Mary is, for example, very aware of certain clothes that is not becoming and would put something different on if she looks fat. She goes through a lot of trouble to make her hair look nice by blow drying and putting pins into it. When she drew her body outline she made sure to draw jewelry and a watch. She likes wearing clothes which reveals her six pack (stomach) and prefers to wear name brand clothes. Different opinions regarding revealing clothes are apparent in these statements:

Ek hou daarvan om klere te dra waar my magie oop is. Ek hou ook van 'name brand' klere (Mary).

Party meisies dra klere waar hulle magies oop is. Ek dink hulle is voor op die wa. Ek dra nie klere waar my magie oop is nie … oor daai ding wat met my gebeur het … met my ma se 'boyfriend'. Ek wil nie hê dat iemand my maag moet sien nie (Anne).

Ek dra net klere waarin ek lekker voel. Ek sal nooit iets aantrek waar my magie oop is nie (Dezi).

Even though there is nothing wrong with a child being concerned about her appearance, the danger lies in the fact that she might focus too much on external beauty rather than the internal. As Prinsloo *et al.* (1996:103) states that girls are very sensitive about their physical appearance at primary school age, the result of too much focus on external beauty could be the development of a negative body image. Another negative outcome of the focus on external beauty is the development of hang-ups. In this study the presence of hang-ups in primary school girls were confirmed. Verbatim quotes regading hang-ups are as follows:

My maag is tè maer. En ek is te maer (Kate).

My tieties is te naby aan mekaar. My maatjies het voor my begin kry. Mamma wil hê dat ek 'n bra moet dra. Ek dra dit nou hierso … by Moreleta. As ek by die huis is dra niemand bras nie (Layla).

My ore pla my … dit het my al baie, baie baie gepla. Hulle is te groot. Niemand het nog iets daaroor gesê nie, maar ek weet hulle sien dit raak. Ja, dit maak my partykeer ongelukkig as ek in die spieël kyk en ek my ore sien. Nou maak ek my hare anders dat mens nie my ore kan sien nie (Mary).

Ek dra nie klere waar my magie oop is nie, want dan moet ek my maag die hele tyd intrek. Ek kry skaam vir my maag (Erica).

Upon asking the respondens whether they would want to change anything related to their bodies, six respondents said that they would like to change something ranging from their ears, breasts, upper body, hair, eyes and intellect. Only two of the respondents would not change anything concerning their bodies.

Ja. My tieties lyk nie vir my mooi nie. Maar daar's nie eintlik iets in my lyf wat ek dink … sjoe ek skrik daarvoor nie (Layla).

Ek sal graag my oë wil verander sodat ek sonder brille kan sien (Anne).

Ek sal graag meer vir my toetse wil leer (Dezi).

Ek wil hê my bolyfie moet groter word (Jinx).

Ja, ek sal weer wil hê dat my hare op my boude moet hang (Erica).

Ek sal net my ore bietjie plat wou maak (Mary).

Upon asking the respondents whether they would like to hide anything regarding their bodies, five respondents indicated that they would like to hide their private parts. All eight respondents indicated that they are not shy of anything concerning their bodies. One said that she wants to hide her legs as she cannot shave as yet:

> **Ek wou lank terug my bene wegsteek. Nou hou ek van kortbroeke. Ek trek partykeer langbroeke aan om my beenhare weg te steek. Ek mag nie skeer nie … ek wil baie graag. Ek skeer al onder my arms. Ek wil my beenhare skeer, maar ek mag nie. Ek mag ook nie 'make-up' opsit nie (Mary).**

This sub-theme indicates that children in middle childhood do have hang-ups regarding the bodies and would want to change something if they could. This is alarming, seeing that once a negative body image is formed, it affects feelings, thoughts, behaviours and perceptions of the body (Kearney-Cooke, 2002:99). Interestingly, both of the African girls as well as the youngest respondent, Jinx, placed more emphasis on the functional purpose of their bodies. The rest of the respondents focused more on external beauty. The African girls and Jinx also had less hang-ups than the other respondents. It follows that the more emphasis is placed on the function of the body rather than just the external beauty, the better the child's affective body image will be.

4.3.2.3 SUB-THEME 3: COGNITIVE BODY IMAGE

This sub-theme relates to the *thoughts* and *beliefs* a person has concerning body shape and appearance (Banfield, [sa]: 1). The theme is divided into two categories, namely, introjections and self-statements.

- **Introjections**

Apparent from the data gathered, was the fact that seven of the eight respondents formed an introjection regarding their bodies. Most of these introjections, or beliefs that the child has, were formed by parents, peers or the media. These introjections have a direct impact on the child's self-statements as it either supports or contradicts these self-statements. In the case of contradictory

introjections, the child usually 'overrides' her self-statement with an introjection. Blom (2004:22) states that an introject can include an idea, attitude or belief. Children assimilate these introjects and in the process sacrifice their own opinions and beliefs. The negative outcome of the formation of introjects is that it can lead to a poor sense-of-self. "Introjections may contribute to a poor sense-of-self in children as it often leads to children feeling that they are only conditionally accepted" (Blom, 2004:115). The following introjections were noticed in the study:

Dit maak nie saak wat ander van my dink nie (Kate and Layla).

Black is beautiful (Layla).

Ek wil altyd mooi lyk (Mary).

Ek wil hê hulle moet hou van my binnekant, nie my buitekant nie (Anne).

Jy is mooi net soos wat jy is (Lindy).

Ons is almal uniek (Lindy).

Ek is 'weird' (Dezi).

These introjections surfaced a few times during the study. It is, however, quite difficult to determine which introjections the respondents have made their own (assimilated), in contrast to where they had to sacrifice their own opinions regarding something, in order to accommodate a belief or idea that were provided by others. The study does show that strong introjections govern at least one of the respondent's body image and sense-of-self. Kate formed strong introjects in order to protect herself against negative statements from extended family members. When they tell her she is too thin, she tries to counter this feeling by an introjection, convincing herself that it doesn't matter what people say about her.

- ▪ **Self-statements**

As it is generally accepted that body image comprises of two main elements, namely the perception of one's body and the thought processes and feelings that an individual associates with the body (Olivardia & Pope, 2002:82), the respondents' self-statements are crucial in the investigation of body image. Self-statements were provided by the respondents in both sessions. As part of the incomplete sentences, the respondents were asked to write a letter to their bodies. This also served as self-statements. All of these statements were collected and will be presented as data for this sub-theme.

Kate's self-statements are as follows:

My gesig is vir my die mooiste. Ek hou van my oë. Ek hou daarvan dat dit blou is. My pa, ma en ouma het blou oë. Ek is 'n mengsel van my ma en pa. Ek hou daarvan. Ek hou nie van my maag nie. Hy pyn partykeer. Hy is te maer. My lyf maak dat ek partykeer sleg voel aan die binnekant. As ek vir myself kyk, en ek dink ek's mooi, dan voel ek goed aan die binnekant.
Letter to her body:
Liewe lyf … Jy moet net bly hoe jy is. Ek is gelukkig met jou.

Layla's self-statements are as follows:

Ek weet nie mooi nie: is ek vet of is ek maer? Ek dink ek's in die middel. My pa sê ek is lank, maar ek dink ek's lank en kort … ek is in die middel. Dit is vir my baie lekker om swart en wit te wees. Ek sien myself as tussen swart en wit. My gesig … dit lyk baie mooi. My wenkbroue is bietjie klein. My neus is bietjie groot … ek hou baie daarvan. My oë is bietjie klein … ek hou daarvan want ek kan ver en naby sien. My ore is ook bietjie klein, maar mooi ook. Ek hou die meeste van my hele lyf – ek hou van die kleur. Ek hou die minste van my tieties – hulle is te in die middel. My maats het voor my begin kry.
Letter to her body:
Dear body, today I want to tell you that … I love you so much and I will always love you so much and you are the best.

Mary's self-statements:

My hare is in 'layers' gesny. My arms is nie te dik nie. My lyf is nie dik nie – die lyne gaan mooi af. Ek het langerige bene en arms. Ek het nie soos 'n ronde gesig nie – dis meer ovaal. Ek 'smile' meeste van die tyd. My oë is eintlik bietjie klein. My ore pla my … dit het my al baie, baie baie gepla … Ek hou die meeste van my maag. Ek en my maatjie het albei 'six packs'. My maats sê ek het 'n mooi maag. As ek partykeer sê ek's vet sal my ma sê … nee jy's maer. Ek het in die begin van die jaar dit baie gesê, nou nie meer nie. Ek sê partykeer vir mamma ... kyk hoe vet lyk ek. Dis net iets wat ek dink, al weet ek ek's eintlik nie vet nie.
Letter to her body:
Liewe lyf … Jy is mooi en ek is baie gelukkig om jou te hê. Jy lyk nie mooi in sekere klere nie, maar dan sien ek dit en trek iets anders aan.

Anne's self-statements:

Ek weet nie of ek mooi of lelik is nie. Wat dink jy? Ek dink ek is lelik. My oë binnekant is 'n sirkel. My oë het 'n mooi vorm … nee, my oë is 'okay' … soos gewone oë. My hare is net gewoonweg. My bene is dun – my ouma sê altyd ek het spyker bene en boude. Ek weet nie hoe ek is nie … maar ek dink ek is gaaf. Ek dink ek's lelik … Ek dink dit is omdat ek nie my hare mooi maak en ook nie mooi aantrek nie. Ek trek 'plain' aan, ek wil nie mooi aantrek nie, want ek wil hê mense moet van my binnekant hou. Ek kan nie teken nie … my oë lyk of ek 'n spook gesien het … ek weet nie hoe nie. Ek hou van my naels … dis mooi kort. Ek hou nie van my bene nie … dis te lank … my sussie sê my bene is te lank. In graad 4 wou ek kort gewees het maar nou nie meer nie. My hare is maar net gewoonweg.
Letter to her body:
Liewe lyf … Ek is tevrede met hoe ek lyk en ek sal niks wil verander nie behalwe ek sal graag wil sien sonder brille.

Dezi's self-statements:

My hare is lank en plat ... my neus is soort van plat … my ore is klein … my nek is nie te lank nie, nie te kort nie. My arms is gewoonweg. My hande is bietjie klein. My vingers is nie baie lank nie. My bolyf is nie te breed en nie te dun nie. My bene is nie te groot nie, nie te klein nie. Ek hou die meeste van al die dele van my lyf. Daar's niks waarvan ek nie hou nie.

Letter to her body:

Liewe lyf … Ek wil vandag vir jou sê dat jy net so gaan bly tot ek dood is, en ek sal jou mooi oppas.

Jinx's self-statements:

Ek hou die meeste van my gesig. My ogies is mooi daar binnekant. Die kleur is mooi, my wenkbroue is deurskynend, my neus lyk mooi. My mond is die meeste van die tyd in 'n glimlag. My arms en my bene is lank. Alles aan my lyf is vir my mooi. My bolyf is vir my die mooiste … hierbo (bors-area). Ek hou net daarvan. Daar's niks aan my lyfie wat nie vir my mooi is nie.

Letter to her body:

Liewe lyf … Ek wil vandag graag vir jou sê dat jy lyk vir my baie baie mooi!

Lindy's self-statements:

My oë lyk nie mooi nie … my oë is nie regtig mooi nie. My hare is bruin en lank. My ogies is bruin en wit en my mondjie is rooierig. Ek 'smile' meeste van die tyd. My bolyf is klein en kort en my arms is lank en dik (daar bo). My bene is lank en my voete is klein. Ek is nogal kort. Ek is die kortste in die klas. Dis eintlik vir my lekker … want ek weet Jesus het my spesiaal gemaak.

Letter to her body:

Liewe lyf … Ek is baie gelukkig om so 'n lyf soos jy te hê.

Erica's self-statements:

Ek is nie te lank nie … ek is nogal kort. Ek het groen-geel oë. My ma sê ek het kat-kleur oë. My wimpers is baie mooi. Ek is vir myself mooi. Ek het kort bene en kan loop. Ek sal wil hê my hare moet op my boude hang. Toe ek klein was het dit op my boude gehang. My hele lyf is vir my mooi. Ek sal niks wil verander nie … o ja … behalwe. Ek het baie bloukolle op my kuite waar ek en sussie gespeel het. Ek sal dit wil wegvat.

Letter to her body:

Liewe lyf … Ek hou van jou en ek hoef nie skaam te wees nie. Ek is trots of jou en jy is vir my baie mooi.

Taking into account the self-statements of the respondents, as well as the introjections that were formed, it can be deduced that nearly half of the respondents made overwhelming positive self-statements, whereas three of the respondents' (Kate, Mary, Anne) statements were quite negative. One respondent, Mary, shows ambivalent feelings towards her body.

Some children struggle to separate their self-statements from significant other's. Such was the case with Anne, whose self-statements involved both her mother and sister. When she, for example says

that she likes her nails, she would add that her sister's nails are too long and her mother has fake nails. When discussing her eyes, she says that her sister has green eyes and her mother's are brown. She quickly added that she doesn't want to be like her sister. It seems that Anne is constantly compared to her older sister and that this has formed a resistance against anything that puts her in the same category as her sister.

Some of the self-statements were quite elementary such as Dezi's self-statements. Most of the respondents' statements were quite graphic and they correctly described themselves.

More than half of the respondents indicated that they liked their faces the most with specific reference to their eyes. One said that she liked her skin colour most, one likes her tummy most and one indicated that she likes her upper body most.

Half of the respondents stated that there is no part of their bodies that they do not like. One mentioned that she does not like her tummy because it is too flat. One said that her breasts are to close to each other and one indicated that she does not like her ears.

It becomes clear, when reading these self-statements, that the primary school girl has a very fragile body image and that her self talk can vary from very positive to extremely negative. Havighurst formulated the developmental tasks that should be accomplished by primary school children more that fifty years ago. One of these tasks is that a child needs to build a wholesome attitude towards herself. The child needs to appreciate her physical and personal strengths and abilities, and care for her physical appearance. He added that this is a precondition for being accepted in society, establishing healthy relationships and forming a positive self-image (Prinsloo *et al.*, 1996:100). In this study the researcher became aware of the fact that some children have already formed a very poor body image based on their self talk and introjections by primary school age. In the following theme the reasons for the development of either a poor or good body image will be discussed.

4.3.3 THEME 3:   DEVELOPMENT OF BODY IMAGE

Grogan (1999:3) states that the image that an individual has of her body is largely determined by social experiences. The *Wikipedia encyclopedia* (2006) confirms this by stating that body image is strongly affected by peers, parents, teachers, mentors and commercial advertising. The social experiences that influence body image emerging in this study, relates to significant others, peers, the media and religion.

4.3.3.1 SUB-THEME 1: SIGNIFICANT OTHERS

This sub-theme is further divided into two categories namely, parents and extended family.

- **Parents**

As research indicates that children look to their parents for information pertaining to body image (Olivardia & Pope, 2002:96) the parents' comments about a child's body is crucial to the development of a healthy body image. Verbatim quotes regarding parents' comments are as follows:

> **As ek partykeer sê ek's vet, sal my Ma vir my sê: "Nee jy's maer". In die begin van die jaar het ek dit baie gesê, maar nie nou meer nie. Pa sê as ek genoeg oefen sal ek 'n mooi 'six pack' hê. Pa oefen ook baie (Mary).**

> **Mense sê dat my gesig en my kop net soos mamma (werkgewer) sin lyk. Ek wonder hoekom sê mense so, want ek is nie haar kind nie. My regte ma sê my 'body' is baie baie baie mooi. My mamma is 'n bietjie vet. Dis lekker as mense sê ek's mooi, maar dis belangiker wat mamma sê (Layla).**

> **Toe ek klein was het baie mense gesê dat ek mooi oë het. Ek het my pa se oë ... nee, ek het eintlik gemeng van my pa en my ma se oë. My sussie het my pa se oë. Ma sê ek is mooi fyn gebou. Sy dink sy is vet. Pa sê niks nie (Anne).**

> **Pappa sê my lyf lyk vir hom mooi. Mamma sit vir my cutex op my vingers en op my tone. Dit lyk baie mooi (Jinx).**

> **Dit is vir my lekker om te weet dat ek 'n mengsel van mamma en pappa is. Wat ma, pa, ouma en oupa van my sê maak vir my die meeste saak (Kate).**

> **Ma sê ek moet my lyf mooi oppas. Sy't dit vir my gesê toe ek nog baie klein was. Dit beteken dat ek my lyf moet beskerm. Ma se opinie is die belangrikste (Dezi).**

> **My pleegma sê ek's 'n baie mooi meisiekind. My regte mamma sê niks nie. Jesus se opine is die belangrikste, dan pleegma sin (Lindy).**

> **Ma sê ek het 'n pragtige klein lyfie. Ek dink dit beteken dat ek nog 'n dogtertjie is. My regte pa sê ek is 'n mooi meisie (Erica).**

It is apparent from these comments that parental feedback is very important to a child. Feedback has a major impact on the healthy development of body image in children. It seems that most of the parents made positive comments regarding their children's bodies. This is reassuring to know, as children get enough negative feedback from others. Parents can influence a child's body image by commenting on children's clothing and appearance, or by requiring the child to look a certain way or to avoid certain foods (Cash & Pruzinsky, 2002:69). Even though both Anne and Erica's mothers gives them positive feedback, there is an underlying message that states that 'you have a beautiful body but mommy is overweight'. This message causes confusion for the child as she wants to, either help her

mother to loose weight or feel guilty about her own body. In the researcher's opinion mother's should avoid complaining about their own bodies in front of their daughters as this portrays mixed messages about the child's body, and could result in a poor body image for the child. Cash and Pruzinsky's research indicates that parents sometimes actively influence their children to loose weight in order to look better. In addition to direct comments, parental modeling of weight concerns may contribute to body esteem problems in children. Girls may be particularly affected by their mothers' behaviour (Cash & Pruzinsky; 2002:69).

The role that fathers play in establishing a good body image in their daughters should not be underestimated. Both Erica and Jinx, who commented on what their fathers say about their bodies, do have healthy body images. Mary's father provides her with a mixed message regarding her body, namely that if you exercise enough you will get a six pack. This message is quite powerful as Mary is very proud of her six pack and wants to 'show it off' by wearing shirts that reveals her stomach. A message such as this gives the idea that 'your body is conditionally accepted by me'. Parents should be careful not to give such messages as it could lead to a poor body image and: "… once a negative body image is formed, it affects feelings, thoughts, behaviors and perceptions of the body" (Kearney-Cooke, 2002:99).

- **Extended family**

Kate's extended family, namely her uncle and aunt, frequently gives her negative feedback regarding her body. Cash (1997:43) states that, at primary school age, children will more and more begin to reflect upon how society views their appearance. The negative statements that Kate receives have thus already formed a distorted body image.

> **Jou boude gaan afval - so maer is jy. Jy is net 'n geraamte – jy moet meer eet (Kate's family).**

> **Ek maak asof ek nie daarvan weet nie, en ek probeer daarvan vergeet, maar dit maak my hartseer voel (Kate).**

Kate responds to these statements by feeling very sad. It is ironic that sometimes people hurt children with their words without thinking that it would have such a negative impact on them. Cash (1997:47) states that being repeatedly criticized, taunted or teased about your appearance during the childhood and teen years, can leave a lasting effect on body image development. This seems to be the case with Kate as well as Anne, another respondent whom has also received mostly negative statements from significant others regarding her body. It is interesting how Anne tries to counter these negative

statements with a resistance against the person who makes these statements. From these two respondents' experiences, it is apparent that children feel sad when confronted with negative statements about their bodies. They do not always know how to deal with the sadness and subsequently internalize these negative statements.

> **My ouma sê vir my ek het spyker bene en boude. Ek hou daarvan, want dan's ek nie vet nie. My sussie sê baie lelike goed vir my. Sy sê my bene is te lank. My sussie is heeltemal anders gebou. Ek wil nie soos sy wees nie. Ek raak hartseer as sussie lelike goed vir my sê. Ek weet nie wat doen ek as ek hartseer is nie. My sussie sê dit is my skuld. My ma sê dan ons moet alles self uitsorteer (Anne).**

Quite a few people have, in the past, commented on Layla's body by stating that her body resembles a white person's body. These comments had a positive effect on her body image, but gave her a rather distorted idea of white people:

> **Ek hou daarvan om soos wit mense te wees. Hulle 'body' is baie mooi. Mense sê my lyf lyk soos wit mense sin. Dit laat my skaam voel, want die meeste wit mense is mooi. Mense by die huis vra altyd vir my: Hoekom is jou hare so sag? Dan sê ek vir hulle … ek is maar net gelukkig, want ek is so gebore. Mense sê altyd vir my ek is baie mooi (Layla).**

The influence that significant others have in terms of the development of a positive body image in the child, should not be underestimated, as culture and society plays a major role in the construction and hence the development of body image (Cash & Pruzinsky, 2002:69).This study indicates that the respondents received mostly positive feedback from parents and thus, a good body image is formed.

4.3.3.2 SUB-THEME 2: PEER GROUP

Research conducted by Grogan (1999:3) indicates that most people have some reference group that furnishes social information relevant to body image. Such a group might be friends, family or the media. The *Wikipedia encyclopedia* (2006) confirms this statement: "Body image is more than what a person sees in the mirror, and it is inextricably tied to their self-esteem and acceptance by peers". The influence that peers have on each other is quite significant. This sub-theme is further divided into: what friends say, popularity, the need to fit in, overweight children and boys.

- **What friends say**

Research indicates that teasing between peers is often related to body dissatisfaction amongst primary school children (Cash & Pruzinsky, 2002:69). It is common knowledge that children can be 'cruel' in what they say to each other. Borland *et al.* (1998:103) states that verbal harassment is much

more commonly reported in schools than physical bullying. This study shows no different, as some of the respondents experienced this cruelness themselves.

> **Kinders wat lelik is met my sê my kop is dik. Hulle sê my kop is vet en my wange is lelik. Kinders by die skool sê ek moet mooier klere aantrek … dis eintlik net een seuntjie. Ek dink hy's aspris. Hy sê my klere pas my nie (Kate)**

> **My een maatjie het een keer gesê dat my boude vet is. Dit het my lank gevat om daaroor te kom. My ma sê dat sy net jaloers is (Mary).**

> **My maats sê ook ek's 'weird' … as ek water drink, spuit ek hulle nat   (Dezi).**

This study shows that weight is often discussed amongst peers. This correlates with Cash and Pruzinsky's research that suggests that peers might comment on a child's weight and shape, discuss her body shape or give advice on weight control techniques (Cash & Pruzinsky; 2002:69).

> **Maats praat soms oor gewig. Katryn sê sy gee nie om of sy vet word nie (Anne).**

> **Toe ek in Graad 4 was het ons baie oor gewig gepraat, nou nie meer so baie nie. Een van die meisies het altyd vir almal vertel wat sy weeg. Daai meisie vra altyd vir mens hoeveel weeg jy. Een van my maatjies kyk altyd op die pakkie hoeveel kalorieë daarin is. Ek kyk partykeer, maar sal iets eet as ek dit wil eet (Mary).**

One respondent says that they do not talk about weight amongst her friends:

> **Die maats by die skool praat nie eintlik oor gewig nie of oor hulle lywe en klere en so aan nie (Dezi).**

Girls do compare themselves to each other from a young age. This is apparent when the following statements are taken into account:

> **Van my maats is mooier as ek en trek mooier aan. Hulle sê weer dat ek mooier is. Baie van my maats lyk nie soos ek nie ... hulle is nie vet nie, maar hulle lyk net nie soos ek nie. Ek en my beste maatjie het albei 'six packs'. My maats sê ek het 'n mooi maag. Ek is nie maats met die meisie wat 21 kg weeg nie. Sy dink baie van haarself. Sy sit 'make-up' op (Mary).**

> **Net een maatjie sê ek's mooi. Die ander sê niks. Jenna se hare is baie mooi … dis glad en reguit. Ek gee nie om van wat maatjies sê van hoe ek lyk nie. Dit gaan mos oor my binnekant, nie my buitekant nie. Ek is langer as my ander maats. Ek het 'n bruiner vel as hulle. My hare is anders en ek is anders gebou. My oë lyk ook heeltemal anders (Anne).**

> **Ek is korter as my maats, maar ons lyk almal amper dieselfde (Dezi).**

Three of the respondents receive overwhelming positive feedback from their friends. It is apparent that this causes them to feel good about themselves, which in turn results in a positive body image.

My maats sê altyd vir my ek's mooi (Layla).

My meisie maats sê ek is 'cool' en mooi. My maats sê ek is sterk. Ek weet nie eintlik hoekom hulle so sê nie. Hulle dink ek's sterk omdat ek en my boeties baklei (Dezi).

My maats sê ek is 'n goeie maatjie en 'n mooi maatjie. My maatjies lyk nie dieselfde nie … ons is uniek … nie een is dieselfde nie. Elke mens is spesiaal gemaak (Lindy).

My maatjie sê ek is baie mooi … almal is mooi voor die Here. By die skool dink almal ek is mooi (Erica).

Two of the respondents have the fear of friends only playing with them for their looks, and loosing these friends if they gain weight. Grogan (1999:7) confirm the relevance of these fears, stating that most children prefer not to play with their overweight peers. These fears create an inner struggle for the respondents.

By die skool dink almal ek is mooi omdat ek aan die model kompetisie deelgeneem het. Een maatjie hou net van my omdat ek mooi is. Ek wil nie hê sy moet met my speel net omdat ek mooi is nie (Erica).

Ek is bang om gewig op te tel, want dan gaan my maatjies nie meer met my wil speel nie (Dezi).

These statements show that some children have misconceptions about friendship and that 'cruelness' amongst peers is a reality. One of the developmental tasks of children in the middle childhood phase, formulated by Havighurst (in Prinsloo *et al.*, 1996:100-101), is that children should learn to get along with peers. The acceptance of the peer group becomes important to the primary school child. This holds true for the respondents in this study.

▪ **Popularity**

Being popular in school seems to be quite important to some of the respondents and not so important to others. It is unfortunate that children whose physical features correspond more closely to society's ideals tend to be favored by adults and peers (Krantz, 1994:373). These are usually the popular children in school as they are accepted and liked by most. Verbatim quotes pertaining to popularity are as follows:

Ek en my maatjie is die gewildste in die klas. Dis eintlik lekker. Ek weet nie hoekom ek die gewildste is nie. Ek persoonlik dink dis meer oor hoe ek is. Ek weet nie eintlik nie (Mary).

Mense sê altyd vir my ek is mooi … en oulik. Veral my maats sê dit vir my (Layla).

Ek is nie gewild nie, want meeste van die tyd is ek net by een maatjie. Dis miskien belangrik om gewild te wees. Dit is vir my belangrik. Ek sou graag wou gewild wees (Dezi).
Ek is nie populêr nie. Ek lees te veel. Niemand hou van my nie … nie die seuns of die meisies nie (Anne).

Only two of the respondents view themselves as popular. They do not seem to know what makes them popular. One respondent, Dezi, expressed the need to be popular. Anne's poor self-image is apparent when she speaks about not being popular in school. The results of the study indicate that popularity in school contributes to the development of a strong body image in a child.

- **The need to 'fit in'**

Most of the respondents do not mind standing out (being different from the rest). The study indicates that only one of the respondents view it as important not to stand out, but to fit in with the rest of her peers. The reason for not wanting to stand out, being that some physical characteristics such as wearing glasses, freckles, obesity, clothes or ethnicity can evoke verbal abuse (Krantz, 1994:440). Verbatim quotes are as follows:

Ek hou nie daarvan as hulle my 'left handy' noem nie. Dit maak my 'bad' voel. Ek voel anders as die res. Ek het dit al vir die meneer gesê. Dit is vir my baie belangrik om te weet ek's in die middel. Ek hou nie daarvan as mense sê ek's kort of lank nie. Dit nie lekker om tè kort of tè lank te wees nie (Layla).

Dis nie belangrik om in te pas nie. Brille laat my anders voel as die ander kinders … dit laat my nie sleg voel om anders te wees nie. Ek is net bang ek word blind (Anne).

Dit maak nie vir my saak om in die middel te wees nie. Dit is nie vir my belangrik nie. Die kinders wat uitstaan by die skool is diè wat baie maer is (Dezi).

Ek is die kortste in die klas. Dis eintlik vir my lekker, want Jesus het my spesiaal gemaak (Lindy).

- **Overweight children**

Most of the respondents have a positive regard for overweight children. None of the respondents themselves were overweight. Only one negative statement was made regarding overweight people. Mary lashed out against overweight people saying that she does not know how they can allow themselves to look like that. Grogan (1999:7) predicts this statement by stating that: "… it is

unfortunate that most children assign negative adjectives to drawings of overweight people". Most of the respondents are however sympathetic towards overweight peers and most of them have overweight friends:

> **Een van my maatjies by die skool ... sy's vet. Ek voel jammer vir haar. Sy sê vir my … ek wens ek was soos jy gewees. Dan sê ek vir haar moenie so sê nie. Baie mense sê sy's vet, maar dit is nie so nie. Daar's niks fout daarmee om vet te wees nie (Lindy).**

> **Daar's een vet meisie by die skool. Ek voel jammer vir haar (Anne).**

> **Vetter maats by die skool is ook gewild (Dezi).**

> **Ek dink dat dit sleg is om vet te wees. Ek het 'n vet maatjie in die klas – sy is die gaafste meisie in die klas. Dit is nie goed om te maer te wees nie – jy kan siek word (Jinx).**

> **Ek dink nie die vet maats by die skool is gelukkig nie. Ek is maats met hulle (Erica).**

Two of the respondents are of the opinion that overweight people are more happy and fortunate than others:

> **Vet mense lyk altyd so gelukkig. Dit maak dit spesiaal om vet te wees, want mense kyk dan na jou binnekant (Lindy).**

> **Vet mense … dis eintlik baie spesiaal as iemand van hulle hou. Ek dink hulle is baie gelukkig. As 'n man van hulle hou sal dit wees vir hulle binnekant en nie vir hulle buitekant nie. Ek is nie bang om vet te word nie. Ek's net bang om blind te word (Anne).**

The statement that children can be cruel to each other, are again, confirmed in this sub-theme. The respondents quote how other peers refer to overweight children in their school. Verbatim quotes pertaining to this theme are as follows:

> **Die vet kinders word partykeer 'dikgat' of 'diksak' genoem (Mary).**

> **Daar is twee maatjies in ons skool wat vet is. Die ander seuntjies noem die maatjies 'vet marsmallows' (Jinx).**

> **Ek het maats by die skool wat oorgewig is. Ander maats spot hulle. Hulle noem hulle nie name nie (Erica).**

- **Boys**

The respondents have different opinions of what the boys say about them. For half of the respondents it is important what the opposite sex say about them, whereas it does not seem to bother the rest of the respondents. Prinsloo *et al.* (1996:103) state that girls mature more rapidly than boys (they experience their growth spurt about two years earlier) and that this might contribute to girls feeling very sensitive about their physical appearance at middle childhood age. Thus, there seems to be a direct link between being liked by the boys and feeling good about one self.

> **Seuns hou van my. Dit voel goed (Mary).**

> **Ek weet nie wat die seuns van my sê nie. Ek het nie seuns maats nie. Dit pla my nie dat ek nie Valentynsdag kaartjies kry nie, want ek weet dat ek eendag sal kry (Dezi).**

> **Seuns sê ek lyk mooi en hulle sê dat ek sterk is. As die seuns teen die dogters deelneem is ek sterker … ek gooi hulle net daar doer ver! (Jinx)**

> **Die seuns sê ek is 'n baie oulike dogtertjie want ek leen baie keer vir hulle my kryte (Lindy).**

> **Ek weet nie wat sê die seuns van my nie (Erica).**

> **Dit laat my bietjie ongemaklik voel. Party seuns sê jy's mooi, maar in hulle hart sê hulle eintlik jy's nie mooi nie (Layla).**

Being accepted by the boys seems to be important for at least one of the respondents. Anne feels rejected and her body image and sense-of-self is negatively affected by the fact that she has not been 'asked out' by one of the boys:

> **Ek dink ek's lelik … want niemand het my nog uitgevra nie. Niemand hou van my nie … die seuns en die meisies. Dan sit ek net daar … en niemand vra my uit nie. Dit maak my voel ek's nie goed genoeg as niemand my uitvra nie. Miskien is dit my brille? Ja … dit pla my. Ek dink meisies wat uitgevra word is bietjie voor op die wa (Anne).**

The study showed that the opinion of the opposite sex does have an effect on the body image of girls, but this seems not to be the strongest factor for the formation of body image. This finding correlate with studies that show that most children appear to have retained a remarkably romantic innocence. Where children talked about 'boyfriends' the concerns were emotional rather than sexual (Borland *et al.*, 1998:76). In this study it seems as if the opinion of parents and girl friends matter more to the respondents.

4.3.3.3 SUB-THEME 3: THE MEDIA

Taking the literature into account it seems as if the media play a major role in the development of a child's body image. The *Wikipedia encyclopedia* (2006) states that one of the reasons most often cited for body dissatisfaction among women is the influence of the media.

All of the respondents expressed that they enjoy looking at magazines and television. By late primary school, girls start to read the 'teen' magazines that present a particular ideal appearance as well as address appearance concerns (Cash & Pruzinsky, 2002:69). One respondent has a scrapbook of her favourite models and actresses.

> **Ek het hulle vol gemaak in my 'file'. Halle Berry, Beoncè en Rihanna (Layla).**
>
> **Ek kyk in die tydskrifte na vrouens wat mooi rokke aanhet en ek dink hulle is mooi (Jinx).**

All of the respondents could immediately identify their role models. Their role models rage from South African actresses and singers to international pop artists. Interestingly, Layla (African girl) chose only black or mixed race role models, whereas Dezi (also African) chose white role models. The white girls all have white role models. The respondents' ability to immediately identify their role models correlates with a study by Cash and Pruzinsky which found that girls compare themselves to the fashion models and movie actresses or even Barbie dolls, and feel bad about the comparison (Cash & Pruzinsky, 2002:69). This study indicates that, even though the girls admire their role models, most of them do not wish to look like their role models.

> **Patricia Lewis is baie mooi, maar ek wil nie soos sy lyk nie (Kate).**
>
> **Angelina Jolie, Jessica Alba, Britney Spears en Jennifer Lopez is mooi. Ek sou graag soos hulle wou lewe, maar wil nie soos hulle lyk nie (Mary).**
>
> **Celine Dion. Oor hoe sy lyk en hoe sy sing. En Jennifer Aniston is vir my baie mooi. Ek sal nie soos hulle wil lyk nie (Dezi).**
>
> **Ek kyk in die tydskrifte na vrouens … maar ek wil nie soos hulle lyk nie (Jinx).**
>
> **Karen Ferreira. Sy's mooi want sy gebruik baie 'make-up'. Ek dink dit maak haar mooier lyk (Lindi).**
>
> **Nadine. Haar hare is baie mooi. Paula se klere en hare (Erica).**

Two of the respondents expressed the wish to look like their role models and one indicated that she would like to live like her role model. The concern regarding this is that girls who make such a comparison may have higher levels of weight concerns (Cash & Pruzinsky, 2002:69).

> **Modelle en aktrises lyk vir my baie baie mooi. Halle Berry, Beoncè, Rihanna – ek sou graag soos hulle wou lyk. Hulle sing baie lekker en hulle 'movies' is ook baie lekker (Layla).**

> **Kiera Knightley. Sy's vir my baie mooi. Partykeer dink ek ek sal soos sy wil wees (Anne)**

The fact that some people are more influenced by the media and society's expectations than others (Grogan, 1999:3), is apparent from the results of this sub-theme as the respondents differ in their opinions regarding the importance of role models. It does however hold true that all girls have role models and that they admire them for either their physical attractiveness or their talent.

4.3.3.4 SUB-THEME 4: RELIGION

A strong sub-theme that emerged in this study is that of religion. Five of the eight respondents volunteered information regarding their religious beliefs. Prinsloo *et al.* (1996:100-101) state that attitudes towards religion, culture, race and gender are fixed in the primary school years. One of the respondents mentioned that her teacher taught her about Jesus, whereas the others received religious input from their parents. These beliefs seem to have a major influence on their body image, as it helps them to overcome negative statements regarding their bodies. Verbatim quotes pertaining to this sub-theme are as follows:

> **As kinders by die skool vir my sê dat my kop dik is, sê die Heilige Gees vir my dat dit nie waar is. Dan voel dit vir my … hoekom het ek hulle geglo? Ek lyk dan reg … (Kate).**

> **Ons lyfies is vir die Here mooi. Jesus het my lyfie gemaak (Jinx).**

> **Ons is uniek … ons is nie dieselfde gemaak nie. Elke mens is spesiaal gemaak. Jesus het my spesiaal gemaak nes Hy my wou hê. As Jesus vir my sê ek lyk mooi, dan is dit die belangrikste. Partykeer droom jy daarvan … partykeer hoor jy dit … partykeer gebruik Hy iemand om dit vir jou te sê. Ek hou van hoe Jesus my gemaak het. (Lindy).**

> **Die Here het ons almal mooi gemaak (Erica)**

> **As ek vir my ma sê dat ek nie daarvan hou dat my tieties so naby aan mekaar sit nie, dan sê sy vir my: "Die Here het jou so gemaak. Ek kan dit nie terugvat nie" (Layla).**

Some of the respondents expressed a proudness of their bodies because Jesus made them perfect – just like He planned. It seems that this viewpoint contributes to the development of a good body image. Parents sometimes use religion to try to explain something complex to the child thinking that it would make her feel better. Such is the case with Layla's hang-up with her breasts. The question could thus be asked whether some of these religious beliefs regarding body image might be introjections where the child has not assimilated the beliefs and made it her own. From the data gathered, it seems that religion is important for the formation of body image. This does however only hold true for children who place value on religion.

4.3.3.5 SUB-THEME 5: MATURING

The data indicates that some of the respondents have already started to mature, while others are still little girls. Krantz (1994:373) explains this difference stating that it is noticeable that there are wide individual differences among children throughout the middle childhood years. Some children still look much like children, while others begin to take on the more mature look of adolescents. All of the respondents in the study were aware of the fact that their bodies are changing and that they are maturing. Seven of the eight respondents in the study are nearing puberty. Mwamwenda (in Prinsloo *et al.,* 1996:104) explains that the average age of puberty for girls in South Africa is twelve years (the range is from ten to eighteen years). It seems that some of the girls in the study wish to mature, whereas others want to prolong the process. This is apparent from these statements:

> **Ek weeg myself elke dag, want ek wil kyk of ek swaarder word sodat my bolyfie kan groter word (Jinx).**

> **Ek wil 'n baksteen op my kop sit dat ek nie kan groei nie. As mens 'n kind is hoef jy nog nie te werk nie, jy kan nog hardloop en klim en gly. Jy kan baie meer goed doen (Erica).**

Some of the respondents mature earlier than the others. Cash (1997:46) is of the opinion that girls whose hips and breasts develop earlier than the others, might feel self-conscious and this may lead to the development of a poor body image. This opinion is supported by Layla's dissatisfaction with her breasts. She thinks that they are too close to one another. The issue of wearing a bra, was mentioned by two of the respondents. Kate says that she has been wearing bras since grade 4. She is aware of the fact that she's actually too young to wear one, but says that it scratches if she doesn't put it on. She only wears sport bras. Layla does not understand the purpose of wearing a bra as her biological black mother and her family back home do not wear bras. Her white mother, on the other hand, encourages her to wear a bra. This creates confusion in Layla's mind.

> **Ek dra nou hierso, in Moreleta, 'n bra want mamma wil hê ek moet een dra. As ek by die huis kom dra ek nie een nie (Layla).**

Shaving and make-up were also topics that were mentioned by one of the respondents. Kate's dream is to start shaving. She already shaves under her arms but is not allowed to shave her legs or put make-up on.

> **Ek wil al skeer, maar ma wil dit nie toelaat nie. Ek trek partykeer lang broeke aan om my beenhare weg te steek (Kate).**

It is apparent that the respondents still enjoy being children and appreciate the carefreeness of this phase of life. Some of them want to hold on to this, whereas others wish to mature.

4.3.4   THEME 4:   THE SENSE-OF-SELF

Geldard and Geldard (2002:209) are of the opinion that a child begins to form an image or picture of herself from a very early age. This image is generally referred to as the child's self-concept and is largely based on the way in which the child is treated by the significant people in her life. Body image and sense-of-self are closely interlinked, and people with high self-esteem also tend to feel good about their bodies (Grogan (1999:180). When evaluating the sense-of-self, the respondent's ability to make decisions, as well as her ability to identify her likes and dislikes was looked at. Both of these aspects gave the researcher some indication of the child's sense-of-self. Blom (2004:115) states that a child with a poor sense-of-self will find it difficult to make her own choices and will constantly try to please someone else: "Confluence is often seen in children with a poor sense-of-self, where they are constantly trying to please other people, finding it difficult to make choices of their own". Blom (2004:118) further explains that: "… children are often anxious to make simple choices as they are afraid that they will make the wrong choice".

When discussing the respondents' sense-of-self, Humphrey's (in Blom, 2004:115), six main headings will be used as reference.

- Physical sense-of-self (appearance);
- Emotional sense-of-self (whether the child is lovable and interesting);
- Intellectual sense-of-self (whether the child is able to comprehend certain aspects in the world);
- Behavioral sense-of-self (whether the child is skilled, able and independent);
- Social sense-of-self (whether the child has a sense of uniqueness or inferiority);
- Creative sense-of-self (whether the child conforms or resists conformity, whether the child is a people-pleaser or does things in her own way).

Data gathered pertaining to the sense-of-self of each respondent will be discussed.

Kate

Kate constantly seeked the researcher's approval throughout the study. She had difficulty making decisions such as the colours she wanted to use, and the clothes she should draw. She made statement such as:

> **Moet ek met die geel of die bruin teken? Kan tannie dit vir my doen? Ek wil dit nou perfek doen. Watter kleur dink tannie sal mooi lyk? Lyk dit reg? Ek kan nie mooi teken nie.**

These statements could suggest a poor sense-of-self as the respondent struggles to make choices and is dependent on constant approval. What is interesting about Kate is that she is able to express herself in a self-assertive manner that suggests confidence. It seems as if Kate's physical, emotional, social and creative sense-of-self is quite poor due to the fact the she receives negative feedback regarding her body and her self talk is negative. Her inability to make decisions also contributes to this assessment of her. However, she has a stronger intellectual and behavioral sense-of-self as she's able to identify her likes and dislikes and does well at school. Kate was able to identify the things that she likes best, namely chocolate, her eyes, vegetables, fruit, her mom and her dad. What she does not like is vinegar, salt and 'what her uncle did to her'. It is quite interesting that Kate felt the need at this late stage in the study to disclose the information regarding possible molestation by her uncle to the researcher. The researcher chose not to discuss the statement with Kate, but rather referred her to the Support Center's social worker. From the data collected, it thus seems that Kate has a poor body image mainly formed because of the negative input from significant others. This directly influences her sense-of-self, as her physical, emotional, social and creative sense-of-self seem to be quite poor.

Layla

Layla did not once ask for the researcher's approval. She was quite independent in making her own decisions and thus presents with a strong sense-of-self. When she had to identify her likes and dislikes, she drew a picture of herself and wrote that she liked boys, her family, to go to school and to write. This is quite superficial and non-threatening answers, but still she was able to easily identify her likes. It seems that Layla has a strong physical and emotional sense-of-self. She feels accepted and loved by family and friends. Layla's social sense-of-self also seems to be quite strong as she views herself as unique. She presents with a poor intellectual sense-of-self as she is an underachiever at school. The reference to 'they' wanting her to go to school and the friends teasing her about being left handed confirms this statement. From the data collected, it seems that Layla has a good body image

formed by positive input from significant others in her life. This directly influences her sense-of-self, as her physical, emotional, behavioural, social and creative sense-of-self seem to be strong.

Mary

Mary was able to make her own decisions throughout the study. She's very self-confident and presents as someone with a good sense-of-self. Her sense-of-self is however dependent on what others say and think of her, and thus, her people-pleasing attitude seems to have led her to present with a poor creative sense-of-self. Mary is very much focused on external appearance – this is evident when stating that she likes herself when she looks nice, but does not like herself when she has a mosquito bite on her cheek or when she wears a certain jean that makes her look fat. Mary did not want to draw, but rather wrote in depth what she likes and dislikes. This suggests a strong physical, social and behavioural sense-of-self as the significant others in her life give her positive feedback. However, her emotional sense-of-self is not as strong as it is dependent on physical 'flaws' and not on inner strength. It follows that Mary's body image is built on what she thinks people say about her. It is important for her to be popular and she places a lot of value on her outward appearance. She does however keep balance by also recognizing the importance of the inner self. From the data collected, it seems that Mary has a good body image mainly formed by positive input from significant others in her life. This directly influences her sense-of-self, as her physical, intellectual, behavioural and social sense-of-self seem to be strong.

Anne

Throughout the study it was apparent that Anne lacks in self-confidence and has a poor sense-of-self in most areas. She constantly seeked the researcher's opinion and approval, and struggled to make decisions on her own. Some comments pertaining to a poor sense-of-self are as follows:

> **Ek kan nie teken nie. Ek weet nie. Ek weet nie hoe ek is nie. Ek weet nie of ek mooi of lelik is nie. Wat dink jy? Ek dink ek is lelik.**

It seems that Anne's self talk is extremely negative as she constantly puts herself down. She is more comfortable with writing her feelings than she is in verbalizing them. Anne seems to present with a good intellectual sense-of-self. When completing the sentences, Anne stated that the secret of her body is that she has been hurt when she was four years old. It would seem that her extremely negative sense-of-self was formed by possible abuse or molestation. She stated that the best part of her body is her heart. This seems to confirm her negative body image, and her need to feel accepted by others for her 'inside' and not her 'outside'. Anne was able to identify that she likes to watch television and read. She thinks that she is good in art, music and hockey. From the information

gathered, it can be deduced that Anne has a poor body image formed by negative statements by family and friends, as well as possible molestation. Her body image impacts negatively on nearly all areas of her sense-of-self and self-confidence. Anne was referred for therapy at the Support Center.

Dezi

Dezi showed some resistance and did not volunteer any information throughout the study. When a question was asked, she took a long time to answer. It could not be fully determined if this reluctance to answer was due to resistance or an inability to understand completely. She was very independent and was able to make her own decisions. Dezi presents with a strong sense-of-self in all of the areas, save the intellectual sense-of-self which seems to be quite poor. She presented with a very good physical sense-of-self. She views herself as 'weird', and is totally comfortable with this. She is comfortable with being 'different' and seems to appreciate her positive characteristics. She recognizes the importance of the inner self and wants people to like her for her inside. Her social, emotional and physical sense-of-self seem to be strong as the significant others in her life gives her positive feedback about her body. Dezi was able to identify her likes and dislikes and could also identify her strong characteristics such as her sense of humour and her helpfulness. She completed the sentences with ease, but did not provide lots of information. From the data collected, it seems that Dezi has a good body image mainly formed by what her friends and her mother say about her. This directly influences her sense-of-self, as her physical, emotional, behavioural, social and creative sense-of-self seem to be strong.

Jinx

Jinx presented with a very good sense-of-self throughout the study. Being the youngest of the respondents, she was, interestingly, the one with the most self-confidence. She was able to make her own decisions and did not seek the researcher's approval. The researcher helped Jinx to complete the sentences as she still struggles to write full sentences. The information provided was quite elementary, but appropriate for her age. Jinx drew and wrote her likes and dislikes. She was also able to identify character traits such as being friendly to others. Interestingly, she identified a dislike in cars. This can possibly be linked to her sister's tragic death in a car accident. From the data gathered, it can be deduced that Jinx has a good body image and subsequently a strong sense-of-self in all of the different categories. Her strong body image and sense-of-self could be linked to the positive reinforcement by her parents and significant others.

Lindy

Lindy constantly sought the researcher's opinion, and was never satisfied with anything that she drew, putting herself down. Lindy projects a poor sense-of-self as she continually tried to please the

researcher, and was unable to make simple choices on her own. It seems that Lindy's body image and sense-of-self is plagued with introjections. She places a lot of emphasis on 'being a good girl' and not being naughty, and thus 'being good' seems to be one of the introjects that was formed in Lindy. Being a foster child might have had an influence on her inability to separate the ideas and beliefs of others, and to build her own belief system. The researcher helped Lindy to complete the sentences as she still struggles to write sentences. She gave quite superficial and non-threatening answers. She struggled to identify her likes and dislikes – another clear indication of a poor sense-of-self. After some help from the researcher, she eventually drew and wrote her likes and dislikes. Again, her answers were somewhat superficial, ranging from all animals and horses (likes) to spiders and snakes (dislikes). It seems that Lindy has a negative sense-of-self regarding all categories, except for the physical sense-of-self. She verbalizes positive statements regarding her body. These positive feelings were reinforced by her foster mother and teachers, as well as her strong religious convictions. As she is, however, at a very influential phase, it cannot be determined if she really owns these positive feelings regarding her body, or whether these introjects are just so strong that she really believes them as the truth. From the data gathered, Lindy presents with a good body image. This directly influenced the development of a strong physical sense-of-self. However, all other aspects of the sense-of-self seem to be very poor. Lindy was referred for therapy at the Support Center.

Erica

Erica was able to make her own choices throughout the study. She did not seek the researcher's approval at any time. Her self talk is quite positive which suggests a good body image and sense-of-self. She is, however, very aware of her outward appearance and seems to be quite focused on other's opinions of her. It seems that her acceptance of her body is dependent on features such as her hair, and thus, she has a conditional acceptance of her physical appearance. Her mother's struggle with her weight also impacts negatively on Erica. She could easily identify her likes and dislikes and indicated that she likes horses, dolls, children, animals, her face and her whole body. Her dislikes are vegetables, bugs and the blue marks on her legs. From the information gathered, it can be deduced that Erica has a good body image formed by positive statements by family and friends. This directly influences her sense-of-self, as her physical, emotional, intellectual, behavioural, social and creative sense-of-self seem to be strong.

In conclusion, a break-down of the respondents' sense-of-self are provided:

Sense-of-self	Positive	Negative
Physical	Layla, Dezi, Jinx, Erica, Mary, Lindy	Kate, Anne
Emotional	Dezi, Jinx, Erica, Layla	Kate, Mary, Anne, Lindy
Intellectual	Kate, Mary, Jinx, Erica, Anne	Layla, Dezi, Lindy
Behavioural	Layla, Dezi, Mary, Jinx, Erica, Kate	Anne, Lindy
Social	Layla, Mary, Dezi, Jinx, Erica	Kate, Anne, Lindy
Creative	Layla, Dezi, Jinx, Erica	Kate, Mary, Anne, Lindy

The empirical study indicates that most respondents present with a positive sense-of-self. Their sense-of-self are however very fragile and open to negative influences. Negative statements from peers and significant others are internalized and the sense-of-self are damaged by it. Through positive self talk the child again builds some aspects of her sense-of-self. The empirical data indicates a strong link between body image and the sense-of-self which will be subsequently discussed.

4.3.5 THEME 5:   THE LINK BETWEEN THE SENSE-OF-SELF AND BODY IMAGE

It is evident from research by Grogan (1999:180) that there is a direct link between the sense-of-self and body image as it has been found that sense-of-self correlates highly with body satisfaction. Olivardia and Pope (2002:84) state that a poor body image leads to low self-esteem, whereas people with high self-esteem tend to feel good about their bodies. Self-concept and self-esteem therefore easily becomes intertwined with body satisfaction. To confirm this correlation proved harder than the researcher thought. Although it is apparent from the study that the girls who present with a good body image subsequently have a strong sense-of-self, there are exceptions to the rule. The reason for this being that: "… some children do not have a poor sense-of-self with reference to all six aspects of the sense-of-self" (Blom, 2004:115). Blom further explains that a child might perhaps experience that she is lovable, but have a poor intellectual sense-of-self because she's having trouble at school (such is the case with Dezi). When investigating the link between the child's sense-of-self and her body image, the respondents were asked to comment on the importance of the 'inner self' (sense-of-self) and the

'outer self' (body image). Two of the respondents, namely Jinx and Dezi struggled with this concept but eventually understood it. Verbatim quotes pertaining to this theme are as follows:

> **As mense binne my hart sien sal hulle sê ek is mooi omdat Jesus daarin bly en omdat ek gaaf is met ander kinders (Jinx).**

> **Dit is vir my belangriker wat mense sê van my binnekant. As ek iets goeds doen sien mense my binnekant … soos as ek siek mense help of iemand help om iets swaars te dra. As mense my binnekant sien sal hulle sê ek's oulik. Ek hou nie van myself as ek iets stouts gedoen het nie (Dezi).**

> **Ek hou van myself vir my binnekant en my buitekant (Erica).**

> **Mense weet dat ek baie van klein kindertjies hou. Hulle kan aan my gesig dit sien. Ek speel altyd met die kinders (Layla).**

> **Die geheim van my lyf is … hoe ek aan die binnekant voel. Die beste deel van my lyf is my hart (Kate).**

Most of the respondents want other people to like them for what is on their 'inside' rather than what is on their 'outside'. Kate wants people to see her inside rather than her outside as she views her heart as the best part of who she is. She feels ambivalent about what determines her to feel good on the inside. Sometimes when she looks in the mirror she feels good on the inside. Kate says that her body sometimes causes her to feel bad on the inside. This is mainly due to what people say about her. She would like people to accept her for her inside rather that what she looks like on the outside. Two of the respondents provided information about the direct link between body image and the sense-of-self:

> **My lyf maak dat ek partykeer sleg voel aan die binnekant (wanneer mense lelike dinge van my lyf sê). Maar as ek vir myself kyk en dink ek's mooi, dan voel ek goed aan die binnekant (Kate).**

> **As ek mooi lyk, voel ek 'nice' oor myself. As ek iets 'nice' vir iemand gedoen het, voel ek ook goed oor myself. Ek wil eerder hê mense moet sê ek's 'n 'nice' mens as wat hulle iets oor my lyf sê (Mary).**

Sometimes children struggle to portray themselves as they would like to. The inner self, which they directly link to their personality, is sometimes difficult to express. Such is the case with Layla. She makes the statement that people do not believe that she is 'in Jesus':

> **As mense my binnekant sou sien sal hulle sê … 'they will not believe me'. Hulle dink … baie mense dink ek is nie by die kerk nie. Dit maak nie vir my saak wat mense sê nie, want ek weet dat ek in Jesus is (Layla).**

> **They think I am not in God. They say I am nice. They say to me: 'Black is nice'. They say to me to go to school (Layla).**

Children are able to differentiate between 'being nice on the outside' and 'being nice on the inside'. It is more important for them to have friends who are nice on the inside rather than the outside.

> **My beste maatjie is baie mooi, maar sy is ook 'nice' aan die binnekant (Mary).**

> **Partykeer dink mens 'n meisie is mooi, maar eintlik aan die binnekant is sy lelik (Kate).**

> **Vet mense is eintlik gelukkig want hulle weet dat mense van hulle hou vir hul binnekant ek nie hul buitekant nie (Anne).**

It seems that what others say about the 'inner' and 'outer' self of children are important to them. It does however seem that this concept of the 'inner' and 'outer' self was understood by the respondents as personality rather than the link between body image and the sense-of-self. The study confirms that girls who present with a positive body image subsequently have a strong sense-of-self. The reverse also holds true, that girls with a poor body image present with a negative sense-of-self.

4.4 SUMMARY

In presenting the data, five different themes with sub-themes were identified. Major themes that emerged include sensory awareness, body image, the development of body image, the sense-of-self and the link between the sense-of-self and body image. The sense-of-self was sub-divided into different categories, namely, the physical, emotional, intellectual, behavioral, social and creative sense-of-self. Literature pertaining to, and supportive to the data was also presented. The reader was supplied with verbatim quotes from the eight respondents who participated in the study.

The empirical study indicated that most of the respondents presented with a good body image and a positive physical sense-of-self, but not necessarily a strong sense-of-self in respect to all the different aspects that relate to the sense-of-self. The empirical data also indicates that girls at a younger age are already concerned about gaining weight and that this might have a negative influence on their body image. In this study the researcher became aware of the fact that some children have already formed a very poor body image by primary school age, based on their self talk and the formation of introjections. It seems that primary school girls are fixated on weight and that their body image is particularly open to change.

In the final chapter, a summary, conclusion and recommendations will be provided to the reader.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1   INTRODUCTION

The researcher will present, in this final chapter, a summary of the study as well as conclusions and recommendations for further studies regarding the topic. The success of the study will be indicated in this chapter, as the researcher will return to the original research question and ascertain whether or not it was answered. This chapter will be presented by providing a brief summary of each chapter, as well as conclusions and recommendations.

5.2   CHAPTER 1: GENERAL INTRODUCTION AND BACKGROUND OF THE STUDY

Within the study, the researcher investigated the primary school girl's perception of her own body and the effect this has on her sense-of-self. The aim of the first chapter of the study was to provide the reader with a plan as to how the study would be conducted. The study was undertaken as the researcher experienced the importance of body image in the course of her work, and wanted to investigate the correlation between body image and the child's sense-of-self. The fact that a child's appearance plays a significant role in how others perceive her, and the possibility of developing a distorted body image and subsequently a poor sense-of-self, inspired the researcher further.

The *goal* of this phenomenological study was therefore:

> To determine how the primary school girl views her body and the influence this view has on her sense-of-self.

The researcher chose the *qualitative* research approach for her study. The type of research was *applied*, as the aim was to investigate the problem of distorted body image and subsequent self-concept problems of the primary school girl. Within the study the *phenomenological research strategy* was implemented as the aim was to understand the meaning children give to body image, and the effect this has on their sense-of-self. It was therefore an 'everyday phenomena' that was researched.

The study was narrowed to girls from the eastern suburbs of Pretoria where the researcher is employed.

The researcher gathered the data for the study by utilising play therapy sessions to observe and interview respondents. The data collection was done in two consecutive individual sessions. Throughout the sessions the researcher observed the child's 'body-language', and therefore observation was also used as a data collection method. The sessions were recorded on videotape, in order to store and review the data.

A pilot test was conducted with one primary school girl. Relevant play therapy techniques were utilised in order to gather information. The purpose of the pilot test was to determine the effectiveness of the play therapy techniques in order to collect relevant data.

Respondents for the study were identified and selected through the non-probability sampling technique of purposive sampling. The *criteria* for selection of the respondents for the study were:

- Primary school girls between the ages of six and twelve years
- From any ethnic group, but able to converse in English or Afrikaans
- Girls who were referred to the Moreleta Park Support Center due to self-image or socializing problems
- Girls who reside in the eastern suburbs of Pretoria where the Support Center is based.

The researcher had to take into account all ethical issues that might have arisen during the course of the study. Written consent was obtained from the respondents, their parents and the Support Center prior to the sessions. All respondents were fully aware of the purpose and procedures of the study, and thus, no deception took place. The respondents' identities were protected by using pseudonyms in the presentation of the data. The report was compiled as accurately and objectively as possible, and the information was formulated and conveyed in a clear and unambiguous manner.

The chapter ended with definitions of the key concepts of the study, namely, perception, sense-of-self, body image, middle childhood phase and the primary school child.

5.3   CHAPTER 2: THE PRIMARY SCHOOL CHILD IN THE MIDDLE CHILDHOOD PHASE, BODY IMAGE, PERCEPTION AND THE SENSE-OF-SELF

In chapter two of the study, the researcher wanted to reach the following objective: To provide a knowledge base on body image, sense-of-self and the perceptions primary school girls have regarding their bodies, based on a literature review. The researcher divided the chapter into three main sections, namely, the primary school child in the middle childhood phase, body image and the sense-of-self.

Middle childhood, range between the periods of 6 to 12 years when most children are in the primary school from grade 1 to grade 7. During the middle childhood phase, the child forms a perception regarding her body and sense-of-self which is crucial to the way she regards herself. Development occurs on different levels during these years and specific developmental milestones need to be reached. The ten developmental tasks formulated by Havighurst that should be accomplished by the primary school child, were mentioned in this chapter. Thereafter, a knowledge base was provided regarding the physical, social and emotional developments that occur in the middle childhood phase.

A theoretical base was then given to the concept of body image. It is generally accepted that body image comprises of two main elements, namely the perception of one's body and the thought processes and feelings that an individual associates with the body (Olivardia & Pope, 2002:82). It was deduced that body image is more than what a person sees in the mirror, and is inextricably tied to a person's self-esteem and acceptance by peers (*Wikipedia encyclopedia*, 2006). In the discussion of the development of body image, it emerged that body image forms gradually, beginning in infancy, but that childhood and early adolescence are critical periods for the development of self-esteem and lifelong eating behaviours. Literature revealed that a preoccupation with body size and shape is clearly present during early childhood and that girls are particularly vulnerable to having a negative body image. The image that an individual has of her body is largely determined by social experience. The sociocultural influences that were discussed are parents, peers and the media. From the literature it was determined that children look to their parents for information pertaining to body image. Research also showed that the media play an important role in shaping – that is reflecting the ideal female body.

The third section of the literature review dealt with the definition, components and the development of the sense-of-self. Four sources that contribute to the development of the sense-of-self were discussed, namely biological sources, social sources, self-reflection and observation of own behaviour. The six aspects of the sense-of-self, identified by Humphreys (in Blom, 2004:115) namely the physical, emotional, intellectual, behavioral, creative and social sense-of-self were then defined. Defining the sense-of-self in the middle childhood, three theoretical foundations of self-concept were

provided in order to conceptualize sense-of-self further. Lastly, the link between body image and the sense-of-self was theoretically defined. It was found that the sense-of-self correlates highly with body satisfaction. A healthy body image is associated with positive self-esteem, whereas a disturbance in body image can lead to a number of negative consequences including decreased self-esteem, depression and unhealthy eating behaviours.

CONCLUSIONS

The following conclusions are drawn from this chapter:

- Literature on the development of body image in the middle childhood phase is limited. Most literature focuses on the adolescent phase when discussing body image.
- Some of the literature used in this study is already outdated as society changes at a rapid pace. Borland *et al.* (1998), for example state that children in middle childhood have still retained a remarkably romantic innocence where boys are concerned. The researcher challenges this statement as statistics indicate that more and more children become sexually active in the middle childhood phase.
- Literature indicates that girls in their middle childhood are prone to be preoccupied with body size and shape, and thus are particularly vulnerable to having a poor body image.
- The literature further indicates that the sense-of-self is multi-dimensional and is therefore sub divided into different headings, namely the physical, emotional, intellectual, behavioral, social and creative sense-of-self.
- The literature also indicates a direct link between body image and sense-of-self. A good body image is indicative of a good sense-of-self.

RECOMMENDATIONS

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

- Studies focusing on the development of body image of children in their middle childhood are needed.
- Parents, teachers and child care workers should be made more aware of the negative influence that peers, the media and significant others can have on the development of body image in the child. They should also be educated as to the direct link between body image and the sense-of-self.
- Further research to investigate the link between body image and the sense-of-self is needed.

5.4   CHAPTER 3: THEORETICAL FOUNDATIONS OF GESTALT THERAPY

In chapter three of the study, the researcher wanted to reach the objective of providing a solid theoretical foundation on gestalt therapy and different play therapy techniques. Some of the basic concepts of gestalt therapy, namely awareness, foreground needs, the here and now, self-regulation and unfinished business were discussed. The aim of the gestalt approach is for a person to discover, explore and experience her own shape, pattern and wholeness. Gestalt therapy is therefore aimed at the integration of all disparate parts. Gestalt therapy's major goal is towards self awareness – thus, living fully in the here and now.

The five layers of neurosis were contextualized and the gestalt therapy process was discussed. A literature review of the development of a therapeutic relationship, sensory contact making, emotional expression, self-nurturing and termination was provided next. As the researcher was to make use of projective techniques in the study, the role of projection in gestalt play therapy was discussed. Thereafter, different forms of play, namely, relaxation, biblio, dramatic, and creative play were contextualized. Having a concrete theoretical basis for the study, the empirical study could now be undertaken.

CONCLUSIONS

The following conclusions are drawn from this chapter:

- Gestalt therapy focuses on awareness in the here and now. The child should be helped through sensory contact making exercises to become fully aware of her senses and this in turn, stimulates expression on an emotional level.
- Some children loose the full awareness of their senses – this impacts negatively on the expression of emotion, and the result could be that they loose their sense-of-self. These children should thus be helped to regain their ability to use their senses in an integrated way.
- Authors seem to struggle in their attempt to define the concept of projection. The goals and objectives of projection are however, quite clear. The conclusion is drawn that projection helps the child to express uncomfortable and unacceptable feelings.
- Different forms of play mediums can be utilised in order to help children to express their innermost feelings and experiences. The conclusion is drawn that the therapist should be well-trained and well-prepared in utilising these play techniques when working with traumatized children.

RECOMMENDATIONS

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

- Children should be sensorily stimulated before therapeutic intervention takes place, as sensory awareness exercises forms the basis for intervention in the here and now.

- All professionals working with children should be well-trained in utilising play techniques. Even though the mere act of playing with a child does not require any training, therapeutic intervention through play should always be purposeful and well defined.

5.5   CHAPTER 4: EMPIRICAL STUDY

The aim of this chapter was to present the actual findings of the study undertaken by the researcher. The objectives were: To use gestalt play therapy techniques to investigate the influence of perceptions regarding body image on the sense-of-self. To investigate primary school girls' body image by means of an empirical study, and to draw conclusions and make recommendations regarding the primary school girl's perception of body image and the influence thereof on her sense-of-self.

The researcher used a qualitative approach, conducting two consecutive play therapy sessions in order to gather information for the study. The findings were then presented according to themes and sub-themes identified from the data that was gathered. Major themes that emerged include sensory awareness, body image, the development of body image, the sense-of-self and the link between the sense-of-self and body image. The sense-of-self is sub-divided into different aspects, namely, the physical, emotional, intellectual, behavioral, social and creative sense-of-self. The researcher interviewed eight respondents who adhered to all the criteria for selection. Most of the children in the study presented with a good body image. The study indicated that they also presented with a strong physical sense-of-self, but not necessarily a positive sense-of-self in respect to the other aspects of the sense-of-self mentioned above. Even though they presented with good body images, most wished that they weighed less, indicated that they would want to change something regarding their bodies, and all of them had hang-ups in regards to some aspect of their physical body. In presenting the data, literature pertaining to, and supportive to the data was also provided. The reader was supplied with verbatim quotes from the eight respondents who participated in the study.

CONCLUSIONS

The following conclusions are drawn from the empirical study:

- Girls who have not been sensorily stimulated, struggle with awareness as their senses seem to be 'hazy and blurred'. It seems that all children differ in their ability to make contact with their environment through the sensory modalities of touch and smell.
- Children in their middle childhood struggle to own their body-outline projection. The conclusion is drawn that the respondents' inability to own their projections can be directly linked to the fact that they were not able to create a precise, concrete and realistic picture of themselves.
- Girls in their middle childhood are relatively accurate in their judgment of their size, shape and weight relative to their actual proportions.
- Most girls in primary school have a 'wished for' figure that is thinner than what they judge themselves to be. This conclusion proves that the media play an important role in shaping (reflecting the ideal female body) as most girls idealize these figures.
- The hypothesis for this study, namely that pressure from society, the media and parents have a negative influence on the child's body image, was proven correct.
- Primary school girls are very much aware of what they weigh and are scared to gain weight. The study thus indicates that girls of primary school age are already fixated on weight.
- Some girls have a fear of friends only playing with them for their looks, and loosing these friends if they gain weight.
- Girls in primary school have hang-ups regarding different aspects of their bodies.
- Primary school girls use the mirror as a means to evaluate how they look, and most give themselves positive feedback when looking into a mirror. However, they are not satisfied with what they see as the study indicates that primary school girls all want to change something in connection with their bodies.
- Primary school girls have fragile body images and their self talk can vary from very positive to extremely negative. Their body image is strongly dependent on their self talk.
- Children do remember what their parents tell them about their bodies, and it has a major impact on the healthy development of body image in children. It seems that most of the parents made positive comments regarding their children's bodies. The role that fathers play in establishing a good body image in daughters should not be underestimated.
- The opinion of significant others play an important role in the development of a healthy body image in primary school girls.
- Children feel sad when confronted with negative statements about their bodies. They do not always know how to deal with the sadness and subsequently internalize these negative statements. This may lead to the development of a negative body image.

- It seems that weight is often discussed amongst peers. Girls do compare themselves to each other from a young age. When friends give positive feedback to each other, children feel good about themselves, which in turn leads to the development of a good body image.

- Being popular at school seems to be quite important to some girls and not so important to others. Girls view it as important not to stand out, but to 'fit in' with the rest of their peers, even though it seems that most girls do not mind 'being different'.

- Primary school girls stand sympathetic towards their overweight peers and most of them have overweight friends. The study however indicates that children can be very cruel towards overweight class mates.

- The opinion of the opposite sex does have an effect on the body image of girls, but this is not a strong factor for the formation of body image. The opinions of parents and girl friends matter more to primary school girls.

- Girls differ in their opinions regarding the importance of role models. It does however hold true that all girls have role models and that they admire them for either their physical attractiveness or their talent.

- Religious beliefs have a major influence on a primary school girl's body image. It seems that religion helps the children to overcome negative statements regarding their bodies.

- Some girls mature earlier than others. All primary school girls are however aware of the fact that their bodies are changing and that they will begin to mature.

- Some girls in middle childhood display confidence in themselves and are able to make their own choices. Other girls are eager to please and are sensitive to rejection. These girls usually struggle to make their own choices.

- The study indicates a direct link between the sense-of-self and body image. Most of the respondents want other people to like them for their 'inside' rather than their 'outside'. Sometimes children struggle to portray themselves as they would like to. The inner self, whom they directly link to their personality, is sometimes difficult to express. Children are able to differentiate between 'being nice on the outside' from 'being nice on the inside'. For them it is more important to have friends who are 'nice on the inside' rather than the 'outside'.

RECOMMENDATIONS

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

- Professionals should be aware of the issues that the middle childhood girl experience regarding her body image. Hang-ups that girls might have are very real to them and the impact that these hang-ups have on their sense-of-self should never be underestimated.

- Professionals should encourage teachers, parents and child care workers who work with children on a daily basis, to realize that in order for a child to develop a healthy sense-of-self and accept the way she looks, she has to receive positive feedback from significant others in her life.

- Professionals should assess a child's body image as part of her/his overall assessment prior to therapeutic intervention. The researcher believes that the impact of body image on the child's sense-of-self is so strong that it can have a negative impact on her socializing skills as well as her self-assertiveness.

- Professionals should be aware of the potential negative impact that the media, peers and parents have on a child's body image and sense-of-self. Therapeutic intervention should be based on adequate knowledge of the factors that contribute to a negative sense-of-self and body image.

- Parents should be made aware of their impact on the development of body image in their children. Mothers should avoid complaining about their own bodies in front of their daughters as this portrays mixed messages about the child's body, and could result in the development of a poor body image in the child.

- From the study, it was determined that all of the respondents wished to have a figure that is slimmer than their own. The reasons why children want to be thinner should be further studied as this has a direct impact on body image. The reasons why children are scared to gain weight are also a connected theme that should be researched.

- A standardized scale for the assessment of body image in children can be developed for the South African context. The scale should be linked to the child's sense-of-self.

- Religion as factor in the development of body image can be investigated.

- The role that parents, with specific focus on fathers, play in the development of a child's sense-of-self can be investigated.

5.6   EVALUATION OF THE RESEARCH QUESTION

The study intended to answer the following *questions*:

> What is the primary school girl's perception of body image?
>
> How does the child's perception of her body influence her sense-of-self?

The researcher is satisfied that the research questions were adequately answered. As the study only consisted of eight respondents, the results cannot be generalized. However, the researcher is of the opinion that valuable data was gathered regarding a relatively unknown subject.

5.7   CONCLUDING REMARKS

From this study it is evident that the primary school girl's perception of body image is largely based on the opinions and feedback from significant others. Self talk and self-statements play an important role in the formation of body image in the primary school girl. It seems from this study that most primary school girls present with a good body image and subsequently a positive physical sense-of-self. This does however not mean that they present with a strong sense-of-self in respect to all the different aspects that relate to the sense-of-self. Body image has a direct influence on all aspects of the primary school girl's sense-of-self. The study further indicates a preoccupation with body size and shape amongst primary school girls, as all of the respondents had hang-ups with regards to some aspect of their physical bodies, wished that they weighed less and indicated that they would want to change something about their bodies. It seems that girls in their middle childhood are particularly vulnerable to having a negative body image.

The researcher concludes that the primary school girl's body image is fragile, and that significant others, the media and peers play an important role in the formation of a positive body image in children. As body image and sense-of-self can be directly linked, the primary school girl needs to develop a strong body image in order for all aspects of her sense-of-self to be influenced positively.

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Participant's name:_____ **Date:**_____
Researcher: Inanda Burger, University of Pretoria, Lynnwood Road, Pretoria

PARENT'S INFORMED CONSENT

1   TITLE OF THE STUDY:

The primary school girl's perception of body image and the impact thereof on her sense-of-self.

2   PURPOSE OF THE STUDY:

The purpose of this study is to determine how primary school girls view their bodies and the impact that this view has on their sense-of-self.

3   PROCEDURES:

My/our child will be part of a study conducted by using play therapy techniques. The researcher will focus on how my/our child views her body and the impact that this view has on her self-concept.

4   POSSIBLE DISCOMFORT:

I understand that it is possible that negative feelings might be evoked when my child talks about body image and her self-concept, and that this might cause some discomfort. I trust that the researcher, as a qualified social worker and counselor will do her best to minimize such discomfort.

5   BENEFITS OF THE STUDY:

I understand that there may not be any immediate benefits for my child partaking in this study. It might however, lead me to a better understanding of my child's body image. The results of the study may also assist professionals and parents in helping children develop a better body image and subsequently a more positive self-concept.

6   RIGHTS OF THE PARTICIPANT:

I/we have the right to withdraw our/my child from the study at any given time.

7   FINANCIAL COMPENSATION:

There will be no financial compensation for participation in this study.

8 CONFIDENTIALITY:

In order to record exactly what is said in the play therapy sessions, a videotape will be used. The tape will be viewed by the researcher only and will be destroyed after the study is completed. I understand that all names, details and other personal information will be known only to the researcher and will be kept confidential. My child's name will not appear in the mini-dissertation, or in any other publication.

9 If I have any questions or concerns, I can call Inanda Burger on 084-5143173 at any time.

I understand my rights as the parent of a research participant and I voluntarily consent to my/our child's participation in this study. I understand what the study is about and why and how it is being done.

_____   _____

Parent/guardian's signature   Date

_____

Researcher's signature

Participant's Name:_____   Date:_____

Researcher: Inanda Burger, University of Pretoria, Lynnwood Road, Pretoria

Participant's Informed Consent

1   TITLE OF THE STUDY:

The primary school girl's perception of body image and the impact thereof on her sense-of-self.

2   PURPOSE OF THE STUDY:

The purpose of this study is to find out how primary school girls feel about their bodies and themselves.

3   PROCEDURES:

I will be involved in two sessions of play therapy with Inanda, doing activities   and playing games which will help her to understand my feelings and thoughts.

4   POSSIBLE DISCOMFORT:

I understand that after talking to Inanda about how I feel and think about my body, I might feel a bit uncomfortable. I will however trust her that she will try her best to make it as easy as possible for me to talk about these things.

5   BENEFITS OF THE STUDY:

I understand that sharing how I feel about my body and myself, might make it better for me. By helping Inanda with this study, I will help children who do not feel good about themselves.

6   RIGHTS OF THE PARTICIPANT:

I have the right to tell Inanda if I do not want to go on with the sessions.

7 FINANCIAL COMPENSATION:

I will not get any money for helping Inanda with the study.

8 CONFIDENTIALITY:

I understand that my name, details and any other information will be known only to Inanda. When she writes about me she will not use my name.

9 If I have any questions I can ask Inanda or ask my parents to phone her.

I understand my rights as a research participant and I would like to help with this study. I understand what the study is about and why and how it is being done.

_____   _____

Participant's signature   Date

_____

Researcher's signature

BODY-OUTLINE-TECHNIQUE

KATE

Question:	Kate's answer
What part of the picture was easiest to finish?	"My neus, my hare en my ore".
What part of the picture did you struggle with?	"My ogies".
Do you think that the picture is a good representation of yourself? Why or why not?	"Ja, dit lyk vir my soos ek".
What part of your body do you like most and why?	"My gesig … ja, ek hou die meeste van my ogies. Ek hou daarvan dat dit blou is. My ma, pa en ouma het blou oë".
What part of your body do you like the least and why?	"Ek hou die minste van my maag. Party kere pyn my maag. Ek dink my maag is bietjie te maer".
Do you know how much you weigh?	"Nee, ek weet nie".
When do you look in the mirror and what do you see when you look into the mirror?	"Ek kyk baie in die spieël. Ek hou daarvan. Ek kyk as ek 'glitter' aansit of as ek my hare kam of my 'lipice' aansit. Ek sê vir myself: Jy lyk mooi".
Would you like to change a part of your body and why?	"Nee, ek sal nie iets wil verander nie".

Would you like to hide a part of your body and why?	"Ek wil my privaatdele wegsteek. Net ek mag dit sien".
Are you shy about any part of your body and why?	"Nee, ek's nie skaam oor enigiets nie".
Have you ever been scared of gaining weight?	"Nee, want ek weet dat ek reg eet".
Which movie actress's, singer's, model or famous person's looks do you envy, and would you want to look like that person?	"Patricia Lews is vir my baie mooi. Haar gesig en haar hare is mooi. Ek sal nie soos sy wil lyk as ek groot is nie. Ek wil net soos myself lyk".

LAYLA

Question:	Layla's answer
What part of the picture was easiest to finish?	"My mond. 'n Mond is mos maar die maklikste om te teken".
What part of the picture did you struggle with?	"My nek".
Do you think that the picture is a good representation of yourself? Why or why not?	"Dit lyk vir my baie mooi … behalwe die kop – hy lyk vir my bietjie skeef. Dit lyk nie heeltemal soos ek nie".
What part of your body do you like most and why?	"Ek hou van my hele lyf, maar veral my kleur. Dit is vir my baie lekker om swart en wit te wees".
What part of your body do you like the least and why?	"My tieties is te naby aan mekaar … hulle is so in die middel".

Do you know how much you weigh?	"Wat beteken gewig?". After the researcher explained it to her, she answered that she weighs 50kg. "Ek het 'n week terug myself geweeg".
When do you look in the mirror and what do you see when you look into the mirror?	"Ek wonder hoekom my voorkop so snaaks lyk. As ek in die spieël kyk sê ek vir myself … jy lyk darem baie mooi. Dan voel ek baie lekker".
Would you like to change a part of your body and why?	"Ja. My tieties lyk nie vir my mooi nie. Maar daar's nie eintlik iets in my lyf wat ek dink … sjoe ek skrik daarvoor nie".
Would you like to hide a part of your body and why?	"Ja. My tieties en my boude want mens moet onderklere aantrek".
Are you shy about any part of your body and why?	"Nee".
Have you ever been scared of gaining weight?	Unsure.
Which movie actress's, singer's, model or famous person's looks do you envy, and would you want to look like that person?	"Rihanna en Halle Berry is vir my baie mooi. Dit sal lekker wees om soos hulle te kan lyk".

MARY

Question:	Mary's answer
What part of the picture was easiest to finish?	"My klere. My broek en hemp".
What part of the picture did you struggle with?	"My mond en oë".
Do you think that the picture is a good representation of yourself? Why or why not?	"Nee … dit lyk nie soos ek nie".
What part of your body do you like most and why?	"My maag want ek het 'n six-pack".
What part of your body do you like the least and why?	"My ore pla my … dit het my al baie, baie baie gepla. Hulle is te groot. Niemand het nog iets daaroor gesê nie, maar ek weet hulle sien dit raak. Ja, dit maak my partykeer ongelukkig as ek in die spieël kyk en ek my ore sien. Nou maak ek my hare anders dat mens nie my ore kan sien nie".
Do you know how much you weigh?	"32kg en dis vir my baie erg. Ek sal graag minder wil weeg. Een van my maats weeg 21kg".
When do you look in the mirror and what do you see when you look into the mirror?	"Ek kyk elke oggend in die spieël en deur die dag. Ek hou daarvan om te sien hoe ek lyk. Ek kyk eerste na my hare om te sien of dit reg lyk … of daar niks 'bubbles' in is nie. Ek hou nie van 'bubbles' nie. Ek kyk of my broek en hemp reg sit. Ek hou daarvan om 'poses' te maak voor die spieël want ek dans eintlik. Partykeer lyk ek mooi en dan sê ek vir myself jy lyk mooi".
Would you like to change a part of your body and why?	"Ek sal net my ore bietjie plat wou maak".
Would you like to hide a part of your body and why?	"Ek wou lank terug my bene wegsteek. Nou hou ek van kort broeke. Ek trek partykeer langbroeke aan om my beenhare weg te steek, want ek gaan nie nou my ma oortuig om te kan skeer nie".
Are you shy about any part of your body and why?	"Nee".
Have you ever been scared of gaining weight?	"Ja. Ek is bang om vet te word want ek weet nie hoe ek eendag gaan lyk nie".
Which movie actress's, singer's, model or famous person's looks do you envy, and would you want to look like that person?	"Angelina Jolie, Jessica Alba, Britney Spears en Jennifer Lopez is mooi. Ek sou graag soos hulle wou lewe, maar wil nie soos hulle lyk nie".

ANNE

Question:	Anne's answers:
What part of the picture was easiest to finish?	"My broek".
What part of the picture did you struggle with?	"My gesig …veral my hare was moeilik".
Do you think that the picture is a good representation of yourself? Why or why not?	Anne laughed when she first saw the outline of her body, then she said: "Lyk ek so? Ek wil nie so wees nie. Dit lyk vir my snaaks. Alles lyk snaaks".
What part of your body do you like most and why?	"My oë. Dit lyk soos ma sin. En my naels.. hulle is mooi kort".
What part of your body do you like the least and why?	"Niks".
Do you know how much you weigh?	Unsure.
When do you look in the mirror and what do you see when you look into the mirror?	"Ek kyk amper nooit in die spieel nie. My ma vat baie lank met haar hare. Ek kyk net as ek my tande borsel. Dan sien ek my brille raak. As ek in die oggend in die spieël kyk is my oë groen – in die aand is dit bruin".
Would you like to change a part of your body and why?	"Ek sal graag my oë wil verander sodat ek sonder brille kan sien".
Would you like to hide a part of your body and why?	"Ek wil dit wat onder my klere is wegsteek".

Are you shy about any part of your body and why?	"Nee".
Have you ever been scared of gaining weight?	"Ja. Toe ek klein was".
Which movie actress's, singer's, model or famous person's looks do you envy, and would you want to look like that person?	"Kiera Knightly is vir my mooi".

DEZI

Question:	Dezi's answers
What part of the picture was easiest to finish?	"My oë was die maklikste. Dit lyk die meeste soos ek".
What part of the picture did you struggle with?	"Niks".
Do you think that the picture is a good representation of yourself? Why or why not?	Her initial reaction was "gmmf.. dit lyk werd. Ek's nie seker of ek so lyk nie".
What part of your body do you like most and why?	"Ek hou van al die dele van my lyf".
What part of your body do you like the least and why?	"Daar's niks waarvan ek nie hou nie".
Do you know how much you weigh?	"Ek weet nie. Ons het nie 'n skaal nie".

When do you look in the mirror and what do you see when you look into the mirror?	"Ek kyk in die oggend en in die aand in die spieël. Ek kyk of my hare en my klere reg is. Ek sien eerste die wit in my oë raak – dis vir my mooi. Dan sien ek my lippe raak. Ek sê vir myself: jy lyk darem mooi".
Would you like to change a part of your body and why?	"Ek sal graag meer vir my toetse wil leer".
Would you like to hide a part of your body and why?	"Nee".
Are you shy about any part of your body and why?	"Nee".
Have you ever been scared of gaining weight?	"Ja, want dalk gaan my maatjies dan nie met my wil speel nie".
Which movie actress's, singer's, model or famous person's looks do you envy, and would you want to look like that person?	"Celine Dion – hoe sy lyk en hoe sy sing. En Jennifer Aniston is vir my baie mooi. Ek sal nie soos hulle wil lyk nie".

JINX

Question:	Jinx's answers:
What part of the picture was easiest to finish?	"My hare".
What part of the picture did you struggle with?	"Niks was vir my moeilik nie".
Do you think that the picture is a good representation of yourself? Why or why not?	"Ja. Dit lyk mooi. Dit lyk net soos ek".
What part of your body do you like most and why?	"My bolyf is die mooiste. Ek hou net daarvan. Ek dink my ogies is ook mooi. Daar's niks van my lyfie wat nie mooi is nie".
What part of your body do you like the least and why?	"Niks".
Do you know how much you weigh?	"25.4kg. Ek het vanoggend geweeg. Ek wil kyk of ek swaarder word. Ek wil hê dat my bolyfie moet groter word. Ek hou nie daarvan om te maer te wees nie – dit is nie lekker gemaklik nie. Ek voel maklik my ribbes … dit pla my"
When do you look in the mirror and what do you see when you look into the mirror?	"As ek my skoolklere aantrek. Ek kyk of ek mooi aangetrek is en kyk of alles in plek is. Die laaste stukkie van die zip sukkel partykeer. Ek lyk mooi vir myself as ek in die spieël kyk".
Would you like to change a part of your body and why?	"Ek wil hê my bolyfie moet groter word".
Would you like to hide a part of your body and why?	"Net my privaat dele".
Are you shy about any part of your body and why?	"Nee".
Have you ever been scared of gaining weight?	"Nee".
Which movie actress's, singer's, model or famous person's looks do you envy, and would you want to look like that person?	"Modelle met mooi rokke".

LINDY

Question:	Lindy's answers
With which part of the body outline did the respondent start?	The clothes
What part of the picture was easiest to finish?	"Die rokkie".
What part of the picture did you struggle with?	"My ogies. Ek kon dit nie mooi regkry nie".
Do you think that the picture is a good representation of yourself? Why or why not?	"My hare moet nog geteken word. Verder lyk dit soos ek".
What part of your body do you like most and why?	"My gesig".
What part of your body do you like the least and why?	"Niks nie".
Do you know how much you weigh?	"Ek dink 22kg. ek weeg myself baie keer op die skaal in die badkamer"
When do you look in the mirror and what do you see when you look into the mirror?	"As ek reg maak vir skool ... dan kyk ek of my hare reg is en of my kraag reg is, want ek kan nie agter my sien nie".
Would you like to change a part of your body and why?	"Nee".
Would you like to hide a part of your body and	"My privaat dele".

why?	
Are you shy about any part of your body and why?	"Nee".
Have you ever been scared of gaining weight?	"Nee".
Which movie actress's, singer's, model or famous person's looks do you envy, and would you want to look like that person?	"Karen Ferreira. Sy's mooi want sy gebruik baie make-up. Ek dink dit maak haar mooier lyk".

ERICA

Question:	Erica's answers
What part of the picture was easiest to finish?	"My broek".
What part of the picture did you struggle with?	"My hare".
Do you think that the picture is a good representation of yourself? Why or why not?	"Ja, dit lyk vir my soos ek. Veral my hare".
What part of your body do you like most and why?	"My gesig …my hare en my oë. My ma se date k kat-kleur oë het. En my wimpers is baie mooi. My hele lyf is vir my mooi".
What part of your body do you like the least and why?	"Die bloukolle op my bene".
Do you know how much you weigh?	"30 kg".
When do you look in the mirror and what do you see when you look into the mirror?	"Elke aand. Ek staar vir 'n halfuur lank vir myself. Ek sê vir myself … jis ek's mooi".
Would you like to change a part of your body and why?	"Ja, ek sal weer wil hê dat my hare op my boude moet hang"
Would you like to hide a part of your body and why?	"Niks nie".
Are you shy about any part of your body and why?	"Nee, ek's nie skaam oor enigiets nie".
Have you ever been scared of gaining weight?	"Ja, want dan kan ek nie meer in 'n kostuum rondloop nie … en ek kan nie meer hardloop nie … en ek kan nie meer lekker sit nie".
Which movie actress's, singer's, model or famous person's looks do you envy, and would you want to look like that person?	"Nadine … haar hare is vir my mooi en Paula … haar hare is ook mooi en ek hou van die manier waarop sy aantrek".

PHOTOS OF CLAY FIGURES

KATE

LAYLA

MARY

ANNE

DEZI

JINX

ERICA

LINDY