

## CHAPTER ONE

### GENERAL INTRODUCTION

#### 1.1 INTRODUCTION

According to Yousef (1993:29) there is a high incidence of aggression in diabetic children. The researcher, therefore, intended to investigate the effects of gestalt group work techniques on diabetic children, and whether these techniques were effective in decreasing aggression in these children.

#### 1.2 MOTIVATION

The researcher undertook the research for a variety of reasons. These reasons stemmed from the researcher's work environment and her interaction in the diabetic clinic. This interactive process involved discussions with the medical officers at the diabetic clinic, who complained of high percentages of suspect results from the children, as well as visible aggression towards the medical officers themselves during the children's mandatory visits to the clinic. Also, further reasons stemmed from the fact that children who exhibited uncontrolled insulin levels, correspondingly exhibited high levels of aggression. A study done by Court, Sein, McCowen, Hackett & Parkin (1988:16), found that the behaviour of 127 children with diabetes mellitus aged eight to sixteen years were assessed by their parents and teachers, using a well established screening device and compared to that of 51 non-diabetic children. Twenty five percent of the diabetic children were perceived by their parents to be disturbed compared to only fourteen percent of the controls. The above researchers go on to discuss further in their article that if the effects that the disease has on lifestyle and the complex nature of the condition is considered, it is therefore not surprising that diabetic children have behavioural and educational problems (Court, *et al.* 1988:16). A random questionnaire that extracted demographic details as well as details surrounding the coping mechanisms of the diabetic child was conducted by the researcher at the clinic. This was done while the children attended their prescribed medical physicals. The results revealed that 80% of the children experienced aggression at home as well as at school.

Studies focusing on aggression in diabetic children emphasized a positive relationship between aggression and the illness, however there was no focus on how this aggression can be managed in the diabetic child. This was highlighted in a comparative study between asthmatic children and diabetic children done by Nelms (1989:657-668). It was found in his study that both groups of children showed empathy, emotional responsiveness and depression. Children with asthma scored lower on self-concept and children with Insulin Dependent Diabetes Mellitus (IDDM) were more aggressive. The extensive amount of available literature based on diabetic children and the associated aggressive tendencies, and the inability of medical doctors to assist, enabled the researcher to locate a point of entry into this field of study. The researcher hoped to assist where the multi-



disciplinary team had failed to curb these aggressive behaviours in these children. Primary care of children continues to reflect a disease oriented approach rather than developing capacities within the children to understand the emotional ramifications of disease within the context of the child's life. This subsequently resulted in the interest of the researcher being heightened, to pursue this particular area of study. Group work would be the most effective technique as it allows the children an inside look into their illness and to draw on support from other children who have the disease. This approach allowed the children to offer solutions, regarding coping mechanisms and alternatives to each other within a safe environment and helped them see that there are peers out there who are experiencing the same emotional problems associated with the disease.

### **1.3 PROBLEM FORMULATION**

The researcher has been exposed to literature that focused on the chronic physiological illnesses of children and the effect of these chronic illnesses, that is diabetes, on the psyche and mental health of the child. Some of the behaviours described or experienced by parents of diabetic children are for example, irritability, fearfulness and disobedience. Children who have experienced some form of chronic illness, exhibited behaviour problems. Close, Davies, Price, and Goodyer (1986:337-340), in a descriptive study found a quarter of the diabetic children to have "appreciable" emotional or behavioural difficulties. Again however, solutions or alternatives to help these children and parents cope with the behaviour have not been documented or offered.

Time spent at diabetic clinics by the researcher revealed that the clinics are understaffed, busy and do not have a social worker attached to their unit to deal with questions that the children might have. This immediately increased the number of diabetic children that live in fear of the disease, because they are not given an opportunity to verbalise their concerns and fears in an environment where they feel comfortable and where they do not feel pressured into giving test results that please the doctor and the parents. The doctor makes diagnoses, however the family unit and the child are not prepared for what the disease has in store for them. The child is not prepared for the eventuality that his/her physical, emotional and academic lifestyle will change. The researcher is of the opinion that it is no wonder that these children then develop negative ways of coping with this new invader in their lives. This ultimately manifests in rebellious behaviour, childhood depression and power struggles between child, parent and teacher, because the child feels that he/she has to hold on to whatever little control that has not been taken away from him/her.

Court, *et al.* (1988:252), in their study demonstrated the prevalence of disturbance amongst diabetic children as much higher than is clinically apparent, yet again no solution was offered to help health professionals and those individuals who deal with the diabetic child. In the same study conducted by Court, *et al.* (1988:252), they also state that the aetiology of the problems experienced by the children are clearly complex and probably result

from an interaction between physical, psychological, social, family and environmental factors. The researcher is of the opinion that the psyche of the child is of utmost importance as a healthy mind and approach to the illness will clearly impact on the well being of the child and his/her handling of the illness. This research hoped to offer health professionals an answer to their question, *"We know diabetic children exhibit aggressive behaviour, however, what do we do about its management?"* It will also help to provide health professionals with a greater understanding of the emotional aspects of the illness, leading to more effective management.

## 1.4 GOAL

**The researcher aimed to investigate the impact of gestalt play techniques on the aggression level of diabetic children.**

### 1.4.1 OBJECTIVES

The researcher aimed to achieve the following objectives:

- To conduct literature studies on:
  - (1) The impact of juvenile diabetes on the child and on
  - (2) Gestalt group work play techniques.
- To do an empirical study to investigate the impact of gestalt group work techniques on the aggression levels of children with diabetes.
- To make recommendations on the use of these play techniques regarding the holistic treatment of diabetic children.

## 1.5 HYPOTHESES / ASSUMPTIONS

Bless & Higson-Smith (1995:23) define hypothesis as a guess about the nature of the relationship between two or more variables. The hypothesis for this research is: ***If gestalt play techniques are utilised in therapy with diabetic children there will be a decrease in aggression, rebellion, conflict, fear of the illness and there will be a better understanding of the illness.***

## 1.6 RESEARCH APPROACH

This particular research lends itself to both a qualitative as well as a quantitative approach. The goal of the quantitative researcher is to answer a specific research question by showing statistical evidence that the data may be addressed in a particular way (Bailey, 1997:60).

The goal of the qualitative researcher is to try to verify or generate descriptive theory that is grounded in the data gleaned from the investigation (Bailey, 1997:134).

### 1.6.1 FEATURES OF QUALITATIVE RESEARCH

The 'lived experience' allows the researcher to identify the meanings people place on the events, processes and structures of their lives (Bailey, 1997:39).



This feature of qualitative research allows the researcher to learn about the participants within the context of the participant's own world. Qualitative researchers are concerned with the process as well as the outcomes of their studies (Bailey, 1997:39). One of the advantages of qualitative research is that it gives us a good handle on what 'real life' is like for the participants in the study (Bailey, 1997:39). The data collected from qualitative research is rich and powerful. This in turn has a strong impact on the reader. This allows the reader to see why things happen the way they do and to assess causality as it occurs in a particular setting (Bailey, 1997:40). The characteristics of the present study are such that the study is qualitative in nature because of the following: the researcher will be concerned with the outcome of the study, (that is whether gestalt techniques will be effective in addressing the behaviour problems in diabetic children), be able to identify the meanings the children attach to their environment and also allow the researcher to see why aggression is more prevalent in diabetic children.

### **1.6.2 FEATURES OF QUANTITATIVE RESEARCH**

The purpose of quantitative research is theory testing: to establish facts, show causal explanations and relationships and allow prediction (Bailey, 1997:49). Quantitative research designs are predetermined and structured and do not change during the course of the study. They are formal and specific according to a defined model and are used as a detailed plan of operation. The data gathered in quantitative research is quantifiable and statistical, using counts and measures. Variables are defined ahead of time (Bailey, 1997:40). The quantitative researcher has circumscribed contact with the subjects on a short-term basis; this is so with this research as the children attended limited sessions. A measuring instrument was also used to gauge the childrens' change of behaviour (See Appendix 3). The variables that were measured were identified before the start of the study. The preceding factors make the study partially quantitative in nature.

## **1.7 TYPE OF RESEARCH**

McKendrick (1990:249) explains two types of research:

- Applied research is knowledge about the practice of social work.
- Basic research is knowledge of a discipline about its subjects.

Bailey (1997:22) supports McKendrick (1990:249) stating that " research can be classified as applied or pure. Pure/basic research involves developing and testing theories and hypotheses that are intellectually interesting to the investigator and might thus have some social application in the future, but have no application to social problems in the present time".

Applied research seeks to develop principles that enable people to resolve problems or to obtain desired objectives. The emphasis is on knowledge for use; the researcher will be using applied research as the results yielded



from the research will contribute to the medical facet of social work and will have future implications as to how social workers involved in medical settings, dealing with diabetic children will effectively manage these children. This effective management will also fulfil the aspect of human betterment that is a focal point in applied research.

## 1.8 RESEARCH DESIGN

The researcher proposed to use the quasi-experimental design. It is imperative that the researcher who is using such a design be thoroughly aware of the specific variables the design fails to control and take these into account when interpreting the data (Leedy, 1993:302). Data collection methods in quasi-experiments can be questionnaires, indexes and scales which are not necessarily standardised (De Vos & Fouché, 1998:79). Purposive sampling was applied in the research. Some limitations of the quasi-experimental design are that biases can easily slip in because of the lack of randomly allocated subjects and a control group (De Vos & Fouché, 1998:79).

## 1.9 RESEARCH PROCEDURE AND STRATEGY

The researcher applied the techniques of gestalt group play to the four children included in the study. This strategy allowed the researcher to make use of natural observation to determine whether change occurred as a result of the application of the techniques. The pre-test allowed the researcher to establish a base line working data, which indicated to the researcher where the children were with regards to the areas that the researcher wished to measure. The post-test allowed the researcher to gauge whether change, if any, had taken place from the baseline after the implementation of the play therapy techniques. It is the researcher's opinion that in using this design, the researcher will endeavour to add on to the limited knowledge base of handling children with emotional problems, which emanate from diabetes.

The program was conducted once a week for an hour per session. This was a short-term program of ten sessions. There was no cost involved. This design had no control subjects and there was no random assignment. The subjects or group of subjects were given a pre-test, therapy and then a post-test. Campbell and Stanley (1979:24) refer to this as a **pre-experimental design**. The group acted as their own control. This allowed for internal validity, as the researcher could be reasonably sure that changes that occurred were probably as a result of the program that was administered. The researcher explored a new area. There was a group of four children and intensive therapy sessions were implemented. These elements lend themselves to be qualitative in nature.



Research notation for this design is the following:

	O1	X	O2
<b>O1</b>	=		<b>measurements that occur at pre-testing</b>
<b>O2</b>	=		<b>measurements that occur at post-testing</b>
<b>X</b>	=		<b>represents manipulation or therapy</b>

Pre-testing and post-testing measurement was conducted by means of a questionnaire. The researcher, for her particular study adapted an existing questionnaire. In 1980, Dr. John F. Simonds, an associate professor at the University of Missouri Medical School, compiled it. It was designed to elicit information on the psychiatric status of diabetic youth who were in good control of the illness, as well as in poor control (Simonds, 1980:133-151). The purpose of the study was to determine reactions to diabetes and treatment regimens. The study undertook to investigate the psychiatric status of diabetic children and adolescents. The research results hoped to clarify statistically whether there were differences in the psychiatric status of youth who were in poor diabetic control as compared to children who were in good diabetic control and whether age, sex and duration of illness were significant variables. After the adaptation, the questionnaire measured the impact of gestalt play techniques on the aggression levels, conflict, rebellion, fear of the illness and understanding of the illness in diabetic children.

### **1.9.1 SINGLE SYSTEMS DESIGN**

The single systems design consists of repeated collection of information on a single system over time. This "system" can be individual, family, group or community. Each is created as a single unit for this type of analysis. For specific intervention for this study the researcher used the experimental removal of intervention under the ambit of the single systems design; **A - B - A**. Following then, is a brief review of the basic characteristics of the single systems design, followed by an overview of the **A - B - A** and its characteristics (Bloom & Fischer, 1982:39-43).

- Specify the problem:

The key aspect of a single system design is specifying the problem that the practitioner and client system agree needs to be changed. Such problems might be overt behaviour, environmental barriers or a combination of these and other activities. For many practitioners, leaving problems too vaguely defined is a stumbling block to success. Single systems require that you have clarity on the problem you are working on.

- Measure the problem:

The next key of a single system design is finding a way to measure or observe the problem. Researchers and practitioners alike have developed a wide range of theoretical measurement tools that can be used by practitioners of diverse theoretical orientations to measure everything from behaviour and feelings, family communication and community activities.



- Repeated measurement of the problem:

The heart of single systems design lies in repetitive collection of information on the target problem. The researcher, client/system or relevant others observe the problem over regular periods of time to see whether any changes take place before, during and after the intervention program.

- Determination of a baseline before start of intervention:

A unique feature of single systems design is that of the baseline. The planned, systematic collection of data on the problem before intervention has been initiated. This is usually done for a period ranging from three to four days or three to four weeks. Baseline data (or the baserate) are used to help in the assessment and as a basis for comparison with data collected while the actual intervention program is carried and during follow-up periods.

- Clear definition of intervention:

One of the major contributions of the single systems design is that the practitioner / researcher has to be specific about the intervention program that is being used. There should be a logical approach between the intervention program and the problem being changed. You should be able to differentiate between the formal intervention period and periods where you may not have established a formal intervention program, such as during the assessment / baseline phase. The intervention that was utilised by the researcher was gestalt play therapy techniques.

- Analysis of data:

Unlike other forms of research, single systems designs often rely heavily on purely analysis of changes in the data rather than on complicated statistics. Data that is collected is placed on charts and graphs for easy visual inspection of changes in data patterns (level of data, trends and slope). The researcher relies on the use of graphs to record the client's progress of skill.

### **1.9.2      *EXPERIMENTAL REMOVAL OF INTERVENTION DESIGN*** ***A-B-A***

In the present design, the researcher decided however to return to baseline conditions, the second A - phase in the A – B – A. Now two adjacent comparisons are possible between the first baseline and the intervention and between the intervention and the second baseline. Presumably the B - phase of this design saw the client attain some stable and desired form of behaviour. Therefore, by removing the intervention we also find out whether or not the client's performance was learned, (that is, whether or not it became a relatively stable part of the client's behaviour, as is often desired by the researcher) (Bloom & Fischer, 1982:44).



## 1.10 PILOT STUDY

### 1.10.1 LITERATURE STUDY

Bless and Higson-Smith (1995:22) define literature study as “the process of reading whatever has been published, that appears relevant to the research topic”. This process enables the researcher to be aware of existing knowledge on the prospective subject of study.

The literature study is important as it informs the researcher of what research has already been done in the chosen field of study, avoids repetitive publication and investigation of an issue and possibly, someone has already tried to investigate your question and was probably met with insurmountable problems. This information would definitely be useful before embarking on a similar project (Bailey, 1997:12).

The researcher focused specifically on the effects of diabetes on the behaviour of children; that is whether there was any significant behaviour change after the onset of the disease. This includes disobedience to parents/teachers, misery, and withdrawal from their normal life cycle functioning, fear, decreased self-esteem, confidence and rebellion. It was from the literature study that the researcher learnt that these behaviours have been clearly identified with the onset of the disease, however, medical and social disciplines are still at a loss as to what would be the most effective method of therapy for these children, which will complement the medical treatment of the illness.

Cleaver (1994:229) in her studies, stated that control of diabetes mellitus also seems related to psychological factors, that is effective and positive management of the illness will have to encapsulate the mind management, coping skills and acceptance of the illness by diabetic children, further emphasising the sustenance of a healthy mind. Among the common characteristics and behaviour of diabetic children is the denial of the illness by these children. Children may behave as though they were oblivious of the real dangers of the illness (Cleaver, 1994:230). Cleaver also observed another prominent behaviour, namely dependency. She suggests that the rigorous medical regime and imposition of restrictions on the child's activities, coupled with the adjustment of being sick, also allows the child to indulge the family in this way. This often leads to the child seeking secondary gain from the illness.

Other literature focusing on the effects of the illness on a child's behaviour indicate that psychological reactions such as resignation, blaming others for the illness, showing arrogance and rebellion, retreat (characterised by a sense of inadequacy, depression and withdrawal); emotional overreaction, an exaggerated sense of responsibility tends to make the child lose their sense of being a child and becoming a “diabetic”. (Compare Barron, 1978:354-357 and Muldoon, 1978:348-353.)

Further studies have indicated that diabetes has negative effects on the self-concept of children inflicted with the illness (Nuvoli, Maioli, Ferrari, Pala and Schiaretti, 1989:83-93). Muldoon (1978:348-353), in his studies



asserts that since significant others treat diabetic children differently they treat themselves differently and find it difficult to feel a sense of continuity and similarity with others.

The researcher is of the opinion that acceptance of changes, where causation is chronic illness, involves a series of value changes, (that is, the feeling that the lost value is no longer needed and that the chronically ill child, although being different, has worth). Such important psychosocial changes further facilitate the healing, acceptance process of the child, thus allowing him to say "I am okay, if I have diabetes, and I will accept and acknowledge this illness".

Coeheler-Giarratana (1978:358-361) states that group therapy with children, who have diabetes, is a valuable tool for changing behaviours. Such therapy can often be helpful since it provides diabetic children with opportunities to share their feelings and experiences with other diabetics. De Villiers (1995:24) supports the suggestion of the above two researchers stating that group therapy allows the children to interact with others who have the illness.

When the researcher takes into account the preceding literature, it is evident that the psycho-social implications of the illness is an issue that is present, however, there is no effective management in this respect. The needs of diabetic children in dealing with the illness have been documented, however ways to deal with these needs have not been widely documented. The research aimed to provide a way forward in this respect.

### **1.10.2 CONSULTATION WITH EXPERTS**

The researcher had contact with Mrs. B. Kruger, the head of the dietetic clinic at Addington Hospital. Mrs. Kruger works closely with the diabetic clinic, and assists with the correct diet for the diabetic children and adults. Consultations with Dr. Robertson, a consultant in private practice and Dr. Paruk, also a diabetic consultant have also voiced concerns regarding the behaviour of these children during their regular check ups at the clinic. Mrs. Kruger belongs to the Diabetic Association of South Africa (D.A.S.A) and being an expert in her field, that is presenting talks and information at pertinent gatherings, has also voiced concern for the effective behaviour management of these children.

### **1.10.3 FEASIBILITY OF THE STUDY**

The researcher is employed as a senior social worker at Addington Hospital in Kwa-Zulu Natal. The subjects for the group were obtained from Parklands diabetic clinic. The study was not conducted during work hours, and there was no cost involved.

Consent letters were administered to the parents of the children that participated in the program, (see Appendix 1). Consent was obtained to conduct gestalt group work sessions in the therapy rooms of William Clark Gardens Children's Home, (See Appendix 2).



#### **1.10.4 PILOT STUDY**

The study of specific entities implies the process through which the researcher exposes two cases to exactly the same procedures as planned for the main investigation, in order to modify the measuring instrument (Strydom & De Vos , 1998:182). These two children did not form part of the sample.

In the researcher's opinion, this is an important process, as it allows the researcher to make modifications or adjustments to the instrument, before it is administered to the sample population for the study.

#### **1.11 DESCRIPTION OF THE RESEARCH POPULATION, DELIMITATIONS, BOUNDARY OF SAMPLE AND SAMPLING METHOD**

A research population is the set of elements that the research focuses upon and to which the results obtained by testing the sample should be generalised (Bless and Higson-Smith, 1995:87). This indicates that the research population is the whole set of elements from which the sample is drawn.

The research sample for this study consisted of four children; boys and girls, between the ages of eight and twelve years. The respondents were selected from the Diabetic Clinic at Parklands Hospital.

According to Strydom & De Vos (1998: 191), a sample is the element of the population considered for actual inclusion in the study. It can be viewed as a sub-set of measurements drawn from the population. The subjects of the sample constituted a group, that is a purposive discussion on the specific behaviours of the illness took place between four individuals of similar background and common interests, and whose diabetes were well controlled.

For the purpose of this study, purposive sampling as a method of non-probability sampling was used. The judgement of the researcher was utilised regarding the characteristics of the representative sample.

#### **1.12 LIMITATIONS OF THE STUDY**

- ❖ The literature study regarding effects of gestalt group work on the psycho-social aspects of juvenile diabetes was a difficult undertaking as recent literature was not readily available;
- ❖ During the empirical study the researcher experienced a poor response to invitations to participate in the group sessions;
- ❖ Parents of respondents thought that the group sessions were a form of "manipulative mind therapy" even though its aims and interventions were explicitly explained.



## **1.13 DEFINITION OF KEY CONCEPTS**

The following key concepts are defined:

### **1.13.1 GESTALT**

Perls (1977:277) states that the aim of gestalt therapy is to train the ego, the various identifications and alienation, by experiments of deliberate awareness of one's various functions, until the sense is spontaneously revived that, "It is I who am thinking, perceiving, feeling and doing this". According to Hardy (1991:3) gestalt therapy has to do with self-regulation through awareness enhancement. Gestalt therapy is an experiential therapy. In the researcher's opinion, gestalt is closing up the various "holes" of unfinished business or traumatic situations that clients experience in life. Pertinent in the diabetic child's life will be unfinished business of conflict, rebellion, fear of the illness and lack of understanding of the illness. Assimilating these will bring the child to a place of understanding and will close these gestalts, allowing him/her to deal with the illness.

### **1.13.2 GESTALT GROUP WORK**

Gestalt group work is defined by Thompson and Rudolph (1992:293) as a challenge to the participants to become aware of how they are avoiding responsibility for such awareness and to encourage them to look for internal, rather than external support. Hardy (1991:83) states that gestalt group work enhances accurate awareness for the person working and facilitates the therapist beyond what would be accomplished individually. The researcher, for the purpose of this research, will define gestalt group work as a technique used to empower group members. The children are in a constant state of learning, as they experiment with different behaviours within the safety of a group setting.

### **1.13.3 DECREASE**

The Collins English dictionary defines decrease as a "reduction or diminution" (1990:219). For the purpose of this study, the word will be used to describe a change in behaviour from a high incidence to a low incidence.

### **1.13.4 PLAY TECHNIQUES**

Schoeman (1996:16) states four types of play techniques, relaxation play (aims at reducing tension in the child and opens him/her up to therapy), assessment play (is used to examine the child client's skills and his/her level of development), dramatic play (has various functions such as remodelling family life or expression of aggression or regression), creative play (is aimed at ventilation of feelings) and biblio-play (leads to the development of insight and working through of feelings). Oaklander (1988:53) states that play techniques enable the child to become aware of him/herself and their existence in the world. She also states that it helps the child establish an identity and provides a non-threatening way of them expressing their emotions, even those that the child may fear to express



because of the pain associated with these emotions. According to the researcher play techniques that will be used in the study will direct the child towards uninhibited and satisfying growth. These play techniques will involve the mediums of clay, puppets, sand and any other acceptable play that the researcher and child may bring into the group sessions.

### **1.13.5      *AGGRESSION***

Aggression is defined in the Collins English Dictionary (1990:15) as “a tendency to make unprovoked attacks, being quarrelsome or belligerent”. Emotions and behaviours associated with aggression are misery, rebellion, conflict, lack of self-esteem and confidence, isolation and withdrawal. The preceding are the precursors for aggression to be initiated. For the purpose of this study the researcher will be defining aggression according to the above-mentioned behaviours.

### **1.13.6      *DIABETES MELLITUS***

Diabetes mellitus can be defined as a chronic disorder characterised by a level of glucose in the blood (Bloom, 1980:11). This condition is characterised by the inability of the pancreas to make insulin, which is required for normal metabolism (Atkinson & Maclaren, 1990:42).

### **1.13.7      *JUVENILE DIABETES MELLITUS***

Primary diabetes (juvenile-onset type one diabetes) starts most commonly in young adults or children, the cause is unknown. Yousef (1993:29) defines juvenile diabetes as a life long error of carbohydrate metabolism resulting from a relative or absolute deficiency of insulin caused by destruction of the beta cells in the islets of Langerhans. The researcher defines juvenile diabetes as an absence of sufficient insulin in the body, thus resulting in the diabetic condition.

## **1.14      *CONTENTS OF RESEARCH REPORT***

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