

CHAPTER 3

GROUP WORK PLAY TECHNIQUES AND GESTALT

3.1 INTRODUCTION

According to Schneibel (1991:3) gestalt is a German word that has no exact translation into English. The closest one can come in translating gestalt is wholeness, configuration, or completeness of form. This phenomenological existential therapy founded by Fredrick Fritz and Laura Perls in the 1940's teaches therapists and patients the phenomenological method of awareness in which perceiving, feeling and acting are distinguished from interpreting and reshuffling pre-existing attitudes. The goal is for clients to become aware of what they are doing, how they are doing it, and how they can change themselves while at the same time, to learn to accept and value themselves. The major goal in gestalt therapy is awareness. This includes greater awareness in a particular area and also greater ability for the patient to bring automatic habits into awareness as needed (Schneibel, 1991:4). In the researcher's opinion solving problems is a chief concern with many new patients, the issue thus for the gestalt therapist is how patients support themselves in solving problems. Perls compared the therapeutic relationship to that of the "I-thou" relationship in which the therapist accepts and respects the unique personhood of the client (Congress, 1995:1117). The researcher understands the "I-thou" relationship as one in which there is self-awareness by both parties involved in the relationship, thus minimising the barrier between them. The elimination or minimisation of the barrier allows the client to achieve awareness of his/her situation.

Gestalt therapy offers an approach which encourages the therapist to be direct and active with clients, while at the same time encouraging concentration on the client's own present experience of himself/herself. Gestalt therapy focuses on the integration of cognitive, kinesthetic and emotional experience (Lammert,1986:43). In the researcher's opinion the most important thing for the therapist to be, is curious. This will help the therapist to determine at what point the client is in his/her life. This requires putting aside beliefs about objective reality and looking with fresh eyes each and every time one works with someone .

The assumption in gestalt therapy is that resistances are to be respected; they are old survival mechanisms which demonstrate the person's way of dealing with the world while maintaining a sense of personal integrity (Lammert, 1986:47). Resistance thus encompasses both self-caring, in the sense of protecting one's integrity and self-destructiveness (Stratford & Brallier, 1979:98-99).

In the researcher's opinion, healthy gestalt of an individual is reached when a person is able to get what he/she needs from the environment.

3.2 RESISTANCES EXPERIENCED IN GESTALT THERAPY

Gestalt therapy does not label individuals in terms of their problems. These may be alcoholism, a welfare mother or schizophrenic, to name but a few. Congress (1995:1118-1120), in her article on gestalt states that there are four types of dysfunctional boundary disturbances: - confluence, introjection, projection and retroflexion, which can be identified and become the focus of therapy.

- **confluence**

Confluence in gestalt therapy is when a client pretends that there are no differences between two individuals or systems. The role of the gestalt therapist therefore is to help the client distinguish individual needs from the needs of a confluent relationship. This distinction enables the client to achieve awareness, thus the client is able to work on his/her problem.

- **introjection**

Introjection involves the incomplete assimilation of information from the environment. Gestalt therapists view introjection as being between the environment and the object of the introject in the “here and now”.

- **projection**

Gestaltists view projection as a disturbance. The researcher’s understanding of projection with regard to gestalt therapy is that this particular disturbance is a result of individuals experiencing significant losses of important parts of their personalities, by disowning them and projecting them onto others.

- **retroflexion**

A fourth disturbance of contact is retroflexion. This process occurs when individuals do to themselves what they would like to do to someone else, or when they do to themselves what they would like others to do to them.

3.3 LAYERS OF DEFENCE MECHANISMS IDENTIFIED IN GESTALT THERAPY

The gestalt therapist, in order to be effective in his/her therapy, needs to identify the resistances and maladaptive coping behaviours of the client. Maladaptive coping behaviours, like anger, fear and rebellion can give rise to conflict. The researcher is of the opinion that conflict management skills are needed for successful conflict resolution. The rational intuitive conflict management model as outlined by Scott (1990:27-31) can be implemented to teach the adolescent diabetic patient conflict resolution skills. The model assists individuals with knowing when and how to walk away from conflict situations that have escalated out of control. It further teaches individuals how to listen and respond to others’ anger and fear. The model also focuses on ways that individuals can decrease their anger and get rid

of it. The identification of maladaptive coping behaviours enables the therapist to determine if the client is at an impasse in his/her life and is unwilling to move to the explosive layers where the client gets in touch with his/her sense of reality. The layers of neurosis or modes of defence as discussed by Corey (1990:299) are also central to gestalt therapy. The researcher will proceed to discuss these further:-

- ***phoney layer***

The phoney layer is where individuals behave in ways that are not authentic to their selves. They try to live up to a fantasy that they or others have created. Once they become aware of the phoniness of their position, they experience unpleasantness and pain. In the researcher's opinion, once a child discovers that he/she has diabetes, they try and pretend or wish away the illness. This pretence goes as far as not taking medication prescribed, resulting in non-compliance and increased hospital admissions. However, once the symptoms persist, the child realises that they have to take the routine insulin injections, they realise that they are chronically ill and begin to experience feelings of anger, fear and rebellion. Close, Davies, Price and Goodyer (1986:337-340) support the above behaviour patterns in diabetic children as their descriptive study found a quarter of the diabetic children in their study to have "appreciable" emotional or behavioural difficulties.

- ***phobic layer***

The phobic layer is where individuals attempt to avoid the emotional pain that is associated with seeing aspects of themselves that they would prefer to deny. Individuals believe and have fears that if they recognise who they really are and present that side of themselves to others, they will surely be rejected. The researcher feels that this particular layer is also characteristic of diabetic children. They fear rejection, ostracisation and stigmatisation from revealing to their peer group that they are diabetic. They fear that they will not be part of a sporting event as team members may feel that this illness will prejudice their position. They cannot eat everything and anything their peer group is consuming, but do so none the less, to avoid teasing and humiliation.

- ***impasse layer***

The impasse layer is where individuals become stuck in their own maturation. Individuals begin to internalise that they do not have the necessary resources within themselves to be able to survive, and to move beyond the stuck point. It is absolutely important that the individual move beyond the impasse layer, to achieve full awareness of his/her situation. The aforementioned thought is supported by Yousef (1993:30) who states that self-awareness and realisation of illness present a major source of stress for diabetic children. The impasse layer, the researcher feels, is an important layer to be dealt

with, when dealing with a child who has diabetes. The child begins to realise that he/she has diabetes, however, the fear and anger that results from the “why me” question, prevents the child from moving forward. Instead of channelling the anger and fear into positive energies the child channels into negative energies for example, rebellion against parents who are exercising control over the child’s diabetic regime, against peers who do not have the illness and are leading unaffected lives and against siblings who do not have the illness. The above negative behaviours are a cry for help, revealing that the child does not have the inner resources to assist him/her in moving beyond these behaviours, because he/she does not know how.

- ***implosive layer***

The implosive layer is where the individuals allow themselves to experience their deadness. This experiential state allows the individuals to expose their defences and thus enable them to make contact with their real selves. A diabetic child in the implosive layer is a child who is in touch with his/her illness. The child is in touch with his/her anger, fear, anxiety and realises that these feelings are emanating from frustrations that come from having the illness. The researcher feels that by identifying with the emotions that are associated with the illness, the child will be able to identify with the defences that he/she exhibits, thus enabling the child to make contact with his/her real self. Working through these defences also allows the child to pull away the “layers” of “pretence” and allows the child to be his/her real self.

- ***explosive layer***

The explosive layer is where the individual lets go of the phoney ways of functioning. This allows the individual to release a tremendous amount of energy that was otherwise being used to maintain the phoney existence. This explosion of energy can be in the form of pain, joy, anger or sexuality. In the researcher’s opinion the explosive layer is where the diabetic child drops his/her defences and allows family and friends to see that they are having a difficult time in conforming to the diabetic regime as well as falling in with peer group pressure. They will ventilate their frustrations, anger, anxiety, fear and find that the negative energy used to maintain the phoney existence can be turned into positive energy to resolve feelings that are associated with pain. For the diabetic child in the explosive layer the medium of clay is an excellent form of therapy to allow the child to project the negative energy onto the clay. To pummel, squash and squeeze the clay allows the release of suppressed angry emotions, onto a safe medium in a safe place (Corey, 1990:299-300).

3.4 GESTALT GROUP WORK

Gestalt leaders in groups, pay special attention to where the energy is blocked in the group, how it is used and how it can be unblocked (Corey, 1990: 300). In the researcher's opinion, one of the most effective methods of determining blocked energy is to observe the client's non-verbal behaviour. By inviting clients to experiment with a new posture group leaders can facilitate awareness.

The gestalt group process presents the members as human beings who are unique individuals and social beings. The expertise of the gestalt leader involves his ability to work at both individual and group levels and the ease in moving smoothly back and forth between the two levels (Schneibel, 1991:4-5). To increase the chances that members will benefit from gestalt techniques, group leaders need to communicate the general purpose of these techniques and to create an experimental climate (Corey, 1991:293). Hardy (1991:vii) states that there are certain myths that should be dispelled about gestalt therapy. These are that it is a quick and instant cure; that it consists of the use of multiple tricks and techniques and that it is exemplified by the gestalt prayer as an example of radical self-centeredness.

3.5 THE RECOMMENDED APPROACH FOR GESTALT GROUP WORK

The recommended approach in gestalt group work is a counselling group in which gestalt techniques are utilised. Such groups differ from gestalt groups in several ways according to Corey (1990:290). Firstly, not all of the interventions or approaches used by the researcher will be of a gestalt nature, instead the researcher will selectively use gestalt approaches as they are appropriate in the development and focus of the group. Secondly, the researcher will not be the principle figure in the group such that the majority of interventions will not be between the researcher and a single respondent. Instead the researcher will at times engage a respondent in a gestalt approach. Finally the researcher will be concerned with facilitating interactions among the group members.

The researcher feels that from this point gestalt approaches in group counselling can serve a dual purpose. Further more the approaches can be used to help individuals attain greater awareness of their own behaviours. This awareness, the researcher feels is reinforced in the group setting where the individual is in the midst of other individuals who are also becoming more aware of themselves. Corey (1990:344) states that with the support of the group members and leader members can allow themselves to experience feelings that was sealed off from awareness and can work through some of these feelings that keep them stuck. A second important element in the group counselling is the interaction among group members. The gestalt group work approach contributes to facilitating the development of the group process and encourages trust, cohesion, understanding, acceptance and respect to emerge among the group members (Corey, 1990:345).

The researcher feels that although gestalt group work encourages the aforementioned, a respondent should never be forced to participate in any individual or group experiment. It is important that this be communicated as early as appropriate to the group members. Forcing a member to confront an emotional issue that he/she is not ready to confront, will force the member to push the emotion even deeper resulting in greater resistance. The above in the researcher's opinion should also be extended to the total group.

Corey (1990:333) states that respondents can choose to take part in experiments but they can also decide to stop when they want to, causing them to move at different paces in their participation. The counsellor's demonstration of respect for these differences will serve as an important model for the respondents and act as a deterrent to the forces of conformity that sometimes emerge in groups.

There are several ways that awareness approaches can be used in group counselling. Firstly, it can be a means through which individuals can come to a better understanding of themselves, secondly experiencing the present awareness of others can expand the respondent's understanding of other members, as well as their own selves in relation to the members. Finally, focusing on the present awareness of individuals or the group as a whole can serve as a means to facilitate interpersonal contact and movement within the group (Corey,1990:322).

3.6 AWARENESS APPROACHES IN GESTALT GROUP THERAPY

3.6.1 SELF- AND ENVIRONMENTAL AWARENESS

Self-awareness, in the researcher's opinion is a major factor that contributes to growth and development of the group members and assists group members in achieving the goals of the group. Self-awareness allows the group to establish areas of 'stuckness' and what interaction in the group allows for more positive ways of functioning. This awareness of the environment and of the members in the group is important as it orientates the member to the 'here-and-now', the focus point of gestalt therapy. The counsellor could engage the members by having each group member complete the sentence fragment "Now I am aware of" several times in succession. Corey (1990:323) states that present-centered 'here-and-now' awareness of the members' existence alerts them to what is here now. This, the researcher feels will be important in her group sessions, as sensory awareness of children is important. This indicates to the researcher at what level of sensory awareness the child will be functioning. A healthy level of sensory awareness tells the researcher that the child is in touch with his/her environment and will be open to deal with their emotions in the 'here-and-now'.

3.6.2 PRESENT AWARENESS AND THE GROUP

Present awareness and the group can serve several purposes. Firstly, it requires each person to focus on the present, which can help get the respondents tuned into what is occurring in the group. Secondly, the counsellor has a chance to help clarify present awareness. Thirdly, each person has an opportunity to speak, which serves to affirm his/her presence in the group (Corey,1990:322). The aforementioned points allow healthy developmental interplay to occur among the group members (Corey, 1990:323). The researcher feels that this approach is also useful when a group member has disclosed and dealt with something which may also be of significance to the other group members. This will be an important aspect for the researcher to note, when doing the empirical study, as awareness of the illness by diabetic children in the group will enable each to state how they cope with the illness. The awareness and support of other diabetic children in the group will allow those children who ignore that they have the illness, to work through the impasse layer. The support generated in the group will enable them to become 'unstuck'.

3.6.3 INTERPERSONAL CONTACT

The researcher is of the opinion that interpersonal contact is a very important factor. The group the researcher feels can be a place where it is safe for respondents to learn about how they make and avoid contact with others. Corey (1990:323) states that using the technique of "speaking to" allows some group members who are shy to disclose their difficulty. According to Corey (1990:324) experiencing dreaded emotions leads to integration and growth. He further suggests that movement beyond our avoidances will enable us to dispose of unfinished business that interferes with our present life and allow us to move towards health and intergration (Corey,1990:324). 'Speaking to' allows introverted members of the group to engage a member and that they are more likely to get a response. Finally it allows the group members to be in a "here-and-now" interpersonal contact situation , which encourages exploring how they approach others.

In summary, gestalt approaches employed in group counselling can serve a dual purpose of enhancing individual self-awareness and promoting interaction among the group members. This self-awareness and interaction of group members is a key factor in the success of groups, as new information is being generated and members do not feel that they are the only ones with problems. This holds true for the diabetic child whose main pre-occupation is the "why me" question.

3.7 TECHNIQUES USED IN GESTALT GROUP WORK

Oaklander (1988:157-158) used the following gestalt techniques successfully with children in the five to twelve year age group.

“I” Language

The changing of the word “you and your” to “I” in childrens’ sentences assist them in taking responsibility for their feelings, thoughts and behaviours. This allows them to work on their feelings in the ‘here-and-now’.

Incomplete Sentences

These exercises help children become aware of how they help and hurt themselves. For example “I help myself when I _____,” or “I block or hurt myself when I _____”.

Bipolarities

One of the most common bipolarities is the topdog and underdog. The topdog is righteous and authoritarian; he knows best. The underdog manipulates by being defensive or apologetic, and works with “I want” and makes excuses such as “I try hard”. The topdog is a bully and works with “you should” and “you should not”. The researcher will be utilising this technique in her therapeutic intervention.

The Empty Chair Technique

The empty chair technique is often used to role-play a conflict between people or within a person. The child sits in one chair and plays his/her own part, then sitting in the other chair, the child can play out a projection of what the other person is saying or doing in response. The advantage of the above technique is that it allows children to integrate splits in existence and allows the development of an integrated personality. The researcher will also be utilising this technique in her therapeutic intervention.

The researcher is of the opinion that the preceding techniques will serve the purpose of her study as “I” language will encourage the respondents to take responsibility for their behaviours in the ‘here-and-now’. The bipolarities will enable the respondents to integrate splits in their personality towards the illness and the empty chair technique will allow respondents to deal with individuals with whom they are in conflict.

3.7.1 DEFINITION AND DESCRIPTION OF PLAY

Oaklander describes play in the following way (1988:160): “Play is how children try and learn about their world. Play is therefore essential for healthy development. For children, play is serious, purposeful business through which they develop mentally, physically and socially. Play is the child’s form of self–therapy through which confusion, anxieties and conflict are often worked through. Through the safety of play, children can try out their own new ways of being. Play performs a vital function for the child. It is far more than just the frivolous, light-hearted, pleasurable activity that

adults usually make of it. Play also serves as a symbolic language, children experience much that they cannot as yet express in language, and so they use play to formulate and assimilate what they experience.”

In the researcher’s opinion play therapy is the most important way through which children make sense of their world. Children learn and respond best in a relaxed atmosphere that caters to their specific needs, play offers them this opportunity (Schoeman, 1996:198). Oaklander (1988:160) states that play is a developmental process which passes through the stages of embodiment play, by the use of a transitional object to projective play and then to the development of role play. Through this process, the child can discover symbols and metaphors to make some sense of his/her world and these metaphors are embodied, projected and enacted through the medium of play. The medium of play will be utilised in the diabetic group to achieve closure on difficult emotions that are experienced by the children. The medium will allow the children to confront their feelings of anger, anxiety and rebellion in an environment that is safe and conducive to the therapeutic experience. The manipulation of different mediums of intervention by the researcher, namely being creative play, bibliotherapy and fantasy will allow projection from the children to proceed naturally as play is already a constituent of their existence.

Some ways in which the gestalt group leader can initiate experimental behaviour is by means of the following techniques namely, dramatic play, creative play, biblio-play, exaggeration, reversals, fantasy, metaphor and imagination. The dominant issues that the researcher will be dealing with in the confines of the diabetic group, will be unfinished business relative to the illness. These are emotions that the child was unable to achieve closure on regarding the illness.

Unfinished business

Unfinished business makes reference to the unresolved feelings or emotions that individuals have from past experiences. The therapist helps the client to face unfinished business associated with unfinished situations. Most people would rather avoid experiencing painful emotions than do what is necessary to change. In the researcher’s opinion unresolved feelings or emotions, are the dominant issues in a diabetic child’s life. The child is suddenly made to deal with an illness that affects his/her whole being. The statements of “Why me?”; “Maybe if I wish it away, I won’t have it anymore” are the dominant questions in the child’s mind. Unfinished business can be dealt with using the following techniques:

- ***dramatic play***

Dramatic play has various functions, such as the remodelling of family life, expression of aggression or regression, playing out of feelings concerning a certain incident that occurred in the child’s life or working through traumatic situations. To help in achieving these Schoeman (1996:16) suggests a variety of play material, such as a play phone, finger puppets, clothes for dressing up, doctors’

instruments, dolls' houses with enough dolls for at least two families, in fact anything the therapist feels would develop and enrich the therapeutic milieu.

The researcher, in the diabetic group will utilise dramatic play to work through aggression and feelings regarding the effects of the illness on the child's home, schooling and peer environment.

- ***creative play***

Creative play is another medium that the researcher would be utilising. This is aimed at ventilation of feelings. For this clay, sand, water, paint, paper, wooden blocks, emotional barometers, calendars and maps can be used (Schoeman, 1996:17). Clay is an excellent medium through which aggression of the diabetic child can be channelled. The medium allows the child to pummel, stamp, shred and twist it, allowing simultaneously prevention of injury to the child and release of suppressed emotions.

- ***biblio- play***

Schoeman (1996:17) suggests that biblio-play leads to the development of insight and working through of feelings. Materials that may be used are books, comics, magazines, diaries and life-books.

Exaggeration and reversals can be utilised in the following ways, according to Schneibel (1991:5):-

- ***exaggeration***

Exaggeration involves asking a group member to exaggerate a body movement he/she may have previously been unaware of. This technique enables the group member to become aware of the movement.

- ***reversals***

Reversals consist of asking group members to behave in a way contrary to their feelings. This enables individuals to experiment with new behaviour, for example, an individual who feels that they should be in charge of everything should imitate the shy, quiet follower.

- ***fantasy , metaphor and imagination***

Fantasy approaches could include dramatic play, where the group is involved in acting out a specific situation experienced by another group member. These could also include dream work, drawing, clay and sand (Schneibel, 1991:5). Fantasy forms a central part of the child's development. The word fantasy is derived from the latin word '*phantasticus*', which in turn forms a greater word, meaning " to make invisible". It is therefore suitable that this concept is used to describe the making of a mental image to the child (Schoeman, 1996:39).

- ***fantasy as a metaphor***

Schoeman (1996:41) defines a metaphor as way of communicating symbolically. Metaphors have been in use for centuries and their main function is to communicate a message as effectively as possible. The most important function of metaphors for the therapist is that their use affords the child the opportunity of reasoning out alternative ways of behaving and of choosing the best alternative.

Furthermore, the metaphor is a valuable aid because it can be adapted to suit each child's unique needs. The researcher feels that the metaphor serves as a useful carrier of messages. Sometimes, children have visual pictures in their heads that they find difficult to verbalise. Yet one metaphor will offer the child an opportunity to portray numerous non-verbal images and emotions. Schoeman (1996:42) states in her book that children can therefore use metaphors to give the therapist insight into what is happening in his/her world. Fantasy as a metaphor in the group setting with diabetic children, the researcher feels, will be valuable. Telling a story about a little boy/girl who has chronic illness, and how they feel to be ill, will allow the children to identify with the story and emotions experienced by the characters, thus allowing them to see that they are not alone. Also, verbal identification with the emotions experienced by the characters will allow the children in the group to see that realistically other diabetic children also feel sad, frustrated, angry and rejected. The happy ending of the story will allow the children to see that they also can be hopeful, understood and supported.

In the researcher's opinion the above play techniques allow the group members to deal with the issues that are causing them pain in a non-directive and less threatening way. Gestalt therapy focuses on current behaviours in "here-and-now" (Schneibel, 1991: 9). The group members have an opportunity to do their own seeing, feeling, sensing and interpreting in the "here-and-now" (Jones, 1982:20). The dominant emphasis on the "here-and-now" is an idea that is supported by Wyley (1996:7) who states that the gestalt group work method offers people respect but resists dependency and supports responsibility for the client's own activity and process by dealing with painful issues in the "here-and-now".

3.8 GESTALT APPROACH TO PLAY THERAPY

Gestalt therapy does differ somewhat from other therapies in its major focus on bodywork. Its usefulness with a wide variety of clients, from those severely mentally ill to those who are functioning at high levels; its directness with emotions; its drawing much from theatre, dance and the area of physical health; and its ability to accommodate other theories give it great therapeutic importance. Gestalt psychotherapy is a dynamic psychotherapy (Hardy, 1991:vii).

Effective integration for the benefit of the client can be accomplished through the cautious blending of gestalt principles (Hardy, 1991:viii). In the researcher's opinion the ability of gestalt therapy to blend with other principles gives it great value in terms of implementation with play therapy. Corey (1990:318) states that by individuals re-experiencing past conflicts as if they were occurring in the present, clients expand their level of awareness, sometimes gradually and sometimes explosively and are able to face and integrate denied and fragmented parts of themselves thus becoming unified and whole. Hardy (1991:5) is of the same opinion and states that formulation and completion in terms of gestalt wholes is a continual process when an individual is open to awareness of the environment, in contact with self and others in the general environment and integrating information and experience.

In the researcher's opinion the allowance of open space in play therapy, and the techniques of gestalt render the two approaches highly compatible. Gestalt allows the therapist to achieve his/her aim with the play therapy techniques, guiding the child towards projection of his/her painful emotions.

3.9 SUMMARY

The researcher is of the opinion that the aforementioned information will allow one to detect a clear relation between gestalt group work and play techniques. The interplay of the two assists the therapist in helping the child project his/her inner most fears enabling him/her to deal with them saliently.

One would also see that in dealing with the fears of a diabetic child the above techniques would be appropriate in its application. Play therapy allows the child to externalise his/her emotions and to work on them using the techniques of gestalt therapy. This externalisation allows the child to achieve "wholeness" and close the gestalts that are open. The researcher is of the opinion that as each gestalt is closed organisimic regulation of the body is achieved and the body moves towards stabilisation and effective positive interaction with the environment. The achievement of this by the diabetic child bodes a healthy development and psyche impacting positively on his/her illness. This culminates then in the holistic care of the diabetic child's health and growth in his/her best interest.