CHAPTER FOUR

4 EMPIRICAL STUDY

4.1 INTRODUCTION

To implement the empirical study, projection techniques within the gestalt framework were utilised. These techniques were used to assist the researcher in assessing the effects on the variables that were being measured in the study. These variables were anger, rebellion, understanding of the illness, fear of diabetes and situations of conflict.

The four respondents were recruited from the out-patient diabetic clinic at Parklands Hospital. The group comprised of two boys and two girls, between the ages of eleven and thirteen years. Each of the respondents attended different schools and did not know each other.

The respondents attended ten sessions on a Saturday, which spanned three and a half months. The sessions lasted an hour and the therapy rooms of William Clark Gardens Children's Home were utilised as the venue. The first session concentrated on completion of a pre-test questionnaire with the group (See Appendix 3). The questionnaire was completed by means of clarification of each question with the respondents, before they were asked to respond. The questions ranged from simple identifying details to their functioning at home and school to the more complex and pertinent questions which focused on the effects that diabetes has on their life, emotions, interpersonal and intrapersonal relations as well as the relationship between the parents and the siblings.

Joint sessions with the respondents and parents were conducted before the start of the group to clarify the aims and goals of the sessions. These joint interviews lasted an hour and content material of these sessions focused on discussing confidentiality, consent and the acknowledgment that the children were part of a research study, which involved publication of results.

Following the completion of the sessions, the parents were given feedback regarding the progress of the children and feedback was also encouraged from the parents regarding noted changes in behaviour.

This chapter will comprise an intensive study of each respondent and their development through the group sessions. The data will be tabulated to facilitate understanding of the results. A comparison of the pre-test and post-test results for the respondents will be discussed at the end of this chapter following discussion of the group work sessions. Withholding their real names ensures the anonymity of the respondents. To follow then will be a discussion of group sessions two through to ten, as session one focused specifically on completion of pre-test questionnaires with no therapeutic intervention.

The themes of the group sessions were as follows: -

Group session two: - Establishment of group rules by the respondents (See Appendix 4). Clarification of individual goals within the group. Session two was terminated by means of progressive body relaxation exercises.

Group session three: - Awareness continuum assessment. The sensory modalities of the respondents were assessed. The internal process of the respondents, that is their feelings regarding being diagnosed as a diabetic and how they dealt with these feelings were assessed by means of drawing. Oaklander's fourteen-step model was utilised to gain insight into the feelings that were projected on the drawings. The respondents following verbalisation of feelings and owning of projections were nurtured and comforted with the aid of a fantasy flight to ensure that heightened emotions were dealt with before termination of the session.

Group session four: - Awareness continuum assessment. The sensory modalities of the respondents were assessed. The researcher utilised creative play in the form of two mediums, that is drawing and clay. Oaklander's fourteen-step model was utilised for gainful insight. The respondents were asked to draw the monster in their lives and give it a name. The feeling projected onto the monster was then dealt with by the use of clay, where an object from the drawing was sculptured to allow ventilation of aggressive feelings. Progressive relaxation techniques were utilised simultaneously with the fantasy flight to a safe place to ensure a calm emotional state when the respondents left the session.

Group session five: - Session five was a continuation of session four. The awareness continuum of the respondents were assessed again, that is the sensory modalities. Creative medium of clay and drawing was utilised with Oaklander's fourteen step model. The same procedure from session four was utilised when dealing with clay work. Respondents who did not get a chance to discuss their monsters did so in this session. Progressive relaxation techniques were utilised simultaneously with the fantasy flight to a safe place to ensure nurturance of the respondents.

Group session six: -The purpose of session six was to increase the respondents' awareness and understanding of the illness. The awareness continuums of the respondents were once again assessed. It is felt that continual assessment of sensory modalities alert the researcher to any abnormalities that may occur with the senses. Biblio-therapy was the medium that was utilised with the story-telling technique. Progressive relaxation techniques were utilised simultaneously with the fantasy flight to a safe place to ensure comforting and nurturance of the respondents.

Group session seven: - Externalisation of rebellion was the purpose of session seven. Awareness continuum of respondents was once again assessed. Creative play in one medium was utilised. The respondents were requested in the previous session to bring along any materials that they would like to build their diabetic monster with in this session. Progressive relaxation was utilised with the fantasy flight to safe place to ensure a calm emotional state when respondents left the session.

Group session eight: - The completion of the diabetic monster occurred in this session. Awareness continuum of respondents was assessed. Respondents were requested to write their feelings towards the monster on the sheet that the monster was constructed on. Conflict resolution was also done with the respondents. Progressive relaxation was utilised with the fantasy flight to a safe place. The fantasy flight ensures heightened emotions are dealt with before respondents exit the session.

Group session nine: - The purpose of the session was to teach respondents to release their anger in a non-threatening way. The model of Scott (1990:37) was utilised to achieve this end. Progressive relaxation was utilised with the fantasy flight to a safe place, ensuring that respondents were nurtured and comforted before leaving the session. Respondents were reminded that the next session would be the final session. However the researcher at the conclusion of each session asked respondents to mark off each session so that respondents were visually and mentally aware of the termination session. This avoided issues of separation anxiety and malingering of old behaviours in the hope of continuation of therapy. The post-test questionnaire was administered.

Group session ten: - Termination session. A party was arranged with the handing out of certificates of attendance to respondents (See Appendix 5). No therapeutic intervention occurred in this session.

4.2 IDENTIFYING DETAILS AND PRE-TEST RESULTS OF RESPONDENTS

4.2.1 CHILD A

Child A is in grade seven and is twelve years old. She is the middle child in her family and the only child to have diabetes. Child A's mother is an insulin dependent diabetic as well. The family resides in a suburban area and is of middle class socio-economic standing. Child A was diagnosed with juvenile diabetes at age nine and was compliant on medication on joining the group. Child A's parents were extremely excited and committed to the process of group therapy for their child. Some of the problems experienced by child A after being diagnosed with diabetes was the following: deviation from the diabetic diet, being treated differently at school by her friends, being admitted to hospital and taking her daily insulin injections. According to pre-test results Child A has a poor relationship with her father, fair relationship with mother, fair relationship with friends and a very good relationship with siblings. Child A had the following pre-test results on the variables:

Table 2: Pre-Test Results of Child A

Anger	80%
Rebellion	60%
Understanding of the illness	50%
Fear of the illness	50%
Situations of conflict	70%

4.2.2 CHILD B

Child B is an eleven year old and is in grade five. He was diagnosed as a diabetic when he was just four years old. Child B is the middle child of his family and the only member of his family to have diabetes. The family belongs to the middle class socio-economic strata. He was compliant on medication on joining the group. The parents of child B were ambivalent regarding their child's attendance, but attendance at group sessions continued, until termination. The problems experienced by child B after being diagnosed with diabetes were the following: being a diabetic, having high sugar levels, aggression which is experienced at home and at school, the daily insulin injections, discrimination at school and at sporting activities because of the illness. According to pre-test results Child B has a fair relationship with his father, good relationship his mother, very good relationship with his friends and a good relationship with his siblings. Child B had the following pre-test results on the variables:

Table 3: Pre-Test Results of Child B

Anger	60%
Rebellion	50%
Understanding of the illness	60%
Fear of the illness	50%
Situations of conflict	70%

4.2.3 CHILD C

Child C is a thirteen year old and is in grade seven. She was diagnosed as a diabetic ten years ago, and has been diagnosed as a diabetic for the longest period, as compared to the other respondents. She is the eldest child in her family and the only member of the family to have diabetes. The family is middle class and resides in a suburban area. Child C was compliant on medication on joining the group. The parents of child C were relieved that such group therapy was been offered for juvenile diabetics, and stated that such options were not available. Child C experienced the

following problems after being diagnosed with diabetes: being a diabetic, being marginalised by peers because of the illness, adhering to the diabetic diet and rejection from sporting activities. According to pre-test results Child C had a very good relationship with her father, good relationship with her mother, poor relationship with her friends and fair relationship with siblings. Child C had the following pre-test results on the variables:

Table 4: Pre-Test Results of Child C

Anger	70%
Rebellion	70%
Understanding of the illness	30%
Fear of the illness	90%
Situations of conflict	70%

4.2.4 CHILD D

Child D is a twelve year old and is in grade six. He was diagnosed as a diabetic three years ago. Child D is the oldest child in his family unit, and the only member that is diabetic. Child D presented as quiet and introverted during initial assessment interviews. The family is middle class and resides in a suburban area. The parents were committed to the course of group therapy. Child D was compliant on medication when he joined the group. Some of the problems experienced by child D after being diagnosed as a juvenile diabetic, were the following: taking the daily insulin injections, admissions to hospital, adherence to the diabetic diet, being marginalized by peers at school and anger. According to pre-test results Child D has a good relationship with his father, very good relationship with his mother, good relationship with friends and very good relationship with his siblings. Child D had the following pre- test results on the variables:

Table 5: Pre-Test Results of Child D

Anger	70%
Rebellion	60%
Understanding of the illness	40%
Fear of the illness	80%
Situations of conflict	60%

4.3 DISCUSSION OF GROUP SESSIONS

Responses and assessments of respondents from session three to session nine will be tabulated (Compare Groenewald, 1997:64-73).

4.3.1 GROUP SESSION TWO

4.3.1.1 Aims/Goals

- Structuring the group, identifying group rules ;
- Creating an environment in which respondents feel free to actualise and identify with each other ;
- Creating a supportive growth climate in which creative learning and growth could occur ;
- Developing a norm of flexibility in order that changing individual and group needs could be appropriately addressed.

4.3.1.2 Responses and assessments of respondents

The structuring of group rules was a group effort. Respondents were requested to give feedback, with regards to what rules should govern the group. The rules of the group were then formulated (see Appendix 4).

4.3.2 GROUP SESSION THREE

Technique: Creative play

Medium: Drawing, Oaklander's fourteen step model for drawing interpretation ;

Progressive body relaxation ;

Awareness continuum assessment.

4.3.2.1 Aims/Goals

- Relaxation of respondents before therapeutic intervention;
- Helping respondents with the aid of sensory stimulation, to make contact with the therapeutic environment and themselves. Engaging the respondents in the following activities: -
  - ❖ *Respondents, after being engaged in progressive body relaxation were asked to describe textures that were touching their hands (tactile stimulation).*
  - ❖ *Respondents were asked to describe smells in the air around them (smell stimulation).*
  - ❖ *Respondents were asked to listen and describe sounds around them (auditory stimulation).*
- Assessing of feelings and coping skills of respondents in dealing with the illness.

Table 6: Contact with self and environment – Assessment of feelings and coping skills

Contact with self and environment	Assessment	Role and participation in group therapy
CHILD A: Child A is in contact with the environment and herself. The child enjoyed her progressive body relaxation thoroughly. She is in contact with her touch, smell, and hearing faculties. She is comfortable with the group and its present process.	The therapeutic relationship between researcher and child A is interactive. Child A enjoys being part of the group, more so because of the commonality of the illness that links the respondents. Child A exhibits unfinished business with regards to the illness. She has not accepted that she is a juvenile diabetic. Child A is in the phoney layer of the gestalt defence mechanisms. From the projection on the drawings, it is also clear that child A is not coping sufficiently with the feelings associated with the illness. It is clear that the admissions to hospital were on her figure ground. Projection took place with externalisation of sadness and anger, accompanied with the associated body language. The congruency between body language and her emotions emphasised contact with herself and the environment.	Child A exhibited strong personality traits. She was the first to volunteer discussion around her drawing and accept feedback of support from the other respondents. She also enjoyed the progressive body relaxation before and after the group. Child A felt comfortable within the group structure.
Feelings and coping skills of respondents Drawings were used as the medium of assessment. Respondents were asked to volunteer their responses to drawings with the headings, "Look through the key hole and see what upsets you the most", and "Press the special key on my computer, it will show you my biggest secret". On the latter the child drew a hospital scene and on the former, the words," I hate being a diabetic" were written.		

Contact with self and environment	Assessment	Role and participation in group therapy
CHILD B: Child B is in contact with himself and his environment. He enjoyed the progressive body relaxation thoroughly. He is in contact with his touch, smell and hearing facilities. He is comfortable with the group and its present process.	The therapeutic relationship between the researcher and child B was interactive. The child trusted the researcher with discussing his feelings, that is, anger and rebellion. Child B also proved by now to be the most extroverted of all the respondents. The child according to his projections from the drawings did not identify with the diabetes. From the drawings and the projections it was clear that child B had worked through the phoney layer because of his non-compliance had brought him unpleasantness and pain. He has also worked through the phobic layer because he was presenting an attitude of wellness to prevent rejection. However he was stuck at the impasse layer because he realised that although he did not want to take medication, he had to. He still had feelings of anger and rebellion towards his parents and the illness, because the conditions were dictated and he was not an active participant. The extroverted nature of the child was incongruent with his body language during discussion of his projection. He presented slumped shoulders, down cast eyes and a sad tone of voice.	Child B had strong leadership qualities and openly supported other respondents when discussion ensued around their projections. He actively enjoyed the relaxation exercise. He was called to order when other respondents were discussing their drawings. In fact child A mentioned that he was breaking the group rules. Child B accepted this and apologised for his actions.
Feelings and coping skills of respondents Child B responded remarkably to the medium of drawing. His main concern of his projection was that of his peers. Peers, because of the illness rejected him and this made him rebellious against taking the medication, as this indicated to his peers that he was ill. He felt that if he stopped the rejection would stop. This made him more ill requiring hospital admissions. Medication was thus taken grudgingly because he had to and not because he wanted to.		

Contact with self and environment	Assessment	Role and participation in group therapy
CHILD C: Child C is in contact with herself and the environment. The child enjoyed the progressive body relaxation exercises. She is in contact with all her senses and is comfortable with the present group process. **Feelings and coping skills of respondents** Child C responded positively to the medium of drawing. Her response to the drawings was that she wants to be a nurse and assist others with diabetes. Her projection also showed that she was tired of individuals probing into her illness. The child also discussed her friend who was in hospital at the time, and the feelings that her friend may be experiencing. The researcher asked the child if she sometimes feels the way her friend does, and she stated yes. Discussion ensued regarding this issue and feelings and coping skills were discussed. Advice was volunteered from the other respondents and researcher.	The therapeutic relationship between child C and the researcher is good. Child C enjoys immensely being part of the group and what it has to offer. Child C has a healthy interaction with other respondents and acknowledges the group rules. Her projection was strong and emotionally charged, indicating that she was in touch with the "here-and-now" aspect of the projection. Child C like child B presents in the impasse layer because she realises that she has to adhere to the medication and the diet but the feelings of anger and rebellion and the inability to cope with these feelings blocks the child from progressing to the explosive layer. Child C was accepting of the advice and support offered by the other respondents and the researcher. Child C presented with a healthy gestalt as she projected what was on her figure-ground, that is, her friend who was in hospital. However she also felt safe projecting the emotions on somebody else and when she felt safe to own her projections, she did.	Child C exhibited low-self esteem and lack of confidence as compared to the other respondents. She also however was the first to offer peer support to the other respondents.

Contact with self and environment	Assessment	Role and participation in group therapy
CHILD D: Child D is in contact with himself and the environment, although he experienced difficulty closing his eyes through the relaxation exercises. He was told to keep them open through the duration of the exercise if it made him feel comfortable. **Feelings and coping skills of respondent** Child D responded positively to the drawing. He is the quietest of the respondents. His response to the drawings is that he wishes that the diabetes would be taken out of his body and life forever so he will not have the feelings that he has. These are feelings of anger and rebellion. It is evident from the projection of the child that his coping skills are ineffective. The other respondents and the researcher offered suggestions and advice.	The therapeutic relationship between child D, the researcher and respondents is fair. Child D presents as frightened and untrusting of the respondents and the researcher. This is further emphasised by the unwillingness to close his eyes, during the relaxation exercise. Child D did not volunteer discussion on his drawings, but was requested by child A to do so. She further supported him by stating that they were all diabetics and he need not be afraid. Child D was asked to remain after the session to discuss any problems he may have with being part of the group. The researcher supported the child by saying that he must identify his own time when he would like to join in the group process and share issues with the group when he is ready to. He stated that he enjoyed being in the group and would continue to attend. He was supported and thanked for his efforts of disclosure in the session. Child D presented in the impasse layer as his feelings of anger and rebellion towards the illness prevented him from progressing to the explosive layer.	Child D exhibited very low self-esteem and lack of confidence. The above traits were congruent with his limited participation in the session. Child D had to be encouraged and supported to participate in the group activities. He did adhere to group rules and was respectful of respondents' experiences.

From the presented information it is evident that the respondents had healthy awareness continuums. It is clear that the human sensory system is a highly complex system that enables human beings to experience the world. It is therefore essential that the child's sensory skills be developed in order for him/her to make meaning of his surroundings (Schoeman, 1996:42). Reference to chapter three of the research would find a concise discussion on defence mechanisms utilised by clients, preventing movement forward and healing of gestalts. All the respondents in the group experienced one of the layers of defence and thus experienced the emotions of anger, rebellion and fear preventing movement forward. It is also evident that support from the respondents to each other affected the therapeutic climate positively. Corey (1990:321) supports the above by stating that group members can serve a catalytic purpose for each others' self-explorations as well as provide support and encouragement. Respondents will move at different paces in their participation, this was evident from child D who presented as quiet and withdrawn. The researcher allowed the child to maintain his process. This functioning of the child within the group indicated the functioning of the child outside of the group.

Present awareness and the group is an important factor as discussion of feelings towards having the illness generated support and workable solutions between respondents.

4.3.3 GROUP SESSION FOUR

Technique: Creative Play, Dramatic Play

Mediums: Empty Chair, Drawing, Clay

4.3.3.1 Aims/Goals of group session

- Externalising the issues in terms of drawings, that is, the monster in the child's life;
- Utilising of clay to project the aggression generated from the drawing and offer release of suppressed emotions;
- Ensuring a calm disposition when children leave the session by implementing progressive body relaxation.

Table 7: Contact with self and environment - Externalisation of illness and aggression

Contact with self and environment	Assessment	Role and participation in group therapy
CHILD A: Child A is in contact with herself and environment. She again enjoyed the progressive body relaxation. **Externalisation of illness and aggression** Immediately on completion of the progressive body relaxation exercises the respondents were asked to draw the monster in their lives. The respondents were asked to own their drawings by stating, "This is my drawing it belongs to me, and this is my monster it belongs to me and only me". Following that the respondents were asked to volunteer discussion around their monster drawings. The child projected a healthy monster. Its favourite food was sweets. Her monster ate anything it desired and everyone liked it. It also helped everyone.	The implementation of the progressive body exercise placed mind and body of respondents at a relaxed state. This allowed the thoughts of the respondents to be brought to the figure-ground of the child. This allowed a healthy externalisation of the child's monster. Questions were asked regarding the child's monster (Schoeman, 1996:69). The projection of a healthy monster revealed the emotions of child A. When asked, after owning her projection, if she sometimes behaved and felt like that monster she stated yes. Her one wish was to be well like her monster and not have diabetes. Child A is still in the phobic layer regarding acceptance of the illness. Following verbalisation of the emotions child C offered support to child A regarding her desire to eat sweets and be free of the illness. Child C shared her skills in coping with the diet. The child enjoyed the progressive body relaxation and safe place exercise.	Child A felt comfortable in the group at this point and openly shared her emotions. She listened to advice from child C and interesting, supportive dialogue transpired between all respondents.

Contact with self and environment	Assessment	Role and participation in group therapy
CHILD C: Child C is in contact with herself and the environment. She enjoyed the progressive body relaxation and stated she wished she could be relaxed all the time. **Externalisation of illness and aggression** The child externalised her aggression towards having the illness onto her monster. She named her monster the ketone monster that always worried her and prevented her from having fun and was often responsible for hospital admission. She stated that she was frightened and angry at the monster and wished she did not have the monster. The researcher asked the child to mould the ketone monster out of clay. She stated that when her ketones were high, she required hospitalisation. The researcher asked the child to place the monster in the empty chair. The group was divided into the top dogs and under dogs. The top dogs were asked why they think they should be angry and the under dogs were asked why they want to be angry. The child belonged to the under dogs. During the debate the clay was flattened, punched and squeezed.	Child C has been interacting and integrating well in the group. The child's figure ground is healthy. The issue on her mind is the ketone monster that was projected in her drawing. Her anger towards the monster released on the clay showed a cathartic effect on the child. She presented as relieved following this externalisation. The researcher incorporated the top dog and under dog approach as she felt that the child needed to realise that this illness is chronic and the child needs to make peace with it. The above technique allowed the polarities of the child to be integrated so that the reorganisation of thoughts towards the illness can occur without exclusion of either side. The child enjoyed the feedback from the respondents. This exercise also offered enlightenment to other respondents regarding their anger towards the illness.	Child C played an active role in the session. She projected her monster safely and enjoyed the exercise and externalisation tremendously. She was not afraid to pummel the clay and scream at it. She stated she felt calmer at the end of the session and was looking forward to the next session.

Session four was the "Ha Ha" session for the researcher. She, along with the respondents enjoyed the active and healthy projection of the respondents. The session could only accommodate two projections and the remaining two would continue in session five. Present awareness and the group was a focus point in this session as projective techniques allowed ventilation of aggression towards the illness, while simultaneously garnering support from the respondents.

The use of creative play allowed latent aggression of the respondents to be externalised. A brief discussion on the usage of clay and its advantages in releasing suppressed emotions can be found in chapter three. The empty chair technique allowed the respondents to experience their anger in the "here-and-now" which is the focus of gestalt therapy (Schoeman, 1996:17). This allowed the respondents to become unstuck and reach the explosive layer. The use of clay enhanced attainment of this layer as it allowed the child to pummel, squash and squeeze the clay. A discussion on the explosive layer in chapter three with regards to diabetic children supports the outcomes of this session, which was rich and rewarding.

4.3.4 GROUP SESSION FIVE

Technique: Creative Play

Medium: Drawing, Clay

4.3.4.1 Aims/goals of group session

- Externalising the illness in terms of drawings, that is, the child's monster in his/her life;
- Utilising of clay to project the aggression generated from the drawing and offer release of suppressed emotions;
- Ensuring a calm disposition when respondents leave the session by implementing progressive body relaxation;
- Continuing of discussion of the respondents' monsters.

Table 8: Contact with self and environment-Externalisation of illness and aggression (Continues)

Contact with self and environment	Assessment	Role and participation in group therapy
CHILD B: Child B is still in contact with himself and the group environment. He enjoys the progressive body relaxation. **Externalisation of illness and aggression** Child B was taken through the process of owning his projection. He was asked questions by the researcher and respondents that led to the development of a character and personality for his monster. He said that his monster lived alone in the mountains and had diabetes. His was a sad monster because people were afraid of him even though he loved having friends. This made his monster angry. When the researcher felt that the child had owned his projection sufficiently she asked if he sometimes felt like his monster and he said yes. He was angry with his peers and family for treating him differently because he had the illness.	Child B, in the researcher's assessment is the extrovert in the group. Child B always presented a happy and stable emotional state and this was conveyed to the researcher by his parents. However this assessment was questioned in this session. The child in describing his monster had the associated emotions, that is sadness and anger, displayed the associated body language of slumped shoulders, down turned head and a pained expression on his face. The researcher commented on this change of body language and the child responded by stating that his parents expect that he cope with the illness. He laughs and jokes but is sad inside. The other respondents supported him and nurtured him by stating that he does not have to feel like he is alone because they also have the same problem. The researcher reinforced this train of thought and nurtured the positive aspects of the child, by asking the respondents to applaud his sharing of his monster and feelings with the group and commented on his bravery in doing so. The progressive body relaxation also brought the child in touch with his emotions and enabled him to externalise them and work on the incongruence between behaviour and emotions. The child reached the explosive layer within a safe and structured environment.	Child B had a happy mask in the early sessions of the group. This mask was in the researcher's opinion constructed to pacify his parents. His participation and role has changed and he is in the nurtured and supported role. He displayed more relaxed and congruent behaviour.

Contact with self and environment	Assessment	Role and participation in group therapy
CHILD D: Child D is still in contact with himself and his environment. He now closes his eyes on his own accord. **Externalisation of illness and aggression** Child D was taken through the process of owning his projection. His monster was also diabetic and was sad and lonely. His monster hated having diabetes. When his monster was angry he would punch a rock. The researcher enquired when these times were. He said the following, when the monster was rejected from sporting activities, told not to eat sweets and when he hated having the illness. The researcher asked the child to mould the rock out of clay. He was asked if he sometimes felt like the monster and he said yes. He pummelled the clay and screamed that he hated having diabetes as he is treated differently.	Child D improved remarkably since session one. He closed his eyes on his own when he was ready to trust the process of the group. He is now in contact with his self and his environment. Child D's externalisations are congruent with his body language. He struck the clay repeatedly stating that he should not be treated differently. He presented as a confident child who was ready to accept his illness and talk about the sadness he experienced. He identified with the respondents and their loneliness and said he felt much better knowing he was not experiencing it alone.	Child D improved drastically with regards to his participation and role in the group. He has become more verbal, interactive and confident in the setting. He is comfortable in his dual role of nurturer and being nurtured.

Session five was a continuation of session four. The aims of session five were accomplished by assisting the respondents to move towards the explosive layer. There was a dramatic change in behaviour in child B and child D. Child D had developed from being an introverted and non-participant to a confident and participatory individual. He closed his eyes willingly on the progressive body relaxation exercises, volunteered discussion on his monster and offered support to other respondents. Schniebel (1991:9) supports the thought that gestalt therapy focuses on current behaviours in the "here-and-now ". The above behaviour shift in child C is clearly supportive of this as the child dealt with his behaviour in the "here-and-now". Cleaver (1990:278) states that children with diabetes often feel damaged; the researcher felt this was exhibited in their drawings and comments. The researcher supports this idea as respondents depicted their diabetes as the monster in their life who is sad, lonely and damaged by juvenile diabetes.

4.3.5 GROUP SESSION SIX

Technique: Biblio-therapy

Medium: Story telling

4.3.5.1 Aims/Goals of group session

- Assessing of awareness continuum by means of progressive body relaxation;
- Increasing the respondent's awareness and understanding of the illness with the technique of biblio-therapy;
- Ensuring a calm disposition when respondents leave the session by implementing progressive body relaxation.

Table 9: Contact with self and environment - Awareness and understanding of the illness

Contact with self and environment	Assessment	Role and participation in group therapy
CHILD A: Child A is still in contact with herself and the environment. Her awareness continuum is still in tune with the process of the group. **Awareness and understanding of the illness** Following the progressive relaxation the respondents were asked to continue listening to the researcher with their eyes closed. A story focusing on a little boy and girl, their experiences with juvenile diabetes, their symptoms, their visits to the doctor and relevant treatment was related to the respondents. Following completion of the story the respondents were asked to keep their eyes closed for a little longer, enhancing identification with the story. The researcher, with the respondents eyes open asked if any of them felt like the characters in the story. Child A volunteered an association with the little girl in the story. She said that the girl was just like herself who did not like taking medication but realised she had to if she was going to feel better. A positive identification was made with the ending of the story where the little girl was no longer afraid of the illness now that she understood it better.	Child A is still in contact with herself and the group process. Her positive identification with the story highlights the issues on the child's figure ground. She dealt with her anger in session five allowing her to close this gestalt and open her gestalt relating to her awareness and understanding of the illness. This child was able to close this gestalt as well, for she identified with the end of the story and internalised the behaviours that had to be present to facilitate her well-being.	Child A is actively involved in the group process. Her inhibitions are relaxed and her quest for knowledge regarding the illness is promising for development.

Contact with self and environment	Assessment	Role and participation in group therapy
CHILD B: Child B is still in contact with his environment. He appears more relaxed after the issues from the last session were dealt with.	Child B has settled more comfortably in the group. He is in tune with the group process. His identification with the characters in the story emphasised that experiential learning was taking place. He was able to identify his emotions and behave accordingly. His body language revealed a more relaxed and happy child.	Child B enjoyed his role in the group. He is no longer intrusive while respondents are verbalising projections. He offers support and comfort.
Awareness and understanding of the illness Following the projection of child A, child B was the next to volunteer a projection. He stated that the characters were just like him, especially the boy who pretended to be happy but was not. Child B now understood that he was just like everybody else, even with the diabetes. He also said that he was no longer angry with God for giving him this illness. He understood the hospital visits and the reasons he would get sick. Child B stated that his awareness no longer made him afraid and angry.		

4.3.5.2 Child C And Child D

The above respondents still exhibit contact with themselves and the environment. Child C and child D did not project as they offered support and comfort to those that did. The above two obviously had dealt with the awareness and the understanding of the illness, as this was not on their figure-ground. They did identify to a certain degree with the respondents that verbalised their projections. Their interaction with the group dynamics is still active and the curiosity of all respondents within the group stimulates a healthy and productive process.

Session six was again a successful session. The respondents entered with zest and enthusiasm. Their awareness continuums are intact and they are displaying healthy figure-grounds. The researcher is of the opinion that the release of suppressed anger in session four and five unblocked the pathway for release. The anger was released and the

respondents could now identify with the illness thus allowing them to accept and question information that involved awareness and understanding of the illness.

Child A is functioning as one with his own process and with the environment. He is moving towards the explosive layer and a healthy gestalt. Schniebel (1991:4) states that greater awareness in a particular area allows greater ability for the patient to bring automatic habits into awareness as needed. The researcher is also of the opinion that the contact boundary between respondents and researcher is a positive one as this contact is allowing healthy verbalisation of projections and awareness of feelings that are associated with these projections. In support of the above Congress (1995:1117) states that the "I-thou-relationship" is one where the therapist accepts and respects the unique personhood of the client, enhancing awareness.

4.3.6 GROUP SESSION SEVEN

Technique: Oaklander's fourteen step model for drawing interpretation

Medium: Drawing

4.3.6.1 Aims/Goals of group session

- Assessing of awareness continuum by means of progressive body relaxation;
- Externalising rebelliousness of the respondents by constructing the diabetic monster;
- Ensuring a calm disposition when children leave the session by implementing progressive body relaxation.

4.3.6.2 Results And Assessment Issues In Session

The respondents were requested in the previous session to bring material that will be utilised to construct the diabetic monster. A flip chart was utilised and the different materials were pasted onto the chart. The respondents were so eager to begin construction that they requested the progressive body relaxation exercise be omitted from this session. The respondents in their construction developed a complementary relationship with each other. Every one was allowed to add their piece of material to the monster. The researcher supplied scissors, glue and drawing material. Oaklander's fourteen step model for drawing interpretation allowed a structured guideline for the therapist. Effective and meaningful interpretation of projections could be made by the therapist. The monster was not completed in this session and respondents were told that completion would take place in the next session. In this session the leadership role was balanced equally between respondents. All respondents presented as confident and each one took pride in the construction.

4.3.7 GROUP SESSION EIGHT

Technique: Oaklander's fourteen step model for drawing interpretation

Medium: Drawing

4.3.7.1 Aims/Goals of the session

- Assessing of awareness continuum by means of progressive body relaxation;
- Externalising of rebelliousness of the respondents by constructing the diabetic monster;
- Ensuring a calm disposition when children leave the session by means of progressive body relaxation.

Table 10: Contact with self and environment-Externalisation of Rebelliousness

Contact with self and environment	Assessment	Role and participation in the group
CHILD A: Child A still remains in contact with her self and the environment. The child still enjoys the progressive body relaxation. **Externalisation of rebelliousness** Child A assisted other respondents enthusiastically in completion of the diabetic monster. The researcher requested volunteers to write their feelings towards the monster on the chart. Child A volunteered. Child A's response to the monster was that she was no longer afraid of the diabetic monster and that he could not harm her anymore. She now also had friends who had the same illness and she did not feel different anymore.	Child A still enjoys the progressive body relaxation. Her contact between fellow members and herself is healthy. Her enthusiasm to create the diabetic monster was positive and channelled towards completing the task at hand. Her written response is in keeping with her verbal response in session six where she identified with the girl in the story. Her written response and verbal response are congruent with each other. This highlights that the child has reached the explosive layer. She has dropped her defences and is allowing the researcher and the group to see her fear towards the illness.	Child A is actively involved in the group process. She enjoys the interaction and feedback she receives from the members and the researcher.

Contact with self and environment	Assessment	Role and participation in the group
CHILD B: Child B still enjoys the progressive body relaxation. His body language, while engaged in the relaxation depicts enjoyment and peace. **Externalisation of Rebelliousness** Child B's contribution to the construction of the monster was one which occurred silently and introspectively. His response to the monster was that he had made new diabetic friends and he did not have to be afraid anymore.	Child B is in touch with the group process. He still enjoys the progressive relaxation. His contribution to the completion of the monster resolved many issues for him. It was a quiet, peaceful communication that transpired between him and the monster. Each piece of material pasted to the chart had deliberate actions. His verbalisation in this session is congruent with session seven where he stated that his awareness no longer made him afraid and angry. Child B had also attained the explosive layer where actions and verbal responses are congruent.	Child B has developed positively in the group. His attainment of the explosive layer allows him to be at peace with himself and the group.

Contact with self and environment	Assessment	Role and participation in the group
CHILD C: Child C remains in contact with herself and the group's therapeutic environment. The progressive body relaxation is thoroughly enjoyed. **Externalisation of rebelliousness** Child C, in completion of the monster exhibited the most energy and enthusiasm. There was much interaction between the other respondents and the child. There was deliberate planning and execution of tasks. Child C's response was that this was the ketone monster who caused her to be ill frequently. She was no longer afraid of falling ill frequently as she now knows how to stop the monster.	Child C enjoyed the progressive body relaxation and associated group interaction depicted a more confident child. Her quest for knowledge through the sessions regarding the illness and its associated implications has resulted in the child attaining the explosive layer. Child C's projection in this session is linked to session four where she projected the ketone monster in clay work. The child has reached the explosive layer where she was no longer hiding the emotions felt towards the illness.	Child C played a participatory and productive role in the completion of the monster. Her task execution was aligned with the other respondents resulting in successful goal attainment.

Contact with self and environment	Assessment	Role and participation in the group
CHILD D: Child D now closes his eyes through the progressive body relaxation exercises. He has grown to trust the therapeutic environment, thus creating stability with himself and his environment.	Child D developed dramatically within the group. Child D's written externalisation in this session is linked to session five where the child's externalisation of having the illness was explosive. He had experienced catharsis in session five and was experimenting with new thought patterns and actions that were congruent with each other. The inner conflict which resulted in his aggressive display in session five resulted in a closed gestalt. He was ready to accept the illness but on his own terms and conditions which did not compromise his health status. The child had attained the explosive layer and was experiencing congruency between his actions and emotions.	Child D's role developed in the group from an observer to an active participant. He is instrumental in the development of his healthy gestalts and thus in control of his inner process.
Externalisation of rebelliousness		
Child D's contribution to the construction of the monster was one of skill and mastery. He would paste his materials and stand away to observe if his contribution added to the positive construction of the monster. His response to the monster was that he was now the monster's friend and they both would be living together on the child's terms and conditions.		

The researcher was exhilarated at the progress of the respondents. Their externalisations revealed that they were coping with the monster in their lives. They had made peace with the diabetic monster, ending the emotional war inside of them. The enthusiasm to construct the monster heralded the attainment of the explosive layer for all the respondents.

They were thus all functioning in the explosive layer. Corey (1991:293) states that individuals 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. This supports the researcher's conclusion of the level of functioning of the respondents.

Corey (1990:344) states that 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 ". This was clearly more pronounced in sessions seven and eight, as utmost respect, understanding and acceptance were depicted among respondents in the finalisation of the monster .

The unfinished business aspect of gestalt therapy was accomplished in the previous sessions with the use of dramatic play, creative play and biblio-therapy. Creative play was the pre-dominant medium utilised, incorporated with the different techniques to gain insight. The utilisation of different mediums yielded a wealth of information and initiated healing in all the respondents. Corey (1991:18) states that "unfinished business makes reference to unresolved feelings or emotions that individuals have from past experiences". The questions synonymous to a diabetic child, "Maybe if I wish the illness away, I won't have it anymore," "Why me?" were definitely answered in the group sessions. The respondents were able to successfully close the unfinished gestalts formed in their psyche.

4.3.8 GROUP SESSION NINE

Technique: Dramatic Play

Medium: Role-play

4.3.8.1 Aims/Goals of the Session

- Assessing of awareness continuum of respondents by means of progressive body relaxation;
- Conflict resolution;
- Ensuring a calm disposition of respondents on leaving the session by implementing progressive body relaxation;
- Reminding respondents of termination session to prevent malingering of old behaviours and omit separation anxiety;
- Completing of post-test questionnaire.

4.3.8.2 Implementation

The researcher, for the purpose of the above utilised the rational intuitive conflict management model as outlined in Scott (1990:27-31). The model assisted the respondents with the following:

- When to put your anger aside
- How to put your anger aside
- When to listen to someone else's angers and fear
- How to respond to someone else's anger and fear

- When to let go and walk away
- How to let go and walk away.

The researcher then discussed and role-played rituals for decreasing their anger. These rituals are the following:

- Getting rid of anger by grounding it out
- Cleansing your energy to shake off your anger
- Releasing the anger by cutting the person, who makes you angry down to size.

Table 11: Contact with self and environment- Conflict resolution

Contact with self and environment	Assessment	Role and participation in the group
CHILD A: Child A still remains in contact with herself and the environment. This is depicted through the enjoyment of the progressive body relaxation exercises.	Child A enjoys the group process and the interaction of respondents. The atmosphere in the group at this point in therapy is comfortable and didactic. Child A enacted her role in the "here-and-now', engaging in dialogue with her parents. Child D enacted his role, also in the "here-and-now", engaging in dialogue with his parents. The first role-play presented child A as angry, upset and out of control. The second role-play involved the researcher talking through the technique with the child in communicating with her parent (child D). This role-play proved more successful than the first. The child was much calmer, she understood the point of view of the parent. She stated that she really enjoyed the role-play because she hated having to fight with her parents and she will utilise the technique at home. Her dealing with the emotions in the "here-and-now" will help her deal with the situation when it arises at home and achieve positive outcomes.	Child A was comfortable with the group process and the role-play. She participated in the role-play in the "here-and-now" and had good comprehension and understanding of what was required of her with the utilisation of the technique.
Conflict resolution: Role- play Child A assumed the "resolver" and the "aggressor" role in her role-play scene enacted with child D. In the role-play child A was the diabetic child who did not adhere to the diabetic diet while child D was the concerned parent. They were requested to engage in role-play regarding adherence and without the utilisation of the rational intuitive conflict model. They were then requested to engage in role-play utilising the model. Feedback regarding their emotions was then requested following completion of each role-play scene.		

Contact with self and environment	Assessment	Role and participation in the group
CHILD B: Child B remains in contact with his environment and himself. His awareness continuum is still intact.	At this stage child B is comfortable with the group dynamics and the respondents' feedback. According to his parents, the child on joining the group was not exhibiting any behaviour problems. Subsequent sessions however confirmed that the child was experiencing more than the parents noticed. This session was also one where the issues in coping with the illness came to the fore. The child experienced his response to the role-play in the "here-and-now". His response to child C in the role play was filled with emotion and anger and focused on his parents not understanding him, expecting him to cope with the illness, independent of their support. The role-play was then re-enacted with implementation of the conflict resolution techniques. The child was then able to problem-solve, remain calm and communicate his feelings of isolation and anger. He also stated that this allowed him to view another's point of view.	Child B still experiences the interaction in the group as positive and interesting. He still maintains a strong leadership role in the group.
Conflict Resolution- Role play		
Child B played the role of "resolver" and the "aggressor". He was asked to respond to a concerned parent who was played by child C. The same procedure was utilised as with child A, with the first role-play excluding the conflict resolution technique and the second including it.		

Contact with self and environment	Assessment	Role and participation in the group
Child C: Child C is still enjoying the progressive body relaxation and the therapeutic mileu of the group. Her sense of awareness is still in contact with the group and the process.	Child C being one of the most verbal and extroverted in the group welcomed the idea of role-play. She prepared to take on her roles namely, as child and as parent with commitment and enthusiasm. Child C also had a chance to be a parent therefore polarities in this child would be balanced. She would be able to approach the conflict scene at home with hindsight and judgement. She did enact her child role in the "here-and-now" and following implementation of the technique, presented a calm and rational response to child A who was the parent in this role-play. The researcher is also of the opinion that the catharsis in session four also assisted this child with release of her latent anger, therefore her response at this point was controlled. She enjoyed the progressive body relaxation and safe place exercise following the role-play.	Child C is still actively involved in the group process. She responded positively to her roles as parent and as child and enjoyed the acting in both roles.
Conflict Resolution: Role-play		
Child C played the child role in this role-play after having also played the parent role with child B. The role-play was initially enacted without the implementation of the conflict resolution techniques and then repeated with implementation.		

Contact with self and environment	Assessment	Role and participation in the group
CHILD D: Child D has developed positively through the group sessions. He has grown to trust the group process and its participants. This is confirmed by the voluntary closing of his eyes during the relaxation exercises. He is now in total contact with himself and his environment.	Child D being the quietest and the most introverted, initially took a few minutes to verbalise his anger and emotions at child A , who was the parent. With prompting and guidance by the researcher the child proceeded to verbalise his discontent with his parents, who nagged him constantly about his diet. He stated in the role-play that it made him feel that he could not be trusted and this made him feel sad. He also verbalised his unhappiness with being treated differently from the other siblings and at school. His anger with and without the technique showed neglible difference. The researcher attributes this to session five where child D pummelled and punched the clay releasing suppressed emotions and anger. Child D enjoyed the progressive body relaxation and safe place exercise at the conclusion of the session.	Child D's role in the group has grown positively. His initial hesitation with the role - play was only momentarily. Once comfortable with the role-play he presented confident and out-spoken in the ensuing role- play and all other activities.
Conflict Resolution: Role-play Child D played the child role in this role - play after having played the parent role with child A. The format of enactment was utilised with child D.		

The researcher enjoyed the role-play exercises in this session. The respondents were each given a chance to be a "child " and a "parent" in the role-play. The researcher felt that this emphasised the polarities by enhancing to the respondents the view and feelings of the child as well as the parent, so that conflict situations would be resolved having a knowledge base of both sides.

Oaklander (1988:157-158) states that an integration, reconciliation or synthesis of one's opposing sides, positive and negative is a pre-requisite to a dynamic and healthy life process. This session focused much on integration of polarities with views of both child and parent being verbalised, allowing for integration.

Oaklander (1988:158) is also of the opinion that polarities are an inherent aspect of everyone's personality. The researcher is of the opinion that with increased awareness, self–actualisation and acceptance of one's self comes greater inner strength and opportunity for self-determination.

4.3.9 GROUP SESSION TEN

4.3.9.1 Aims/Goals Of The Session

- Termination party;
- Handing out of attendance certificates to respondents (See Appendix 5).

4.3.9.2 Discussion Of Session

There was no therapy implemented in this session. The researcher did the rounds by asking respondents to share their experiences as being part of the group. Responses were positive and encouraging. There were requests from respondents and parents for continued therapeutic intervention.

4.4 POST-TEST RESULTS FOR THE RESPONDENTS

Following the progressive body relaxation exercises the respondents were handed the post-test questionnaires for completion.

4.4.1 CHILD A

Table: 12 Pre-and Post-Test Results for Child A

VARIABLE	BEFORE	AFTER
ANGER	80%	30%
REBELLION	60%	20%
UNDERSTANDING OF THE ILLNESS	50%	90%
FEAR OF THE ILLNESS	50%	10%
SITUATIONS OF CONFLICT	70%	40%

A comparison of pre-test and post-test results for child A reveal the following: Anger had decreased from 80% to 30%, rebellion had decreased from 60% to 20%, understanding of the illness had increased from 50% to 90%, fear of the illness had decreased from 50% to 10% and situations of conflict had decreased from 70% to 40%.

Child A's post-test results indicate that therapeutic work rendered in the sessions impacted positively on the child and her emotional development, regarding the illness. A significant decrease in anger and rebellion was noted. This indicates further the successful attainment and mastery of the different layers of neuroses. The progression of the child from the phoney layer to the explosive layer within a controlled, therapeutic environment allowed safe and supportive guidance through the different layers. Gestalt group work techniques enabled the child to close gestalts regarding the illness thus facilitating closure and organisimic control.

4.4.2 CHILD B

Table 13: Pre- and Post- Test Results for Child B

VARIABLE	BEFORE	AFTER
ANGER	60%	20%
REBELLION	50%	10%
UNDERSTANDING OF THE ILLNESS	60%	90%
FEAR OF THE ILLNESS	50%	20%
SITUATIONS OF CONFLICT	70%	30%

A comparison of pre-and post-results for child B reveal the following: anger had decreased from 60% to 20%, rebellion had decreased from 50% to 10%, understanding of the illness had increased from 60% to 90%, fear of the illness had decreased from 50% to 20% and situations of conflict had decreased from 70% to 30%.

The post-test results for child B indicate that anger and situations of conflict were significantly affected by the therapeutic group process. The techniques allowed the child to progress through the different layers of neuroses and deal with unfinished business regarding the illness. The eventual attainment of the explosive layer by child B allowed the child to experience significantly fewer situations of conflict. For child B the group sessions allowed him to experiment with behaviour which was congruent with the presenting emotions. It allowed him to balance his polarities and face the difficulties that the illness presented.

4.4.3 CHILD C

Table 14: Pre- and Post- Test Results of Child C

VARIABLE	BEFORE	AFTER
ANGER	70%	20%
REBELLION	70%	40%
UNDERSTANDING OF THE ILLNESS	30%	80%
FEAR OF THE ILLNESS	90%	30%
SITUATIONS OF CONFLICT	70%	40%

A comparison of pre-and post-results for child C reveal the following: anger had decreased from 70% to 20%, understanding of the illness had increased from 30% to 80%, rebellion had decreased from 70% to 40%, fear of the illness had decreased from 90% to 30% and situations of conflict had decreased from 70% to 40%.

For child C gestalt group work techniques played a major role and assisted with her understanding of her anger towards being a juvenile diabetic, as well as having a better understanding of the illness. The sessions allowed the child to understand the effects on her physical and psychological well-being. The techniques assisted the child simultaneously with release and experience of her anger thus showing a marked decrease in this aspect. The positive interaction of the child allowed her to progress through the different layers of neuroses and attain the explosive layer. The techniques allowed the child to achieve awareness regarding her anger towards the illness and the ways in which this anger hindered her development. The group sessions enabled the child to close gestalts relating to the illness.

4.4.4 CHILD D

Table 15: Pre- And Post-Test Results for Child D

VARIABLE	BEFORE	AFTER
ANGER	70%	20%
REBELLION	60%	10%
UNDERSTANDING OF THE ILLNESS	40%	90%
FEAR OF THE ILLNESS	80%	10%
SITUATIONS OF CONFLICT	60%	20%

A comparison of pre-and post-test results of child D reveal the following: anger had decreased from 70% to 20%, rebellion had decreased from 60% to 10%, understanding of the illness increased from 40% to 90%, fear of the illness had decreased from 80% to 10% and situations of conflict decreased from 60% to 20%.

Child D showed marked improvements in all aspects of the variables. Gestalt group work provided a two-fold function for the child. It provided him with the necessary skills required to cope with the illness and increased his self-esteem and self-confidence. This conclusion is supported by his pre-test and post-test results and his positive progressive development in the group. A study of his interaction within the group will show that he had developed from an introverted and withdrawn child to an individual who was confident and contributed significantly to the group process. Gestalt group work techniques facilitated the closing of open gestalts. The negative energy that was utilised for these open gestalts was converted to positive energy which resulted in a stronger self.

4.5 SUMMARY

The initiation of the group sessions proved a difficult task as subjects were unresponsive to invitations by the researcher. However, continual contact with Parklands Diabetic Clinic proved successful in identifying subjects for the group. The comparison of the pre-and post-test results of the respondents indicate that therapeutic group intervention for juvenile diabetics should be recommended as part of the diabetic regime. It is of utmost importance that psycho-social aspects of the juvenile diabetic is dealt with as stress presents a major obstacle in terms of adherence and control.

Oaklander (1988:285) states that groups have the advantage of being a kind of insulated little world in which present behaviour can be experienced and new behaviours tried out. This was true in this group, as each session involved trying out new behaviours amidst individuals they had come to trust.

This atmosphere of trust and experimentation allowed the respondents to become what they are and did not foster unrealistic expectations to be nurtured, thus allowing healthy and positive change to occur within the respondents.

The results from the empirical study clearly emphasise the need for therapeutic intervention with juvenile diabetics. Conclusions and recommendations will be discussed in chapter five.