

EXPLORING THE PSYCHOSOCIAL PROBLEMS OF CHILDREN RESIDING IN
SHELTERS FOR ABUSED WOMEN AND THEIR CHILDREN IN THE CAPE
METROPOLITAN AREA: A GESTALT APPROACH

by

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DECLARATION

I declare that “**EXPLORING THE PSYCHOSOCIAL PROBLEMS OF CHILDREN RESIDING IN SHELTERS FOR ABUSED WOMEN AND THEIR CHILDREN IN THE CAPE METROPOLITAN AREA: A GESTALT APPROACH**” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

SIGNATURE

(B A Badenhorst)

DATE

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To the God of Hope, the Prince of Peace, my Rock and my Redeemer - Thank you!

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ABSTRACT

The aim of this study was to explore and describe the psychosocial problems perceived (their phenomenological field) by children in middle childhood, living in shelters in the Cape Metropolitan Area.

The psychosocial problems included poor self regulation as a result of disturbances in the contact cycle, restrictions in shelters negatively impacting the holistic sense of self, barriers hindering relationships with significant others and the continuation of violence into the participants' broader field. The experience of multiple losses and persistence of violent behavior within and without the shelter context was a thread that ran through this study.

Current literature provided an overview of the theoretical underpinnings of this study which included the key tenets of Gestalt therapy theory, core Gestalt principles, the child living in a shelter and development in middle childhood. A qualitative research approach with a case study of ten children from three shelters was implemented.

KEY TERMS

Domestic violence

Shelters

Children

Psychosocial problems

Middle childhood

Gestalt therapy theory

Case study

Field

Self

Contact making styles

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CHAPTER 1

INTRODUCTION AND OVERVIEW OF STUDY

1.1 INTRODUCTION

In this study the researcher's intent was to explore the psychosocial problems perceived by children (aged between seven and twelve) living in shelters, as a result of domestic violence, in the Cape Metropolitan area. Domestic violence is estimated to take place in one out of three South African households (Kruger, 2004:153) and is one of the most pervasive and serious public health problems in the country (Martin & Jacobs, 2003:4). Research conducted within the United Nations Children's Fund (2006:7) has estimated that between 500 000 and 1.3 million children (under the age of 18) are exposed to domestic violence in South Africa (SA). Some of these children and their mothers find a temporary place of safety (between three to six months) at shelters for abused women. The term "shelter" will refer to "shelters for abused women and their children" throughout this study.

Research has indicated that children living in shelters experience a wide range of psychosocial problems, which are the psychological aspects of an experience (thoughts, emotions and behaviours) interacting with the wider social experience (relationships, environment and culture) (Morgan, 2007:2). These children endure the stress of forced relocation (Jarvis, Gordon & Novaco, 2005:398) and adjustment to shelter life (Spilsbury, Belliston, Drotar, Drinkard, Kretschmar, Creeden, Flannery & Friedman, 2007:488). Feelings of loss over the control of their physical environment, personal freedom, privacy and space are common experiences (Anooshian, 2005:374; Schaefer & Kaduson, 2006:173). In addition children often need to cope with the loss of a family member, resulting in emotional and structural changes that may lead to critical disruptions in the parent-child relationship (Huth-Bocks, Schettini & Shebroe, 2001:21). Other experiences include economic distress, increased victimisation by peers, high

levels of social isolation and violence (Amerson, 2008:111; Anooshian, 2005:373).

In addition to being in shelters, children that have been exposed to domestic violence are negatively affected in multiple domains. These include internalizing and externalizing behaviours, academic functioning, socialization (Lang & Stover, 2008:619) and inconsistent parenting practices Holden and Ritchie (cited in Graham-Bermann & Hughes, 2003:191). Children witnessing violent behaviour are traumatized and may show signs of posttraumatic stress even though they were not the principal victims (Monahan, 1993:13; Sadock & Sadock, 2003:627). Domestic violence has a distinctive influence on individual children, with dramatically different perceptions recorded with siblings on shared experiences (Cunningham & Baker, 2004:35). Cunningham and Baker (2004:35) argue that merely knowing that there has been exposure to domestic violence does not contribute to the understanding of how a specific child is functioning in a shelter environment.

Being homeless (living in shelters) and having being exposed to domestic violence contributes to increased stress (Page & Nooe, 2002:217) and has a “differential impact” on developmental stages (Cunningham & Baker, 2004:39). Children in middle childhood (aged between seven and twelve) will experience low self esteem, guilt and shame compared to those in early childhood, who are sad and worry about their mothers (Cunningham & Baker, 2004:40). In middle childhood the self is not differentiated, but is embedded within the family and societal field where contact boundary processes are predominantly shaped through introjections and by being in confluence with their environment (McConville, 2001:39). Gestalt therapy theory views developmental theory as an integration of the whole field. The field in Gestalt therapy theory sees all “phenomenon as inextricably linked” (Nevis, 2000:20). Gestalt therapy theory incorporates the dynamic interrelationship between the individual and the biological, psychological and social dimensions in which they exist, also known as the life space, “a map of the developing person’s phenomenological field” (McConville, 2001:30).

The developing individual can only be understood within the environment of which they are a part (Clarkson, 2004:9). The wider social experience and environment for children living in shelters in the Cape Metropolitan area is distinctive. Abuse against children is disproportionately higher compared to other areas in SA according to Redpath (cited in Dawes, 2006:17). In the Cape Metropolitan area, gang activity is endemic and children are exposed to high levels of armed violence (Dawes, 2006:11; van Wyk & Theron, 2005:51). The abuse of drugs and higher prevalence rates for risky drinking is greater than in other province in the country (Parry, 2005:1).

1.2 RATIONALE FOR STUDY AND PROBLEM FORMULATION

Babbie and Mouton (2001:103) explain that the rationale or motivation for the study is the reason why the researcher has decided to embark on the particular topic. Children exposed to domestic violence and living in shelters have a varied range of needs and problems (Stephens, McDonald & Jouriles, 2000:150). Due to the subjective nature of their experience, each child's phenomenological perspective is critical because potentially significant factors explaining the exposure may not be available from any other source than the child (Spilsbury *et al.*, 2007:497). Studies on psychosocial problems and in particular the child's perceptions thereof have been largely omitted from research. In SA extensive research has focused on the "direct" victims (the mothers) of domestic violence but the children have failed to receive the necessary attention (Singh, 2005:36). This has been the researcher's own experience working in a shelter as an intern Gestalt play therapist, where the children had not received any therapeutic intervention. Jarvis *et al.* (2005:400) argue that due to the high risk of trauma experienced by children living in shelters, an early intervention is demanded. Shelters offer a unique opportunity to listen and counsel (Park & Khan, 2000:347).

The research problem, according to Fox and Bayat (2007:22), is the difficulty or concern within a practical or theoretical situation that requires a solution. The problem formulation is the specific statement of the problem that can be addressed through research (Merriam, 2002:11). The following is the problem formulation for this study.

Children living in shelters have to cope with adjusting to temporary life quarters, dealing with the effects of being exposed to domestic violence, socio-economic pressures as well as resolving developmental tasks. Disruptions in the child's normal development may result in unmet needs and fragmentation which hinders healthy functioning and growth, resulting in failure to adjust and to complete developmental tasks which may continue to disturb the individual in adult life (Blom, 2004:24; Clarkson, 2004:8). Despite shelters providing physical needs and offering safety, and at times general counselling for children, more specifically targeted psychotherapeutic interventions are needed (Jarvis *et al.*, 2005:400; Park & Khan, 2000:329).

The exploration and description of children's perceptions of psychosocial problems could identify potential avenues for psychological intervention within that context (Spilsbury *et al.*, 2007:497). Children that are exposed to domestic violence and do not receive intervention are at higher risk of becoming victims or perpetrators in the future (Osofsky, 2003:168). Clarity is needed on the perspectives of their field (living in shelters) to enable practitioners to plan and intervene in this neglected area of service.

1.3 RESEARCH GOAL AND RESEARCH QUESTION

The term 'goal' is defined as the object of effort (Collins English Dictionary, 1988, u.w.'goal'). The research goal was to understand the phenomenological field, specifically psychosocial problems, as perceived by children in middle childhood, residing in shelters in the Cape Metropolitan area. It was the researcher's intention to contribute to dialogue, discourse and extend the knowledge on

psychosocial problems for therapeutic support and intervention for children living in shelters. This study was of limited scope but could serve as a pilot study for future research. The study was not about researching interventions in shelters or the development of implications for therapeutic intervention.

According to Babbie and Mouton (2001:73) the research question is formulated from the problem statement and is the general question about the process under study (Holloway, 1997:138). While the research question is developed at the beginning of the study the researcher should be flexible and able to adapt, as the process of formulating and modifying is ongoing in qualitative research (Holloway, 1997:138). The following research question was formulated for this study.

What are the psychosocial problems perceived (subjective reality) by children residing in shelters in the Cape Metropolitan area?

A research aim can be defined as the wider more encompassing end or effort to which one is directing the study (Fouché & De Vos, 2005:104). The general aim was to explore and describe the psychosocial problems perceived (their phenomenological field) by middle childhood children, living in shelters in the Cape Metropolitan area in order to provide recommendations for professionals working in this environment.

The research objectives according to Fouché and De Vos (2005:104) are the more specific means or the steps taken that will enable the researcher to achieve the overall goal.

The following objectives were set:

- To provide a conceptual framework including Gestalt therapy theory, developmental theory and psychosocial problems of children living in shelters.

- To conduct an empirical study by means of collecting evidence through semi-structured interviews and documents using elements of the Hero Book, a psychosocial tool (Morgan, 2006), and to conduct data analysis by examining, categorizing and conducting a literature control to verify the research findings.
- To provide a summary, conclusion and recommendations for applications for professionals working with children living in shelters.

1.4 THEORETICAL FRAMEWORK AND PARADIGM FOR STUDY

The paradigm or approach is a frame of reference that guides scientific activity in observing and understanding the nature of social reality (Delpont & Fouché, 2005:262; De Vos, 2005a:40). The researcher has adopted and worked from a Gestalt therapy theory paradigm, which includes field theory, the phenomenological method of enquiry and holism. Morrow (2007:212) describes the paradigm as a 'net' containing the researcher's array of assumptions. The following assumptions form part of this study.

The ontological assumption is the view one takes on the nature of reality. In Gestalt therapy theory the field is "a set of principles, an outlook, a method, and a whole way of thinking that relates to the intimate interconnectedness between events and settings or situations in which these settings take place" (Parlett, 2005:47).

The epistemological assumption addresses how that reality is known including the relationship between investigator and participants (knower and known). Reality in Gestalt therapy theory includes the objective world or the world that goes on without the person, as well as the reality created from what is wanted or needed. Organisms are more intimate with the world they make (their subjective reality) than the independent existence, which is a more abstract notion (Latner, 1986:26). The Gestalt approach therefore embodies the individual's

phenomenology, which is their lived experience (Wojnar & Swanson, 2007:173) and how they give meaning to “their perceptions, their experience and their existence” (Clarkson, 2004:5). The researcher adopted the phenomenological method of enquiry. This means staying as close as possible to the individual’s experience, describing the what and the how, while bracketing the researcher’s own belief’s, assumptions and explanations (Babbie & Mouton, 2001:31; Barber & Brownell, 2008:57; Joyce & Sills, 2001:16) through dialogue.

The axiological assumption concerns the values one places in research. Gestalt therapy theory views the individual holistically and emphasises person-to-person dialogue with an ‘I-Thou’ attitude. Adopting this attitude involves treating participants with real respect, value, as unique and free of the researcher trying to control the outcome of the sessions. The process and the participants are not treated as a means to an end but as individuals desiring connection in the here and now (Mackewn, 1997:82).

The methodological assumption transpires from all the other assumptions and is about how knowledge is gained. Knowledge or experience in Gestalt therapy theory takes place when there is contact between the organism and the environment or field (Perls, Hefferline & Goodman, 1951:227), and in this study took place within the existential dialogical relationship (between the researcher and the participant).

1.5 RESEARCH STRATEGY

1.5.1 RESEARCH APPROACH

The research approach adopted for this study was qualitative as it enabled the researcher to understand the meanings that children living in shelters made of their experiences and gave these hidden victims a voice (Morrow, 2007:210).

More specifically the research is an interpretive qualitative approach as the researcher has attempted to find the meanings that individuals attach to their experiences and interactions with their social worlds (understand how children make sense of their experiences). Within an interpretive qualitative approach the researcher is considered the primary instrument for the collection and analysis of data (Merriam, 2002:5; Poulin, 2007:436).

1.5.2 TYPE OF RESEARCH

The two types of research that exist are founded on their relevancy in either increasing the knowledge base of a subject known as basic research or in bringing about change in a problematic situation, known as applied research (Fouché & De Vos, 2005:105; Graziano & Raulin, 2004:58). The aim of this study was to explore and describe the psychosocial problems perceived by children in middle childhood in shelters in the Cape Metropolitan area, in order to develop a more comprehensive understanding of their experiences and behaviour, and would therefore constitute applied research (Fouché & De Vos, 2005:105; Fox & Bayat, 2007:10).

The study has an exploratory and descriptive component. The exploratory component was to gain insight (Bless & Higson-Smith cited in Fouché & De Vos, 2005:106; Hesse-Biber & Leavy, 2006:206) and comprehension (Babbie & Mouton, 2001:80). According to Babbie and Mouton (2001:80) exploratory studies are suitable for more recurrent phenomena. A descriptive component provided a thorough examination of the data (Fouché & De Vos, 2005:106; Hesse-Biber & Leavy, 2006:206) through accurate and precise accounts (Babbie & Mouton, 2001:80).

1.5.3 RESEARCH DESIGN

The research question guides the choice of research design to collect and analyse data (Creswell, Hanson, Clark Plano & Morales, 2007:238; Morrow, 2007:211). Babbie and Mouton (2001:74) describe a research design as the plan

or blueprint of how the research is going to be carried out. In qualitative research direct experience is a source of knowledge (Haverkamp & Young, 2007:272). According to Merriam (2002:8) what characterises a case study is the unit of analysis which in this study is the children's perceptions of their problems. The focus of the case study is on the issue within the cases selected in order to understand the issue (Creswell *et al.*, 2007:238). Besides the detailed description of cases in the analytic approach, the setting of the cases within contextual conditions Yin (cited in Creswell *et al.*, 2007:238) is involved in case study research.

In order to provide an in-depth understanding of the research phenomenon, the researcher adopted an instrumental (cases which illuminate the problem) case study strategy, a bounded system in time (temporary period of residence in a shelter) and place (shelter office) (Fouché, 2005:272; Merriam, 2002:8). The purpose was to provide a rich description and contextual understanding of the phenomenological data (Creswell, 2005:39; Merriam, 2002:4). Cases selected were based on selection criteria, and by utilizing a multiple-case design (multiple case studies illustrating an issue) the procedure was replicated for each case Yin (cited in Creswell *et al.*, 2007:246).

1.6 RESEARCH METHODOLOGY

1.6.1 UNIVERSE AND POPULATION

Strydom (2005:192) defines the universe as the possible study elements with the necessary characteristics that the researcher is interested in studying. The population according to Strydom (2005:192) is a smaller unit of study within the universe that has the specific attributes required by the researcher.

Powers (cited in Strydom, 2005:193) defines the population (all middle childhood children exposed to domestic violence living in shelters in the Cape Metropolitan area) as a group of entities, the object of research (Fox & Bayat, 2007:51) that

sets boundaries on the universe (all middle childhood children exposed to domestic violence living in shelters in the Western Cape).

1.6.2 SAMPLING

Non-probability sampling according to Graziano and Raulin (2004:420) includes any sampling procedure where one subject has a higher probability of being selected above another. The utilisation of non-probability sampling in this study resulted in some children being selected, while others had no chance of selection (Fox & Bayat, 2007:58). This selection method was convenient due to the unpredictable and transient nature of shelter residents and to ensure the safety of potentially vulnerable participants (Fox & Bayat, 2007:58).

The researcher consulted with the shelter social workers in selecting the sample from the population, thereby utilizing the non-probability, purposive (judgemental) sampling procedure (Hesse-Biber & Leavy, 2006:70; Strydom, 2005:202). Sampling continued until the data became redundant and theoretical saturation had taken place. Saturation of data takes place in terms of generalising to theoretical propositions and not to populations (Yin, 2009:15).

Pertinent to qualitative studies is the importance of describing the research participants in enough detail, including basic demographics, psychological variables and the context. This provides readers with clarity on the significant characteristics and is vital in ascertaining the relevance of findings for other samples and contexts (Ponterotto & Grieger, 2007:413).

The inclusion criteria for participation in this study were:

- Children between the ages of seven and twelve (Middle childhood)
- Resident at a shelter for minimum of 1 month
- Ability to communicate in English or Afrikaans
- Male or female
- Exposed to domestic violence

1.6.3 DATA COLLECTION

An adequate amount of data upholds the trustworthiness of data or rigor in terms of amount (sufficient information rich cases) and type of data (a variety in kinds of evidence) Morrow (cited in Ponterotto & Grieger, 2007:415; Morrow, 2007:219).

The selection process should be driven by the sufficiency of data and not numbers (Morrow, 2007:217). The data collection utilised multiple information sources including in-depth semi-structured interviews, drawings (Yin, 2009:101) and observations recorded in field and theoretical notes (Creswell, 2003:185; Fox & Bayat, 2007:75). Field notes are a written account of researcher's observation of the participants' behaviour and activities at the research site (Creswell, 2003:185) characterised by distinct words, phrases and actions (Fox & Bayat, 2007:74). Theoretical notes give theoretical status to the observations by providing an interpretation of the observational notes. This inductive process takes place by listening (without assigning categories), comparing (with observations of other children) and interpreting (giving meaning to what was observed) (Fox & Bayat, 2007:75). The use of multiple sources referred to as data triangulation assisted the researcher in providing greater confidence as the accuracy of the data was strengthened (De Vos, 2005c:361).

Interviews generally attempt to understand and discover the participants' lived world and reveal the meaning of their experiences from their point of view (Fox & Bayat, 2007:73; Kvale cited in Greef, 2005:287). In this study, in order to give the interview focus and structure, an interview schedule based on elements of a South African psychosocial tool, the Hero Book, was used (Morgan, 2006). The Hero Book encourages children to think not only of problems in their bodies but also outside in their community, world and structures (Morgan, 2006). It includes projective techniques that attempt to uncover the child's perceptions of their problems.

According to Levin-Rozalis (2006:520) projections have the power to get to the root of emotions, behaviours or desires beyond manifest cognition or rational explanations. Other projective techniques utilized were incomplete sentences and three wishes.

After consent has been obtained from the shelters, mothers and participants, all the sessions were video and audio recorded; transcribed and accurate field notes were made after each session, ensuring trustworthiness of the study (Creswell, 2005:189). All data was securely stored at the researcher's private residence where data was only accessible to the researcher (Creswell, 2005:189).

1.6.4 DATA ANALYSIS

According to Anfara, Brown and Mangione (2002:31) analysis brings meaning, structure and order to data. Data analysis is an "ongoing, merging and iterative or non-linear process" (Henning, 2004:127). The analysis and interpretation of data took place in order to generate findings (Fox & Bayat, 2007:104) utilizing the Creswell's application of Tesch's method (Creswell, 2003:192).

After the typing of texts from the interviews and field notes (transcription), the process of data analysis began with the collation of the texts into different types according to their source. A general sense of the data was gained through reading the material, reflecting on the overall meaning and recording general notes and thoughts in the margin (Creswell, 2003:191; De Vos, 2005b:337). The data generated was then organised, explored and key concepts recorded (De Vos, 2005b:335; Hesse-Biber & Leavy, 2006:347) by dividing the data into more meaningful and smaller units (Henning, 2004:127).

According to Henning (2004:129) the classification of data is not neutral but is guided by the research objectives. The classification process takes place when data is assigned to categories and formal connections between them are identified Dey (cited in Henning, 2004:129). Themes within each case study and

then common themes transcending all cases were recognized Yin (cited in Creswell *et al.*, 2007:248). Meaning was derived from the data in a methodical, comprehensive and rigorous manner and not according to the quantity and frequency with which something occurred (Henning, 2004:127). The classification of data laid the conceptual foundations on which the interpretations and explanations were based (Henning, 2004:129).

Once the raw data was categorised and significant themes and patterns were identified the data was coded (De Vos, 2005b:338; Henning, 2004:105). The process of coding data is the organisation of material into chunks and involved the use of colours as a coding scheme (De Vos, 2005b:338).

After the data was coded the researcher explored and challenged the understandings by searching for negative instances of patterns, regularities, peculiarities and variations (De Vos, 2005b:338; Henning, 2004:129). New patterns were identified and formed the basis for a new description of the data (Henning, 2004:128) demonstrating how the “gestalt of the findings sheds light on the phenomena” (Ponterotto & Grieger, 2007:413).

Throughout the process a deep immersion in the data ensured adequate interpretation Morrow (cited in Ponterotto & Grieger, 2007:415). Ponterotto and Grieger (2007:415) assert that “Thick description leads to thick interpretation’ which in term leads to thick meaning”. The meaning or interpretation of data was exercised through the theoretical lens of Gestalt therapy theory (Creswell, 2003:195) and was verified with literature findings (Fouché & Delport, 2005:84).

Recommendations, limitations of the study and possible future research opportunities are included in the research report in Chapter 5 (De Vos, 2005b:339).

The validity, also known as trustworthiness, refers to determining the accuracy of the findings of a study from the viewpoint of the researcher, participants or the readers (Creswell, 2003:196). Measures for the trustworthiness for this study

were based on Lincoln's and Guba's (1985) criteria of credibility, authenticity, transferability, dependability, and confirmability (De Vos, 2005b:345; Whitemore, Chase & Mandle, 2001:527).

- Credibility

Credibility, the qualitative alternative to internal validity, is the conscious effort to establish confidence by maintaining accuracy when describing and deriving meaning from the data Carboni (cited in Whitemore *et al.*, 2001:530). Credibility was maintained throughout the study by maintaining prolonged engagement and persistent observation through an initial contact meeting, three sessions for each of the ten participants followed by a time of play to establish and maintain the relationship (Whitemore *et al.*, 2001:533). In-depth descriptions of the children's perceptions with attention to their experiences and the context of the research (Morrow, 2007:219) were provided.

- Authenticity

Authenticity, closely associated with credibility in validity, involves research that depicts the lived experiences and meanings perceived by the participants (Whitemore *et al.*, 2001:530). The researcher attempted to remain true to the participants by adopting the phenomenological method of enquiry and staying as close as possible to the individual's lived experience, while bracketing the researcher's own beliefs, assumptions and explanations (Joyce & Sills, 2001:16).

- Transferability

Transferability, the qualitative alternative to external validity or generalisability, refers to findings that are contextual and therefore unique which can't be generalized to greater populations but can be transferred (Mestry, 2004:126). This can effectively be done when referring back to concepts and models within a theoretical framework that have guided the research. The theoretical

parameters for this study were Gestalt therapy theory. The replication of findings to another context with consistency can take place within the same parameters, sample and setting (De Vos, 2005b:346; Mestry, 2004:127). The triangulation of data, which included multiple data sources such as in-depth semi-structured interviews, drawings and observations recorded in field and theoretical notes, contributed toward the generalisability of the study (De Vos, 2005b:346).

- Dependability

Dependability, the qualitative alternative to reliability, ensures that changes in the phenomenon under study are accounted for (De Vos, 2005b:346). The researcher critically evaluated the data by investigating negative instances and biases (Whittemore *et al.*, 2001:531).

- Confirmability

Confirmability refers to whether the findings can be confirmed by another. Objectivity is the criterion. The researcher's interpretation was valid and grounded in the data as there was a consistent endeavour to maintain integrity throughout the process. The study included multiple cases, from three different shelters and more than one method of data collection thereby intensifying the value for use in other settings.

1.7 IMPACT OF THE STUDY

The Department of Social Development “aims to ensure the provision of comprehensive, integrated, sustainable and quality social-development services to combat vulnerability” (Department of Social Development, 2008). The identification and description of psychosocial problems as perceived by children in middle childhood residing in shelters will contribute to a better understanding of their needs. This intends to contribute to dialogue, discourse and the

extension of knowledge on psychosocial problems for therapeutic support and intervention

1.8 ETHICAL ASPECTS

Babbie and Mouton (2001:520) argue that the researcher needs to be aware of what is generally agreed upon as proper or improper when conducting scientific inquiry. This requires careful consideration of all aspects of the research.

- Avoiding any harm

Babbie and Mouton (2001:522) maintain that the researcher “look out for the subtlest dangers and guard against them.” The social worker or head of the shelter identified potential participants. The researcher endeavoured to be sensitive and alert to any emotional distress of participants throughout the study. In the study the researcher recognized signs of distress and the need for additional therapy. These children were referred to the social worker for individual therapy. Only those children who had been at the shelter for a month were eligible for the study. This was to ensure that the child was better established and secure within the shelter environment.

- Informed consent

Informed consent is the principle where, once the researcher has provided sufficient and relevant information about the research, the research participants make the decision whether they would like to be part of the study (Graziano & Raulin, 2004:67). The credibility of the researcher, procedures followed and the advantages and disadvantages of the research form part of the informed consent (Strydom, 2005:59). The shelters (refer to Appendix 1), mothers (refer to Appendix 2) and participants (refer to Appendix 3) received a consent letter stating the duration of the research, the procedures to be followed, advantages and disadvantages and the right to non-participation and withdrawal.

- Privacy, anonymity and confidentiality

The researcher, according to Strydom (2005:61), has the important task and responsibility of safe guarding the privacy and identity of the respondents. Confidentiality implies the handling of material in a confidential manner (Strydom, 2005:61). The researcher ensured the anonymity and confidentiality of each participant by not including their identity on documentation. All records including recorded material were stored in a secure location. The shelter manager and mothers were provided with assurance of anonymity of the institution, the mothers and the participants in the respective consent letters.

Anonymity according to Strydom (2005:61) ensures the privacy of subjects. The term privacy points to personal privacy (Strydom, 2005:61) and the right to privacy being the right to decide what and how much the participant is willing to reveal Singleton (cited in Strydom, 2005:61). The consent letters for the shelters, mothers and participants expressed the right to participate, share and withdraw from the study without any penalty whatsoever.

- Deception

Babbie and Mouton (2001:525) maintain that the handling of the researcher's identity can be a delicate matter as this knowledge may affect the research outcome. The consent letter stated the purpose of the research, namely to explore the problems that children in shelters experience. Deception is also an issue relating to the research process and the recording of findings in report form (Strydom, 2005:65). The researcher confirms that the entire research process was conducted correctly and that the findings were not deceptive.

- Adequate skill and competence

The researcher needs to be adequately skilled and competent to conduct the research (Strydom, 2005:63). This is particularly relevant to this study, as the

participants have undergone trauma. The researcher has been equipped through her field of study to identify and deal with emotional distress, and informed the social worker of participants needing individual therapy.

- Beneficence

A final ethical aspect of significance for this study was the issue of beneficence. A rewording of this principle in the form of a fundamental ethical question is “will the benefits of the research outweigh the risks to the participants?” (Mertens & Ginsberg, 2008:490). Not only was this principle applied regarding the immediate effect on the participants in this study, but it also dictated the rules as to how the research was conducted and used (Mertens & Ginsberg, 2008:497). As a matter of justice the principle of beneficence was applied as the researcher was responsible in perceiving the participants’ responses clearly, translating data authentically and presenting the findings in the same way. Research findings are also accessible to participants and regarded as a basic right (Mertens & Ginsberg, 2008:497).

1.9 DEFINITIONS OF MAIN CONCEPTS

1.9.1 SHELTERS

A shelter, the term used for shelters for abused women and their children in this study, is a temporary place of residence where abused women and their children may live for a period of two weeks to six months (Department of Social Development, 2008). The duration of the stay is dependent on the needs of the resident. The shelter is a facility that enables women to recover from their abuse in a contained and safe environment and make the necessary decisions and arrangements for their future without being threatened (Groenewald, 2006:51). The facility according to the Department of Social Development (2008) provides short-term crisis intervention, which covers three areas of necessity. The first is the provision of the resident’s basic needs such as shelter, protection, food and

clothing. The second is support and counselling, and the third includes skills development (Department of Social Development, 2008). Shelters are run by Non Governmental Organisations (NGO's) with limited financial support provided by the Department of Social Development.

1.9.2 PSYCHOSOCIAL PROBLEMS

The term “psychosocial problems” is an all-encompassing term and includes the psychological aspects of an experience (thoughts, emotions and behaviour) that interact with the wider social experience (relationships, environment and culture) (Morgan, 2007:2). Psychosocial problems therefore refer to two domains, the psychological and social.

For the purpose of this study, psychological problems will include trauma reactions, which comprise emotional (fears), behavioural (regression of skills and behaviour) or cognitive (intrusive thoughts) signs, evident as a result of a traumatic event or events. According to Monahon (1993:1) trauma is the “occurrence of the unthinkable” as it fills the unsuspecting child with terror and shock. Monahon (1993:1) argues that even though a traumatic event may be brief it becomes an emotional event that may take a long time of struggle to overcome. Social problems may include stressful life events such as abject poverty, abuse in the home and adjustment to relocation.

1.9.3 A GESTALT APPROACH

The German term Gestalt means a whole or a complete pattern, arrangement or form that when broken destroys its very nature (Mackewn, 1997:15). Gestalt philosophy and theory construe individuals as patterned wholes that reveal an interrelationship among elements that can only be studied in relationship to parts of each other and to the whole (Yontef & Jacobs, 2005:306).

A Gestalt approach would view people as continuously making patterns and wholes of what they see. In the same way people have the urge to organise and

make meaningful wholes out of their psychological experiences. Once there is closure to an emotional experience there is a sense of completion or wholeness. The opposite is true if one is unable to organise the experience and achieve closure. The person inherently attempts to bring about completion of what is unfinished and feels discomfort until this is achieved (Mackewn, 1997:16).

Central to the understanding of a Gestalt approach is that each whole organism exists in the context of the total environment, known as the field (Korb, Gorrell & Van De Riet, 2002:5). The completion of 'gestalten' or 'figures' takes place against the background of the field and upon closure becomes part thereof (Mackewn, 1997:16).

The philosophical approach of phenomenology is an essential construct in the Gestalt approach. By focusing attention on the immediate experience, phenomenology seeks the source of knowledge, free of any assumptions or presuppositions (Clarkson, 2004:15). With this approach the study explored children's realities of the world through their own eyes (Meyer, Moore & Viljoen 2002:328).

1.9.4 MIDDLE CHILDHOOD

The stage of development between the ages of seven and twelve years, according to Louw, van Ede and Louw (1998:322), is known as middle childhood. This is the stage of development before the onset of puberty and the adolescent stage. This stage of development is considered a period of relative calm and stability but an important phase where children attain a better understanding of their worlds and themselves (Louw, van Ede & Louw, 1998:322).

Typical reactions to domestic abuse exposure in middle childhood include a range of negative affects on emotion (guilt, shame, self-esteem), cognition (pro violence attitudes, academic problems), behaviour (conduct problems and aggression) and socially (lower quality friendships) (Cunningham & Baker,

2004:40). General trauma reactions at this stage include anxieties and fears, retelling of the event, intrusive images, loss of concentration and being distracted (Monahan, 1993:52). At this stage trauma will have a direct impact on their understanding of their world and their self-concept. This understanding may continue to influence how they understand, adapt and cope in later developmental stages (Cunningham & Baker, 2004:39).

1.10 OUTLINE OF RESEARCH REPORT

CHAPTER 1: INTRODUCTION AND OVERVIEW OF STUDY

CHAPTER 2: CONCEPTUAL FRAMEWORK: KEY TENETS AND
THEORETICAL ASSUMPTIONS OF GESTALT THERAPY
THEORY

CHAPTER 3: CONCEPTUAL FRAMEWORK: THEORETICAL ASSUMPTIONS
OF THE CHILD IN A SHELTER AND DEVELOPMENT IN
MIDDLE CHILDHOOD

CHAPTER 4: EMPIRICAL INVESTIGATION AND LITERATURE CONTROL

CHAPTER 5: INTEGRATED SUMMARY OF CONCLUSIONS, LIMITATIONS
AND RECOMMENDATIONS

1.11 CONCLUSION

The first chapter was an introduction to and overview of the study. The rationale and problem formulation substantiated the choice of topic and gave rise to the research question and goals discussed. The theoretical framework and paradigm provided the underlying assumptions of the research design. The objectives of the study outlined the steps necessary for the implementation of the research methodology. Ethical considerations and the impact of the study were discussed and the main concepts defined.

The second and third chapters form the conceptual framework for the study. Chapter 2 will provide a comprehensive understanding of the key tenets and theoretical assumptions of gestalt therapy theory applicable to the study. The third chapter will include theoretical assumptions of the child in a shelter and development in middle childhood.

CHAPTER 2

CONCEPTUAL FRAMEWORK: KEY TENETS AND THEORETICAL ASSUMPTIONS OF GESTALT THERAPY THEORY

2.1 INTRODUCTION

An introduction to and overview of the study was presented in the first chapter. The function of this chapter is to provide a framework for the specific and agreed upon meanings of concepts relevant to this study (Babbie, 2007:125). The chapter provides a concise consideration of the main tenets of Gestalt therapy theory. An overview of the core theoretical perspectives of Gestalt therapy theory significant to this study is also considered.

2.2 KEY TENETS OF GESTALT THERAPY THEORY

Gestalt therapy theory is a holistic theory maintaining that humans are intrinsically orientated toward growth and self regulating (Clarkson, 2004:20). They cannot be understood as separate from their environment (Clarkson, 2004:29). Evans (2007:194) states that the field, phenomenology and holism are the key tenets of Gestalt therapy theory and based on a postmodern epistemology which is integral for the study and will be discussed.

2.2.1 THE FIELD

The field in Gestalt therapy theory provides the viewpoint for understanding “how the world is organized, how it works, how to observe this organization, and how change happens” (Parlett, 2005:84). The entire theoretical structure of Gestalt therapy theory is interwoven in and based on an understanding of the field concept (Yontef, 1993:289).

According to Philippson (2001:226) the field in Gestalt therapy theory begins with the whole. The field is made up of interacting forces where each part affects the whole field. In turn the whole affects every part of the field (Yontef, 2002:19). People can only be understood from a holistic perspective as interactive and connected wholes in their socio-cultural and ecological environment (Mackewn, 1997:49). The field therefore looks at the total situation recognizing the complexity and respecting and affirming the wholeness (Mackewn, 1997:49).

Due to the Gestalt assertion that the individual cannot be understood in isolation the capacity to attend to cultural differences, historical background and social perspectives exists within a Gestalt framework (Mackewn, 1997:50). From a Gestalt therapy theory perspective the complex and interactive phenomena in this study are not reduced to separate component parts but are addressed and investigated as organized, interconnected, interdependent and interactive in nature (Parlett, 1991:69).

The field is phenomenologically defined and is dependent on the investigator and what is being studied. The field can therefore vary from the study of atoms to a child within a particular environmental context (Yontef, 1993:294). The field in the phenomenological enquiry (participant and researcher) is a holistic arrangement of physical and psychological factors in the specific context. The field includes the internal world of the participant, the external environment and the dynamic interrelationship between the two (Joyce & Sills, 2001:24).

The field has multiple factors and mutual influences that occur in interaction, and one-way linear causality is too simplistic an interpretation (Yontef, 1993:295). Human behaviour is therefore understood as arising as a function of the collective work of the field as a whole and not to a single cause (Mackewn, 1997:49).

Parlett (1991:70) identified five principles that govern the field. These principles assist in the understanding of how the field provides a way of knowing and making sense of human experience.

- The principle of Organization

From a Gestalt field therapy theory perspective “meaning of the single fact depends upon its position in the field” Lewin (cited in Parlett, 1991:70) and meaning of a small event becomes evident as knowledge of the wider context evolves (Parlett, 1991:70). Meaning is derived from looking at the total situation including all facets and aspects. Who a person believes they are is based on their interaction with their environment at that moment (Philippson, 2001:16).

- The principle of Contemporaneity

The present is what is the most important in the field, not the past or future. This is the Gestalt principle of the 'here-and-now'. Memories of the past have affect as they are brought into the 'here-and-now', as do expectations and hopes, which are called the future (Parlett, 1991:71).

- The principle of Singularity

Meaning is individually constructed, as no two fields are alike, each is unique and is not repeated (Parlett, 1991:71; Philippson, 2001:16).

- The principle of Changing Process

Each field is continually changing. Experience is provisional and not permanent (Parlett, 1991:72).

- The principle of Possible Relevance

Any part of the field is possibly relevant to the situation of interest and no part of the field however mundane is to be omitted (Parlett, 1991:72).

Philippson (2001:22) identified distinctive properties of the field. The field is predictable in a sense. There are certain laws that govern the universe and are regular, form patterns, are predictable, observable and memorable. This predictability gives meaning to the self due to a constant objective universe that the individual interacts with and with which homeostasis (balance) is found (Philippson, 2001:23).

On the other occasions, Philippson (2001:24) argues, the field is unpredictable. The implication for contact boundaries of an unpredictable universe is that while certain facets may be under one's control, others are not. The self needs to be creative in order to adapt to a changing environment and establish homeostasis (Philippson, 2001:24).

The field is also complex. It would not suffice to say that the universe is either predictable in its entirety or unpredictable. There is a mix of predictable and unpredictable as patterns exist but are never repeated exactly as what had happened before. As the field changes so too are patterns able to suddenly change. The capacity to be shaken up by this complex interplay, to be fragile in a sense, is the key to growth Dossey (cited in Philippson, 2001:26).

The field perspective calls for the consideration of human experience and behaviour in relation to a wider context including the family, social, economic or even impersonal forces (Parlett, 2005:51).

2.2.2 PHENOMENOLOGY

One of Gestalt's primary methods of enquiry is the phenomenological method. The term "method" is a path towards understanding and not the following of mechanical procedures to achieve results (Pollio, Henley & Thompson, 1997:28).

According to Gestalt therapy theory reality for an individual is the organised reality of their experience. What is sensed and perceived is immediately organised and the individual's awareness is part of the field and the field is part

of the individual's awareness (Nevis, 2000:22). Nevis (2000:22) maintains that reality and experience are inseparable. According to the phenomenological assertion each individual interprets a uniquely different reality because each situation is given an exclusive affect and subjective meaning. This premise asserts a multiplicity of subjective interpretations of reality (Mackewn, 1997:59) and leaves no possibility for the establishment of absolute truth other than the truth found in the patterned relationships of what is made known in immediate experience (Crocker, 2009:26). Phenomenological thought is that experience is the basic reality (Lobb, 2008:53).

A phenomenological enquiry however doesn't only focus on the meanings of the perceiver (subjective reality of the individual) but includes the objective. This involves systematic sensory observation, hypothesis testing by observing, repeated phenomenological focussing and experimentation. This however is not simply objective but is always from a unique perspective (Yontef, 2005:89).

Phenomenology includes the ability to relate to the environment in an immediate way through the use of the senses. According to Yontef (2002:16) the phenomenological method is "a discipline to identify and enhance direct, immediate experience and to reduce the distortion of bias and prior learning." The phenomenological method offers a practical way of discovering an array of alternative perspectives by setting aside one's own predictably partial perception (Mackewn, 1997:59) while exploring the field. In a phenomenological investigation the ground of learning and experience of the researcher prompts the content of questions but this ground must not provide the answers. The answers can only be provided by the participant's experience and these facts (their experience) alone ought to guide the interpretation of what they mean (Crocker, 2009:26). Being open to the "given", a technical phenomenological term, refers to the method of putting aside or bracketing preconceptions of reality, the data and the process involved in the understanding of individual's perceptions. This helps to lessen contamination between the perceiver and the perceived (Yontef, 2005:94).

Joyce and Sills (2001:18) identify three main components that guide the phenomenological method enquiry, with a fourth essential aspect discussed.

- Bracketing

Bracketing is achieved by recognising and learning what preconceptions are present in a situation and leaving them behind or bracketing them off (Philippson, 2001:227). Attitudes and judgements are also identified and, as best as is possible, set aside (Joyce & Sills, 2001:17) while concentrating instead on an understanding of the immediate experience (Mackewn, 1997:60).

- Description

This process includes being aware (through the senses) of what is immediately obvious and describing it (Joyce & Sills, 2001:19).

- Horizontalism

Horizontalism also known as equalization maintains that all occurrences are construed as equally important and no one happening is more significant than the next (Joyce & Sills, 2001:20).

- Active curiosity

By showing an active interest in the process and participant the meanings given are explored and clarified providing a crucial understanding of lived experiences (Joyce & Sills, 2001:17-21).

2.2.3 HOLISM

The principle of holism is based on the notion that the whole is greater than, and different from, the sum of its parts (Kepner, 2001:38). More than the accumulation of parts, the whole has a fundamental unity of its own (Kepner,

2001:38). Latner (1986:5) uses the analogy of water being greater than two hydrogen and one oxygen molecule to explain the concept.

When looking at an individual holistically their physical, emotional, cognitive, cultural and social expression functioning is a unified representation as they are all aspects of the same entity in time and space (Kepner, 2001:38; Latner, 1986:5).

A holistic approach therefore focuses on the whole person and recognizes that each person organizes and experiences events distinctively and is “more than an add-sum composite of behaviours, perceptions or dynamics” (Korb *et al.*, 2002:9).

A gestalt by definition incorporates the qualities of completeness and meaning (Korb *et al.*, 2002:9). A holistic approach verifies the involvedness of persons and events and takes all the pertinent dimensions into account (Korb *et al.*, 2002:10). When viewing an individual holistically, interactions aren’t limited to a given moment but consideration of different contexts of time and situation are taken into account (Yontef, 2005:85).

The central theoretical perspectives of Gestalt therapy theory applicable to this study will be discussed. These include the self, contact and the Gestalt interpretation of healthy functioning.

2.3 CORE THEORETICAL PERSPECTIVES OF GESTALT THERAPY THEORY

2.3.1 THE SELF

2.3.1.1 INTRODUCTION

The self in Gestalt therapy theory is a complex concept because it is a part of the organism that is hard to pin down and is transient in nature (Kepner, 2001:10). The terms 'self' and 'person' are often confused because the term 'self' is often used to refer to the person, such as "I made it myself" (Polster, 2005:21). According to Kepner (2001:10) the self is seen rather as a fluid process and not a fixed structure or object that can be defined in relation to a set of characteristics. The self is not a stand-alone entity and can only be understood in its relationship to and in contact with the environment (Chidiac & Denham-Vaughan, 2009:43). It can be described as "the system of contacts or interactions with the environment" (Kepner, 2001:10).

The self doesn't exist prior to or apart from relationship with the environment (Chidiac & Denham-Vaughan, 2009:43) and has no meaning outside of the predictability, unpredictability and complexity of the field. The universe does not only give form to the self but the self emerges from the relationship between person and environment (Philippson, 2001:26). The self is found in contrast to otherness, like day can only be understood in contrast to night, so the self can only be understood through the field Perls, Hefferline and Goodman (cited in Philippson, 2001:19).

The self, then, is the power in the contact process that forms the gestalt in the field or the figure/background process at the contact boundary (Perls *et al.*, 1951:374). The self exists whenever and wherever there is contact at a boundary and can be defined as "a complex system of contacts necessary for adjustment in the difficult field" (Perls *et al.*, 1951:373). It is constantly changing and adjusting as it responds to the field and the changing needs and goals within the field (Chidiac & Denham-Vaughan, 2009:43). The self may be regarded as the boundary of the organism that belongs to both the environment and organism at it contacts with both (Perls *et al.*, 1951:373).

2.3.1.2 PURPOSE OF THE SELF

Meaning according to Gestalt therapy theory is the relationship between the figure and the ground (Yontef, 2005:88). The purpose of the self is to organize up-and-coming and changing experiences to make them meaningful. This is achieved through the process of forming a figure against a background (Chidiac & Denham-Vaughan, 2009:43). The figure and ground form the field and the organization of the field is called the 'self function' and coexists with the 'self structures' of the 'id', 'ego' and 'personality'. These structures function as a closely entwined process through which the organism makes contact with the field (Chidiac & Denham-Vaughan, 2009:44).

- The id

The starting point of the figure formation is the id function. The field is largely undifferentiated and needs, interests and wants are not in awareness. This can be confusing, tense and disorientating (Chidiac & Denham-Vaughan, 2009:43). At this point the person is particularly open to bodily awareness and for the unexpected from the environment. The contacting process can fail at the id function when there is an impoverished field that lacks possibilities for the fulfilment of physical or emotional needs. Here a fantasy world may be established to nourish the individual (Philippson, 2001:128). As the id function develops self formation begins to come together and the individual begins to personally grasp what the place and moment in time means (Chidiac & Denham-Vaughan, 2009:44).

- The ego function

The ego function is the clear identification of the figure and the alienation of things not needed into the background. It is the making of a choice in response to our needs or interests (Chidiac & Denham-Vaughan, 2009:44). The identification of what is interesting or of need in the environment becomes the figure. What is not needed at present or of no interest becomes the ground (Philippson, 2001:227). When there is excitement and awareness then this figure

ground formation is meaningful (Yontef, 2005:88). This is the figure/ground process.

- The personality function

This is the slow moving aspect of self that contains all the meaning created from an accrual of experience. It forms a ground from which other aspects of self are organized.

2.3.1.3 THE SELF ADJUSTING TO A DIFFICULT ENVIRONMENT

The formation of self and growth come through contact or interaction with the environment. Through contact the self looks for and finds what is needed for development and survival and then assimilates the experiences useful for growth and change and rejects or alienates what cannot be assimilated. Within this process of contact, growth and development in a particular environment, aspects of the self can become problematic. An example is when a child's need for love is met with rejection (Kepner, 2001:13). Kepner (2001:13) acknowledges that the self doesn't need a perfect environment for growth. However, a repeated negative response (constant criticism), a single event where a child's natural impulse is met with threat (crying when hungry results in a look of hatred) or double binds (parents give two opposite messages at the same time such as parental rebuke for teasing others but parents themselves tease child) can have a critical effect on the forming self. When faced with a hostile environment an individual is forced to cope with the conflict between survival and aspects of the developing self. Aspects of the self that the environment rejects become alienated. The want for love or acceptance becomes alienated or disowned. These disowned aspects of the self may be behaviours, needs or capacities, which continue to exist but are repressed and kept out of the individual's awareness. The self is the integrating function of the organism and for the integration of the different parts of the person to occur, these parts need to be accessible to the self. This lack of integration results in fragmentation and consequently unhealthy functioning (Kepner, 2001:43).

According to Korb *et. al.* (2002:6) a clear perception in the here and now (the immediate present) results in “good gestalten”. When there are unfinished experiences either from the past or concerns about the future these compete for attention and interfere with a clear perception of the present.

2.3.1.4 POLARITIES

It is with polarities that the self organizes, defines and describes functions that are owned or rejected (disowned). Kepner (2001:25) defines polarities as “sets of qualities or images in opposition.” Each person has a variety of polarities such as the capacity for kindness and cruelty. The distinction between healthy and unhealthy functioning in Gestalt therapy theory is that the healthy person is able to own the variety of aspects of their self functioning such as the kindness and cruelty, and to accept the existence of non desirable aspects.

2.3.2 CONTACT

2.3.2.1 INTRODUCTION

Polster and Polster (1999:228) define contact as the “instrument of connection” between the individual and the environment. Growth takes place at the point of contact (Perls *et al.*, 1951:373). Things do not make contact with things. “It is the contact that is the simplest and first reality” Perls *et al.* (cited in Philippson, 2001:226). The contact boundary isn’t separate from what is on either side of it like a wall between two gardens. It is not a thing but a process that causes differentiation. The contact boundary is part of the field of whatever is on either side of it either causing separation or unity (Philippson, 2001:14). The organism both maintains its separateness from its environment at the boundary, and finds the fulfilment of its needs and stays alive within that environment. A person isn’t defined in terms of something “inside” but according to the contact with the person/environment field. In this field the person continuously makes choices and adjusts creatively in order to live and grow (Philippson, 2001:15). Being in touch with what is emerging here and now, and moment by moment, is making

contact. The energy for assimilation and growth at the contact boundary is known as awareness. It is the non-verbal sensing or knowing what is occurring in the here and now, leading to figure formation (Joyce & Sills, 2001:27). Full awareness is the process of being in vigilant contact with the foreground with full sensory, cognitive, emotional and energetic presence. It implies taking responsibility for sensations perceived, for feelings felt, for thoughts that were conceptualized and for directing action in accordance with conscious choices (Yontef, 1993:12).

2.3.2.2 CONTACT STYLES

The most constant aspect of human functioning is the continual interaction with the environment in order to fulfil needs. The process of self-regulation is the result of a balance between the organism and the environment. Figures of interest force the organism to find completion in the environment through its behaviour. Once the need is met the figure recedes into the background and a new interest emerges. Though the above is a simple explanation of contact there are basic processes that form a sequence in contact known as the cycle of experience or contact cycle. The cycle describes a succession of interactions from a field/organism perspective. From a phenomenological perspective the cycle highlights what the organism is experiencing as the foreground at particular points of contact (figure of the moment) (Kepner, 2001:90).

The cycle is a continuous process and begins with the first stage known as sensation or the background from which the functioning is organised. Mobilization is the next stage where a rush of energy forces the figure into action. Action is the behaviour or movement that brings one into contact. The figure is complete in the contact stage where needs are satisfied. The fading of the figure into the background is known as withdrawal, the last phase in the sequence (Kepner, 2001:92). Regular interruptions (out of awareness) cause needs to be unresolved in the contact cycle, and result in unhealthy functioning or poor organismic self regulation (Kepner, 2001:93).

2.3.2.3 DISTURBANCES IN THE CONTACT CYCLE

Also known as boundary disturbances, the interruptions at the contact boundary between the organism and environment can be seen as fixations which interfere with healthy functioning. In Gestalt therapy theory these disturbances are understood as self-regulating acts that include defensive functions. They become unhealthy when they are fixated on the impossible or non-existent, prevent awareness and the meaningful assimilation of needs and experiences (Clarkson, 2004:54). Listed below are interruptions to contact which may occur at any stage in the cycle.

- Desensitization

This dysfunction in the sensation phase occurs when physical bodily sensations or external stimuli such as pain or extremes in temperature are blocked out from the environment (Clarkson, 2004:55).

- Deflection

In the awareness phase, deflection occurs when the organism isn't fully aware of their own needs or the demands and invitations of the environment (Clarkson, 2004:55). It involves turning away from direct contact with an individual or environmental aspects (Mackewn, 1997:27). The emergence of a new figure is disturbed by not paying attention or deliberately diverting attention (Clarkson, 2004:54).

- Introjection

Dysfunction in the mobilisation phase can occur when there is an insufficient or excessive mobilization of energy. An inability to mobilise energy could be a response to toxic introjects from an abusive or neglectful parent. Introjection involves the acceptance of opinions, attitudes or instructions uncritically. Indirect influences such as parental styles or cultural norms may also cause introjections

(Joyce & Sills, 2001:125). According to Joyce and Sills (2001:125) there is strong pressure to conform with the introject and an uncomfortable feeling when opposing it.

- Projection

This interruption occurs principally in the action phase of the cycle when action is taken but not to fulfil the primary organismic need (Clarkson, 2004:56). When children project they deny or repress an emotion or quality and ascribe it to others (Mackewn, 1997:27).

- Retroflection

When an action doesn't utterly, energetically and vividly discharge or connect properly in the final contact phase retroflection occurs. The action intended for an external stimulus is turned back onto the individual (Clarkson, 2004:57).

- Egotism

This interruption is "characterised by the individual stepping outside of himself and becoming a spectator or commentator on himself and his relationship with the environment" (Clarkson, 2004:64). As a result of this disruption the individual isn't able to relish the richness or fullness of an experience (Clarkson, 2004:57). Deliberate introspection and self vigilance, results in the slowing down of spontaneity, to avoid making a mistake or being silly (Mackewn, 1997:27).

- Confluence

When an individual is hesitant to let go of a previous situation or rushes onto a new figure, no rest or withdrawal can take place. An individual is in confluence when the boundary between himself and his environment or another person is blurred and lessened. It may appear that the same feelings and thoughts

between two individuals are shared, when actually they have become less aware of their own (Sharf, 2004:245).

A primary way of disrupting the relationship between the individual and the environment is known as splitting. This interruption in contact is a result of an overwhelming or excessively confusing environment that the person is unable to manage by either simplifying it or making it less insidious. In the interaction with the environment the person can have more than one self (a process not a thing). Each self develops from a different way of relating to the environment (Philippson, 2001:64).

2.3.3 HEALTHY FUNCTIONING IN GESTALT THERAPY THEORY

In healthy functioning the self is dynamic and flexible as it responds to the demands of the individual and environment. The specialized actions and capabilities, known as contact functions, are intuitive of the self, and the term contact functions and self can essentially be used interchangeably (Kepner, 2001:10). The contact functions are the means by which the individual interacts with environment to satisfy needs and to make adjustments to fluctuations in the environment.

Optimal functioning involves the full availability of the individual's contact functions acting in response to the shifting requirements of interaction with the environment. In contrast, when the contact functions are unavailable to awareness, the dynamic interaction with the environment does not take place and the individual fails to adjust to changing demands. The inability to make contact with the environment results in a fragmented and disorganized experience of self and of the environment (Kepner, 2001:11). When healing takes place after trauma, the task is marked by the integration of the fragmented aspects (trauma memory) into the individual's sense of self (Kepner, 2003:53). The trauma memory once outside the boundary of self is included as the boundary expands to take it in. The "I" boundary firms up when the individual

reconsolidates (assimilates fragments into one's sense of self) and adapts to reality (Kepner, 2003:54)

In Gestalt therapy theory the single criteria for healthy functioning is the establishment and abolition of gestalts (Latner, 1986:51). There are social conditions that do not allow the organism to move freely to satisfy their needs (Latner, 1986:51). If the organism lives in an impoverished field then the quality of their gestalt will be characterised by impoverishment and inadequacy (Latner, 1986:85). In these circumstances closure is still achievable by acknowledging the unfulfilled need, and experiencing and expressing induced emotions. Frustration, grief and disappointment are typical emotions related to the embracing of unmet needs (Mackewn, 1997:17). Satisfaction however doesn't come from the being happy or well fed but from being in touch with one's life as it is being lived. Even in the direst circumstances one is healthy if there is the realisation that an alternative exists in maintaining a consciousness of life as it is lived (Latner, 1986:86).

2.4 CONCLUSION

The paradigm guiding the observation and understanding of children's perceptions of their psychosocial problems for this study is the holistic approach of Gestalt therapy theory. The fundamental tenets are the field, the phenomenological method of enquiry and holism. In order for a thorough understanding of the child from a Gestalt therapy theory perspective the self, contact and healthy functioning as core principles were incorporated within the theoretical assumptions forming the first part of the conceptual framework of the study. The second part of the conceptual framework, found in chapter 3, is a discussion on the pertinent aspects of the child living in a shelter together with developmental facets relevant to the child in middle childhood.

CHAPTER 3

CONCEPTUAL FRAMEWORK: THEORETICAL ASSUMPTIONS OF THE CHILD IN A SHELTER AND DEVELOPMENT IN MIDDLE CHILDHOOD

3.1 INTRODUCTION

In chapter 2, the first part of the conceptual framework for this study, Gestalt therapy theory was discussed in relation to the key tenets, as well as the core theoretical perspectives relevant to the study. In the first section of this chapter a comprehensive synopsis of the main theoretical assumptions of the child living in the shelter will be presented. Besides an exploration of the mother-child relationship, the impact of the exposure of domestic violence and the child's broader environment are discussed. Middle childhood as a developmental stage, principally from a Gestalt perspective, is examined in the latter section of this chapter. Development with particular focus on the parent-child relationship and other factors significant for a developmental understanding of the child in a shelter are considered. Chapter 3 forms the second part of the conceptual framework which together with the chapter 2 provides the foundation on which this study is based.

3.2 THE CHILD IN A SHELTER

3.2.1 THE SHELTER ENVIRONMENT

Shelters are residential facilities offering temporary interventions for women and children in crisis (Groenewald, 2001:5). The principle provision of these shelters is a safe environment. There are nine registered shelters with the Department of Social Development and numerous unregistered shelters in the Cape Metropolitan area.

The majority of residents at shelters for abused women and their children are children and not women. Most shelters however treat children as “attachments” to the primary client (the mother) at best and as “hidden” at worst (Park & Khan, 2000:324). Children enter shelters in crisis and are less equipped, compared to their mothers, to deal with their situation (Park & Khan, 2000:329). The level of childcare services available to children in shelters varies a great deal. Where services are available for children, they are often minimal (Park & Khan, 2000:329). Each shelter has their own system of working with and caring for the children, as some mothers go to work off the shelter premises. In some shelters the mothers take turns doing after school care and stimulating the children, others have a shelter coordinator and some use volunteers (Park & Khan, 2000:334). Counselling services for children vary depending on resources available (Park & Khan, 2000:335). In the majority of shelters in the Cape Metropolitan area counselling services for children do not exist.

3.2.2 THE MOTHER IN THE SHELTER

3.2.2.1 INTRODUCTION

Women find low cost or free accommodation in the secure and supportive environments of shelters. These women are more likely to have experienced more severe abuse in terms of intensity, compared to other abused women who are also victims of domestic violence but who do not seek out shelters Saunders (cited in Panuzio, Taft, Black, Koenen & Murphy, 2007:178).

Domestic violence, also known as intimate partner violence, refers to the violence between intimate adult partners (Spilsbury *et al.*, 2007:487). According to the Domestic Violence Act, 116 of 1998 domestic violence means:

- a. physical abuse
 - b. sexual abuse
 - c. emotional, verbal and psychological abuse
 - e. economic abuse
 - d. intimidation
 - e. harassment
 - f. stalking
 - g. damage to property
 - h. entry into the complainant’s residence without consent
 - i. any controlling or abusive behaviour towards a complainant
- (Government Gazette, 1998)

Mothers in shelters may experience poor maternal psychological functioning determined by measures of depression, anxiety, psychoticism and posttraumatic stress disorder (PTSD) symptoms. This is positively associated with behaviour problems in children (Panuzio *et al.*, 2007:178) as traumatized mothers have few resources for parenting (Humphreys, Mullender, Thiara & Skamballis, 2006:55). Elevated levels of anger have been found in abused women (Jarvis *et al.*, 2005:389). According to findings with women in shelters psychological aggression is a stronger predictor of PTSD than physical assault (Panuzio *et al.*, 2007:177).

3.2.2.2 THE MOTHER-CHILD RELATIONSHIP IN THE SHELTER

Besides violent victimization, families in shelters experience stressors associated with the relocation and adjustment to life in a shelter (Spilsbury *et al.*, 2007:488). The mother-child relationship may play a key role in the adjustment of children as the quality of the relationship may either buffer or exacerbate the adverse effects of exposure to domestic violence (Jarvis *et al.*, 2005:391). The difficulties of transition for a child from their home to shelter life may be eased by a positive and supportive mother-child relationship (Jarvis *et al.*, 2005:398).

Domestic violence is not an isolated event but occurs within the family and affects broader family functioning Jaffe (cited in Huth-Bocks, Levendosky & Semel, 2001:271). Parenting is negatively impacted by domestic violence Levendosky and Graham (cited in Jarvis *et al.*, 2005:391). Mothers who have been abused show impoverished parenting skills or maternal warmth which is associated with child antisocial behaviour (Jarvis *et al.*, 2005:391). Children exposed to domestic violence perceive less parental support than children not exposed Mc Closkey (cited in Jarvis *et al.*, 2005:391). Psychological aggression detracts from the mother's parenting ability to a larger extent than physical abuse (Panuzio *et al.*, 2007:183).

Negative life events and daily hassles were found to predict lower quality parenting including being less responsive, more limiting and corrective (Mcloyd, Aikens & Burton, 2006:732). Mothers who are poor are more likely to use power assertive techniques in disciplining (less reasoning and more physical punishment) and are generally less supportive of their children (Mcloyd *et al.*, 2006:732). Parents living in poverty are more likely to have neglecting and authoritarian parenting skills are less likely to be authoritative. Inadequate practices may be as a result of ignorance of children's needs (Bee & Boyd, 2007: 414).

3.2.2.3 PSYCHOSOCIAL BARRIERS TO HEALTHY MOTHER-CHILD RELATIONSHIPS

Potentially the most damaging and stressful of all experiences faced by homeless families that affect their engagement with wider society is the stereotypical and often degrading images by which they are viewed by others. These families are not seen in terms of their potential but through the lenses of dysfunctional and negative behaviours and processes (Swick, 2008:150).

The isolation from enriching activities with relatives, neighbours, classmates and friends limits children's ability to grow and learn and the lack of social contacts impedes parenting in terms of skills acquired and support needed (Swick, 2008:150). The lack of resources for empowering relations may not directly cause poor parent-child relations but where there is no support, difficulties in responding to stressors of family life are intensified. Mothers feel less confident and report feelings of hopelessness regarding their parenting (Swick, 2008:151).

The parent-child relationship is marred as a result of a parental lack of knowledge of how to foster caring relations with their children. Many mothers have themselves endured abuse as children and the dearth of consistent nurturing with loving adults which was never modeled to them. This is exacerbated when they are faced with added stressors (Swick, 2008:151).

Psychosocial barriers to meaningful mother-child relationships include the poor self development of homeless mothers who often have not had adequate education, life skills, capable mentors and healthy social input (Swick, 2008:151).

3.2.2.4 FACTORS UNDERMINING THE MOTHER-CHILD RELATIONSHIP IN A SHELTER

As a result of the added demands of children suffering from emotional distress, their needs for emotional security may be in conflict with their mother's struggle for emotional survival Radford and Hester (cited in Humphreys *et al.*, 2006:55). Research conducted on parental stress found more negative and less positive parenting behaviours (Huth-Bock & Hughs, 2008:244)

In certain homes where domestic violence occurs mothers physically punish their children, thinking that if they don't then the perpetrator will inflict greater damage. All the children know is that they are being hit and they find it difficult to comprehend their mother's complex reasoning (Humphreys *et al.*, 2006:56).

When children intervene to defend their mothers the normal adult-child role is reversed and the mother's role as protector is undermined especially where the child's own safety is threatened (Humphreys *et al.*, 2006:56). Children often interpret the abuse as their mother not being able to defend themselves let alone their children (Humphreys *et al.*, 2006:55). Hearing emotional abuse such as name calling and intimidation belittles women in their children's eyes and often undermines the mother's authority and respect needed for effective parenting (Humphreys *et al.*, 2006:55). Resentment and anger, due to constant moving, changing schools and loss of friends, may be targeted at the mother, and not the father, because the mother is the one forced to relocate (Humphreys *et al.*, 2006:56).

Within the safety of the shelter environment the rehabilitation of the mother-child relationship may be hindered by what Humphreys *et al.* (2006:57) call a "conspiracy of silence". Mothers and their children in shelters emerge from an

environment dominated by secrecy, silence and fear. Mothers often don't speak to their children after finding safety because they want to protect them from the full knowledge of the situation. The children also fail to speak about their experiences because they have learned that certain things aren't spoken about and they don't want to add to their mother's distress. This conspiracy of silence may continue to undermine the already vulnerable mother-child relationship even after the abuse has ended (Humphreys *et al.*, 2006:58).

Despite the often damaged and strained relationships between mothers and their children in the aftermath of domestic violence, the mother is still reported to be the single most important source of help and support reported by children (Humphreys *et al.*, 2006:57).

3.2.3 DEFINING EXPOSURE TO DOMESTIC VIOLENCE

In the Western Cape 16-21% of children have been exposed to domestic violence (Dawes, 2006:26). Exposure to domestic violence is a multidimensional concept that can be characterized in a number of ways which may have significant implications for children's reactions (Holden, 2003:155). Holden (2003:155) acknowledges that domestic violence is not a homogenous phenomenon that would affect each child in the same way. According to Holden (2003:151) children's exposure to domestic violence can be placed into ten categories as tabulated below.

Table 3.1 Taxonomy of Children's exposure to domestic violence described by Holden (2003:152).		
Type of exposure	Definition	Examples
Exposed prenatally	Real or imagines effect of domestic violence on the developing fetus	Fetus assaulted in utero ; pregnant mother lived in terror; mother perceived the domestic violence during pregnancy affected fetus
Intervenes	The child verbally or physically attempts to stop the assault	Asks parent's to stop; attempts to defend mother
Victimized	The child verbally or physically assaulted during an incident	Child intentionally injured, accidentally hit by thrown object
Participates	The child is forced or "voluntarily" joins in the assaults	Coerced to participate; used as spy; joins in taunting mother

Eyewitness	The child directly observes the assault	Watches assault or is present to hear verbal abuse
Overhears	The child hears, though does not see the assault	Hears telling, threats or breaking of objects
Observes the initial effects	The child sees some of the immediate consequences of the assault	Sees bruises or injuries; police; ambulance; damages property; intense emotions
Experiences the aftermath	The child faces changes in his life as a consequence of assault	Experiences maternal depression; change in parenting; separation from father; relocation
Hears about it	The child is told or overhears conversations of the assault	Learns of the assault from mother, sibling, relative, or someone else
Ostensibly unaware	The child does not know about the assault, according to the source	Assault occurred from home or while children were away; or occurred when mother believed child was asleep

3.2.4 PSYCHOLOGICAL, BEHAVIOURAL AND COGNITIVE IMPACT

Children in middle childhood typically experience fear and anxiety, depression, low self esteem, guilt, shame and post-traumatic stress disorder in reaction to domestic violence exposure Carlson (cited in Cunningham & Baker, 2004:40). Clinically significant internalizing of problems such as depression and anxiety were found in 47% of homeless children compared to 21% in children with homes Buckner (cited in Schaefer & Kaduson, 2006:163). These children experience stress as they anticipate anger from their fathers. Guilt is often the result of the father using their behaviour to start an argument with their mothers or because children feel defenseless in protecting their mothers (Park & Khan, 2000:337).

The negative behaviour of children in shelters may be more extensive due to separation from their home environment and disruptions in living arrangements (Panuzio *et al.*, 2007:178). Externalizing behaviours include aggression and oppositionality (conduct problems, disobedience) (Cunningham & Baker, 2004:40; Rodriquez, 2006:199). Homeless children compared to peers who do have homes exhibit more delinquent and aggressive behaviour (Schaefer & Kaduson, 2006:163). Destructive behaviour such as throwing tantrums, swearing or destroying things are also recorded (Park & Khan, 2000:337). Research demonstrates that behaviour problems in childhood, related to domestic

violence, predicts violent behaviour including the perpetration of relational violence in adulthood. This places children exposed to domestic violence at risk for long and short term behavioural difficulties (Panuzio *et al.*, 2007:177).

Cognitively children in middle childhood have more understanding than young children, they blame themselves, have academic problems and pro-violent attitudes (Cunningham & Baker, 2004:40). Greater cognitive deficits (Huth-Bock & Hughs, 2008:243), developmental delays and depressed language skills were evident in clinical observations of homeless children (Davey & Neff, 2001:281). Learning difficulties were diagnosed at double the rate in homeless children (Schaefer & Kaduson, 2006:164).

3.2.5 SOCIAL IMPACT OF EXPOSURE TO DOMESTIC VIOLENCE

Empirical studies on school children exposed to domestic violence indicated poorer social competence and more sensitivity to conflict than children in non-violent homes (Huth-Bock & Hughs, 2008:243). Repetitive maladaptive coping patterns due to overwhelming and stressful life experiences impair individual and social competence. Effective functioning in shelters, school and in social situations is negatively impacted by maladaptive responses to perceived stressful situations (Davey & Neff, 2001:281).

Relational problems and social isolation in homeless children is often the result of their violence and aggression (Anooshian, 2005:373). Children exposed to domestic violence are more aggressive in their interaction with peers Graham-Bermann and Levendosky (cited in Anooshian, 2005:374) and normally have fewer and lower quality peer relationships (Cunningham & Baker, 2004:40). High levels of inappropriate aggression have an effect on the ability to resolve conflicts and victimization by peers which may ultimately result in social withdrawal from relationships (Anooshian, 2005:374). These children often don't learn alternative ways of problem solving other than violence (Park & Khan, 2000:337). Victimization of peers such as being made fun of or pushed around

may also be the result of economic distress evidenced in dirty or worn clothing and peculiar odours (Anooshian, 2005:384).

A further factor that has an impact on the socialisation of children in shelters is the issue of secrecy regarding their place of abode. In order for shelters to remain safe havens for their residents the secrecy of the shelter's location is essential. The risk of violent men coming to shelters is high and one safeguard is the instruction to both children and mothers to keep the shelter information private. As a result children living in shelters are not able to have friends from school or from their old neighbourhoods come and visit them at the shelter (Park & Khan, 2000:339).

3.2.6 CO-OCCURRENCE OF ABUSE

“The consequences of domestic violence on children are pervasive” (Rodriquez, 2006:199). Children exposed to domestic violence meet the criteria for maltreatment due to them living in environments that are psychologically abusive Hart, Brassard and Karlson (cited in Holden, 2003:156).

Children in shelters are likely to have been physically abused themselves (Panuzio *et al.*, 2007:178). Findings indicated that direct physical aggression inflicted by the male perpetrator took place 50 % of the time they assaulted their partners (Rodriquez, 2006:200). A summary of more than thirty empirical studies revealed that between 30 and 60% of children exposed to domestic violence are physically abused. Within the abusive relationship women are eight times more likely to be violent towards their children (Rodriquez, 2006:200).

Children exposed to domestic violence are at increased risk for sexual abuse (Spilsbury *et al.*, 2007:495). Research conducted by Mc Closkey, Figueredo and Koss (cited in Holden, 2003:158) indicated that 10% of mothers reported sexual abuse of their children.

Both the perpetrator and mother are more likely to act aggressively toward their children compared to parents in non-violent relationships (Panuzio *et al.*, 2007:183). The witnessing of aggression creates an insecure and threatening atmosphere and has the most detrimental impact on children who are more likely to model the behaviour (Panuzio *et al.*, 2007:183). Psychological aggression is more frequent and prevalent than physical assault and is more likely to take place in front of children (Panuzio *et al.*, 2007:183).

Psychological aggression includes restrictive engulfment (increase dependency on the abuser and/or deny access to social and physical resources such as friends), hostile withdrawal (cold or distant when angry, characterized by emotional unavailability), denigration (name calling and derogative) and dominance (intimidation, throwing, smashing, and kicking in front of others) (Panuzio *et al.*, 2007:179,182). Problematic behaviours in children are consistently associated with low levels of support and lack of social resources (Panuzio *et al.*, 2007:182). Hostile withdrawal may account for the lack of nurture and support in the home and may limit the opportunities for children to witness conflict resolution. Conflict resolution significantly reduces child distress (Panuzio *et al.*, 2007:182). Compared to physical assault inter-parental psychological aggression has a stronger positive association with internalizing and externalizing behaviours including child behaviour problems (Panuzio *et al.*, 2007:178).

3.2.7 THE CHILD'S WIDER FIELD

The already negative effects of domestic violence are aggravated by impoverished community support due to exposure or victimisation by community violence (Spilsbury *et al.*, 2007:497). According to Legget (cited in Dawes, 2006:10) children are more likely to spend time on the streets when there are problems within the family. As a result many children in the Cape Metropolitan area are exposed to greater levels of community violence and often lack the necessary support that may enhance resilience. Between 58 and 85% of children and adolescents in Cape Town, depending on the area, reported witnessing

violence in the streets and in their neighbourhood Seedat (cited in Dawes, 2006:35). The most common crimes reported by the police, in 2004 in the Western Cape against children between 0-12, was common assault (48%) against male children and the corresponding results for female children was indecent assault (48%) (Dawes, 2006:41).

Characteristics of neighbourhoods that pose a greater risk to exposure of violence and maltreatment are high levels of poverty and youth unemployment, high violent crimes, few supportive services and the presence of gangs and drug dealing. In the Cape Metropolitan area certain neighbourhoods have organised gangs which are also associated with an increase of weapons thereby exposing children to high levels of armed violence Legget (cited in Dawes, 2006:11).

Poverty increases the risk of exposure to family and community violence Pelton (cited in Dawes, 2006:11). Stressful and dangerous environments can undermine the impact the coping capacity and abilities of parents to create a supportive emotional climate. Even in these neighbourhoods, however, exposure to some well functioning families can protect children against the lack in their communities (Dawes, 2006:13).

Schools in the City of Cape Town are also sites of crime and violence that threaten the well being of children (Dawes, 2006:30). Twenty three percent of children reported being threatened with harm, hurt or scared at school according to Leoschut (cited in Dawes, 2006:31).

A number of factors contribute to violence in the family. These include alcohol and drug abuse, divorce, single parenthood, cultural beliefs (Naggola & Pelterik, 2003:17) unemployment and poverty Schikwambi and Ithindi (cited in Naggola & Pelterik, 2003:17).

3.3 MIDDLE CHILDHOOD AS A DEVELOPMENTAL STAGE

3.3.1 A GESTALT APPROACH TO DEVELOPMENT

The model for understanding development from a Gestalt perspective has advanced through the work of Gestalt author and theorist Gordon Wheeler whose insights form the basis of this study's understanding of development. The Gestalt approach to development presents a model that attempts to look at experience from a subjective viewpoint while simultaneously placing that experience in the context of a continuous contact and reciprocal influence with other subjective selves (Wheeler, 2001:37). Unlike many of the developmental theories that are normative (certain developmental milestones should take place at specific stages) Gestalt developmental theory is process and relational theory. Each and every event is given meaning by the relational (field) context and the ongoing process (Philippson, 2001:104). As people organize their worlds, to meet their needs and avoid dangers, the self processes of other people are significant parts of their experiential field (Wheeler, 2001:39). This sense of self and other identity and relationship is not stage based but is rather a recurring developmental process that runs throughout the person's life (Wheeler, 2001:40).

The self experience consists of dynamic aspects of an integrated whole of lifelong self experience and development referred to as the "inner" and "outer" worlds (Wheeler, 2001:42). Within a Gestalt developmental model the self is a dual process where the organism acts creatively on their environment and the environment acts upon, confines and informs the organism, referred to as "creative adjustment" (Wheeler, 2001:46). This process is relational in essence, as the world is a field of people, and for the most part it is not contact with objects (Wheeler, 2001:46).

From the beginning of the child's life, this field is intersubjective, which according to Gestalt developmental theory, is the course of development itself and is the central organizing dimension of the developmental process (Wheeler, 2001:47). The child reacts to others in a way that enables them to "map" their field meaningfully and predictably (Wheeler, 2001:47). The self is distinct in that no

organisms organize their field from the same point of view in terms of their needs, beliefs, perceptions and memories (Wheeler, 2001:47).

The Gestalt view of development takes the development of the whole field into account which would include the development of the outer realm of the child's experience. So the parent of the three year old is different to that of the ten year old. The growth of the field is essential because as the self develops it needs exposure to different selves. The family according to McConville (cited in Wheeler, 2001:45) can be understood as the unconscious of the developing child, the "unthought known" carried throughout and colouring in the child's sense of self and their world. As the child's world widens the community, the school and society become more significant and integrated into the subjective self process (Wheeler, 2001:50).

3.3.2 DEVELOPMENTAL THEMES FROM A GESTALT PERSPECTIVE

As the inner and outer realms of experience are organized into new wholes of meaning new ground for further self construction and new resolutions of the whole field with new levels of meaning are formed (Wheeler, 2001:76). The field in and out of which development takes place is a developing field (Wheeler, 2001:77).

- Intersubjectivity and intimacy

In order for individual development to be supported and fulfilled the developmental field needs to be dynamically intersubjective (Wheeler, 2001:77). The field is a shared one, as individuals make meaning by manipulating and mapping the full field into an integrated whole (Wheeler, 2001:60). The individual needs to know themselves and others as they continuously interact. Knowing others takes place through bonded relationships where the other person models and exposes their self-process and relates subjectively in a certain way (Wheeler, 2001:61).

Learning takes place from birth in an intersubjective field. Intimacy is the process whereby individuals make their inner world known and where they come to know the inner world of others. The process of intimacy forms the necessary ground for learning how to know oneself. Where there is intimacy a full sense of self and fully subjective sense of others exists (Wheeler, 2001:64). Throughout the lifespan there is a continual need for intimacy preferably at more sophisticated levels of exchange and meaning (Wheeler, 2001:63). Non-support in the field results in shame (Wheeler, 2001:73).

- Support and shame

The self organizes what is relevant from the field and whatever happens does so with support from the field. Support comes from what is within or outside the boundary or both. In a healthy field the correct amount of support to promote and stretch the child is provided (Wheeler, 2001:64). Children in middle childhood especially need field support as they move from primary (where things were familiar and peer groups established) to high school (Wheeler, 2001:65). As new challenges come about more support is required to undertake the emerging unknown. The opposite pole of support is shame. Within a field model shame is not only the feeling of personal weakness and inadequacy but is also the field condition telling the organism when the field is too split for the self to integrate it completely. Shame occurs when there is non-reception in a relationship and when the relationship itself is threatening. When a depressed, angry or neglectful mother doesn't respond to the child in love, the child's lacks harmonious balance and organismic self regulation cannot take place Wheeler (2001:71). Introjects of the self and world influence the child's formation of character and is normally permeated with shame and guilt (Yontef, 2005:91). The child senses that part of their inner self is not acceptable and cannot be received. In the caretaking relationship this is perceived before the verbal period. Shame becomes the key affect in the field-self model and tells one that the key processes of the self are under threat (Wheeler, 2001:70). As Wheeler (2001:71) explains, if the function of the self is to integrate the whole field then a threat to self cohesion exists when that integration is not available. Extreme shame can be "directly associated

with rage, substance abuse, violence towards others, and suicide.” (Wheeler, 2001:71).

- Gender and identity

The field that is integrated into the developing self is a gendered field and the self that develops is a gendered self (Wheeler, 2001:72). Gender is a field map and a social code of support and non-support held together by the threat of shame. Identity (who I am in myself and the world) is formed in a gendered field. The self finds and becomes itself as it interrelates and assimilates from the field at the contact boundary (Wheeler, 2001:73).

- Voice and narrative

The self is found and made by giving voice in relationship. This includes articulating and constructing interior experience and in so doing the essence of self, the individual’s point of view, is established. Having a voice is dependent on the developmental field of other voices, some having diminished rights or no rights in certain areas (Wheeler, 2001:74). Having a voice is not only a matter of inner capacity but of receptive field conditions. When in childhood there is no significant listener the developing voice is diminished and as such the sense of self wastes away (Wheeler, 2001:75). Narrative organizes the developing self and sense of self by locating it in the space-time of one’s field and giving meaning to the inner and outer fields. The story that has clear boundaries and relatedness, meaningful interactions and articulation and that leads somewhere, has energy for the formation of meaningful wholes of understanding (Wheeler, 2001:76).

3.3.3 THE PARENT- CHILD RELATIONSHIP FROM A GESTALT PERSPECTIVE

3.3.3.1 INTRODUCTION

A gestalt field model of development is affiliated with models that stress the role of context and relationship in the developmental process and differs significantly from “self-in-isolation models” (McConville, 2007:5). Foundational to Gestalt therapy theory is that “child development takes place within the context of a dynamically evolving relational field” (McConville, 2007:12).

3.3.3.2 THE PARENT CHILD RELATIONSHIP MODES

Central to the field is the family and specifically the parent-child relationship within it (McConville, 2007:12). McConville (2007:5) describes the difference between contact and relationship where concrete contact stands as the figure occurring against the structured ground of a relationship. Contact between child and parent occurs within a contextual framework that influences the array of interactions. The way that this organizational ground is arranged and expressed varies considerably. The child and the parent may relate to each one another as recipient and provider, mentee and mentor, as friends or in other ways (McConville, 2007:6).

McConville (2007:6) has proposed a relational model between child and parent for the understanding of development from a Gestalt perspective. In this model he puts forward three modes that play a different role in the successive stages of the emergent parent-child relationship but each potentially exists over the whole course of child development (McConville, 2007:6). Each mode organizes the relationship according to an expression of interpersonal boundary and power. The term power in this context refers to the ability to influence choices, development and behaviour. The redistribution of power and transformation of boundary is the feature of the relationship’s progression (McConville, 2007:6).

A first influential mode of relationship is called “care taking-supervision” (McConville, 2007:6). The relationship, although not passive from the child’s side, is one-sided in terms of the management of power and boundaries. The parent is the responsible party and their role requires watchfulness, certainty, good judgment, clarity about what is negotiable and comfort with being in charge.

When there is sufficient care taking and supervision an essential trust of the world and their own capacity is built in the child. The security established allows the child to express and explore their emanate contact functions as they experience a gentle and engaging, as well as authoritative and decisive parenting style (McConville, 2007:7). This mode of influence is distorted when younger children are under supervised or protected.

A second mode of influence called dialogue and consultation recognizes that the child has the power to establish outcomes and that the parent's role is to provide information and perspective in support of this power. This allows for the healthy development of self-esteem and confidence, and is most noticeable by its absence or excess, such as when parents are unable to relinquish their power, or when they fail to consult and children are left to make decisions on their own (McConville, 2007:7).

The last relational mode takes the middle ground between care taking-supervision and dialogue-consultation, and is called negotiation-accountability. In negotiation there is a power balance as both parties are entitled to their own opinions and agenda. The resolution requires collaboration and compromise from both sides and the divide between the child's and the parent's business is open to question. Children are impacted by this mode by their understanding that relationships involve give and take and conflict and resolution. Essential too is the lesson of accountability that is learned (McConville, 2007:8).

The care taking-supervision mode is critical in early childhood and loses its natural potency over time. The dialogue-consultation becomes the primary organizing theme of the relationship as the child emerges into adulthood and negotiation-accountability is critical in adolescence even though it important throughout all the family and child's development.

Table 3.2 The parent child relationship modes by McConville (2007:9).		
Childhood	Adolescence	Emerging adulthood
Caretaking-supervision	Care taking-supervision	Care taking-supervision
Negotiation-accountability	Negotiation-accountability	Negotiation-accountability

It is not only the child, but the organizational field of the family, that develops according to this model. In families functioning adequately the gradual transition of the relational paradigm is evident when observing the differences as the children progress in age. When families are in crisis conflict exists between the relational paradigms. Normally both the parents and children are trapped in an unresolved reorganization of their mutual relational ground (McConville, 2007:10).

3.3.4 GESTALT NORMAL AND ABNORMAL DEVELOPMENT

According to Philippson (2001:109) normative clinical theories of child development determine problems experienced in adult life on failures in parenting. He argues, however, that even if there was optimal parenting, some adults from well parented homes never become 'street wise,' and as a result have problems. He maintains that a less normative way of looking at the parental relationship and later difficulties is that children will generalize from early experiences and make decisions related to their experiences of their world.

Philippson (2001:110) argues that serious problems are created when children desensitize and deflect as they do not learn to create a permeable boundary with their environment that allows access and closes. These children will typically find refuge in isolation or confluence. Patterns that cause difficulties include neglect, continuous double messages, chaotic upbringing and abuse. Neglect can take the form of inadequate clothing and food or not having an emotionally present parental figure (to talk to due to depression or being too busy). From an early age the child needs to know it is being noticed, it needs to be recognized, and needs to receive the appropriate response that correlates with the demonstrated behaviour. This is known as "matching". The neglected child will seek the missing contact from other sources including fantasy others. Double messages referred to as double bind results in the child never knowing where they stand. In a chaotic upbringing (punished randomly) these individuals usually respond intuitively in a destructive rather than helpful way either towards themselves or

others. The essence of abuse is that the child is not treated as a human being (Philippson, 2001:110).

3.3.5 THE DEVELOPMENTAL FIELD OF CHILDREN IN MIDDLE CHILDHOOD LIVING IN SHELTERS

3.3.5.1 THE CHILD

- The child's self and other awareness of the effects of violence

Research on children who are exposed to domestic violence has shown that they are at risk of developmental problems (Graham-Bermann & Hughes, 2003:190). Children become more emotionally mature during middle childhood (Louw *et al.*,1998:345). As children develop through this period their comprehension of perceptions and feelings of others increase. Whereas in early childhood the visible effects of domestic violence are limited to bruising and blood, in middle childhood emotional turmoil and fear become a reality. Children may anticipate and be concerned about their mother's safety, well being and health (Cunningham & Baker, 2004:76). The potential impact on their development is not limited to awareness of their mother's safety and father's possible incarceration but also the awareness of their own reactions to violence (Cunningham & Baker, 2004:77). In middle childhood same sex identification is increased. Some children exposed to domestic violence may learn gender roles associated with domestic violence such as male perpetrators and female victims (Cunningham & Baker, 2004:77). Many children exposed to domestic violence develop roles within their families including mother's caretaker, sibling protector or peace maker (Cunningham & Baker, 2004:84).

- Rationalizations of violence

In middle childhood children are better able to understand right and wrong and assess cause and effect. These children try to reason about the violence and may form ideas about how to prevent future occurrences. They are also more

vulnerable to accepting rationalizations to justify the violence such as blaming it on alcohol or because the victim deserves it. Potentially any justification involving the children may lead the child to feel guilty or blame themselves (Cunningham & Baker, 2004:77).

At this stage children have a heightened appreciation of what is and isn't fair. The "fighting", a term used instead of violence by children, may be assessed in terms of fairness regarding the reason, the tactics and consequences. The legal system may be viewed as overly harsh in dealing with their fathers. These attitudes may result in antisocial rationales for their own abusive behaviour with peers and a view that the justice system is biased. Some children will center this thinking on the discrepancies between actions and words. An example may be "my father can hit me and nothing bad happens but when I hit a school mate I am suspended". In this case the actions of the school authorities are seen as inappropriate (Cunningham & Baker, 2004:77).

3.3.5.2 THE FAMILY

A key family dimension is the emotional tone which varies from warmth to hostility on the continuum and has a profound effect on the child. High levels of warmth can form a buffer even in adverse environments, as studies have shown in poor families, where children with supportive parents are less likely to develop aggressive and delinquent behaviour. Declined school performance and delinquency are linked to parental hostility (Bee & Boyd, 2007:365).

Single and divorced parents have only one parent to provide financial and emotional support for the child. Studies in the U.S.A. show a 40-50% drop in mother's income after divorce. Family transition involves an upheaval and children adapt slowly to the subtraction of a family member. More often the mother's parenting style changes as mothers are more likely to be depressed and distracted and less able to manage warm control over their children. Authoritarian and neglecting parenting styles are linked to poor outcomes (Bee & Boyd, 2007:384). Divorce affects children in early and middle childhood more

negatively as they are old enough to understand and experience the pain but lack the skills to deal with pain, sadness and guilt.

3.3.5.3 SCHOOL AND FRIENDS

Schooling plays a very important part in the child's development in middle childhood. The mastering of numerous skills such as writing and reading play a major role in healthy development and aiding children in becoming productive members of society (Louw *et al.*, 1998:361). Children who change schools demonstrate achievement losses at each transition (Bee & Boyd, 2007:416).

During middle childhood self-concept develops expeditiously. This is regarded as a sensitive period as different experiences have significant consequences for development (Louw *et al.*, 1998:344). Academic and social success at school has the greatest impact on self concept (Cunningham & Baker, 2004:77). Children exposed to domestic violence may have a decreased ability to learn due to distractions, tiredness (parents fighting at night) or viewing school as taking little precedence (competing for their energy) (Cunningham & Baker, 2004:80).

During middle childhood the need and capacity for more intimate friendships is developed (Wait, 2005:134). Children interact with other children for affection, friendship and fellowship. Peer groups are exceptionally important for development as they provide comradeship, especially important when children receive little affection at home, opportunities to try new behaviours, social skills (Louw *et al.*, 1998:366) and emotional development (Wait, 2005:134). Friends become more important to children in middle childhood as a lot of their time is spent playing. Common activities with friends rather than shared attitudes are more important in middle childhood (Bee & Boyd, 2004:310). Competition assumes new importance within peer groups during this period. A potential impact for children exposed to domestic violence is that hostile aggression may be used when competing in order to compete for attention or acceptance from peers. These children are at increased risk for bullying or being bullied

(Cunningham & Baker, 2004:81). The influence of others outside the family is greater during this stage. Children exposed to domestic violence may view their families as different and hide their secret from others. In many cases they turn to their siblings for support.

3.3.5.4 THE COMMUNITY

Individual family characteristics are the most important determinants of children's development, however the negative effects for children are exaggerated when the neighbourhood is poor and in constant flux (gangs, street violence, drug activity, overcrowding). In these environments parents have fewer non-family resources to rely on and children have fewer and more violent male role models (Bee & Boyd, 2007:387). Parents who have adequate emotional and physical support are able to respond to their children with more warmth, control and consistency. The effect of social support on parents is very evident when they are facing stressors like chronic poverty, job loss or divorce. Children living in these areas may show signs of post traumatic stress disorder (irritability, inability to concentrate, anger outbursts and hypervigilance) (Bee & Boyd, 2004:408).

3.3.6 RISK FACTORS AFFECTING DEVELOPMENT

A range of factors across multiple levels of a child's environment affects their development. Therefore, exposure to domestic violence can affect a child's development erratically depending on other individual and environmental influences. Poor physical, emotional and behavioural outcomes are associated with risk factors which include exposure to domestic violence, homelessness and poverty. Risk factors often co-occur in time and exposure to domestic violence may co-occur with poverty, child maltreatment and violence in the neighborhood or school. The unique effects of exposure to domestic violence is difficult to separate from other risk factors in children's lives (Gewirtz & Edelson, 2007:151). These risk factors act directly and indirectly making children vulnerable to poor developmental outcomes (Gewirtz & Edelson, 2007:152).

A basic casual pathway linking economic loss and hardship through parental behaviour to the child has been replicated in a number of studies (Mcloyd *et al.*, 2006:730). The poor have increased exposure to negative life events, and psychological impairment occurs when these conditions are not under the parent's control (Mcloyd *et al.*, 2006:732). Generally poor environments are more chaotic with higher levels of stress and fewer psychological and social resources (Bee & Boyd, 2007: 414). Poverty reduces the options for parents. If the mother works fewer choices are likely to be available to her for affordable child care, many of which spend more time in poor quality day care (Bee & Boyd, 2007: 414).

The home learning environment is also negatively affected by poverty (Mcloyd *et al.*, 2006:732). Poverty affects children's cognitive and academic development. Typically they have lower IQ scores and move through the sequences of cognitive development slower. Poorer children are twice more likely to repeat a grade and exhibit more behavioural problems than wealthier peers (Bee & Boyd, 2007:416).

The poor live in the neighborhoods with high rates of violence and are a more transient population so children change schools often (Bee & Boyd, 2007: 414). The effects of various stressors are accumulative and children who experience multiple stressors are less likely to thrive intellectually, emotionally and socially (Bee & Boyd, 2007:416).

Protective factors, however, shield children from hardship and include individual factors (temperament, social competence, intellectual capacity), secure attachments to parents (supportive, caring) and cultural and community support. These protective factors may guard the child from adverse affects of development (Gewirtz & Edelson, 2007:152).

3.4 CONCLUSION

The chapter presented a concise understanding of the theoretical underpinnings of the child living in a shelter as well as the child within the middle childhood stage of development. An understanding of the child living in a shelter constitutes multiple aspects and should be viewed within the child's broader field. Important to note is that although the theoretical assumptions appear fairly generic each child has their unique life story and interpretation thereof. In chapter 4 the empirical investigation and findings are presented together with the literature control.

CHAPTER 4

EMPERICAL INVESTIGATION AND LITERATURE CONTROL

4.1 INTRODUCTION

The first chapter provided an introduction and overview of the study. The rationale and problem formulation resulted in the establishment of the research question, goals and aims, which were recorded. The theoretical framework and paradigm provided the underlying assumptions of the research design. The main concepts were defined and the ethical considerations and impact of the study were all included in the first chapter. The second and third chapter provided the conceptual framework of the study. Chapter 2 included the major tenets of the paradigm of choice, namely Gestalt therapy theory, as well as the core theoretical perspectives of Gestalt therapy theory. Chapter 3 focused on the theoretical underpinnings of the study pertinent to the child in a shelter and included the child in middle childhood, from a Gestalt and non-Gestalt developmental perspective. The research procedure, description of the findings of this study and literature control is presented in this chapter.

4.2 RESEARCH STRATEGY AND DESIGN

The qualitative approach refers to research that draws out the participant's account of meaning and perception (Fouché & Delport, 2005:74). The qualitative research approach utilized for this study allowed for the use of the participant's natural language to gain a genuine understanding of their worlds. The unit of analysis in a qualitative study is holistic in nature as relationships between elements and contexts are determined (Fouché & Delport, 2005:75). The aim of the study was to explore and describe the psychosocial problems perceived by children in order to develop a more comprehensive understanding of their

experiences and behaviour and therefore constituted applied research (Fouché & De Vos, 2005:105; Fox & Bayat, 2007:10).

The case study design, as outlined in chapter 1, was utilized. An instrumental case study strategy was adopted to reveal the problems of children. This type of case study facilitated the researcher's acquisition of knowledge regarding the social issues of children living in shelters (Fouché, 2005:272). A case study is an in-depth analysis of a bounded system in time and place and for this study included ten children in middle childhood residing on a temporary basis at shelters in the Cape Metropolitan area (Fouché, 2005:272; Merriam, 2002:8).

4.3 RESEARCH METHODOLOGY

The following procedure was followed during the study:

- The researcher approached two shelters for permission to conduct the study.
- At a monthly shelter group meeting, attended by the researcher, a third shelter was identified and permission for the study to be conducted was granted.
- At each shelter the researcher had a meeting with the social worker and with the manager at one shelter to describe the criteria for selection, to establish a date to meet the potential mothers and to sign the shelter consent form (refer to Appendix 1).
- The social workers at two shelters and the manager at one shelter identified potential participants that met the criteria.
- The social workers and shelter manager spoke to the respective mothers informing them about the study.
- At each shelter the researcher met the mothers and explained the study. The necessary signed consent forms were obtained before arranging an appointment with the children (refer to Appendix 2). The time period, ranging from a few days to a week, between meeting the mothers and the

children was to allow the mothers to explain the research to their children and for the children to process the information.

- The researcher met four children at each shelter and after explaining the reason and process of the study obtained the necessary signed consent forms from them (refer to Appendix 3).
- Audio and video recordings were made of all individual sessions and later transcribed and used for analysis.
- After the interviews the researcher met with the manager and social workers and where necessary recommended therapy for the children.
- Categories of data were discussed and a literature control was conducted (latter half of this chapter)
- An integrated summary of the conclusions, limitations and recommendations were recorded in chapter 5.

4.3.1 UNIVERSE, POPULATION AND SAMPLE

Strydom (2005:192) defines the universe as the possible study elements with the necessary characteristics that the researcher is interested in studying. In this study the universe is all middle childhood children exposed to domestic violence living in shelters in the Western Cape.

The population according to Strydom (2005:192) is a smaller unit of study within the universe that has the specific attributes required by the researcher. All middle childhood children exposed to domestic violence living in shelters in the Cape Metropolitan area formed the population for this study.

The sample for the study was selected using the non-probability, purposive (judgemental) sampling procedure (Strydom, 2005:202). Non-probability sampling includes any sampling procedure where one subject has a higher probability of being selected above another (Graziano & Raulin, 2004:420). The social workers from two shelters and a manager (no full-time social worker was employed at the time) in one shelter selected children that they thought would be most suitable and who met the criteria for this study. A total of 12 children were

selected from the three different shelters. For the purpose of this study the shelter names and all participants received pseudonyms to ensure anonymity. The terms “shelter 1”, “shelter 2” and “shelter 3” will be used to identify and distinguish between the institutions.

Two male participants from shelter 3 who consented to the study decided to withdraw before the commencement of the first session. At the first session one participant accused the researcher and his mother of forcing him to do the study. He failed to make eye contact, threw himself onto a couch and resumed a semi-foetal position. His tone was aggressive toward the researcher and he equated the research with individual therapy. After the researcher explained that it was purely voluntary he left the room. The second participant, on two occasions, disappeared when a shelter worker looked for him to attend his first session. After speaking to him he again failed to attend. The behaviour of both participants was typical of acute resistance to a potentially emotional interview as the researcher had explained, in their initial contact meeting, that questions regarding how they perceived their problems would be asked. The shelter social worker was informed of the voluntary withdrawal of both participants.

Sampling ended when the data became redundant and theoretical saturation had taken place. Consequently ten participants were interviewed for the study and further participants that met the criterion at shelter 3 were not sought.

Participant pseudonym	Age	Gender	Shelter name	Term at shelter	Total number of shelters lived in
Sarah	10	Female	Shelter 1	11 months	1
Demi	12	Female	Shelter 1	7 months	1
Simon	8	Male	Shelter 1	8 months	1
Cherry	7	Female	Shelter 1	8 months	1
Angela	10	Female	Shelter 2	2 months	2
Adam	7	Male	Shelter 2	3 months	1
Rowan	9	Male	Shelter 2	2 months	2
Natalie	11	Female	Shelter 2	1 months	2
Jamie	12	Female	Shelter 3	2 months	1
Liz	10	Female	Shelter 3	2 ½ months	1

4.3.2 SETTING AND LENGTH OF DATA COLLECTION PROCESS

The interviews took place at each respective shelter. Each child had three sessions lasting approximately forty minutes each. After each session the researcher played games for approximately fifteen minutes with the participant to foster the relationship, gain trust and restore balance by ending the session in a positive way. The first session was used not only to gather data but to build a relationship with the participant. The second session was the primary interview and the last session allowed for the collection of data and the conclusion of the process. The data was collected over a period of six weeks.

4.3.3 DATA COLLECTION METHODS

As indicated in chapter 1, the data collection utilised multiple information sources, including in-depth semi-structured interviews, drawings (Yin, 2009:101) and observations recorded in field and theoretical notes (Creswell, 2003:185; Fox & Bayat, 2007:75). The reliability of the observations is increased when multiple sources of data are used, also referred to as triangulation. The multiple methods of data collection are complimentary and rectify respective shortcomings (Mouton & Marais, 1996:91).

- Semi-structured interviews and drawings

Semi-structured interviews and drawings were used as the main method of data collection for this study. This type of interview is particularly suitable when an issue is of a personal nature. Semi-structured interviews provide flexibility to the researcher and participant. The goal of the interviews was to gain a first-person description of the participants' domain of experience (Pollio *et al.*, 1997:29). The researcher was guided by the schedule and not dictated to by it (Greef, 2005:296). The course of dialogue was largely set by the participant as questions flowed from the dialogue as it unfolded rather than having all questions predetermined (Pollio *et al.*, 1997:29).

The semi-structured interviews for each participant took place over three sessions. The interviews included a variety of techniques for the acquisition of data that provided a comprehensive and in-depth understanding of the lived worlds of each participant.

In the first session, non-threatening questions designed with the purpose of establishing the perceived psychosocial problems faced by children in shelters, were asked (refer to Appendix 8). The questions were intended to evoke descriptions and not as confirmation of theoretical assumptions (Pollio *et al.*, 1997:30).

In the second session an interview schedule based on elements of the Hero Book, a South African psychosocial tool, was utilized (refer to Appendix 9 for selected activities). The Hero Book encourages children to think not only of problems in their bodies but also outside in their community, world and structures (Morgan, 2006). The process aims to help children set goals and empowers them to overcome obstacles in their lives (Morgan, 2006).

The Hero Book includes projective techniques in the form of drawings that attempt to uncover the child's perceptions of their problems. Projections have the power to get to the root of emotions, behaviours or desires beyond manifest cognition or rational explanations (Levin-Rozalis, 2006:520).

The researcher, using physical items as an object lesson, demonstrated how an obstacle can prevent someone from attaining what their hearts really want. The purpose of the demonstration was to ensure comprehension of the subsequent questions. This was followed by showing a picture of tricks and tactics that would enable the obstacle to be removed. The participants were then asked to do a number of drawings. The first drawing was of their goal. The second demonstrated how the participant would know that they are getting closer to their goal. The third drawing was of a ladder that would signify how far away they were from attaining their goal (refer to Appendix 4). This provided the researcher with more perspective on the reality of their needs. Each participant then drew

their problem or obstacle and gave it a name (refer to Appendix 5 for selected drawings), followed by what they could use as tricks or tactics to overcome the problem.

In the third session the participants were asked to draw three wishes (refer to Appendix 6 for selected drawings). This projective technique, including incomplete sentences, was used (refer to Appendix 10 for incomplete sentences).

- Field and theoretical notes

Field and theoretical notes as a method of data collection were also used in this study. Field notes are a written account of researcher's observation of the participant's behaviour and activities at the research site (Creswell, 2003:185). Theoretical notes give theoretical status to the observations by providing an interpretation of the observational notes (Fox & Bayat, 2007:75). The researcher took field notes and listened (without assigning categories), compared (with observations of other participants) and interpreted (gave meaning to what was observed) giving the observations theoretical status (Fox & Bayat, 2007:75) (refer to Appendix 7 for a sample of a participant's field and theoretical notes).

The descriptive data that formed the empirical basis of this study was gathered by means of phenomenological interviews (Pollio *et al.*, 1997:29). An adequate amount of data upheld the trustworthiness of data (the rigor) in terms of amount, (sufficient information rich cases) and type of data (a variety in kinds of evidence) for this study Morrow (cited in Ponterotto & Grieger, 2007:415; Morrow, 2007:219).

4.3.4 DATA ANALYSIS

The analysis of data took place in order to generate findings utilizing the Creswell's application of Tesch's method (Fox & Bayat, 2007:104). A general sense of all the data began while transcribing the data, and later reading the

material and reflecting on the overall meaning. General notes and thoughts were recorded in the margin (Creswell, 2003:191; De Vos, 2005b:337). The data generated was organised, explored and key concepts recorded (De Vos, 2005b:335; Hesse-Biber & Leavy, 2006:347). This was done by dividing the data into more meaningful and smaller units (Henning, 2004:127).

The researcher chose one interview randomly and recorded notes and sought to discover what the underlying meanings were. The process of coding data is the organisation of material into chunks and involved the use of colours as a coding scheme (De Vos, 2005b:338). The researcher began using colours to code similar themes for the participant and organised all relevant themes into a separate worksheet. This process was then applied to all ten participants' data. Similar themes (identified with colour) transcending all cases were then clustered together to form chunks of data Yin (cited in Creswell *et al.*, 2007:248). This data was cut and pasted onto individual worksheets identified by general themes. After the data was coded the researcher explored and challenged the understandings by searching for negative instances of patterns, regularities, peculiarities and variations (De Vos, 2005b:338; Henning, 2004:129). New patterns were identified and formed the basis for new descriptions of the data (Henning, 2004:128). Descriptive words were used to turn the themes into concepts and the researcher sought to reduce the total number of concepts and form categories. Where necessary the data was re-coded. From the numerous themes four underlying concepts were identified. The first concept included four categories, the second consisted of two categories, the third of four categories and the fourth concept had two categories.

Meaning was derived from the data in a methodical, comprehensive and rigorous manner and not according to the quantity and frequency with which something occurred (Henning, 2004:127). Field and theoretical notes were included in the analysis process and provided further insight and meaning to the data, as observations of non verbal behaviour were integrated and interpreted (Creswell, 2003:185). The classification of data laid the conceptual foundations on which the interpretations and explanations were based (Henning, 2004:129).

Throughout the process a deep immersion in the data ensured adequate interpretation Morrow (cited in Ponterotto & Grieger, 2007:415). The interpretation of data was employed through the theoretical lens of Gestalt therapy theory (Creswell, 2003:195) and was verified with literature findings (Fouché & Delport, 2005:84).

4.4 RESEARCH FINDINGS

Table 4.2 Summary of concepts and categories.	
Concept	Category
Contact styles (including disruptions in contact) in the participants' lived experience	Disturbances in self-regulation and self support as aggressive behaviour is utilized as a means of problem solving
	The projection of anger in the form of externalising behaviours such as aggression and oppositionality (conduct problems and disobedience).
	Deflection and desensitisation as contact boundary disturbances throughout the interview process.
	Evidence of the participants' diminished sense of self and voice and the need for a supportive field.
Restrictions in shelters have a negative impact on the holistic sense of self	Participants experience a lack of control, freedom and privacy while living in a shelter
	Low levels of financial and social resources
Psychosocial barriers to healthy functioning relationships	Maladaptive coping patterns impacting play, the quality of peer relationships and resulting in restrictions on behaviour
	Undermined mother-child relationships contribute towards problems faced by children in shelters
	Absent fathers and participants' perceptions of them are opposite polarities
	Poor role models in the shelter do not offer participants examples of alternative healthy ways of relating towards one another
Aggression in the participants' wider field	Participants' exposure to violent behaviour at schools offers no respite from contact with aggression
	Participants' exposure to violence and criminal behaviour within their broader fields

4.4.1 CONCEPT 1 - CONTACT STYLES (INCLUDING DISRUPTIONS IN CONTACT) IN THE PARTICIPANTS' LIVED EXPERIENCE

4.4.1.1 CATEGORY 1
DISTURBANCES IN SELF-REGULATION AND SELF SUPPORT
AS AGGRESSIVE BEHAVIOUR IS UTILIZED AS A MEANS OF
PROBLEM SOLVING

The aggressive conflict between children at the shelters is often the result of the inability to solve problems. Considering that all but one participant spoke about the problem of fighting in the shelters it is a significant problem perceived by the participants. The one participant who did not mention violence in the shelter did not answer the majority of questions due to her failure to make contact. One participant spoke proudly of fights she had at school when problems arose. High levels of inappropriate aggression result in the inability to resolve conflict (Anooshian, 2005:374). Children exposed to domestic violence model the anger and violence that they witness at home as a means of addressing conflict and solving problems. According to Anooshian (2005:374) children who are exposed to frequent violence are predisposed to modelling the aggressive behaviours observed. When balance between the organism and the field does not occur there is a disturbance in the process of self-regulation (Kepner, 2001:90). The development and expression of self functions is significantly disturbed when the child lives within a traumatic field. This results in the child not having the essential or sufficient competence to manage experiences and interactions (Kepner, 2003:60). Many children do not learn alternative ways of making contact (lack of awareness and support) in difficult situations and use aggressive behaviour to get what they want. This pattern is referred to as the 'cycle of violence' (Park & Khan, 2000:337). Children will creatively adapt to and match the demands of the environmental field developing self functions such as learning to disassociate from their body or numbing (Kepner, 2003:61). These children may also perceive aggressive behaviour witnessed as a means of protection from the dangers and stresses in their field (Anooshian, 2005:374).

“Ag, toe na, toe slat ek vir haar (And so after that I slapped her). I did hitted ne....She did throw this thing for me with a glass. So I did hit her. We did fight. This part here, it was blue, it was standing like this. So I told her I didn't mean it, you start the thing first.” Natalie

4.4.1.2 CATEGORY 2

THE PROJECTION OF ANGER IN THE FORM OF EXTERNALISING BEHAVIOURS SUCH AS AGGRESSION AND OPPOSITIONALITY.

Projection in this context refers to the sense of transference of inappropriate material (Joyce & Sills, 2001:124). One way children release their anger in an attempt to establish homeostasis (self regulation) is through the projection of their anger onto their peers or siblings. After asking one participant what he thought the reason was for the fighting he suggested that projected anger was the root cause. Due to separation from their home environment and disruptions in living arrangements the externalizing behaviours of children in shelters may be intensified (Panuzio *et al.*, 2007:178) and exhibited more frequently (Schaefer & Kaduson, 2006:163). Externalizing behaviour includes aggression and oppositionality (conduct problems, disobedience) (Cunningham & Baker, 2004:40; Rodriguez, 2006:199).

“That’s why Shane hit us all the time cause he brother do stuff to him and the people here. That’s why his mommy hits him all the time. That’s why his mommy thinks it’s him. That makes him so angry, that’s why he start to fight.” Adam

“...cause every time they want to take his stuff then he want to hurt other people. Then he don’t hurt that person, he hurt the other person.” Adam

The projection of anger is not limited to contact between the children. Adults at the shelters also project their anger onto one another and the children.

“If the house mothers is cross they give the ladies problems, then the ladies give the children problems. See?” Demi

“I won’t fight with the people, and if ladies will fight with children I’ll stop the fight and tell them it is not right to fight with each other.” Jamie

4.4.1.3 CATEGORY 3
 DEFLECTION AND DESENSITISATION AS CONTACT
 BOUNDARY DISTURBANCES THROUGHOUT THE INTERVIEW
 PROCESS

The primary contract boundary disturbance or resistance experienced by the researcher was deflection. Every participant used deflection at different stages of the sessions (dependent on the emotional intensity of the discussion) and to varying degrees. Deflection occurred as non-verbal responses such as silence when asked a question or breaking physical eye contact and staring elsewhere and verbal responses such as changing the subject, answering with the words “I don’t know” or saying “I’m alright.” Most of the participants used deflection when asked about their emotional wellbeing. The researcher used the polarity for “my heart is” in the form of an incomplete sentence. Only one participant made contact and responded by acknowledging that she was not happy.

Table 4.3 Incomplete sentence “My heart is not....”									
	Jamie	Liz	Adam	Angela	Natalie	Rowan	Cherry	Sarah	Demi
My heart is not..	sore	dark	paining	broken	happy	sad	broken	Not sure	Is not right. How do I put it, um. Let me think. I don't know

With all the participants closure of unfinished business had not taken place, as unfulfilled needs and the experience and expression of induced emotions were not acknowledged (Mackewn, 1997:17). For the participants the use of deflection indicated that they were not in touch with life in the present. Their immediate needs were not being met because previous incomplete Gestalts competed with present needs (Latner, 1986:86).

One participant who was unable to answer and fulfil the requested tasks used deflection as well as desensitisation. According to Joyce and Sills (2001:118) the interviewer will feel heavy and tired while engaging in the interview process with a desensitised participant. This was true of the researcher’s own phenomenological experience in working with this participant. During the third

session the participant began to demonstrate more trust by making more contact with the researcher. When the participant did make contact, gestures were minimal and eye movements were used to answer questions.

4.4.1.4 CATEGORY 4

EVIDENCE OF THE PARTICIPANTS' DIMINISHED SENSE OF SELF AND VOICE AND THE NEED FOR A SUPPORTIVE FIELD

The researcher observed the need for the restoration of diminished sense of selves, through the establishment of homeostasis, in the participants. Children enter shelters in crisis and are poorly equipped to cope with the adjustment to shelter life (Park & Khan, 2000:329). During middle childhood there is a greater need for more support as new challenges come about (Wheeler, 2001:65). Four participants demonstrated a lack of emotional expression throughout the sessions. Some participants had difficulty naming the emotions that they experienced. This may have been due to a lack of emotional vocabulary or a lack of emotional awareness.

“How did you feel?” (Researcher) “*That I wanted to run away.*” Adam

“*Not nice.*” Simon

Two participants spoke continuously about their experiences. Another participant needed to be heard and spoke to the researcher about a personal physical ailment. This was indicative of a need to verbalise their experiences and have a voice. By having receptive field conditions (the researcher who listened to their experiences) the participants were able to begin the restoration process and move towards homeostasis (balance). The wasted away self was once again found and formed afresh through the establishment of a voice (Wheeler, 2001:75). The predictability of the field (the participants were given permission and a safe environment to speak about their problems) allowed these participants to give their narratives a voice and in so doing gave meaning to the self (homeostasis is found) (Philippson, 2001:23). By articulating and constructing their inner experiences, the essence of self (the individual's point of view) was established (Wheeler, 2001:74). The participants were able to

organize their developing self and sense of self by locating it in the space-time of their field, and in so doing gave meaning to their inner and outer experiences through the expression of their narratives. The story that has clear boundaries and relatedness, meaningful interactions and articulation, and that leads somewhere, has energy for the formation of meaningful wholes of understanding (Wheeler, 2001:76).

Further substantiation of a diminished sense of self and the need for a supportive field for some participants was the disclosure that some of the participants had been abused themselves. If the function of the self is to integrate the whole field then a threat to self cohesion exists when that integration is not available. Within a field model, shame (the opposite of support) is not only the feeling of personal weakness and inadequacy, but is also the field condition telling the organism when the field is too split for the self to integrate it completely (Wheeler, 2001:71). Shame occurs when there is non-reception in a relationship and when the relationship itself is threatening. Some participants were emotionally and physically abused and two were sexually abused. According to Stark and Flitcraft (cited in Park & Khan, 2000:326) the single most common context for child abuse is within a family where there is domestic violence. Children exposed to domestic violence meet the criteria for maltreatment because they live in environments that are psychologically abusive Hart *et al.*, (cited in Holden, 2003:156).

"And when my friends are there, then, she embarrass me in front of my friends." Liz speaking about her mom.

"Because he did, he swears at us." Rowan speaking about his father.

"

"At home my daddy didn't let me go out with my mommy, and if my mommy want to go to the shop one of us must go with her." Jamie speaking about her father.

A further indication that participants demonstrated a weakened sense of self and needed support was that sadness was the dominant emotion expressed throughout the interviews. Reasons for the sadness varied, with one participant unable to verbalize what was causing him emotional distress. Some participants

felt sad as they spoke about their fathers, others were sad about the fighting in the shelter or because they lived in a shelter. According Mullender, Hague, Imama, Kelly, Malos and Regan (2002:188) sadness is an emotion that children recognize in themselves and others in relation to traumatic events.

“The cloud is covering the sun... Making me sad.” And how is he making you sad? Researcher *“By covering up the sun.”* And what does the cloud do? Researcher *“It makes the sky darker.”* Simon

The following incomplete sentence, related to how the participants felt, illustrates their sadness.

Table 4.4 Incomplete sentence “My heart is”									
	Jamie	Liz	Adam	Angela	Natalie	Rowan	Cherry	Sarah	Demi
My heart is.....	sore	shining	beating	broken	sore	sad	broken	Soft	Um, I actually don't know what to say. Let me think. I don't know.

Another emotion experienced by some participants was fear and one participant blamed herself for the domestic violence. In middle childhood children are better able to reason and accept rationalizations about the violence and potentially any justification involving the children may lead the child to feel guilty or blame themselves (Cunningham & Baker, 2004:77). For two participants, shame was an evident emotion. According to Yontef (2005:91) the child senses that part of their inner self is not acceptable and cannot be received. Yontef (2005:91) argues that introjects of the self and the world influence the child's formation of character and is normally permeated with shame and guilt.

“They must feel strong and mustn't be afraid.” Jamie speaking about what she would say to children entering a shelter.

“About my family and how I was stay on the street.” Adam's response to the question whether there is anything he would not tell the world.

From their discussions the researcher deduced that four participants experienced depressed moods and three had a low sense of self esteem. Fear, depression and low self esteem are typical effects of exposure to domestic violence on children in middle childhood (Cunningham & Baker, 2004:40).

"If I was a now maybe like always the loser.... My first wish is to be, not to be famous, but to be someone." Liz

"I am not afraid anymore or I am not scared anymore for anything or anybody." Liz's goal to have a new heart that is no longer afraid.

The researcher also observed a lack of empathy in some participants' attitudes towards other children and by specific comments made by some participants. Research conducted within the United Nations Children's Fund (2006:4) found that children exposed to domestic violence lose the ability to feel empathy for others.

"I felt nothing." Adam referring to an incident when his mother hit his sister in the face with a belt.

During the interviews the researcher attempted to empower seven of the participants after they spoke about their problems. The need for the strengthening of the diminished self through the establishment of homeostasis by a supportive field was very evident to the researcher. It is important to note that the participants' emotional responses and needs were unique.

4.4.2 CONCEPT 2 – RESTRICTIONS IN SHELTERS HAVE A NEGATIVE IMPACT ON THE HOLISTIC SENSE OF SELF

4.4.2.1 CATEGORY 1

PARTICIPANTS EXPERIENCE A LACK OF CONTROL, FREEDOM AND PRIVACY WHILE LIVING IN A SHELTER

The restrictions placed upon the participants at the shelters appeared problematic for many, affecting them in different ways and in varying degrees. Often the restrictions result in a lack of control and leave children less empowered. In Gestalt therapy theory the ego function is the clear identification of the figure and the alienation of things not needed into the background. It is the making of a choice in response to needs or interests (Chidiac & Denham-Vaughan, 2009:44). For children in shelters the loss of choice therefore affects the holistic sense of self. What is identified as interesting or of need in the environment is not available and does not become the figure but instead remains as ground (Philippson, 2001:227). When there is excitement and awareness then this figure ground formation is meaningful (Yontef, 2005:88), if not, then the self is weakened and the sense of self is negatively impacted. Compared to children who have homes, children living in shelters have less power and control over themselves and their situations (Schaefer & Kaduson, 2006:173). When they can eat, sleep, play, exit and enter the shelter is governed by the shelter rules.

“..they say no, it’s no. You can’t eat when you want, sleep when you want, you got to go, when they say come down you must just come down.” Demi

Children in shelters have multiple authority figures. In certain cases the mother is also subject to shelter rules, and their influence is limited, especially regarding movement out of the shelter premises.

“Then my mommy must go and ask, and my mommy asked and asked, then my mommy said but we must go, so they say ok, and only if my mommy give a reason why then they let us go.” Natalie

Restrictions on the amount of time and where children could play, not being allowed to receive visitors or having the freedom to visit friends outside the shelter were issues for some participants. Children living in shelters are impacted socially as they are not able to have friends from school play with them due to strict secrecy rules governing the location of shelters (Park & Khan, 2000:339). The amount of time that they were confined in the shelter was contrasted with

the freedom of movement they experienced at home. Shelter 2 has very poor facilities for the children to play.

"There we used to go almost every day out. We go play, we can go out to the park, we can go anywhere where we want to." Simon reflecting on life at home in contrast to life at the shelter.

Some participants experienced a lack of control regarding the choice of food at meals and the lack of access to food when hungry. Two participants spoke about becoming hungry because they either ate very early or did not like the food. One participant missed her mom's cooking. In shelter 3 the participants had no problems with the meals and spoke about bread and a spread available daily, over and above meal times and access to the kitchen over the weekend.

"I wasn't going to leave them that they go to the room and stay hungry for the whole day." Adam in response to what he would not do as shelter boss.

"They just let you sit here until supper time and you must eat and you must wash you and then you do nothing, then so." Demi

Although she never mentioned the rules of the shelter as problematic one participant showed acute awareness of the restrictions at shelter.

"I'll tell them they mustn't be naughty, else if they going to be naughty, the boss will put them out." Jamie speaking about advice she would give children coming to shelters.

The lack of privacy due to living in community caused frustration for other participants. The noise and fighting at the meal table resulted in one participant being persistently distressed. Two participants found the other residents invasive. The one was troubled by the lady and her children sharing their room. Another participant said residents were interfering and causing trouble. The dorm-style rooms in shelters result in numerous people living together, limiting space and privacy (Schaefer & Kaduson, 2006:173).

“She was playing her music the whole night... I slept this morning because she wasn’t there.” Natalie speaking about the lady sharing their room.

“It happened the whole time, that’s why my friend, I don’t go to him anymore, because they just want to make trouble. And it’s a lot of them.” Demi speaking about residents gossiping about her friend.

4.4.2.2 CATEGORY 2

LOW LEVELS OF FINANCIAL AND SOCIAL RESOURCES

Limited financial and social resources are the reason that mothers and their children move to shelters after leaving violent homes. Half the participants acknowledged a house as their greatest desire. The biggest problem was the lack of financial means to move out of the shelter. One participant identified her father as the obstacle stopping her family from having their own place to live. Some of the mothers were unemployed, others worked off the shelter premises and in one case a mother worked on the premises as a house mother. Material possessions like a house, cell phones, cars, toys and money were mentioned by the participants when asked what they wished for. According to Mullender *et al.*, (2002:208) adults underestimate the recent losses experienced by children living in shelters.

“I got nothing to play with.” Rowan

Jamie when asked what her heart really wants *“My dolly at home.”*

4.4.3 CONCEPT 3 - PSYCHOSOCIAL BARRIERS TO HEALTHY FUNCTIONING RELATIONSHIPS

4.4.3.1 CATEGORY 1

MALADAPTIVE COPING PATTERNS IMPACTING PLAY, THE QUALITY OF PEER RELATIONSHIPS AND RESULTING IN RESTRICTIONS ON BEHAVIOUR

Fighting is an excessive, inappropriate and unhealthy coping pattern which often dominates the play time of children in shelters. Fighting has a significant impact on how children relate to one another. According to Cunningham and Baker (2004:40) an effect of witnessing domestic violence on children in middle childhood is aggressive behaviour. Living in a shelter is an added stressor for children exposed to domestic violence. Within the shelter context children have to cope with a concentration of other children exposed to domestic violence and are therefore more aggressive (Mc Closkey & Stuewig, 2001:85).

"He say if you my friend then I can hit you and next day you are friends again with him. That is how he operate". Adam

"I play with them but they like come we fight, come we fight, play fight man." Demi

The amount of fighting also leaves many children isolated and lonely. Children exposed to domestic violence are more aggressive in their interaction with peers Graham-Bermann and Levendosky (cited in Anooshian, 2005:374).

"When I was new they asked me what was my name, and they play with me, and by the eating table they said, are you going to be my friend? So I said yes. So now they not being my friend because they are fighting" Adam

A number of participants did not have friendships with peers at the shelters. One participant stated that she had no friends at school either. This participant was bullied at school, as were two other participants. Children in middle childhood who are exposed to domestic violence are at increased risk for bullying and/or being bullied (Cunningham & Baker, 2004:77). One participant was rejected by peers at school and was not included in sport. Homeless children exposed to domestic violence often experience social isolation and exhibit avoidance behavior (Anooshian, 2005:382). Anooshian (2005:374) maintains that the inability to resolve fights and victimization by peers results in isolation. Another possible cause for the lack of friends is inappropriate behaviour because of the inability to regulate behaviour in emotional situations Eisenberg (cited in Anooshian, 2005:374).

"I don't have any friends here" ... And at school? "I don't have any friends." Angela

"We have to go out for sports and children don't want me on their team." Sarah

Although some participants do have friendships with their peers, the way they relate to one another lacks intimacy. Peer relationships of children exposed to domestic violence are built on superficial interaction patterns lacking depth and connectedness (Katz, Hessler & Annest, 2007:513).

"Cause every time, I just pay them... I give them to chase me for me and my friends and so."
Natalie speaking about the boys at school.

The lowered quality of relationships often results in short lived and volatile friendships lacking the trust and respect essential for healthy contact. McCloskey and Stuewig (2001:85) argue that the transition out of home into shelters may be an added stressor that results in instability in friendship patterns and weakened peer relationships.

"And then a new person come, then they friends, then they break up again. So it goes on. So they don't respect each other." Adam

"they always want to be like bossy because I'm like new here. Now that is why I don't want to be hereI hate it....very much...this children here." Natalie

"my mother did scould me out and she did laugh when my mother hitted me." Jamie referring to her friend.

The lack of personal respect extends to a lack of respect for personal belongings. Jealousy as a result of wanting material possessions belonging to peers causes conflict and is resolved through aggression. When children are limited in their responses to stressful situations they have a propensity to display less tolerance for delays in need gratification. The limited resources may be due to lack of cognitive and language development and lack of social maturity and learning experiences (Davey & Neff, 2001:281).

"When you have something and they don't, then they get angry." Sarah

"Then they want to borrow each other, then they want to play and want to fight.....They getting cross and that and then they steal the children's stuff." Rowan

"...and we were playing and she did come into my room and stole my lip gloss." Jamie

Aggressive relationships are not limited to peers. Three participants expressed concern about their disturbed and often aggressive relationships with siblings at the shelter which exacerbated their problems.

"The biggest problem is.... That I hate my sister." Rowan

"When I don't want to do something then she say, just do it she start hitting me." Adam speaking about his sister at the shelter.

"...stuff now he want to swear at me. He likes to swear or be nasty to each other or he hit one another, he is like that." Liz speaking about her brother at the shelter.

As a result of the aggressive behaviour between peers at the shelter some participants face restrictions that limit their play. Mothers concerned about their welfare and standing at the shelter may confine children, affecting their freedom to play, ultimately adding frustration.

"With the children, with the other children, they swear, then they fight with vuis (fists) and then they hit each other in the face. Then I just go in my room and I just keep quiet in my room. My mommy say so." Rowan

"And we can't watch tv. There is too much people and my mommy's scared my brothers, they gonna fight with each other." Angela

"Sometimes we can't play outside, cause there is a lot of trouble and she (her mother) don't want us to be in trouble." Sarah

When considering the relationships between peers at a shelter it is important to recognise that the different influences on these relationships are diverse and complex (Anooshian, 2005:384). Children in shelters are hindered in their social skills due to their transient existence and the shame of their homelessness Buckner (cited in Schaefer & Kaduson, 2006:163).

4.4.3.2 CATEGORY 2 UNDERMINED MOTHER-CHILD RELATIONSHIPS CONTRIBUTE TOWARDS PROBLEMS FACED BY CHILDREN IN SHELTERS

Three female and one male participant spoke about problems they had with their relationships with their mothers. The mother and not the abuser ironically bears the impact of the children's distress and anger because they are forced to relocate (Humphreys *et al.*, 2006:56). These relationships were marked by conflict and aggressive responses to each other. Two participants admitted shouting and arguing, and one swearing at their mother. According to the participants their mothers hit and screamed at them often without understanding their plights or listening to what they had to say. Mcloyd *et al.* (2006:732) maintain that impoverished mothers are more likely to use power assertive techniques in disciplining (less reasoning and more physical punishment) and are generally less supportive of their children. The mother-child relationship during the domestic violence is often not open to communication and there may be unresolved needs to talk (Mullender *et al.*, 2002:209). The one participant felt that her mother projected her anger onto her children and another said her mother often humiliated her in front of others. The male participant experienced rejection, harsh treatment and neglect at the hands of his mother. The mother-child relationship, according Swick (2008:151), is hindered because mothers lack knowledge of how to foster caring relations with their children. This is exacerbated when they are faced with added stressors (Swick, 2008:151).

"When we naughty our mummies doesn't understand what we try to say. Sometimes the children's gets angry and they throw things around, saying I don't want to do this, and the mommy starts shouting at them, hitting them. Now the mummies doesn't know what they are trying to tell the mommy." Angela speaking about her relationship with her mother.

“if we do something wrong, she gonna put us in a home. Then we must stop it. The other time I did made a mistake cause I did pee in the bed, so she did smack me.” Adam

One participant wanted her mother to be safe and happy with her more than anything else that her heart desired. She felt unable to communicate her own sadness with her mom as she did not want to add to her mom’s distress. Mothers often don’t speak to their children after finding safety because they want to protect them from the full knowledge of the situation. Children are also bound by this “conspiracy of silence” and besides having learned that certain things aren’t spoken about, they don’t want to add to their mother’s sadness (Humphreys *et al.*, 2006:57). Besides the conflict between children and their mothers, the mothers are still identified as the primary support by the child (Mullender *et al.*, 2002:211).

Some participants appeared to take on roles or perform actions more indicative of adult behaviour in certain situations. A ten year old participant kept emergency money to catch a taxi and leave for her granny’s house when the fighting became too much. One participant wanted to have a good career so that she could provide for her mother and another said that she would ask around for a job for her mom. The reversal of roles in children exposed to domestic violence is not uncommon. According to Cunningham and Baker (2004:39) children assume roles as coping strategies (some as protector, mother’s confidant and perfect child) and these roles don’t simply disappear when the child reaches safety.

“I can buy myself my own house, look after my mommy, everything like that.” Demi speaking about what she’ll do when she is older.

4.4.3.3 CATEGORY 3 ABSENT FATHERS AND PARTICIPANTS’ PERCEPTIONS OF THEM ARE OPPOSITE POLARITIES

The absence of a father figure in the goals established by the participants was significant. Six participants hoped for a house in the future and five did not

mention a father figure residing with them. The sixth participant wished for a home that included her father but with no abuse or alcohol. One of the participants spoke about her family (mother and siblings) living with her, and her father (not identified as a member of her family) visiting. She said that she missed her daddy, as did another participant. The polarities in the participants' perceptions of their fathers were noticeable with some participants. In one way some participants spoke with affection about their fathers and then later excluded them. Mullender *et al.* (2002:206) found that despite the abuse, children still love their fathers and have mixed emotions about them.

"I won't take photos of my daddy.... Because he did, he swears at us." Rowan

"I will tell my daddy to come and visit me and um, to come and play with me." Rowan

4.3.3.4 CATEGORY 4 POOR ROLE MODELS IN THE SHELTER DO NOT OFFER PARTICIPANTS EXAMPLES OF ALTERNATIVE HEALTHY WAYS OF RELATING TOWARDS ONE ANOTHER

Within the shelter environment the children are exposed to the adults' unhealthy contact making styles. Often the competition for limited resources results in conflict and verbal attacks. Appropriate ways of contact making in stressful situations are not modelled to the children.

"If they get different amounts then they skell (shout), fight and swear." Liz talking about the mothers.

"They sometimes they fight cause with everybody want to do something then they make an argument. After that it was the whole time going on and on and on, still on till today, still on."
Adam

"The mummies,.. sometimes they skells (shout at) other people also." Sarah

".. he is not going to go tell his mommy otherwise his mommy, there is going to be an argument. My mother and his mother again." Liz explaining how a child in the shelter tries to prevent potential conflict.

Besides the verbal attacks in the form of threats, swearing and arguing, physical violent outbursts between mothers also occur in the shelter. This causes emotional distress for the children who are often witnesses. Due to the lack of privacy and public nature of the lives of children in shelters they will frequently witness the violence experienced by their mothers (Anooshain, 2005:374).

"She pushed my mother and my mother pushed back, and they started fighting..... and she threatened my mother that she is going to stab my mother." Jamie

"This lady got angry and told my mommy, my mommy just shut up because why, she just hit my mommy. My mommy said she isn't sacred for her, so she better come." Liz

In two shelters workers also demonstrated poor problem solving skills, utilising aggressive (non-physical) behaviour with the residents. This posed a problem for some participants. One participant found it stressful that her mother worked at the shelter as a house mother, especially because she shouted a lot during the day and projected her anger on her children after hours.

"Like shouting to the children and going on with them... and she do it in a rude way." Natalie referring to the social worker at shelter 2.

".. she said to my sister we are lekker (are friendly) with Aunty Merle (social worker) but tonight we are going to sleep on the street." Adam referring to the cook at shelter 2.

"Like swear and do all that naughty stuff...the mummies and the workers...aunty Belinda swears." Simon talking about the house mother at shelter 1.

"Fire the house mother, not aunty Melissa, aunty Belinda. She, I won't let her come and work here anymore because she is rude." Demi referring to the house mother at shelter 1.

"Sometimes my mommy get angry." Angela (mother is a house mother at shelter 2).

As a result, the skills necessary for the resolution of interpersonal conflict and problem solving are not modelled to the children within the shelter environment. The aggressive behaviour is a repeat of the behaviour modelled in violent

homes. At shelter 3, however, the participants' attitude toward the workers was very positive, and love, support and respect were modelled.

"It's happy, supporting and 100 % care and 100% love also and 100% respect." Liz commenting on shelter 3.

4.4.4 CONCEPT 4 – AGGRESSION IN THE PARTICIPANTS' WIDER FIELD

4.4.4.1 CATEGORY 1

PARTICIPANTS' EXPOSURE TO VIOLENT BEHAVIOUR AT SCHOOLS OFFERS NO RESPITE FROM CONTACT WITH AGGRESSION

For some participants the exposure to violence was not limited to their home and the shelter. Three of the participants discussed how they were bullied at school on a continual basis. According to Baldry (2003:714) children exposed to domestic violence are at risk of further abuse by becoming victims at school. Many children are the victims of bullies. Another participant spoke about the bad behaviour of the children in her new class.

"That school, I don't like that. Actually they hit each other there, and they bully us and they bully us and they bully the smaller children and they take money off them." Rowan

"They hurt me, they kick me and they hit me in the face. Then they call me names and then they go." Simon

"In my class there is rude childrens. They swear in our class and when the teacher is also there and the teachers do nothing." Liz

4.4.4.2 CATEGORY 2

PARTICIPANTS' EXPOSURE TO VIOLENCE AND CRIMINAL BEHAVIOUR WITHIN THEIR BROADER FIELDS

For one participant the lack of security at the shelter was a concern. The neighbourhood is known for violent crime and the carelessness regarding safety issues such as leaving the entrance gate open at the shelter, made her feel vulnerable. Two participants recalled episodes at their homes that caused great distress when intruders entered the house. One spoke about how her mother was almost attacked while the other participant witnessed his father being stabbed with a knife in his home. Various participants spoke about theft and one mentioned thieves on street corners harassing people and robbing them. Drugs as a social problem was mentioned and one participant spoke about the lady who shared their room at the shelter taking drugs at night. According to Dawes (2006:35) children in the Cape Metropolitan area are exposed to high levels of community violence.

“The drugs, at my school, they told us they broke into my school and took the copper pipes there, the wine, the alcohol, the everything, and the shooting here at night. It goes wild. You just hear gun shots every night. Not every night but some nights. The people here that sit here. In the morning they lore you man.” Demi

4.4.5 CONCLUSION OF FINDINGS

Loss and the perpetuation of violence were two threads that ran throughout the identification of problems experienced by children residing in shelters. These threads were acknowledged in the findings and recorded as concepts with categories.

Children in shelters experience multiple losses. The frequent moves, changing of schools, loss of friends and community cause disruptions in shelter children’s lives (Humphreys *et al.*, 2006:56). The loss identified in the study extends from the personal loss of choice, material losses, loss of healthy mother-child relationships and the general loss of relationships for some participants.

“I want to see my daddy.” Jamie, when asked what her heart really wants.

“I miss my friends at home.” Natalie

Significant events including loss may present the organism with a situation that threatens their sense of order and meaning. Instead of a distinction at the boundary, the individual is faced with a state that permeates all aspects of one's life and becomes both figure and ground (Melnick & Roos, 2007:98). The self may be regarded as the boundary of the organism that belongs to both the environment and the organism, as it contacts with both (Perls *et al.*, 1951:373). Loss therefore impacts the wholeness of self. The loss experienced by the participants is significant and has a negative effect on the psychological and social well being of children in shelters.

Besides loss, the continuation of violent behaviour in the form of physical attacks and psychological aggression within and without the shelter context was evident in the participants' lived experience. The persistent use of aggression extended from the preschool children in the crèche to the adults residing in the shelter communities. The adults included the mothers of the children, and in two of the shelters, aggressive attitudes were demonstrated by certain shelter workers. Violence permeated relationships between peers resulting in dysfunctional ways of relating in play and impacting the quality of relationships. Due to the use of violence across the generations the children continued to use aggressive tactics in conflict resolution and had few role models who could demonstrate alternative ways of healthy contact. Aggression together with a number of factors contributed towards already undermined mother-child relationships. The exposure to violence was not limited to the participants' immediate field but for some included the communities where they lived and went to school. The perpetuation of violence was identified by the researcher as a prevailing problem perceived by the participants in this study. For nine of the participants, fighting and other non-physical aggression was a problem. Participants left violent homes only to encounter aggression by others. Violence affects the psychological and social security (relationships) of children in shelters.

"Just when they fight, then I feel like going home." Jamie referring to the shelter.

“Because of the fighting. If I had a place I would pack my bags without my mommy knowing.”
Adam referring to the shelter.

4.5 CONCLUSION

The process of data analysis utilising data obtained from semi-structured interviews, field and theoretical notes, as discussed at the onset of the chapter led to the establishment of the four main concepts. These included contact styles (including disruptions in contact) in the participants’ lived experience, restrictions in shelters having a negative impact on the holistic sense of self, psychosocial barriers to healthy functioning relationships and aggression in the participants’ wider field. The research findings were recorded and verified with relevant concurrent literature and provided a summary of the analysed data in chapter 4. Chapter 5, the final chapter, will include a discussion of the conclusions, limitations and recommendations of this study.

CHAPTER 5

INTEGRATED SUMMARY OF CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The aims of the final chapter are twofold. The first is to determine whether the research question together with the aims and objectives constituting the outcomes of this study, as set out in the first chapter, were met. The second is to provide a summary, a conclusion and recommendations for applications by professionals working with children living in shelters. Limitations of the study and possible future research opportunities will also be discussed.

This chapter will commence with an evaluation of the aims, objectives and research question. A summary of each of the chapters will then be presented followed by the conclusions drawn from this study. Lastly the recommendations for professionals working in the shelter environment together with the limitations and possible future research opportunities will be provided.

5.2 EVALUATION OF REALIZING THE AIM AND OBJECTIVES

5.2.1 REALISING THE AIM

The general aim was to explore and describe the psychosocial problems perceived by children in middle childhood, living in shelters in the Cape Metropolitan Area. The outcomes of this study would be used to provide recommendations for professionals working in this environment.

In order to provide an in-depth understanding of the psychosocial problems perceived by children in shelters, the researcher adopted an instrumental case

study strategy, a bounded system in time and place, within a qualitative research approach. The non-probability, purposive (judgemental) sampling procedure utilized was convenient because of the unpredictable and transient nature of shelter residents and to ensure the safety of potentially vulnerable participants. The data collection utilised multiple information sources including in-depth semi-structured interviews, drawings and observations of ten participants which provided understanding and helped the researcher discover the participants' lived worlds and revealed the meanings of their experiences from their point of view. The interviews were audio and video recorded, transcribed and together with field and theoretical notes constituted the data for the study, which once analysed was discussed with a control of the literature in chapter 4.

5.2.2 REALIZING THE OBJECTIVES

The aim of this study was achieved by reaching the following stipulated objectives recorded in the first chapter.

- Objective 1

The researcher provided a conceptual framework (chapters 2 and 3) which included Gestalt therapy theory, developmental theory and the underlying theory pertinent to the psychosocial problems of children living in shelters. This constituted part of the literature study.

- Objective 2

The researcher conducted an empirical study by means of collecting evidence through semi-structured interviews and documents (elements of the Hero Book) to explore and describe the psychosocial problems of children in shelters. The analysis of data took place by examining and categorizing the data to produce research findings. The research findings were considered within a Gestalt therapy theory framework and were verified with relevant concurrent literature.

- Objective 3

The researcher described the psychosocial problems as perceived by children in shelters and produced a summary, conclusion and recommendations for applications by professionals working with these children.

5.3 EVALUATION OF ANSWERING THE RESEARCH QUESTION

The following research question was formulated for this study.

What are the psychosocial problems perceived (subjective reality) by children residing in shelters in the Cape Metropolitan Area?

The researcher is of the opinion that the research question was answered successfully through the use of a qualitative research paradigm employing a case study strategy. Data triangulation assisted the researcher in providing greater confidence as the accuracy of the data was strengthened. Rich descriptions from each of the three sessions, for all ten interviews, provided the foundation giving rise to the formation of four concepts and numerous categories that provided insight into the psychosocial problems of children living in shelters in the Cape Metropolitan area. These findings were verified against the literature control. The answer, therefore, to the above research question is provided in the findings generated in this study (chapter 4) and provides insight into the lived experiences of these children.

5.4 SUMMARY OF THE CHAPTERS IN THIS REPORT

5.4.1 CHAPTER 1: INTRODUCTION AND OVERVIEW OF STUDY

The first chapter was an introduction to and overview of the study. The rationale and problem formulation that substantiated the choice of topic and gave rise to

the aims and objectives, and ultimately the research question were discussed. The theoretical framework and paradigm provided the underlying assumptions of the research design. The objectives of the study outlined the steps necessary for the implementation of the research methodology, which was also considered in detail. Ethical considerations and the impact of the study were discussed and the main concepts defined.

5.4.2 CHAPTER 2: CONCEPTUAL FRAMEWORK: KEY TENETS AND THEORETICAL ASSUMPTIONS OF GESTALT THERAPY THEORY

The first part of the conceptual framework for this study, namely the key tenets and theoretical assumptions of Gestalt therapy theory, were discussed in detail in this chapter. The paradigm guiding the observation and understanding of children's perceptions of their psychosocial problems was Gestalt therapy theory and the chapter served as a foundation for the empirical study. The underlying tenets namely, the field, the phenomenological method of enquiry and holism were presented. In order to provide a thorough understanding of the child from a Gestalt therapy theory perspective the self, contact and healthy functioning were incorporated as core principles within the theoretical assumptions.

5.4.3 CHAPTER 3: CONCEPTUAL FRAMEWORK: THEORETICAL ASSUMPTIONS OF THE CHILD IN A SHELTER AND DEVELOPMENT IN MIDDLE CHILDHOOD

The second part of the conceptual framework, namely the theoretical assumptions of the child in a shelter and development in middle childhood, were examined in detail in this chapter. The chapter served the function of providing a better understanding of the concepts pertinent to children living in temporary shelters for abused women and their children and was also foundational for the empirical study. The shelter environment, an exploration of the mother-child relationship, the impact of the exposure to domestic violence and the child's broader environment were considered. Middle childhood as a developmental stage principally from a Gestalt perspective was examined. Development with a

particular focus on the parent-child relationship, risk factors and other aspects significant for a developmental understanding of the child in a shelter were discussed.

5.4.4 CHAPTER 4: EMPIRICAL INVESTIGATION AND LITERATURE CONTROL

The general aim of this research was to explore and describe the phenomenological field, specifically the psychosocial problems of children living in shelters. The exploration and description of the phenomena providing in-depth information was conducted within a Gestalt therapy theory paradigm.

A description of the process of data collection and analysis was highlighted in this chapter. Insight into children's problems was attained through the employment of an instrumental case study strategy. The case study consisted of ten children from three shelters in the Cape Metropolitan area. The data collection utilised multiple information sources including in-depth semi-structured interviews, drawings and observations recorded in field and theoretical notes ensuring triangulation of data.

Meaning was derived from the data in a methodical, comprehensive and rigorous manner. The analysis of data and interpretation thereof produced findings that led to the answering of the initial problem formulation and in so doing achieved the aim of the study. The empirical results were verified with concurrent literature. Besides a description of the findings, direct quotes that served as the source of raw data were included in the findings. This contributed to a richer understanding of the meaning participant's gave to their experiences and perceptions of the problems they encounter in shelters. Recommendations for professionals working with children in shelters were formulated from the research findings of this study.

5.5 CONCLUSIONS REGARDING THE CATEGORIES OF ANALYSIS FOR THIS STUDY

The identification of concepts and categories of meaning were established through the analysis and interpretation discussed in chapter 4. These concepts and categories form the basis of the recommendations for professionals working with these children by contributing to dialogue, discourse and extending the knowledge on psychosocial problems for therapeutic support and intervention. A summary of the concepts and categories of the psychosocial problems perceived (their phenomenological field) by children in living in shelters is provided in the table below.

Table 5.1 Summary of the concepts and categories.
<p>CONCEPT 1 Contact styles (including disruptions in contact) in the participants' lived experience.</p> <p>CATEGORIES</p> <p>Category 1 Disturbances in self-regulation and self support as aggressive behaviour is utilized as a means of problem solving.</p> <p>Category 2 The projection of anger in the form of externalising behaviours such as aggression and oppositionality (conduct problems and disobedience).</p> <p>Category 3 Deflection and desensitisation as contact boundary disturbances throughout the interview process.</p>
<p>CONCEPT 2 Restrictions in shelters have a negative impact on the holistic sense of self.</p> <p>CATEGORIES</p> <p>Category 1 Participants experience a lack of control, freedom and privacy while living in a shelter.</p> <p>Category 2 Low levels of financial and social resources.</p>
<p>CONCEPT 3 Psychosocial barriers to healthy functioning relationships.</p> <p>CATEGORIES</p> <p>Category 1 Maladaptive coping patterns impacting play, the quality of peer relationships and resulting in restrictions on behaviour.</p> <p>Category 2 Undermined mother-child relationships contribute towards problems faced by children in shelters.</p> <p>Category 3 Absent fathers and participants' perceptions of them are opposite polarities.</p> <p>Category 4 Poor role models in the shelter do not offer participants examples of alternative healthy ways of relating towards one another.</p>

CONCEPT 4

Aggression in the participants' wider field.

CATEGORIES**Category 1**

Participants' exposure to violent behaviour at schools offers no respite from contact with aggression.

Category 2

Participants' exposure to violence and criminal behaviour within their broader fields.

In summary, the psychosocial problems perceived by children living in shelters included poor self regulation as a result of disturbances in the contact cycle, restrictions in shelters negatively impacting the holistic sense of self, barriers hindering relationships with significant others and the continuation of violence into the participants' broader field. The experience of multiple losses and the persistence of violent behaviour in the form of physical attacks and psychological aggression within and without the shelter context was a thread that ran through this study.

5.6 RECOMMENDATIONS FOR PROFESSIONALS WORKING WITH CHILDREN IN SHELTERS

Based on current literature, the research findings of this study and the personal experience of working with children in a shelter, the researcher proposes the following recommendations for professionals working with children in shelters.

- The first recommendation is that all staff at shelters are cognisant of the fact that children who enter shelters are in crisis and are less able than their mothers to cope with the transition. Even though some children appear to be functioning normally many have learned to protect themselves in various ways such as not demonstrating emotional distress. Children are often treated as secondary clients and in many cases are not recognised and remain the hidden victims of domestic violence. When families enter shelters they should undergo systemic screening to identify specific critical problems that can be addressed at the onset of the stay (Stephens *et al.*, 2000:155), and in so doing prevent potential conflict. Shelters are in a position to provide an essential positive impact on

children so that they are better able to adjust and cope with uncertainties in their futures (Park & Khan, 2000:329).

- It is the researcher's opinion that a phenomenological understanding of children's psychosocial problems has contributed toward dialogue and discourse that would assist in the implementation of future specifically tailored therapeutic interventions for children in the Cape Metropolitan area. The researcher recommends an introductory program that contributes towards the facilitation of a smooth transition into shelter life by helping children to adjust to communal living. An exploration of the potential issues arising from living in a community, in a developmentally appropriate manner, would create awareness and better prepare children by "normalising" the situation. Safety is produced by maintaining a sense of the familiar and predictable. Balance, however, is essential as too restrictive an environment deadens the spirit and doesn't allow for the taking of essential risks necessary to establish new styles of contact. On the other hand, an environment without a sense of shared security does not allow for the integration of new experiences Parlett (cited in O'Neill, 2009). Particular focus should be on respect and the assurance of support from the shelter. Empowering children to realize that they still have choices within a shelter environment would be beneficial. The use of stories, role plays, puppets and drawing may be of particular benefit for children in groups in middle childhood (Geldard & Geldard, 2002:135).
- The researcher recommends that an intervention program orientated toward the development of important social skills for children should be implemented at shelters. Focus should be on the promotion and training of prosocial (versus anti social) engagement. This includes negotiation skills, the ability to delay gratification, coping behaviours, problem solving and other skills necessary for conflict resolution. The development and promotion of empathy should be included. A particular focus on the development of peer skills would be invaluable to these children (McCloskey & Stuewig, 2001:94) as their need for support is intensified

during middle childhood and as a result of being homeless. A well intended intervention program that does not fully integrate significant information and factors related to the child's field may, however, intensify problems for the child. Children who have learned self advocacy skills may be perceived as non-compliant by parents, if they have not been part of the intervention in some way. This could increase the child's risk of harm (Stephens *et al.*, 2000:153).

- Besides a program that would serve as a prevention and intervention the researcher recommends individual therapy (as a basic necessity) for children residing in shelters. Therapy with children exposed to domestic violence should include the creation of awareness, particularly the awareness of their emotions with an emphasis on regulating strong negative affect. Poor emotional competence is associated with behaviour problems and improving an awareness and understanding of emotions may lead to improvements in externalising and internalising symptoms. Improving emotional competence should give these children additional skills to help protect them from the stresses of living in homes with undue conflict (Katz *et al.*, 2007:533). Therapy with these children includes the reorganising of their sense of reality and self (Kepner, 2003:53). According to Kepner (2003:54) trauma memories are outside the boundary of self. The expansion of the boundary to include the trauma memory and identify it with the self is integral for the healing process. As the boundary firms up, the self reconsolidates (assimilates initial fragments of trauma memory into the self) and adapts to reality. Research is growing to establish play therapy as a developmentally appropriate mental health intervention for children who are homeless (Schafer & Kaduson, 2006:165). None of the three shelters offered individual or group therapy for children, although the third shelter offered an intervention program similar to the recommendation described above.
- The respite offered by shelters affords the ideal time for interventions that enable the recovery of mother-child relationships. The researcher

recommends that joint work in the form of a regular program, with accountability structures in place, be done that builds and strengthens their shared relationship. The re-establishment or development of open channels of communication undermined by years of abuse should form the core of the intervention (Humphreys *et al.*, 2006:61). Activities that mothers and children can do together to foster bonds and develop mutual understanding, as well as ways to support and encourage skills necessary for effective parenting, should be included. By encouraging an ethos of mutual respect and hope for the restoration of relationships in the shelter, mothers and children would benefit greatly.

- The effectiveness of shelter interventions on the lives of families is correlated with the removing of barriers that discourage participation (Davey & Neff, 2001:289). While the researcher recognises the importance of responsibility and the shortage of resources in shelters, involvement in residential obligations adds to the stress of being homeless and diminishes motivation to be involved in shelter interventions. Less time should be allocated for duties which together with staff motivation will add to the willingness of mothers to participate in residential programs. In shelter 2 the researcher observed menial tasks being assigned to residents.
- The researcher recommends the implementation of a rigid and easily administered disciplinary system to ensure the psychological and physical safety of children living in shelters. Children residing in shelters have an intense psychological need for safety. The system would serve to protect residents, maintain order and be based on mutual respect. An example would be a reward system based on points with clearly set guidelines on what does and doesn't constitute acceptable behaviour in the shelter. Punishment of offences should be fair and consistent. The implementation of a system as described would run concurrently with an intervention plan (discussed above). It would serve no purpose to have a system in place without empowering and supporting the residents by demonstrating

alternative negotiation and problem solving skills. Shelter 3 has a discipline system in place.

- The lack of effectual role models in shelter 1 and shelter 2 highlight the importance of having authority figures who are able to cope effectively with the stressors in shelters. Often mothers who have resided at the shelter for longer are appointed as shelter workers and house mothers. The researcher recommends that should the appointment of workers be previous residents, they should undergo sufficient individual therapy and demonstrate healthy behaviour (the ability to make contact) and the exhibit the necessary skills required for working with individuals in crisis. Skills should include problem solving skills that model a non-aggressive approach.
- Children feel that they have no control and are powerless in shelters. Shelters could empower children by allowing them to make choices about certain issues. An example would be providing a facility that enables children to make a sandwich if they choose to do so during the day. This not only prevents children from getting hungry but gives them the freedom to eat when they would like to. Shelter 3 has a system in place to accommodate children in this way and it had a positive effect on the participants residing there. In shelter 2 the children did not have a place to play compared to the children in shelter 1 and 3. It is recommended that a safe play area be accessible to children who would then have some choice regarding whether they would or would not want play.

5.7 LIMITATIONS OF THE STUDY AND POSSIBLE FUTURE RESEARCH OPPORTUNITIES

5.7.1 LIMITATIONS OF THE STUDY

Women who reside at shelters are psychologically and financially vulnerable and many are completely dependent on the shelter authorities for their provision and security. The researcher supposed that possibly two mothers had warned their children not to say anything negative in the interviews, especially regarding the shelter, that would potentially jeopardise their refuge.

Due to the trauma experienced by children residing in shelters a relationship based on trust with a researcher may require more time than three sessions to be better established. A time-honoured relationship would have made the sharing of their phenomenological experiences easier for some of the participants who may have shared more openly. The resistance that was experienced by the researcher, however, provides insight into the participants' lived experience and highlights the necessity of therapeutic intervention.

The study took place in shelters in the Cape Metropolitan area only. This reality together with the relatively small size of the sample does not allow for the generalisation of findings to other populations.

Throughout the interviewing process the researcher attempted to maintain a phenomenological stance, by bracketing preconceptions, attitudes and judgments. The researcher, however, acknowledges the complexity involved in maintaining restraint over one's own reactivity and biases which may subtly influence perceptions of the participants or oneself (Graziano & Raulin, 2004:143).

5.7.2 POSSIBLE FUTURE RESEARCH OPPORTUNITIES

The study has contributed towards filling the void of research on children living in shelters in the Cape Metropolitan area and serves as a pilot study for future research with particular emphasis on interventions for children in shelters.

Research that centres on the expansion of a developmentally appropriate introductory program for children, who enter shelters, is a potential research

prospect. The effectiveness of particular media (such as stories) and activities that assist in the healthy transition into shelter life could also be investigated. The development of an intervention program that facilitates the assimilation of social skills, relevant to the specific needs of children residing in shelters, may be another research option.

Other future research opportunities would include research that focuses on the development of an intervention that contributes towards the restoration of the mother-child relationship in shelters.

5.8 CONCLUDING STATEMENT

The study facilitated the gaining of insight into children's lived experiences and perspectives not available from any source other than the children themselves which contributed towards a better understanding of the psychosocial problems of children living in shelters. The identification and description of psychosocial problems of children in middle childhood has advanced towards to a better understanding of their needs for professionals working in this field. The findings of this study have extended the knowledge on children in shelter's problems and have shaped the groundwork that could contribute to dialogue and discourse for therapeutic support and intervention.

REFERENCES

Amerson, R. 2008. Mental Illness in Homeless Families. *The Journal of Nurse Practitioners*, 4(2):109-113.

Anfara, V.A., Brown, K.M. & Mangione, T.L. 2002. Qualitative Analysis on Stage: Making the research process more public. *Educational Researcher*, 31(28):28-38.

Anooshian, L.J. 2005. Violence and Aggression in the Lives of Homeless Children. *Journal of Family Violence*, 20 (6):376-387.

Babbie, E. & Mouton, J. 2001. *The Practice of Social Research*. Oxford: Oxford University Press.

Babbie, E. 2007. *The Practice of Social Research*. Belmont: Thomson Wadsworth.

Baldry, A.C. 2003. Bullying in schools and exposure to domestic violence. *Abuse and Neglect*, 27(7):13-732.

Barber, P. & Brownell, P. 2008. *Qualitative Research. Handbook for theory, research, and practice in Gestalt Therapy*. New York: Cambridge Scholars Publishing.

Bee, H. & Boyd, D. 2007. *The Developing Child*. Eleventh Edition. Boston: Pearson Education Inc.

Blom, R. 2004. *The Handbook of Gestalt Play Therapy*. London: Jessica Kingsley Publishers.

Chidiac, M. & Denham-Vaughan, S. 2009. An organisational self: applying the concept of self to groups and organizations. *British Gestalt Journal*, 18(1):42-49.

Clarkson, P. 2004. *Gestalt Counselling in Action*. Third Edition. London: Sage Publications:

Collins. 1988. *Collins Pocket Reference English Dictionary*. u.w. "goals". Glasgow: William Collins Sons & Co.Ltd.

Creswell, J.W. 2003. *Research Design. Qualitative, Quantitative, and Mixed Methods Approaches*. 2nd ed. Lincoln: Sage Publications.

Creswell, J.W. 2005. *Educational Research*. Second Edition. New Jersey: Pearson Prentice Hall.

Creswell, J.W., Hanson, W.E., Clark Plano, V.L. & Morales, A. 2007. Qualitative Research Designs: selection and Implementation. *The Counseling Psychologist*, 35 (3):236-264.

Crocker, S.F. 2009. Phenomenology in Husserl and in Gestalt therapy. *British Gestalt Journal*, 18(1):18-28.

Cunningham, A. & Baker, L. 2004. Centre for Children & Families in the Justice System *What about me! Seeking to understand a child's view of violence in the family*. [Online] Available: http://www.lfcc.on.ca/what_about_me.htm]. [2008, 16 December].

Davey, T.L. & Neff, J.A. 2001. A shelter-based stress-reduction group intervention targeting self-esteem, social competence and behaviour problems among homeless children. *Journal of Social Distress and the Homeless*, 10(3):279-291.

Dawes, A. 2006. *A situation analysis of children affected and maltreated in the Western Cape*. Human Sciences Research Council. [Online] Available: <http://www.hsrc.ac.za/index.php?module=pagesetter&func=viewpub&tid=1&pid=>

13&tpl=publications&navigationtype=pubyear&pubyear=2006. [2008, 12 December].

Department of Social Development, South Africa. 2008. *Social Development*. [Online]. Available: <http://www.info.gov.za/aboutsa/socialdev.htm#Introduction> [2008, 22 November].

Delport, C.S.L & Fouché, C.B. 2005. The place of theory and the literature review in the qualitative approach to research. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the Social Sciences and Human Service Professions*: Third Edition. Pretoria: Van Schaik Publishers.

De Vos, A.S. 2005a. Scientific theory and Professional research. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the Social Sciences and Human Service Professions*: Third Edition. Pretoria: Van Schaik Publishers.

De Vos, A.S. 2005b. Qualitative data analysis and interpretation. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the Social Sciences and Human Service Professions*: Third Edition. Pretoria: Van Schaik Publishers.

De Vos, A.S. 2005c. Combined quantitative and qualitative approach. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the Social Sciences and Human Service Professions*: Third Edition. Pretoria: Van Schaik Publishers.

Evans, K. 2007. Living in the 21st Century: A Gestalt Therapist's Search for a New Paradigm. *Gestalt Review*, 11(3):190-203.

Fouché, C.B. 2005. Writing the research proposal. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the Social*

Sciences and Human Service Professions: Third Edition. Pretoria: Van Schaik Publishers.

Fouché, C.B. & Delport, C.S.L. 2005. Introduction to the research process. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the Social Sciences and Human Service Professions*: Third Edition. Pretoria: Van Schaik Publishers.

Fouché, C.B. & De Vos, A.S. 2005. Problem formulation. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the Social Sciences and Human Service Professions*: Third Edition. Pretoria: Van Schaik Publishers.

Fox, W. & Bayat, M.S. 2007. *A guide to managing research*. Cape Town: Juta & Co. Ltd.

Geldard, K. & Geldard, D. 2002. *Counselling Children. A Practical Introduction*. Second Edition. London: Sage Publications.

Gerwitz, A.H. & Edleson, J.L. 2007. Young Children's Exposure to Intimate Partner Violence: Towards a Developmental Risk and Resilience Framework for Research and Intervention. *Journal of Family Violence*, 22(3):151-163.

Graham-Bermann, S.A. & Hughes, H.M. 2003. Intervention for Children Exposed to Interparental Violence (IPV): Assessment of Needs and Research Priorities. *Clinical Child and Family Psychology*, 6(3):189-201.

Graziano, M. & Raulin, M.L. 2004. *Research Methods. A Process of Inquiry*. Boston: Pearson.

Greef, M. 2005. Information collection: Interviewing. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the Social*

Sciences and Human Service Professions: Third Edition. Pretoria: Van Schaik Publishers.

Groenewald, J. 2001. *Minimum Standards on Shelters for Abused Women*. [Online] Available: <http://www.info.gov.za/view/DownloadMFileAction?id=70304> [2008, 12 December].

Groenewald, J.J. 2006. Evaluations of programs of shelters for victims of abuse in Gauteng Province. MA-thesis. Pretoria: University of South Africa.

Government Gazette. 1998. Domestic Violence Act 116, 1998.

Haverkamp, B.E. & Young, R.A. 2007. Paradigms, Purpose, and the Role of the Literature: Formulating a Rationale for Qualitative Investigations. *The Counselling Psychologist*, 35(2):265-294.

Henning, E. 2004. *Finding your way in Qualitative Research*. Pretoria: Van Schaik Publishers.

Hesse-Biber, S.N. & Leavy, P. 2006. *The Practice of Qualitative Research*. London: Sage Publications.

Holden, G.W. 2003. Children exposed to domestic violence and child abuse: Terminology and Taxonomy. *Clinical Child and Family Psychology Review*, 6(3):151-160.

Holloway, I. 1997. *Basic Concepts for Qualitative Research*. Oxford: Reader Institute of Health & Community Studies.

Humphreys, C., Mullender, A., Thiara, R. & Skamballis, A. 2006. 'Talking to My Mom'. *Journal of Social Work*, 6(1):53-36.

Huth-Bocks, A.C., Levendosky, A.A. & Semel, M.A. 2001. The direct and indirect effects of domestic violence on young children's intellectual functioning. *Journal of Family Violence*, 16: 269-290.

Huth-Bocks, A., Schettini, A. & Shebroe, V. 2001. Group Therapy for Preschoolers Exposed to Domestic Violence. *Journal of Child and Adolescent Group Therapy*, 11(1):19-34.

Huth-Bocks, A.C. & Hughs, H.M. 2008. Parenting stress, parenting behaviour and children's adjustment in families experiencing intimate partner violence. *Journal of Family Violence*, 23:234-251.

Jarvis, K.L., Gordon, E.E. & Novaco, R.W. 2005. Psychological distress of children and mothers in domestic violence emergency shelters. *Journal of Family Violence*, 20(6): 389-402.

Joyce, P. & Sills, C. 2001. *Skills in Gestalt Counselling and Psychotherapy*. London: Sage Publications.

Katz, L.F., Hessler, D.M. & Annett, A. 2007. Domestic violence, emotional competence and child adjustment. *Social Development*, 16(3):513-535.

Kepner, J.I. 2001. *Body Process. A Gestalt approach to working with the body in Psychotherapy*. New York: Gestalt Press.

Kepner, J.I. 2003. *Healing Tasks. Psychotherapy with adult survivors of childhood abuse*. New York: The Analytic Press.

Korb, M.P., Gorrell, J. & van De Riet. 2002. *Gestalt Therapy: Practice and Theory*. New York: Gestalt Journal Press.

Kruger, H.B. 2004. Addressing domestic violence: To what extent does the law provide effective measures? *Journal of Juridical Science*, 29(1):152-173.

Lang, J.M. & Stover, C.S. 2008. Symptom patterns among youth exposed to intimate partner violence. *Journal of Family Violence*, 23:619-629.

Latner, J. 1986. *The Gestalt Therapy Book*. New York: Gestalt Journal Press

Levin-Rozalis, M. 2006. Using projective techniques in the evaluation of groups for rehabilitation drug addicts. *Issues in Mental Health Nursing*. 27:519-535.

Lobb, M.S. 2008. From the Epistemology of Self to Clinical Specificity in Gestalt Psychotherapy. *The International Gestalt Journal*, 31(1):51-72.

Louw, D.A., van Ede, D.M., & Louw, A.E. 1998. *Human Development*. Second Edition. Cape Town: Kagiso Tertiary.

Mackewn, J. 1997. *Developing Gestalt Counselling*. New York: Sage Publications Ltd.

Martin, L.J. & Jacobs, T. 2003. *Screening for Domestic violence: A policy and management framework for the health sector*. Institute of Criminology, University of Cape Town. [Online]. Available: <http://www.ghjru.uct.ac.za/osf-reports/protocol.pdf> . [2010, 19 February].

McCloskey, L.A. & Stuewig, J. 2001. The quality of peer relationships among children exposed to family violence. *Development and Psychopathology*, 13(1):83-96.

McConville, M. 2001. Lewinian Field Theory. Development, and Psychotherapy. In: McConville & Wheeler. *The Heart of Development. Volume 11:Adolescence*. Hilldale: Gestalt Press.

McConville, M. 2007. Relational models and the evolving field of parent-child contact: a contribution to a Gestalt theory of development. *British Gestalt Journal*, 16(2):5-12.

Mcloyd, V.C., Aikens, N.L. & Burton, L.M. 2006. Childhood poverty, policy and practice. In: Damon,W. & Lerner,R.M. *Handbook of Child Psychology Volume 4*. Sixth Edition. New Jersey: John Wiley & Sons Inc.

Melnick, J. & Roos, S. 2007. The myth of closure. *Gestalt Review*, 11(2):90-107. [Online]. Available:<http://www.gestaltreview.com/Portals/0/GR1102Melnick&Roos.pdf> [2010, 1 February].

Merriam, S.B. 2002. *Qualitative Research in Practice*. San Francisco: Jossey-Bass.

Mertens, D.M., & Ginsberg, P.E. 2008. Deep in Ethical Waters. Transformative Perspectives for Social Work Research. *Qualitative Social Work*, 7(4):484-503.

Mestry, R. 2004. Financial Accountability: The principle or the school governing body. *South African Journal of Education*, 24(2):126-132.

Meyer, W., Moore, C. & Viljoen, H. 2003. *Personology: From Individual to Ecosystem*. Third Edition. Pretoria: Heinemann.

Monahan, C. 1993. *Children and Trauma*. New York: Lexington Books.

Morgan, J. 2006. Hero books within the REPSSI knowledge development process. Unpublished paper.

Morgan, J. 2007. Psychosocial Wellbeing Series. Making a Hero Book. Repssi:Randburg.

Morrow, S.L. 2007. Qualitative Research in Counseling Psychology: Conceptual Foundations. *The Counseling Psychologist*, 35(3):109-235.

Mouton, J. & Marais, H.C. 1996. *Basic concepts in the methodology of Social Sciences*. Pretoria: HSRC Publishers.

Mullender, A., Hague, G., Imama, U., Kelly, L., Malos, E. & Regan, L. 2002. *Children's perspectives on domestic violence*. London: Sage.

Naggolo, L. & Pelter, K. 2003. Violence against women and its mental health consequences in Namibia. *Gender and Behaviour*, (1):16-33.

Nevis, E.C. 2000. *Gestalt Therapy Perspectives and Applications*. Gestalt Press: Cambridge

O'Neill, B. 2009. *Community, Psychotherapy and Life Focus: A Gestalt Anthology of the History Theory and Practice of Living in Community*. Australia: Ravenwood Press. [Online]. Available: http://www.illawarragestalt.com/Index_files/Page309.htm. [2010, 17 February].

Osofsky, J.D. 2003. Prevalence of Children's Exposure to Domestic Violence and Child Maltreatment: Implications for Prevention and Intervention. *Clinical Child and Family Psychology Review*, 6(3):161-170.

Page, T. & Nooe, R.M. 2002. Life Experiences and Vulnerabilities of Homeless Women: A Comparison of Women Unaccompanied Versus Accompanied by Minor Children, and Correlates with Children's Emotional Distress. *Journal of Social Distress and the Homeless*, 11(3):215-231.

Panuzio, J.P., Taft, C.T., Black, D.A., Koenen, K.C. & Murphy, C.M. 2007. Relationship Abuse and Victims' Posttraumatic Stress Disorder Symptoms: Association with Child Behavior Problems. *Journal of Family Violence*, 22:177-185.

Parlett, M. 1991. Reflections on Field Theory. *The British Gestalt Journal*, 1:68-91.

Parlett, M. 2005. Contemporary Gestalt Therapy: Field Theory. In: Woldt, A & Tolman, S.M. (Eds). *Gestalt Therapy History, Theory & Practice*. London: Sage Publishers.

Park, Y.J. & Khan, F. 2000. Helping the Hidden Victims Sheltering the Children. In: Park, Y.J.; Fedler, J. & Dangor, Z. *Reclaiming Women's Spaces: New Perspectives on Violence against Women and Sheltering in South Africa*. Johannesburg: NISAA Institute for Women's Developments Publishers.

Parry, C. 2005. *Substance Abuse Trends in the Western Cape: Summary*. Medical Research Council. [Online]. Available: <http://www.sahealthinfo.org/admodule/summary.pdf>. [2008, 12 December].

Perls, F., Hefferline, R.F. & Goodman, P. 1951. *Gestalt Therapy Excitement and Growth in the Human Personality*. London: Souvenir Press.

Philippson, P. 2001. *Self in Relation*. Maine: The Gestalt Journal Press.

Pollio. H.R., Henley, T. & Thompson, G.B. 1997. *The phenomenology of everyday life*. Cambridge: Cambridge University Press.

Polster, E. & Polster, M. 1999. *From the Radical Centre. The Heart of Gestalt Therapy*. Cambridge: GIC Press.

Polster, E. 2005. *A population of selves*. Maine: Gestalt Journal Press.

Ponterotto, J.G. & Grieger, I. 2007. Effectively Communicating Qualitative Research. *The Counseling Psychologist*, 35(3):404-430.

Poulin, K.L. 2007. Teaching qualitative Research: lessons From Practice. *The Counseling Psychologist*, 35(3):431-458.

Rodriquez, C.M. 2006. Emotional functioning, attachment style, and attributions as predictors of child abuse potential in domestic violence victims. *Violence and Victims*, 21(2):199-211.

Sadock, B.J. & Sadock, V.A. 2003. *Kaplan & Sadock's Synopsis of Psychiatry*. Ninth Edition. Philadelphia: Lippincott, Williams & Wilkins.

Schaefer, C.E. & Kaduson, H.G. 2006. *Contemporary Play Therapy. Theory, Research and Practice*. New York: The Guilford Press.

Sharf, R.S. 2004. *Theories of Psychotherapy & Counseling Concepts & Cases*. Third Edition. Pacific Grove: Thomson Brooks Cole.

Singh, D. 2005. Children who witness adult domestic violence: Part 2. The Law, Legal protection and the role of social development and child welfare agents. *Child abuse Research in South Africa*, 6(2):36-43.

Spilsbury, J.C, Belliston, L., Drotar, D., Drinkard, A., Kretschmar, J., Creeden, R., Flannery, D.J. & Friedman, S. 2007. Clinically significant trauma symptoms and behavioural problems in a community-based sample of children exposed to violence. *Journal of Family Violence*, 22:487-499.

Stephens, N., McDonald, R. & Jouriles, E.N. 2000. Helping children who reside at shelters for battered women: Lessons learned. In: Geffner, R.A., Jaffe, P.G. & Sundermann, M. *Children Exposed to Domestic Violence. Current Issues in Research, Intervention, Prevention and Policy Development*. The Haworth Maltreatment & Trauma Press: New York.

Strydom, H. 2005. Sampling and sampling methods. In: De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the Social*

Sciences and Human Service Professions: Third Edition. Pretoria: Van Schaik Publishers.

Swick, K.J. 2008. Empowering the parent-child relationship in homeless and other high-risk parents and families. *Early Childhood Education Journal*, 36(2), 149-153.

United Nations Children's Fund. 2006. *Behind closed doors. The impact of domestic violence on children*. [Online]. Available: <http://www.violencestudy.org/recherche.php3?recherchesecretary+general+domestic+violence> [2008, 25 November].

Van Wyk, B.E. & Theron, W.H. 2005. Fighting gangsterism in South Africa: A contextual review of gang and anti gang movements in the Western Cape. *Acta Criminologica*, 18(3), 51-60.

Wait, J. 2004. Middle Childhood. In: Wait, J., Meyer, J. & Loxton, H. *Human Development A psychosocial Approach*. Parow East: Ebony Books.

Wheeler, G. 2001. The Developing Field: Toward a Gestalt Developmental Model. In: McConville & Wheeler. *The Heart of Development. Volume 11: Adolescence*. Hilldale: Gestalt Press.

Whittemore, R., Chase, S.K. & Mandle, C.L. 2001. Validity in Qualitative Research. *Qualitative Health Research*, 11(4):522-537.

Wojnar, D.M. & Swanson, K.M. 2007. Phenomenology. An Exploration. *Journal of Holistic Nursing*, 25(3):172-180.

Yin, R.K. 2009. *Case Study Research Design and Methods*. Fourth Edition. California: Sage Publications.

Yontef, G. 1993. *Awareness, Dialogue and Process*. New York: Gestalt Journal Press.

Yontef, G. 2002. The Relational Attitude in Gestalt Therapy Theory and Practice. *International Gestalt Journal*, 255(1):15-35.

Yontef, G.M. 2005. Contemporary Gestalt Therapy: Field Theory. In: Woldt, A & Tolman, S.M. (Eds). *Gestalt Therapy History, Theory & Practice*. London: Sage Publishers.

Yontef, G. & Jacobs, L. 2005. *Gestalt Therapy Current Psychotherapies*. Seventh Edition. Belmont: Thomson, Brooks, Cole.

APPENDICES

APPENDIX 1: SHELTER CONSENT LETTER

HUGUENOT COLLEGE SHELTER CONSENT TO PARTICIPATE IN RESEARCH

Title: Exploring the psychosocial problems of children residing in shelters for abused women and their children in the Cape Metropolitan Area: A Gestalt Approach

Children at your shelter between the ages of 7 and 12 are asked to participate in a research study conducted by Beryl Badenhorst a student at the Huguenot College. The research is the partial fulfilment of a dissertation for the completion of the MDiac in Play Therapy. These children have been selected together with the social worker for this study so that they can provide their perceptions of the psychosocial problems that they face.

1. PURPOSE OF THE STUDY

The aim of this study is to understand the psychosocial problems, as perceived by the children themselves, living in shelters in the Cape Metropolitan Area.

2. PROCEDURES

If these children are selected to participate in this study and chose to participate, we would ask them to do the following things:

The child will be asked to make drawings using elements based on the Hero Book, complete sentences and answer questions and in so doing highlight the obstacles or problems that they are encountering. The Hero Book is a psychosocial tool used within the South African context and has been used in the past at a larger shelter in the Cape Metropolitan area as

part of the children's intervention. Children at the shelter play an important part in gathering this type of information as they alone are able to accurately describe what they perceive is a problem. Their problems may not only be within themselves but also in their immediate or broader environment.

An interview will be on a one on one basis and will take place within the secure shelter environment on site over three sessions (introduction, main session, feedback) each approximately 40 minutes long. All sessions will be audio and videotaped and transcribed. Feedback will be provided to you if necessary and if requested.

3. POTENTIAL RISKS AND DISCOMFORTS

The children will not be exposed to any unnecessary risk if they participate in this study. Should a child experience signs of emotional distress, discomfort or re-traumatization, they will be referred to the social worker for individual therapy.

The children may withdraw from this study at any time, if they choose.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The children will not benefit from this research study directly. Recommendations made from the study may be useful for understanding the needs of children and contribute to dialogue and discourse with professionals such as social workers and others working with children in a shelter context. The results of this study will be for the partial fulfilment of a dissertation for the completion of the MDiac in Play Therapy.

5. PAYMENT FOR PARTICIPATION

The participants and the shelter will not be paid for participation in this study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with the shelter will remain confidential and will be disclosed only with the shelter's permission or as required by law. Confidentiality will be maintained by means of pseudo names for each child, for the duration of the study to ensure that they are not identifiable. The data will be kept confidential. All data will be labelled with pseudo codes and stored at the researcher's private residence, with access available only to the researcher.

7. PARTICIPATION AND WITHDRAWAL

The selected children can choose whether to be in this study or not. If they choose to be part of this study, they may withdraw at any time without any consequences. They may also refuse to participate in any part of the sessions and still remain in the study. The social worker may withdraw the participant from this research if the circumstances warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research please feel free to contact

Student: Beryl Badenhorst 083 941 5365

Study Leader: Colleen Potgieter 082 338 5900

9. RIGHTS OF RESEARCH SUBJECTS

The children may withdraw their consent at any time and discontinue participation without penalty. They are not waiving any legal claims, rights or remedies because of their participation in this research study. If they have questions regarding their rights as a research participant, contact Dr Retha Bloem head at the Institute for Child, Youth and Family studies at Hugonote College.

SIGNATURE OF SHELTER SOCIAL WORKER OR MANAGER

Signature of Social Worker/Shelter representative

Date

Signature of Investigator

Date

APPENDIX 2: MOTHER CONSENT LETTER

MOTHER RESEARCH CONSENT FORM

(Adapted from Garza ,2004:AppedixC)

Title of the Study: Exploring the psychosocial problems of children residing in shelters for abused women and their children in the Cape Metropolitan Area: A Gestalt Approach

Principal Investigator: Beryl Badenhorst, Masters Student, Huguenot College, Institute for Child, Youth and Family studies at Huguenot College.

Before agreeing to allow your child to participate in this study, it is important that you read and understand the following explanation. It describes the procedures, benefits, risks and discomforts of the study. It is important for you to understand that no guarantees or assurances can be made regarding the results of the study.

Your child's participation is voluntary and he/she may choose to withdraw at anytime during the study. Your signature indicates that you have decided to allow your child to participate. You will receive a copy of this consent form.

Your decision to allow your child to either participate or not to participate will not affect you or your child in any way at the shelter. Once completed, a summary of the results will be available to you on request.

Purpose of the study:

I am a Masters student conducting research on the psychosocial problems of children in a shelter. I am interested in the problems your child may be facing.

Procedure and Timeframe of the Study

Your child will be asked to make drawings using elements based on the Hero Book, complete sentences and answer questions and in so doing highlight the obstacles or problems that they are encountering. The Hero Book is a psychosocial tool used within the South African context and has been used in the past at a larger shelter in the Cape Metropolitan Area as part of the children's intervention. Children at the shelter play an important part in gathering this type of information as they alone are able to accurately describe what they perceive is a problem. Their problems may not only be within themselves but also in their immediate or broader environment.

An interview will be on a one on one basis and will take place within the secure shelter environment on site over three sessions (introduction, main session, feedback) each approximately 40 minutes long. All sessions will be audio and videotaped and transcribed. Feedback will be provided to you if necessary and if requested.

Benefits

Other children living in shelters may benefit from this research in the future. The researcher intends to use the findings of this research to provide suggestions and guidance for workers in shelters to help children to cope better in difficult situations.

Potential risks and discomforts

Your child will not be exposed to any unnecessary risk if he/she participates in this study. Your child may experience feelings of discomfort or re-traumatization if he/she has been previously traumatized. If your child shows signs of emotional distress I will refer him/her to the social worker for individual therapy.

Your child may withdraw from this study at any time if he/she chooses to do so.

Confidentiality

I hereby undertake to ensure that information obtained will be treated confidentially. Your child’s identity will not be disclosed in any publication, that means neither your identity nor your child’s identity will be disclosed whatsoever. Video and audio recordings will be only viewed by the researcher.

RESEARCH SUBJECT’S RIGHTS:

I have read the information sheet or it has been read to me.

Beryl Badenhorst has explained the study to me and answered all my questions. I understand that my child does not have to take part in this study, and his/her refusal to withdraw will involve no penalty.

I understand my child’s rights as a research participant, and I consent to his/her participation in this study. I understand what the study is about and how and why it is being done. I am willing to give permission that my child be part of this study.

SIGNATURE OF MOTHER

DATE

SIGNATURE OF WITNESS

DATE

APPENDIX 3: PARTICIPANT CONSENT LETTER

PARTICIPANT RESEARCH CONSENT FORM

(Adapted from Garza ,2004:AppedixC)

Before you agree to be a part of this study, it is important that you read and understand what this form means. It describes what will happen, the benefits, the risks and what could possibly be uncomfortable for you.

It is completely your decision whether you want to be part of this study. You may choose to stop being part of this study at any time. By signing this form you indicate that you have decided to participate. You will receive a copy of this consent form.

Your decision whether or not to be part of this study will not affect you in any way at the shelter. When the study is completed a summary of the results will be available to you if you ask for them.

Purpose of the study:

I am a Masters student doing research on the problems that children in a shelter may have. I am interested in knowing what the problems are that you may be facing.

Procedure and Timeframe of the Study

If you choose to be a part of this study, you will be asked to do the following:

- To take part in an interview over three sessions and make drawings using parts of the Hero book, complete sentences and answer questions to give a picture of the problems that you experience. You are an important part in finding out this kind of information as the researcher is trying to understand what problems children living in shelters have.

- The sessions will be on a one-on-one basis and will last about 40 minutes.
- All sessions will be audio and videotaped, and stored in a safe place away from the shelter and only seen by the researcher.
- Feedback will be given to you.

Benefits

Other children living in shelters may benefit from the information that you give in the future. The researcher wants to use the information to help workers in shelters to understand what the children's problems are so that they are better able to help them.

Potential risks and discomforts

This study may require you to take part in activities that may have possible risks, as you may feel uncomfortable. If you feel uncomfortable in the study because of emotional pain, the interview will be stopped. You may be asked to see the social worker or somebody else that you trust to help you deal with your feelings. You do not have to answer any of the questions and may stop being part of this study at any time, if you choose.

Confidentiality

Any information that you give in connection with this study will be kept confidential. You will get a pretend name so that nobody will know that it is your information. Your information will be only be made known with your permission or if the law says that I must tell somebody. Your name will not be used for the study.

RESEARCH SUBJECT'S RIGHTS:

I have read the information sheet or it has been read to me.

Beryl Badenhorst has explained the study to me and answered all my questions. I understand that I do not have to take part in this study, and my refusal or withdrawal will involve no penalty.

I understand my rights as a research participant, and I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done. I am willing to give permission that I be part of this study.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF WITNESS

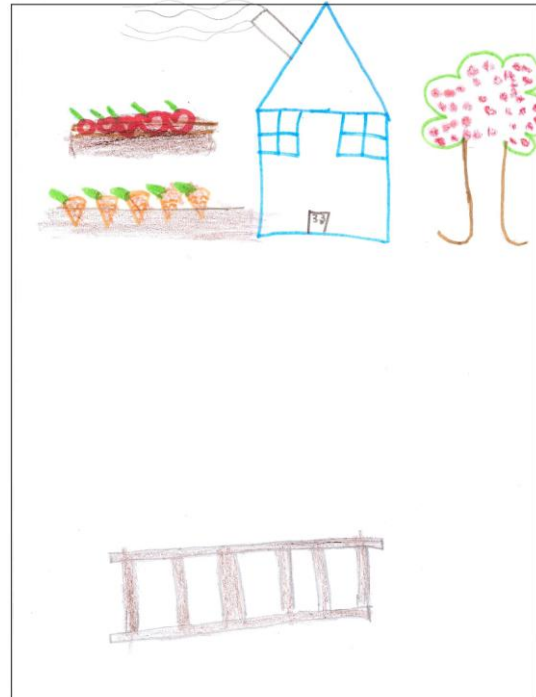
DATE

APPENDIX 4: SELECTED HERO BOOK PROJECTIONS

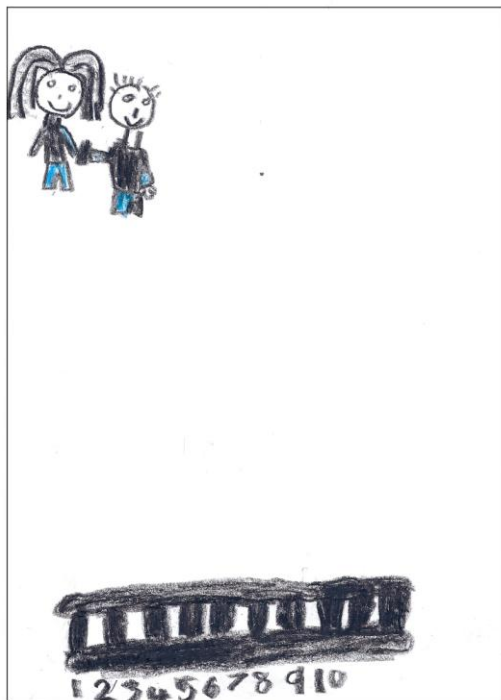
The top picture in each drawing depicts each participant's goal (heart's desire). The bottom picture indicates how far they are from that goal (most were left unmarked).



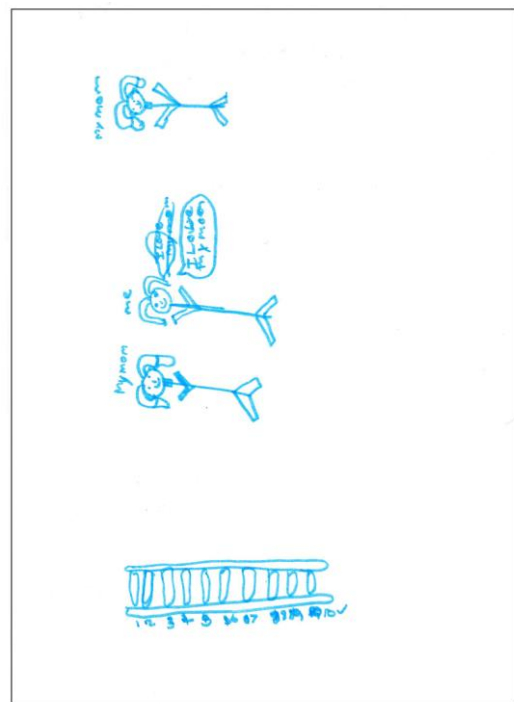
To have a new heart - LIZ



To have a home that also shelters others - ANGELA



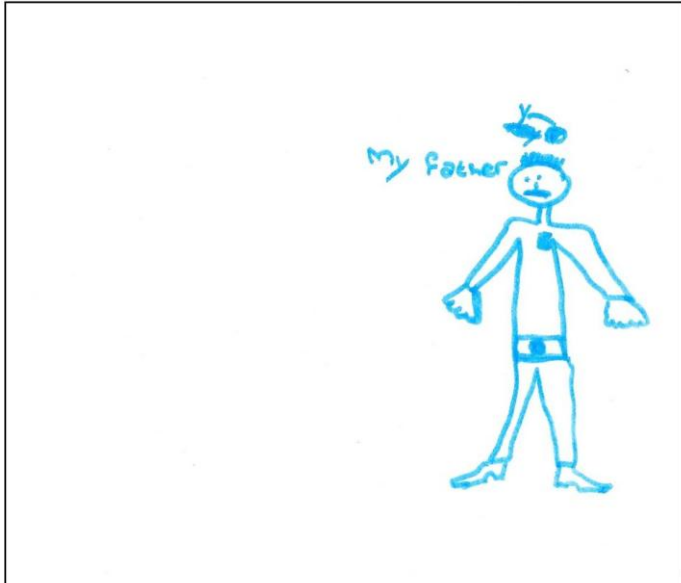
To have a good relationship with his sister again - ADAM



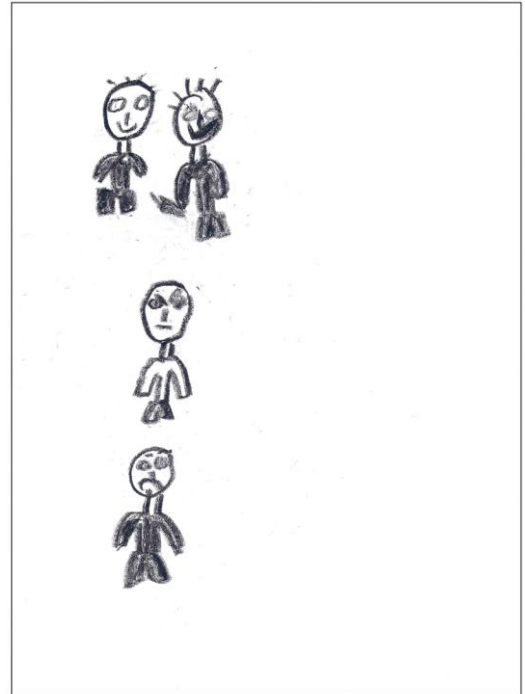
To have a good relationship with her mom - NATALIE

APPENDIX 5: SELECTED DRAWINGS OF THE MAIN PROBLEM

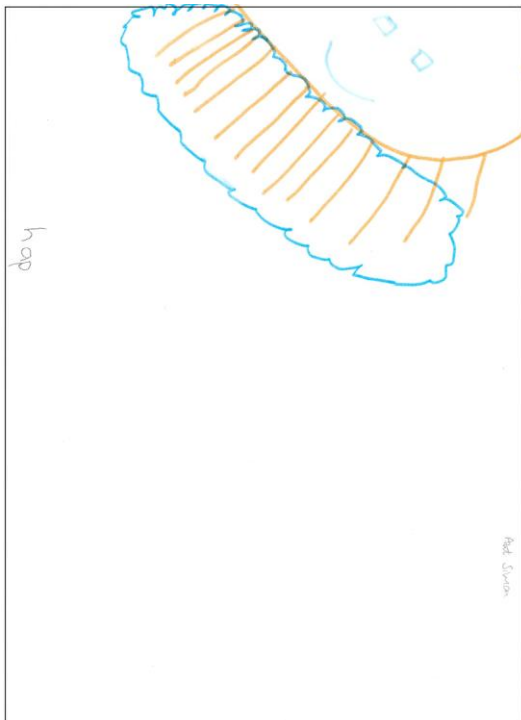
Each picture depicts the main problem (obstacle) preventing the participants from obtaining their goal (heart's desire).



Her dad is the problem in her relationship with her mom - NATALIE



His sister is hindering their relationship because she no longer shares her things and has new friends - ADAM



The cloud is blocking the sun and preventing him from being happy - SIMON



The man is preventing her from getting a new heart - LIZ

APPENDIX 6: 3 WISHES SELECTED DRAWINGS

Participant's drawings of their three wishes



A house, money and a car -ADAM



A house, a cell phone and to finish school - DEMI



A house, a doll and clothes -
JAMIE



A house with no fighting, alcohol or smoking (a big family), her pets and a car - ANGELA

APPENDIX 7: SAMPLE OF FIELD AND THEORETICAL NOTES

CHERRY FIELD AND THEORETICAL NOTES

Session 1

The session was exhausting. Each question became more difficult. Instead of me just moving right along I tried to get clarity. I think she got too tired as well. I should also never have given her the pack of cards to hold. I got more and more tired as I felt as though I was speaking to somebody not responding. She was obviously responding by “telling” me she was protecting herself by resisting the process. She spoke immediately when the question time was over and we were going to play a game. So I know that she does understand and can speak English. It felt like I was speaking to somebody who didn’t comprehend. The resistance was the worst I have ever had. She is very traumatised. I felt frustrated at different stages but never showed it. I also asked the same thing too often; she wasn’t going to budge. I felt drained after the session and wondered if I would be able to use any information which left me feeling frustrated. I felt like she was withholding all the time, which she clearly was but I felt it continuously. Definite desensitisation – too exhausting to be deflection. She had very little energy until we played games.

Session 2

A really bad session for me. I worked so hard and was completely exhausted. My head was about to burst when I left that evening. I was a bit frustrated because I wanted to get information for the research and she didn’t give me anything. I know that this is not true but that is how I felt. She is very bright and very used to deflecting to protect herself. Absolutely no trust. I would never work with her like this if the relationship was for therapy. Even asking apparently non-threatening questions is too threatening, especially when she was told that I was there to find out about her problems. She didn’t give an inch and when she gave a bit she

retracted very quickly. The use of her eyes to communicate is probably the safest way she has learned to communicate (especially at home).

Session 3

Cherry initiated the conversation when she saw the wand I had brought for the 3 wishes. She was a lot more open compared to the first two sessions. She kept her wishes very distant and wasn't going to share what she really wished for. I told her it wasn't going to come true when she asked if the wand really worked. Then she didn't take it seriously. Just shows how her heart really wishes for something else. I wasn't as drained compared to the first two sessions and didn't work as hard. I was not sure that I would be able to use her data because she had answered so few questions because of all the deflection and desensitisation. So I felt as though the pressure was off which probably made the session more relaxed. Also it was a shorter session. I was pleased the sessions were over. I always left frustrated and tired. I wondered why she had agreed to do the sessions and then realised that she probably no power to say no, even though she heard about it twice and had the option to say she didn't want to be part of the process. Her mother may have encouraged her to participate. Her mother may be trying to appease those in shelter so that they can continue living there (possibly in order win favour). She did love playing games Here she didn't feel vulnerable because no questions were being asked. That could have contributed towards the reasons she was prepared to participate.

APPENDIX 8: SESSION 1 INTERVIEW QUESTIONS

The first session was based on the following questions.

1. If you were the boss of the shelter what would you do?
2. If you were the boss of the shelter what would you not do?
3. What is good about being here?
4. What is not good about being here?
5. How have things changed for you since being here?
6. How have things not changed for you since being here?
7. What do you like about being here?
8. What do you not like about being here?
9. What is stopping you from having fun?
10. Is there anything not stopping you from having fun?
11. If you could be on television and speak to the world what would you say?
12. If you could be on television and speak to the world what would you not say?
13. Is there something you won't say to me but would put in a letter with an envelope?

APPENDIX 9: SESSION 2 SELECTED ACTIVITIES FROM THE HERO BOOK

The interview schedule for the second session was based on elements of selected activities from the Hero Book. The Hero Book activities are recorded below. The researcher adapted group activities for individuals.

Activity 1 Building Blocks

Expected time: 20 minutes

PURPOSE: to introduce hero books to the children you are working with.



INSTRUCTION

Tell the children:

These activities will show you what making a hero book is all about. Taking part will help you to decide if you want to make a hero book. We are going to play a game that will take just a few minutes. At the end of this game, you will understand a lot about what making a hero book is all about.

We want you to understand the meaning of these words and ideas:

- Goals
- Obstacles
- Problems
- The importance of being able to see the obstacle, to name it, and to understand how it works
- Tricks and tactics
- Support.

For this game, you will need:

- Two objects (for example two stones or two plastic bottles)
- A blindfold – a piece of material to cover the eyes of one of the participant's. If they are afraid to wear a blindfold, they can cover their eyes with their hands.



Now repeat the game:

- This time the volunteer can have the blindfold off.
- Again make yourself into an obstacle, and try to prevent the volunteer from reaching the goal.
- Promise not to hurt him or her before the game begins. The volunteer must also promise not to hurt you.
- Play the game for 30–60 seconds.

Before you play the game for the last time, ask the group, "What was the main difference between the first and the second time we played the game?" After the children have answered correctly, tell them, "You are right, if you can see what the obstacle looks like, name it, and if you know how it works, you have a much better chance of getting past it to your goal. Problems and obstacles are nearly the same thing. From now on we are mostly going to use the word obstacle."



Now play the game again for the last time:

- This time the volunteer has the blindfold off but he or she can also get support from the rest of the group.
- You are again the obstacle. You are going to try to prevent him or her reaching the goal.
- The group stands with the volunteer. They offer as much support as they can. They cannot hurt you and you cannot hurt them – but they can do whatever else it takes to help the volunteer to reach the goal.

After the game ask the children:

"What made a difference this time?"

After the children have answered correctly, tell them, "You are right, if you have support, you have a much better chance of getting past it to your goal."

"If we all make hero books, we will look at some of the obstacles that keep young people in this community from reaching their goals. Then you will all choose one obstacle that affects you personally. You will research and

name that problem, and tell us what tricks and tactics you believe can help you and other young people beat this problem. We will then make a list of all the tricks and tactics for all the different problems, and offer these to other young people facing the same kind of obstacles. Does this seem worthwhile or meaningful to you?"

Activity 6 The Small Goal – The Goal You Hope To Achieve By Making This Hero Book

Expected time: 30 minutes

PURPOSE: to have a clear measurable and achievable goal for making the hero book. We can't really know if the hero book is going to help bring people closer to their big goal, but we can for their small goal if we do this exercise.

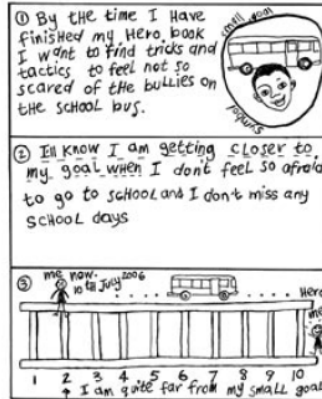
INSTRUCTION

Tell the children:

- First divide your page into three sections, like this →
- Now you need to answer three questions:

1. When you think about making a hero book, what small-ish achievable goal would you like to set for yourself? This goal we call the small goal.
For example,

- By the time I finish my hero book, my small goal is to feel happier;
- By the time I finish my hero book, my small goal is to cry less.
- By the time I finish my hero book, my small goal is to argue less with my brother.
- By the time I finish my hero book, my small goal is to find solutions or tricks and tactics to overcome the obstacle of jealousy.



Imagine your small goal and then draw a symbol of it in space 1 of the box you divided into 3. You don't have to draw the whole picture of your small goal, just the symbol.



Look at the example on the previous page.

2. How will you know if you are getting closer to your goal?

For example:

- I'll know I am happier if I cry less and don't have bad dreams every night.
- I'll know my relationship with my stepfather has improved if there are days he shouts at me less or hits me less and we don't argue so much.

Write the answer into the space in the box divided into 3.

3. On a ladder of 1-10, how far away from your small goal do you feel now?

Step 1 means you are quite far away from your small goal. Step 10 means you have reached your small goal. Make sure you put in today's date.

NOTE TO FACILITATOR

The BIG goal need not be psychosocial, it can be economic or anything the child hopes and strives for. But the small goal must be psychosocial. Properly identifying a small goal is perhaps the most important activity in the whole hero book process. The small goal is defined as an 'achievable, psychosocial goal'. For example, 'My small goal is to get money for school fees' is a material goal and is not appropriate as a small goal. Whereas, 'I want to feel happier', or 'I want to have more friends' are achievable psychosocial goals. If you choose an unachievable, non psychosocial goal with and for the child, you are setting the hero book process and the child up for failure. At the end of the process, you will be able to measure how successful you have been so please make sure you and the child identify a realizable psychosocial goal for the small goal.

Please write or ask someone to write down the answers to questions 1, 2 and 3 in the box divided into 3. Once you have finished your hero book, you can come back to your page and see if you have made any progress or not.

Finally draw the symbol of your small goal again in the symbol box you made a little earlier. Remember you left the small goal side empty.

Activity 16 Drawing And Naming The Obstacle

Expected time: 30 minutes

PURPOSE: because obstacles and problems are so complex and have so many layers, it is difficult for children to think about them. This activity allows them to simplify all the parts of the problem using a symbol they make themselves.

INSTRUCTION

Tell the children:

Remember we said that unless we can see, describe and name the problem, it is very difficult to beat this problem and to reach our goals. To help you see and name your problem, we are going to ask you to draw it.

- On a new page, draw another net with 16 rectangles, just like the one you made before, but this time draw in the lines of the net as dotted or broken lines.
- In the bottom left hand corner of the page, draw yourself as a person who is turning into a hero. Add today's date so that it stands for you, yourself, now!
- In the top right corner of the page, draw the symbols that represent your big goal and your little (hero book) goal.

- Draw two lines that go round the obstacle, and that joins you to your goal leaving lots of space to draw the obstacle. Remind yourself that heroes like you, who can see and name their obstacles, who get support from others, and who have tricks and tactics, DO reach their goals.
- Remind yourself of the 4 circled words you used to describe your obstacle and the one word the listener filled into square 14.
- Also look at the 'Joining my feelings to the Root Cause' sentence you filled after you completed your net.
- Now, if you could combine these 5 words into one picture or image, what do you think your obstacle would look like? Please draw it between you and your goals into the net you have just made.



Activity 18 The Tricks & Tactics That Bring You Closer To Your Goal, That Give You Power Over Obstacles & That Are Likely To Result in Lots More Shining Moments

Expected time: 60 minutes

PURPOSE: tricks and tactics are a kind of recipe for success, things the children might try, or are doing, to stop the obstacle from winning every time.



INSTRUCTION

Tell the children:

- Remember the game we played with the two objects right at the beginning? Tricks and tactics are the things you do to reach your goals. They are things you do or might do to make shining moments keep happening. We are going to call tricks & tactics T&T.
- It seems clear to me that not only do you sometimes have power over your obstacles, but that there are things you do that help you to beat them and get past them to reach your goals.
- To help you record your tricks and tactics, divide your page into six blocks. Into each block, draw one of the tricks or tactics (T&T) by answering these questions:



1. What do you do or might you do alone to beat your obstacle? (Your private T&T).

For example, 'Every time I see my shadow, I say to it, 'you are a hero', or I go and sit by the river and let my mind become still.'

2. What do you do or might you do with at least one other person? (Your social or relationship T&T).

For example, 'I talk to someone I trust' or 'I play with my friends.'

3. What things do you do or might you do with others, or as part of an organisation, to enforce your rights or to make the problem smaller for you as well as others? (Your active citizen T&T).

APPENDIX 10: SESSION 3 INCOMPLETE SENTENCES AND QUESTION

Incomplete sentences

I love....

I hate it...

My heart is not

I have no time for ...

At school.....

My heart is.....

The word outside the shelter....

The shelter...

The biggest problem is...

Final question

If you could give children who were coming to a shelter advice, what would you say to them?