PERCEPTIONS ON THE EFFICACY OF EQUINE ASSISTED PLAY THERAPY™ IN ADDRESSING LOW SELF-ESTEEM OF YOUNG BULLIED CHILDREN.

By

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THIS DISSERTATION IS DEDICATED

To Lolla Geyer, beloved friend, partner and inspiration behind this research project, who loved life, laughed often, and often spoke of the influence horses had on her life. It is my wish that the reader of this dissertation will gain a glimpse of the reason why Lolla loved horses and believed that human trauma could be healed with the assistance of a horse. Lolla, story-teller of our Therapeutic Centre, with her colourful descriptions of her interaction with horses, made you feel part of her lived experiences.

At the L&M Therapeutic Horse-riding Centre, started by us, her presence is still felt. It is as if she is looking over my shoulder, whispering in my ear and keeping the humour alive. The amazing work she initiated, will continue as a valuable legacy when more people realize the value of incorporating horses in therapy.

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- The National Research Fund and the Nelson Mandela Post-graduate Research Fund for the financial aid needed to complete this research.

DECLARATIONS

I, Monique Van Loggerenberg, hereby declare that the dissertation entitled: PERCEPTIONS ON THE EFFICACY OF EQUINE ASSISTED PLAY THERAPY AS THERAPEUTIC METHOD IN ADDRESSING LOW SELF-ESTEEM DURING THE MIDDLE CHILDHOOD PHASE OF BULLIED INDIVIDUALS

is my own work and has not previously been submitted for assessment to another university or for another qualification.

Monique van Loggerenberg

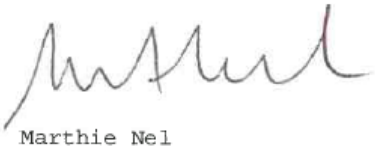
DECEMBER 2018

TO WHOM IT MAY CONCERN

I, Marthie Nel, hereby confirm that I have edited this dissertation on the topic of the use of equine therapy in the treatment of children subject to bullying, as submitted by Ms Monique van Loggerenberg towards a doctorate degree in Philosophy (Faculty of Education, Nelson Mandela University).

I am a South African citizen and qualified language editor with 38 years of experience in the field and am currently employed as the head of the language unit of a South African metropolitan municipality.

Yours sincerely



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ABSTRACT

During the past decade, a surge of research emerged regarding the human-animal bond and how interactions with animals could be beneficial to both humans and animals on emotional, cognitive and biological levels. However, amongst others, a gap in literature on the experiences and perceptions of participants involved in animal assisted therapy programmes remain.

This research focused on a specific population (bully victims presenting with low self-esteem in the middle childhood phase), also reflecting the perceptions of parties not directly involved in therapy, such as parents and teachers. This research adhered to strict ethical standards in accordance to NMU's Ethical guidelines as well as in accordance to guidelines provided by the International Institute of Animal Assisted Play Therapy™. The welfare of both the horse and humans involved in this study was deemed equally important.

Based upon the Gestalt therapy theory, the therapees were given the opportunity to explore alternatives, be creative and reveal specific therapeutic elements needing attention during each session. The focus was on building a therapeutic relationship in which the therapees could trust themselves, the therapist and horse to find the answers they needed and obtain the necessary skills to overcome feelings of helplessness when being bullied.

Therapees presenting with low self-esteem results in specific vulnerability as it can be both the cause of being bullied or lead to being bullied. During the Equine Assisted Play Therapy™ (EAPT™) sessions the disempowered victim was allowed the opportunity to succeed in being assertive. Such children in therapy were given the opportunity to take centre-stage without being made fun of, whilst being encouraged to try out new behaviour and experience personal change.

This study highlighted the perceptions of parents and teachers and the lived experiences of bully-victims. Exploring the efficacy of a relatively new therapeutic method, EAPT™ in addressing the low self-esteem levels and subsequent behaviour in the children who participated in this form of therapy, showed promising results in increasing self-esteem levels and positive behavioural changes in therapees.

KEY WORDS

Equine-assisted therapy; Animal-assisted therapy; Play therapy; Middle childhood developmental phase; bullying; self-esteem.

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CHAPTER ONE

BACKGROUND, PROBLEM STATEMENT, RESEARCH DESIGN, RESEARCH PROCEDURES AND STUDY OUTLINE

1.1 INTRODUCTION

The intentional inclusion of animals in therapeutic processes by human service professionals is increasing internationally (Lubbe and Scholtz, 2013:116). In this regard, different animal species, such as dolphins, dogs and horses have been used successfully during therapy (Kemp, Signal, Botros, Taylor and Prentice, 2013:559). This study is focused on the incorporation of horses in play therapy, referred to as Equine-assisted play therapy™ (EAPT™), in an existing private practice. The perceptions of parents and teachers regarding the efficacy of EAPT™ in bullying were explored. The children included in this study were in the middle childhood phase of development, being bullied and presented with low self-esteem.

The middle childhood phase of development is approximately between the ages of six to twelve years and is a very important period for the child's cognitive-, social- and emotional development, as well as development of self-concept (Louw and Louw, 2014:225). During this phase, bullying is a common phenomenon (Louw and Louw, 2014:271). As early as 1990 the phenomenon of bullying was investigated in a South African study that established that 38% of Grade 1 and Grade 2 learners from a sample of 1073 children reported that they had experienced being bullied by peers (Greeff and Grobler, 2008:127). A similar study conducted in Australia revealed a 10 - 25% prevalence of bullying amongst learners (Lomas, Stough, Hansen and Downey, 2012:207). Many international studies regarding the prevalence of bullying highlight the global occurrence of this phenomena (Rezapour, Khanjani and Soori, 2019; Sikhakhane, Muthukrishna and Martin, 2018; Kumar, Stern, Subrahmanian, Sherr, Burton, Guerra, Muggah, Samms-Vaughan, Watts and Mehta, 2017).

Children who are being bullied are often referred for therapy, not to only assist them working through the trauma, but also to support them in developing specific coping

skills and internal strengths, such as problem-solving skills and assertiveness (O'Malley, 2017; Drew, 2010). A conventional therapeutic environment usually consists of a room with the therapist perceived as the "doctor" who needs to "fix" the problem the child experiences (O'Reily and Parker, 2013), as illustrated by a boy in therapy who asked the researcher during a therapeutic session: "Are you the person that needs to fix me?" However, not all children perceive themselves in this way.

The example above presents a picture the child had of himself (someone in need of "fixing"), as well as the expectations he had of the therapist. Such a negative self-concept plus external factors, such as bullying or being afraid of being teased even more for seeking help from therapists, often result in the child demonstrating resistance to therapy during the initial sessions (Waite and Bourke, 2013:16). Although traditional interventions often achieve successful outcomes, Equine Assisted Play Therapy (EAPT)™ as a subset of Animal Assisted Play Therapy™, that represents the full integration of Equine Assisted Therapy and play therapy, was considered useful for this study. In EAPT™, an environment is created in which the child may become more trusting and receptive to new ideas and skills (VanFleet and Faa-Thompson, 2017:219) that may prove valuable in handling a bully, although the child does not know this from the onset. In this regard, Trotter, (2011:78) posits that through using Equine Assisted Counselling (an intervention that similar to EAPT™, includes an equine during counselling: discussed in Chapter Four) the child's negative expectations are disrupted, positive expectations are created, and change becomes possible.

At the therapeutic centre where the researcher has been working as Gestalt-playtherapist for the past eight years, an increase in the number of children referred for counselling due to behavioural problems as a result of being bullied became eminent. Including a live animal in play therapy lead to the therapist obtaining additional training to conduct EAPT™ ethically. EAPT™ as flexible intervention can be implemented by therapists regardless of their theoretical orientation (VanFleet and Faa-Thompson, 2017:18). Since the researcher received training in the Gestalt theory and specifically the "paradoxal theory of change", the differences between introjection and assimilation, the I-Thou relationship between therapist, horse and child and being present in the "here-and-now", was of interest to the researcher. Specifically, the paradoxal theory of change provides a framework whereby growth and integration can

develop within the EAPT™ process. The Gestalt theory therefore aligned seamlessly with the process of EAPT™ and was therefore deemed an appropriate theoretical approach for this study.

Noting the alignment between EAPT™, Gestalt theory and the increase in bully-victims the researcher was motivated to investigate if parents and teachers observed EAPT™ as an effective therapeutic method to increase the bully-victim's self-esteem. Various observations occurred due to the researcher's interest such as that neither teachers nor parents knew how to create an environment that can prevent bullying from occurring or how to deal with the problem effectively, resulting in an increase in bullying. Most of the time, the bullied children themselves were at a loss as how to handle the situation which ultimately resulted in a loss of self-confidence and self-esteem as posed by Smith (2012:46). The effects of bullying on self-esteem is discussed in Chapter Two.

1.2 **PROBLEM STATEMENT**

The researcher noted that during conventional forms of therapy, children in the middle childhood phase displayed resistance to being "treated"; perhaps due to them getting teased and labelled by peers when it became known that they were receiving treatment. This observation is supported by Barish (2018) who notes that resistance to therapy is a problem for child therapists of all theoretical orientations. Furthermore, the parents reported that in other forms of therapy they have tried before in an attempt to help their children, a significant period of time was used to establish a relationship of trust before therapy could begin. In this regard Steen, (2018:118) posits that in client-centered play therapy, the pre-therapy phase may consist of 6 to 20 sessions before therapy commences.

Unfortunately, when it takes a long time to get cooperation from the child, the financial burden to parents may become excessive before the real problem is addressed. To establish trust and get to the core of the child's problem, the researcher found it prudent to explore the inclusion of horses in the therapeutic process, as the horse became the focus as mutual friend between therapist and therapee resulting in any

perceived pressure due to unwanted focus on him-/herself, no longer being experienced by the child.

Noting this phenomenon during various therapeutic sessions motivated the researcher to explore the effective use of EAPT™ in supporting the therapee to develop a strong(er) self-esteem. This exploration shaped the following research questions.

1.3 **RESEARCH QUESTIONS**

1.3.1 Primary research question:

How effective is EAPT™ as therapeutic method for use in addressing low self-esteem during the middle childhood phase of bullied individuals?

1.3.2 Secondary research questions:

The following *secondary research questions* were developed in support of the primary research question:

I. What physical and/or emotional symptoms could be displayed by the bullied child in the middle childhood phase?
II. To what extent do the parents of children who are bullied consider EAPT™ to be an effective therapeutic method in strengthening their children's perceived low self-esteem as a way to handle bullying?
III. What are teachers' perceptions regarding behavioural changes in bullied children in the middle childhood phase after being exposed to EAPT™?

This study used the Mixed Method approach, based on which the following hypotheses were posed:

H_o: The use of EAPT™ as therapeutic method is not effective in improving the self-esteem of bullied children in the middle childhood phase.

H_a: The use of EAPT™ as therapeutic method is effective in improving the self-esteem of bullied children in the middle childhood phase.

Based on the problem statement, the following qualitative research aim and objectives were formulated:

1.4 RESEARCH AIM AND OBJECTIVES

1.4.1 *Research aim*

The aim of this research is to determine the perceived effectiveness of EAPT™ as therapeutic method in treating children during the middle childhood phase who present with low self-esteem due to being bullied.

1.4.2 *Research objective*

I. To determine the physical and/or emotional symptoms that could be displayed by the bullied child in the middle childhood phase.
II. To determine whether the parents of children who are being bullied perceive EAPT™ as an effective method to strengthen their children's perceived low self-esteem as an effective way to handle bullying.
III. To explore the perceptions of teachers regarding possible changes in behaviour of children in the middle childhood developmental phase who are being bullied after being exposed to bullying.

1.5 CONCEPTUAL FRAMEWORK

A conceptual framework, at times also referred to as a paradigm, can be seen as a set of beliefs explaining how a person sees the world, and the person's relationship with the world (Lynham and Lincoln, 2011:5). Such a framework provides the focus and anchor for the literature review, the research approach, the data generating methods and methods of analysis adopted for the purpose of a study. (Grant and Osanloo, 2014:12).

A conceptual framework underpins the researcher's understanding of how the research problem can best be explored, the specific direction the research will have to take, and the relationship between the different variables in the study (Grant and Osanloo, 2014:17). Williams (2012:137) suggests that the conceptual framework should guide the arguments and thinking processes used in conducting a study. A conceptual framework also influences the narrative synthesis that identifies the different categories in a study (Leamy, Bird, Le Boutillier, Williams and Slade, 2011:449). In other words, a conceptual framework provides a structure to best explain the natural progression of the phenomenon that is being studied (Grant and Osanloo, 2014:17). This study seeks to establish the effectiveness of EAPT™ in supporting bullied children to improve their self-confidence and self-esteem.

The conceptual framework assists the researcher in reducing theoretical ideas to statements and models, models relationships between theories, provides a theoretical basis to design and interpret research, and creates theoretical links between existent research, current theories, research design, interrelations of findings and conceptual conclusions (Trafford and Leshem, 2012:87). The conceptual framework also provides the reader with a mirror of how the researcher thinks (Trafford and Leshem, 2012:86). In other words, such a framework provides a roadmap to connect the theory, earlier findings and purpose of a study. The theoretical perspective that influenced the researcher in this study is the Gestalt therapy theory.

Gestalt therapy theory

The Gestalt therapy theory, developed by Perls, Perls and Goodman during the 1940s, was seen as an alternative to conventional psychoanalysis (Philippson, 2014; Perls, Hefferline and Goodman, 1951:377). The Gestalt therapy theory is seen as existential, because it is grounded in the assumption that people are constantly discovering and changing themselves (Corey, 2012:195) and takes a holistic view of people (Francis and Partlett, 2016:103), including their immediate environment, also acknowledging the fact that the environment is constantly changing (Yontef, 1993:53). The Gestalt practice can be summarised as a focus on the 'here-and-now' emerging experience, a commitment to co-create a relational perspective, a field theoretical perspective that is influenced by being a desire to explore and being curious, as well as being creative

and upholding an experimental attitude to life and the therapeutic process (Joyce and Sills, 2018:3).

For the purpose of this study, it was important to consider that the Gestalt Phenomenological Theory includes the principle that a person is always trying to make sense of his/her environment and situations (Joyce and Sills, 2014:17). In this regard, Polster and Polster (1973:211) posit a person's behaviour cannot be fully understood out of context. This implies that Gestalt psychotherapy also recognises that no-one can be purely objective, including the therapist, who should accept the truth of the child's version of experiences.

Perls, Hefferline and Goodman (2003:116) distinguish between different types of awareness that takes place during therapy, such as awareness of the 'here-and-now', as well as awareness of past experiences that may have influenced the child's interpretation of the 'here-and-now'. In the Gestalt theory, the person; in this case the child in therapy; is always an active participant in the experience. For this reason, in this study awareness of his/her feelings and reactions to such feelings was fostered by awakening awareness in the child of the emotions felt when being bullied and the personal reactions to such emotions were explored.

Linked to the above, the term *Gestalt* embraces a variety of concepts and connotes a structural entity that states that a person is both different from, and much more than the sum of his/her parts (Clarkson and Cavicchia, 2013:1). In Gestalt therapy, the personal aim is to experience an integration of all the person's disparate parts, including integration of the body, feelings and intellect, and seeing to his/her most basic needs, within the context of the social environment (Clarkson and Cavicchia, 2013:1).

During the therapeutic process, the learner is supported towards changing negative perceptions of his/her experience in its totality (Blom, 2006:3). Seen from a Gestalt therapy theory, great emphasis is placed on the "I-Thou" relationship with the therapist (Cochran, Nordling and Cochran, 2010:12). This I-Thou relationship should be a truthful, trusting relationship between two people (the therapist and the child) in which they openly respect each other's humanity (Clarkson and Cavicchia, 2013:19).

In this regard, Clarkson and Cavicchia (2013:191) describe therapy in which the Gestalt theory is implemented as a meeting during which the therapist uses structure, discipline and authenticity in the counselling relationship, through which an quasi-experimental space is provided for learners to discover themselves. Such a therapeutic relationship, according to the Gestalt therapy, is underpinned by three interconnected philosophies, which Yontef (Dryden and Reeves, 2014:190) refers to as the pillars of Gestalt. If any one of these pillars is missing during a therapeutic session, then Gestalt therapy is not being practised (Dryden and Reeves, 2014:190):

- "Field theory" – a person's experience is always viewed in the context of his/her entire situation.
- Phenomenology – there is always a search for understanding by means of what is perceived as obvious and/or revealed.
- Dialogue – all types of contact are part of the dialogue. True dialogue goes beyond words and is concerned with other aspects such as body language; by engaging in dialogue, change and development can take place.

During Gestalt therapy, different techniques are used to assist a child in discovering different aspects of him-/herself by experiencing different facets of his/her personality, strengths and so forth, not purely considering the experience itself (Gladding, 2000:223). One of the assumptions made by Perls (Hatcher and Himelstein,1978:217) is that if a person relies too heavily on his/her intellectual experiences, the importance of emotions and sensory experiences are not always recognized.

As such, unresolved conflicts may create ongoing difficulties in life, and it is therefore important to go back to such unresolved conflicts or un-mastered developmental tasks. In Gestalt therapy, the individual is encouraged through self-discovery to engage with his/her individual processes (Cochran et al., 2010:33). For example if the problem of bullying is not addressed, the experience may lead to taking on negative social roles, with the potential to negatively affect a child for the rest of his/her life (Hartley, Bauman, Nixon and Davis, 2015:177). Truman (2013:149) states that it is imperative that a person be responsible for his/her feelings. It is only when a person takes responsibility for own feelings that he/she will be able to own and resolve them and be able to avoid idiosyncrasies (Truman, 2013:150).

1.6 LITERATURE STUDY

The literature study included a critical evaluation of self-esteem and bullying during the middle childhood developmental phase; as well as play therapy and equine assisted play therapy™. These topics were discussed in separate chapters due to them underscoring the essence of the elements addressed in this research study. Self-esteem, bullying and different therapeutic modalities are topics that received numerous critical evaluations with research dating back to the late 1700's. As such, with some topics being thoroughly researched over years a comprehensive discussion would include sentinel sources. In this study this brought about that some sentinel works have been quoted; something that might be considered as using outdated sources however, these are still relevant knowledge to this field and excluding them will render the literature study as incomplete.

Self-esteem research receiving negative attention during the 1990's resulted in a diminished interest with some researchers questioning the foundations of self-esteem even advocating abandonment (Mruk, 2013:6). Fortunately, relentless researchers advocating for the importance of self-esteem ensured that previous theories regarding self-esteem be re-examined, leading to the development of new theories and separating self-esteem into different domains such as academic-, social- and parental self-esteem (Baumeister, 2013:89). During the discussion pertaining to self-esteem, relevant original works were therefore cited.

Recent interest in the aspect of EAPT™, being a specialised field of animal assisted therapy, with origins of the human-animal bond and the inclusion of animals in therapy, were discussed, referring to ground-breaking studies in relative old resources. Due to an increase in interest in this field and new literature becoming available throughout this study, relevant information was constantly added to the literature review chapter, especially with regard to EAPT™.

1.7 SIGNIFICANCE OF RESEARCH

The researcher realised the need to assist children in resolving their negative feelings regarding being bullied in the firm belief that every victim has the right to learn how to

protect him-/herself from being bullied and become empowered on how to manage bullying if it does occur. The shortage of literature regarding EAPT™ as therapeutic method indicates a gap in knowledge regarding this therapeutic modality. The researcher embarked on this study to gain an understanding of the efficacy of EAPT™ as a method to increase the self-esteem of learners while addressing behavioural problems in bully victims.

The South African Department of Basic Education (DoBE) provides a formal policy on how bullying should be addressed, and educators are encouraged to follow these guidelines (*Bullying in schools*, 2018). The question that comes to mind is, whether teachers know how to implement the guidelines in an effective way as the phenomenon of bullying is still on the increase. The need to empower learners and teachers with skills, knowledge and a workable plan on how to curb bullying is therefore imperative.

1.8 SCOPE AND LIMITATIONS OF STUDY

This study focused on the self-esteem of children in the middle childhood phase of development. As this study used the concurrent nested probability sampling design, it is possible that all findings may not be applicable to all children in the middle childhood developmental phase. Due to the small sample size these findings will not be generalisable.

The lack of a control group also points to some limitation in this study. However, in clinical studies there is a strong school of thought that perceives it as unethical to use traditional experimental methods whereby one group of therapees receives treatment and the other group serves as a control group who receives no,or little benefit (Jackson, 2012:343; McLeod, 2010). Although the researcher acknowledges that the control could have received alternative forms of therapy, this would have resulted in a comparitative study, something that was not the purpose of this study.

The data generation took place at a riding school situated in the rural area of the Free State Province in South Africa, with the implication that the therapy sessions were not widely accessible to many children. Practically, persons who visited the riding school

required transport. The participants to this study consequently came mostly from middle to higher income social class. To overcome this limitation the school that referred these children for therapy provided an anonymous sponsor to pay for the therapy sessions.

1.9 ASSUMPTIONS

The researcher made a conscious decision to evaluate the therapee's self-esteem and test if the child is being bullied using standardised tests, not accepting the word of the teacher or parent who perceived the child as presenting with low self-esteem. These tests served as a method to curb biased observations of teachers, parents and the therapist.

Furthermore, children from various cultural backgrounds (Christian, Jewish, Moslem and others) are often referred for therapy and may uphold different values from that of the therapist. As values are core beliefs influencing how a person acts both personally and professionally, they should not be undermined (Corey, 2013:22). Although no dogma is preached during therapy sessions the therapist works from a Christian background. It is therefore deemed important to, out of respect to parents and children as clients, to purposely indicate to those who wish to enrol for EAPT™ at this centre, that Christian values are being upheld.

Although similar values are shared in other religious orientations the therapist acknowledges that parents may hold values different to hers. However, by being open and honest upfront, parents are given the opportunity to make an informed decision and assume responsibility and accountability for their decision (Corey, 2012:23). The therapist considers revealing her beliefs and values beforehand as important as children often ask unforeseen, sensitive questions related to values and even religion. Knowing the therapist's disposition, parents are given the choice to withdraw; something that to date, has not happened. The therapist considers her role as providing a safe and inviting context where therapees can explore congruence between their own values and behaviour by assisting them to develop new ways of thinking to move closer to their goals (Corey, 2012:23).

1.10 CONCEPT CLARIFICATION

1.10.1 Therapee

Throughout this dissertation, the child in therapy is interchangeably referred to as the therapee, client, child or learner.

1.10.2 Participants

The *primary participant* in this study refers to the child receiving therapy in EAPT™ sessions and referred to as the therapee. The therapee is in the middle childhood developmental phase, therefore between the ages 6 and 12 at the onset of the study. The term *secondary participant* refers to parents and teachers, who, although not receiving therapy, were also part of the study. They are referred to as "parent" or "teacher" in Chapter Six.

1.10.3 Self-concept, self-esteem and self-efficacy

Already in the 70's Briggs (1970:101) posits that there are numerous schools of thought regarding the self-understanding that develops during the middle childhood years. Such self-understanding underscores different concepts, such as self-esteem, self-efficacy and self-concept. Different authors use different words to describe the development of self-understanding that takes place. In literature, a number of terms describe a person's 'self'. These terms include self-concept, self-esteem, self-efficacy, self-image, self-worth, self-competence, self-construing and self-perception. However, each of these describes a different aspect of the concept 'self'. For the purpose of this study, the researcher deliberately focused on self-esteem.

- **Self-Concept**

Akande, Akande and Odewale (2015:104) posit that there is no substantive reason to discriminate between self-concept and self-esteem, because self-concept is intrinsically evaluative in nature. I disagree with this statement and perceive self-concept as an overarching concept that includes aspects such as self-esteem and personality traits, such as being extroverted or introverted. The definition of *Self-concept* as defined by Leary and Tangney (2012:94) as consisting of contents,

structures and evaluative judgments; whereby evaluative judgments about the self are termed self-esteem or self-efficacy; is deemed more appropriate for this study. During the middle childhood phase of development, the child develops a more complex understanding of his/her *self-concept,* in that not only external characteristics or social comparison are included, but also internal characteristics; such as mastery orientation, social aspects; such as developing friendships and psychological traits; such as being self-conscious or being very critical of themselves in their self-descriptions (Louw and Louw, 2014:257; Bukatko, 2008:421).

- **Self-esteem**

McClure, Tanski, Kingsbury, Gerrard and Sargent (2010:238) posit that *self-esteem* can be seen as an aspect of self-concept, specifically indicating a child's perception of self-worth and competence, which encompasses beliefs about the child's believes in him/herself, as well as an emotional response to these believes. Berns (2007:380) suggests that the *self-esteem* of a child consists of four areas of competence, namely academic achievement, social competence, athletic skills, and physical attributes. This is contradicted by Battle (2002:13), who divides self-esteem in the competence areas of perceived academic achievement, parental/home acceptance, social acceptance, and general perception. As the researcher utilised the Culture Free Self-Esteem Inventory 3rd edition, that was developed by Battle, his areas of competence were adhered to and evaluated throughout this study. The child will allocate different values to these independent areas, the value being determined by the importance allocated by him-/herself and his/her family (Louw and Louw, 2014:258).

If a particular area is highly valued by the child, and the family and the child perform poorly in that area, it will most probably contribute to the child developing low *self-esteem* (Louw and Louw, 2014:258). When a child perceives social acceptance and popularity as important and he/she is deliberately excluded from a social group, this exclusion can be perceived as a form of bullying that if not handled by the child, can contribute to the development of low *self-esteem*. This observation is supported by Dryden and Reeves (2014:449), who postulate that if a person is completely isolated, it can lead to mental health issues, including low self-esteem.

Characteristics associated with low self-esteem include appearing withdrawn, being reluctant to join group situations, and being fearful of new challenging situations (Miller

and Parker, 2006:20). Low self-esteem children inclined towards introversion usually demonstrate characteristics of being shy and timid, whereas extroverts who present with low self-esteem demonstrate characteristics such as an over-inflated idea of their abilities and attempts to draw attention to themselves (Miller and Parker, 2006:21). This illustrates how self-esteem can be perceived by significant others.

- **Self-efficacy**

A concept that is closely linked to *self-esteem* is *self-efficacy*. *Self-efficacy* refers to the perception that children have of their own ability to reach a goal. Children's self-efficacy develops from as early as infancy, when the child starts to interpret feedback on his/her effectiveness (Leary and Tangney, 2012:200; Briggs, 1970:18). To understand the different aspects of *self* a schematic description might enlighten the reader regarding the different components of self-esteem and its relation to '*self'*.

1.10.4 Middle childhood phase

Wilson and Wilson (2014:160) and Papalia, Olds and Feldman (2006:327) present a flexible timeframe to describe the chronological age of a child in the middle childhood phase of development as the period from a child's 6th birthday to the onset of puberty. Shaffer and Kipp (2013:7) differ slightly from this description, starting the phase at age five. This difference in age might be explained by the difference in age on school entry. In South Africa, children start school at the age of six, but in many other countries children start school at the age of five. For the purpose of this study, the middle childhood phase will be seen as the period from a child's sixth to his/her twelfth birthday.

1.10.5 Bullying

Bullying is characterised as a form of intentional, repetitive, aggressive behaviour, with the aim to hurt someone else physically or emotionally (Lohmann and Taylor, 2013:1; Coloroso, 2011:5). This maltreatment may have been experienced as hurtful by or perceived as threatening to the victim, who experiences physical or emotional harm or fear for his/her safety on more than one occasion over a two month period (Olweus and Limber, 2010:125). Different types of bullying include physical, verbal, social and

cyberbullying (Beane, 2011:4). An important aspect of bullying is the occurrence of an imbalance of power (Lohmann and Taylor, 2013:1).

Since this study focused on bully victims and no concise definition of a bully victim could be found in the literature scruitinized for this study, the definition of **bullying** was considered to, for the purpose of this study, define a bully victim as someone who has been bullied by another person on more than one occasion over a two-month period. A bully is defined as a person who habitually seeks to harm or intimidate those whom they perceive as vulnerable (*Oxford Dictionary*, 2018).

1.10.6 Play Therapy

Play therapy is the application and/or design of play-based interventions that assist children in meeting therapeutic goals (VanFleet and Faa-Thompson, 2017:46). There are two broad categories of play therapy, namely directive play therapy and non-directive play therapy. Directive play therapy is often preferred by young children and include activities such as playing games, watercolour painting and using puppets (O'Connor, Schaefer, and Braverman, 2016:580). Non-directive play therapy is less structured. The child chooses what activity will be done during the therapeutic session, as well as the medium that will be used (Landreth, 2012:91). Each of these categories have its own advantages and disadvantages as discussed in Chapter Three.

1.10.7 Animal-Assisted Interventions

The involvement of an animal to elicit specific outcomes in a variety of settings is called Animal-Assisted Interventions (AAI's) (Owen, 2010:10). Various forms of AAI exist, including Animal-Assisted Education (AAE), Animal-Assisted Activities (AAA), and Animal-Assisted Therapy (AAT) (VanFleet and Faa-Thompson, 2017:36). Various other names have been used to refer to AAT. The origins and development of AAT are discussed in Chapter Four.

1.10.8 Animal Assisted Therapy

From AAT, Equine Assisted Therapy (EAT) developed. For this therapeutic method horses are deliberately included to reach specific therapeutic goals with people during

therapy sessions (Kemp et al., 2013:559). Under the umbrella term of EAT, various forms of EAT were developed, such as Equine Assisted Counselling, Equine Assisted Narrative therapy and Animal Assisted Play Therapy™ (AAPT™). AAPT™ is the full integration of AAT and Play therapy (VanFleet and Faa-Thompson, 2017:17). Since it was not the focus of this study to differentiate between the different forms of therapy, this will only briefly be referred to in Chapter Four.

1.10.9 Equine Assisted Play Therapy™

Equine Assisted Play Therapy™ (EAPT™) is considered to be an adjunct to AAPT™ (VanFleet and Faa-Thompson, 2017:17), where EAPT™ is seen as an adjunct to existing play therapy, based on the inclusion of a horse by a counsellor in his/her personal, professional and theoretical orientation. During EAPT™-play, therapeutic techniques are combined with equine activities.

1.10.10 Gestalt concepts

The Gestalt approach to therapy originated in Germany, and various terminologies used within the Gestalt framework still embrace their German origin. The use of the following Gestalt concepts are elaborated upon in Chapter Three, where the reader will gain insight regarding the implementation of these concepts during the therapeutic process.

- **Gestalt and Gestalt therapy.**

The term ‘Gestalt’ is a German word that does not have an exact equivalent in English. It roughly means ‘whole configuration’, which implies that when a client brings an issue for exploration, it is seen in relation to the complexity of the client’s whole situation (Francis and Partlett, 2016:3). Gestalt therapy is concerned with the healthy integration of a person’s senses, body, emotions and intellect during a process-oriented mode of therapy (Schaefer, 2011:171).

- **Paradoxical theory of change (PTC).**

The paradoxical theory of change has become a foundation to Gestalt psychotherapy (Taylor, 2014:23) and is often cited (Hamilton, 2014:79; Staemmler, 2011:5). Beisser, (1970:77) coined the term “paradoxical theory of change”, describing it as change that

can occur only when one becomes what one is not, not when one tries to become what one is not.

- **The self**

Awareness is related to *the self* because via awareness attention is turned to something, often the perception of a sense, a moment of contact, patterns or emerging excitement. The self is seen in Gestalt as fluid and emerges in contact with the environment; therefore, the child is seen as operating independently of the collective field in which he/she lives and the influences that he/she is experiencing internally are in many ways connected with the larger environment (Chidiac, 2013:459; Loewenthal and House, 2010:117).

- **I – Thou relationship**

The I-Thou relationship refers to the relationship and dialogue between therapist and client and was conceptualised by the existential philosopher Buber (Senreich, 2014:56) as an honest, authentic relationship between the client and helping professional.

- **Field theory, "figure and ground"**

Lewin's field theory conceptualises that the needs and wants of a person, family and community are inseparable and interconnected with the environmental and cultural situations (Senreich, 2014:56). Essential components of the field theory are the concepts of "*figure and ground*". Figure and ground can be seen as an automatic feature of the visual system where the focus of attention becomes the figure and all other visual input becomes the ground (Cervellin, Borghi and Lippi, 2014:515).

- **Contact**

Contact within the Gestalt framework can be perceived as a meeting of various kinds, during which time the other is aware of the difference between them. This awareness of difference is necessary for contact, because no two people are exactly alike and no two moments in time are exactly the same (Tinsley, Lease and Wiersma, 2016:410).

- **Closure**

A person's mind has a tendency to fill in empty spaces wherever an incomplete image appears, in an attempt to create a complete and unified picture (Cervellin et al.,

2014:515). A key therapeutic goal is to create support for emotional expression, action or closure to enable the person to move on (Joyce and Sills, 2014:172).

- **Potential space**

Potential space refers to the inner and outer realities of a therapee's world, where the therapee contributes meaning to various behaviours of a live animal by revealing the therapee's inner world rather than objective reality (Parish-Plass, 2013:93).

1.11 RESEARCH DESIGN AND METHODOLOGY

A research design encompasses a plan of the study from beginning to completion (Check and Schutt, 2012:121). The research design incorporates the methodological assumptions that shaped the rationale for this study and served as a guide for the researcher in selecting methods of data collection, analysis and interpretation as suggested by Check and Schutt (2012:121) and Trafford and Leshem (2012:90).

This research followed a mixed methods approach. A multiple-case quasi-experimental design, with specific reference to a pretest- posttest model, was implemented as informed by Greig, Taylor and MacKay (2013:107). To determine if a change in their self-esteem had occurred, at the onset of this study, a self-esteem inventory was completed by the therapees. The therapees then followed a ten-week EAPT™ intervention. The same self-esteem inventory was completed by the therapee after the tenth EAPT™ session. The rational for including standardised tests is linked to a deliberate effort to curb bias from the researcher, independent observer, parents and teachers involved in this study and improve the reliability of the research results. By measuring self-esteem levels of therapees as determined by a standardised test, the perceptions of parents, teachers, therapist and independent observer can be verified or denied.

The researcher used a mixed methods approach to gain more comprehensiveinsight regarding this fairly new therapeutic intervention of EAPT™. In terms of a mixed methods approach, multiple methods are applied, such as both qualitative and quantitative approaches in different phases of a study (Curry, Cathain, Clark, Aroni, Fetters and Berg, 2012:5; Bazeley and Kemp, 2012:55). Integration occur through

linking the methods of data collection and analysis (Creswell and Plano-Clark, 2017). In this study integration through the process of connecting occurred due to one type of data linked to another via the sampling frame, as informed by Fetters, Curry and Creswell (2013:2139). The authors point out that merging of data collected should occur after the statistical analysis of the numerical data and qualitative analysis of the textual data (Fetters, Curry and Creswell, 2013:2140). In this study the merging of the data occurred after the qualitative data obtained via the therapeutic sessions and interviews with teachers and parents were transcribed and analysed and the results of the CFSEI-3 were obtained.

According to Mayoh, Bond and Todres (2012:22), the use of a mixed methods approach can provide holistic insight into and understanding of the livelihoods and perceptions of participants. By conducting a mixed methods approach, an opportunity was created to research the phenomenon in greater breadth, depth, commonalities and detail. As it was ultimately the purpose of this study to gain a better understanding of how the therapees, their parents and teachers processed and perceived the therapeutic process of EAPT™ (Is EAPT™ deemed effective as therapeutic method to increase self-esteem?), a mixed methods approach was deemed to be most appropriate and suitable to this study. The perceptions of parents and teachers were compared to the results obtained using a standardised test (CFSEI-3).

Trafford and Leshem (2012: 93), as well as Christensen and Johnson (2008:93), refer to research methodology as a set of specific actions planned by the researcher to meet the goals and objectives of the study. A distinction is made between ‘methods’ and ‘methodology’. The methods used in a research study refer to the techniques or procedures used to gather and analyse the research data, whereas methodology refers to the process that shapes the choice of the specific methods used (Tight, 2017:169).

This study followed an interpretivist approach, applied within a case study model. Interpretivism refers to the uncovering of how people perceive an event by providing an alternative perspective on the research by evaluating it according to the participants’ perspective (Thanhand Thanh, 2015:25). This approach recognises that individuals may give a range of explanations and adopt a range of positions when

proposing to understand a phenomenon (Tight, 2017:171). Therefore, the perceptions of parents, teachers and therapees were verbatim referred to in this study.

The study was also influenced by pragmatism, specifically by the Darwinian views on human intelligence as a natural development, as well as the view that human thought and language are means of mediating past and present experiences with future expectations (Calcaterra, 2011:61). Pragmatists advocate the study of human psychology in a naturalist context (Schwartz, 2012:10). The incorporation of a live animal during therapy such as in this study, is influenced by Darwinian views of body language and the way the child makes sense of these bodily expressions. Aligning the pragmatism with Gestalt theory by means of awakening awareness in the therapee of how he/she experience being bullied guided the therapeutic intervention.

1.11.1 Case Study Research

Case study research is defined by Yin (2009:18) as an in-depth study to gain a better understanding of a specific phenomenon. Contradictory to the general opinion regarding case studies, namely that a case study focuses on the quasi-experimental aspect of research, case studies can be quasi-experimental, descriptive, or explanatory. In counselling and psychotherapy, case study research has often been employed to establish the efficacy of innovative therapeutic methods as case studies provide evidence of how the new therapeutic approach operates, as well as how effective it is (McLeod, 2010:2). The history of counselling and psychotherapy encompasses various examples of the use of case studies; Freud depended on the presentation and discussion of case studies regarding the efficacy of psychoanalysis when this modality was still unknown (McLeod, 2010:2).

This study incorporated seven case studies. Each case study comprised of a therapee, his/her parents and a teacher who had daily contact with the therapee during school hours. The therapee was involved in ten EAPT™ sessions, whilst the parents and teacher kept journals to record behavioural changes (if any) they observed related to the therapee and changes regarding bullying that occurred during the time the therapee was attending EAPT™ sessions.

1.11.2 Sampling

According to Lieber (in Sharp, Mobley, Hammond, Withington, Drew, Stringfield and Stipanovic, 2012:34), sampling is one of the most important aspects in mixed methods studies. Sampling entails the study of the characteristics of a subset of the population (Check and Schutt, 2012:92). Different sampling methods are available, and the appropriate method depends largely on the purpose of the study. For the purpose of this study, the researcher applied a *concurrent nested probability design* to choose therapees. The *concurrent nested probability design* was chosen, as the selection criteria probed the inclusion of specific therapees (this method is clarified in Chapter Five).

The selection criteria specified that the therapees should fulfil three criteria, namely that of being bullied (being bully victims), presenting with low self-esteem and being in the middle childhood phase. The population from which therapees were selected, consisted of children referred for therapy by parents or teachers. The referral was based on parents or teachers' perception that the child was being bullied. Children referred for therapy but did not fit the criteria (being a bully victim and presenting with low self-esteem) still received therapy but did not form part of this study.

The teacher and parental perceptions regarding the influence of the therapeutic intervention on the therapees were deemed important. Teacher and parental perceptions supported if the behavioural changes observed by the therapist during therapy sessions were transferred to behavioural changes at school and at home.

The chosen site was the L&M Therapeutic Horse-riding Centre, situated in a rural town (Bultfontein) in the Free State Province of South Africa. This research is the product of therapeutic interventions introduced at a horse-riding school on a farm in the Free State Province of South Africa, which culminated in the establishment of a therapeutic horse riding centre. At this horse-riding school, the benefits and cost effectiveness of EAPT™ were noted, leading to the writing of a formal research study, in terms of which data could be captured under strict ethical guidelines, to be subjected to peer scrutiny.

Illustration 1: L&M Therapeutic Horse-riding Centre arena.

Illustration 2: L&M Therapeutic Horse-riding Centre: Outside view

Illustration 3: L&M Therapeutic Horse-riding Centre: Reception area.

This Centre was specifically designed with a one-way mirror to minimise the influence of the watching parent on the therapee. It is the researcher's experience that if a parent

has eye contact with his/her child during the therapeutic process, the child would be inclined not to be spontaneous in his/her responses.

1.11.3 Data generation

Data generation is a process whereby the researcher obtains relevant information from research participants. The correct data generation strategy provides the researcher with information rich and descriptive data (Yin, 2009:122). For the purpose of this study, the data was obtained using both quantitative and qualitative methods. Sharp et al. (2012:48) suggest that a combination of methods provides the opportunity to corroborate the various sources of information and to accommodate multiple viewpoints, allowing the researcher to answer the research questions. This study proposed to determine perceptions of the efficacy of the EAPT™ intervention on therapees' self-esteem. This was established by making use of both a standardised bully/victim and self-esteem questionnaire.

- **Quantitative data collection questionnaires:**

Olweus Bullying/Victim Questionnaire (OBVQ)

The globally recognised Olweus Bully/Victim Questionnaire was completed by therapees at the onset of the study. When a child was referred for therapy because his or her parents or teacher perceived that he/she was being bullied, the OBVQ was used to determine if the child was being bullied or was in fact the bully. A large number of children completed the questionnaire, but only those who tested positive for being bullied, were included in this study. The children who did not fit the criteria for this study, still received therapy but was not included in this study.

In terms of the OBVQ-R questionnaire, therapees are requested to rate the statements on the questionnaire on a 5-point Likert scale (1: strongly disagree; 2: disagree; 3: neutral; 4: agree and 5: strongly agree).

The OBVQ consists of forty questions determining if a person is being bullied, and how frequently. To meet international requirements, certain revisions were made to the initial questionnaire; Olweus's revised version of the OBVQ has been used during this study. Although the OBVQ-R has not been standardised for South Africa, Vessey

et al. (2014) confirmed that the OBVQ-revised edition is among the few self-report bully-instruments with well established psychometric properties in different countries.

The questionnaire incorporates three scales of internalising problems: perceived social disintegration; depressive tendencies; and global negative self-evaluations (or poor self-esteem). Two scales of externalising problems are also included, namely aggression and antisocial behaviour, with specific reference to bullying other learners (Solberg and Olweus, 2003: 243). These scales of internal and external problems that occur during bullying, as measured by the OBVQ, increase the validity and reliability of the questionnaire. At least seven empirical studies reports confirms the reliabilities for the bullying victimization and perpertration scales in the OBVQ in the range of 0.80 and 0.90 (Limber, Olweus, Wang, Masiello and Breivik, 2018; Breivik and Olweus, 2015).

- ***Culture Free Self-esteem Inventory (CFSEI-3)***

Based on a general perception that children who present with low self-esteem are more vulnerable and as such more often become bully victims compare to their peers who have an authentic high self-esteem (Cowie and Jennifer, 2008:44), a self-esteem questionnaire, was completed by therapees at onset of the study. The Culture Free Self-esteem Inventory (CFSEI – 3) was chosen from a vast number of questionnaires available to measure self-esteem in a therapee. This questionnaire was chosen because of its focus on self-esteem *per cé* compared to many other tests that include other facets not applicable to this study.

The CFSEI-3 was developed and revised by Battle, consisting of three different forms that provide a Global Self-Esteem Quotient (GSEQ). The three forms comprise a Primary form, developed for children ages 6 to 8; an Intermediate form which determines self-esteem in children aged 9 to 12 years; and an Adolescent form, designed for children aged 13 to 18 years. For this study the primary and intermediary forms were used, based on their suitability for children in the middle childhood phase. The Intermediate and Adolescent forms provide self-esteem scores in the academic, general, parental or home, and social areas. In the question inventories a defence measure is incorporated to assess the extent to which therapees' responses are guarded.

The conversion tables provide subscale standard scores, based on a mean of 10 and a standard deviation of 3. The quotient calculated were based on a mean of 100 and a standard deviation of 15. The CFSEI-3 was standardised using a sample base of 1727 persons, using a normative group, stratified on the basis of geographic region, gender, race, rural or urban residence, ethnicity, family income, parental education and disability (Battle, 2002:14) and has been used widely in South African studies.

Two kinds of reliability measures are established with the CFSEI-3. *Internal consistency* on the normative sample yielded an average coeifficient alpha reliability of 0.80 and *Test-retest reliability* yielded correlations between test scores of 0.70 and 0.90 across all age groups and scales. These scores indicate that the CFSEI-3 can be deemed a reliable measurement of self-esteem.

The construct and concurrent validity of this instrument was established by comparing the validity scores of this instrument with other self-esteem inventories called the Self-Esteem Index, the Piers-Harris Children's Self-Concept Scale and the Multidimentional Self Concept Scale. Compared to these instruments the CFSEI-3 can be deemed valid scoring an average coefficient alpha reliability above 0.50.

This questionnaire was completed at the beginning of the therapeutic process and again at the end. If a child presented with an authentic self-esteem, he/she was not included in this study, but still received therapy. At the tenth therapy session the difference in self-esteem, if any, was calculated and used to determine the influence of the therapeutic intervention on the therapees' self-esteem.

Qualitative data generation methods

The purpose of generating data is to get rich descriptions of the phenomenon (EAPT™) from the therapees' points of view and from the therapees' individual cultural contexts (Bailey, 2008:49). The different qualitative data generation tools used are discussed below.

Semi-structured interviews

Greene and Hogan (2005:14) affirm that the data generated through interviews are usually rich and varied. Additionally to the interviews conducted with parents, individual semi-structured interviews were conducted with the teachers of the learners who participated in the study. These interviews were held at the different schools

included in this study. The teachers were selected on the basis of their contact with the participating learners during a school day. Open-ended questions allowed teachers the opportunity to elaborate, providing valuable information regarding the learners' behaviour and academic achievement at school. An example of the interview protocol is included in the addenda.

During the initial interview, the teachers were given the option to decline participation. At the time, the teachers were told what was expected of him/her during the ten- week period the child participated in the study. It was explained that he/she would have to keep a journal according to guided questions and that these entries were to be given to the researcher on a weekly basis.

On completion of the therapeutic intervention (after ten weeks) final interviews were held with both the parents and teachers involved with the child in therapy. During this interview, parents and teachers were asked open-ended questions regarding the change in the therapee's behaviour (if any) and if these children were still being bullied. The rationale of these interviews was to give parents and educators the opportunity to give feedback on the therapeutic intervention and their experience thereof.

Journals

Journal protocols were made available to parents, teachers, a critical observer, the equine specialist and the therapist (see Addenda 3). For each learner who formed part of this study, the relevant parent and teacher had to keep journal entries which were collected on a weekly basis. In these journals, from the perspective of the journal keeper, any changes in the learner's behaviour were noted. The parents and teachers were asked not to share their thoughts during the ten-week period to limit contamination of data.

The critical observer and the therapist kept a set of separate journal entries on each therapee in therapy, capturing information immediately after a session. To further limit possible influencing and data contamination these individuals did not discuss their journal entries with each other immediately after the session. Discussions took place during weekly planning for the therapee's next session.

Recordings

Recordings of the therapeutic process as part of the data generation process, provided the opportunity to listen at the therapeutic process from an objective stance. As the researcher was actively involved in the therapeutic process itself, the recordings presented the opportunity to evaluate the process at a later stage or stages.

1.12 DATA ANALYSIS AND INTERPRETATION

The data analysis, interpretation thereof and recommendations are discussed in Chapters Six and Seven. The discussion below, places the data analysis processes and interpretation thereof in context of the research process.

1.12.1 Quantitative data analysis and interpretation

The data analysis and interpretation of the quantitative data were conducted using the norms set by the standardised tests used in this study. As these tests were tested for validity and reliability, the outcomes can be generalised to the greater population if the sample was representative of the population (Mertens and Hesse-Biber, 2013:66), although generalisation was not done. In this study, the quantitative data were analysed with the assistance of Mr Coos Bosma (Research Assistant at the Nelson Mandela University). The statistical software utilised, was STATISTICA (version 13.2).

1.12.2 Qualitative data analysis and interpretation

According to Tashakkori and Teddlie (2010:785), analysing data involves a process in terms of which data is fragmented into manageable themes, patterns, trends and/or relationships. The analysis and interpretation of qualitative data could be complicated due to specific concepts and ideas need to be identified and interpreted in a systematic way.

Using a process of bracketing, the researcher was cautious not to confuse her point of view with those of the participants (Creswell 2009:15). Bracketing is a process through which researchers mitigate the potentially delirious effects of preconceptions that may taint the research process (Tufford, 2012:80). In this study, this was accomplished by not discussing data with the relevant parties before the analysis of the data was completed. Transcriptions and interpretations were presented for ckecks to the person involved. To enhance the validity and reliability of these findings Atlas ti

was used. Reference manager Mendeley Version 1.19 was utilised for the safe-keeping of the various books, articles and other sources consulted.

1.13 ETHICAL CONSIDERATIONS

Prior to the commencement of this research project, the researcher applied and was granted ethical clearance from the Research Ethics Committee (Human) (REC-H) of the Nelson Mandela University. The relevant REC-H number is H15-EDU-ERE-033. (Addenda 1). The Nelson Mandela University's specific and detailed ethical clearance requirements, constituting the legal framework and codes of conduct for ethical research were adhered to.

Ethical considerations within the scope of this research are of critical value for not only humans, but animals as well. In this regard, careful consideration was given to the following during this research:

Informed consent: At the onset of this study, the researcher held individual information sessions with the parents of the participating therapees before the therapeutic intervention started, explaining the process that would be followed as well as their responsibilities during the ten weeks that their child would be participating in this study. During these sessions, the parents were given the choice to form part of this research project or decline the opportunity and were informed that if participating, future interviews would be recorded. Each of the interviews consisted of twenty semi-structured questions.

The informed consent letter provided information on the purpose and aim of the study, the research procedures, the voluntary nature of participation in this study, the opportunity for questions, as well as the fact that certain aspects of the research could not be made known until the research had been completed. In this formal letter, the participants and those involved with the participants were made aware that they could withdraw from the study at any time, without any adverse consequences for them.

Informed consent was obtained from therapees, their parents, teachers, the riding school owner, the principals of the relevant schools and the Department of Education:

Free State, via formal letters (see Addenda 2.1 to 2.6). Letters to all demonstrated that participants were invited to voluntarily participate. These letters clearly stated that consent to record interviews and sessions was requested.

Legal considerations: The therapees who were included in this study were between the ages of 6 and 12 years of age. According to South African law, this means that the legal guardians or parents of the children had to give consent before they could participate in this study. This consent was received in the form of a letter from the parents (Addenda 2.2), however, the learners also had the right to reject participation.

Voluntary participation: At the onset of the study, all participants were informed that participation would be on a voluntary basis. Since the participants in this study also consisted of children referred for therapy, they were also given the choice to withdraw from this research. Furthermore, the scope of the research was explained, as well as participants' responsibilities e.g. journal entries that have to be completed by parents and teachers. This was to ensure that the prospective participants could make an informed decision regarding participation in this research project.

Adhere to the conditions of the Animal Rights Act of South Africa. The researcher took special care to abide by the regulations set out in the Animal Rights Act of South Africa to meet the needs of the horse that was used during this research. An equine specialist was given the responsibility to point out any form of distress that the horse might experience during therapy sessions. After sessions, the horse was given time to relax and feed. The equine specialist would groom the horse every day to ensure that its physical wellbeing was looked after. In Chapter Four, more detailed descriptions on the ethical considerations taken with reference to the horse included in this study, are provided.

Respect for participants and animals: Adhering to the Ethical Code of Conduct of NMU, the researcher took into consideration the ethical acceptability and foreseeable consequences of including a horse in the research project. Respect for the participants was demonstrated by recognizing the dignity and autonomy of all individuals involved in the interaction. During the data generation phase of this study the researcher highlighted the voluntary nature of participation in this research.

Great care was taken in reporting the research findings so that the findings would not be in any way intrusive or embarrassing to the participants. Participants were given

the opportunity to read the transcriptions of the interviews afterwards, to ensure that the meanings assigned to their views were correct.

Benevolence by definition implies protection from harm and promoting the well-being of those affected. In this study, a conscious attempt was made to increase the benefits and reduce the possibility of harm by applying as much safety measures as possible. The parents and learners were advised of the nature of a horse and explained that EAPT™ at the relevant centre consists of sessions of groundwork with a horse (where the therapee would be leading the horse with a lead-rope), as well as being mounted on the horse. The possible harm that might occur and the measures to try and counter such harm were explicitly explained to therapees, parents and teachers. The therapees and parents were then given the opportunity to choose if they want to be subjected to this form of therapy or prefer a more conventional form of therapy that did not involve the use of the horse.

Significant caution was taken to eliminate the possible risks involved with using horses by tasking the equine specialist to control environmental factors that might influence the horse by, for example using the correct equipment when saddling the horse. The learners were made aware of the safety rules that applied at the Centre and it was explained that they need to adhere to these for their own protection. For example, they were not allowed to walk behind the horse, and someone would hold the horse when the child was mounted.

Confidentiality and privacy: The participants in this study were assured in writing all information obtained would be used for research purposes only. For the sake of anonymity in this study, each participant was given a numerical identity, known only to the researcher, the therapee was coded starting with the letter C, followed by a numerical number; parents, included both the father or the mother (depending on who brought the child for therapy and only one code number was provided) were coded with the letter P, followed by a numerical number; and teachers were coded with the capital letter T, followed with a numerical number. All copies of data will be archived at the private practice of the researcher for a period of five years as per agreement.

On a practical level, the following discussion will explain how the ethical standards of this study were implemented. Because of the involvement of minors, the following ethical considerations, according to the SPICC model were implemented. The SPICC

Model consists of five phases that were consulted to ensure the ethical treatment of therapees.

The first phase focused on the building of a strong, attuned therapeutic relationship where the child would feel free, safe, valued, respected and encourage to share his/her story (Geldard, Geldard and YinFoo, 2013:16). As the initial meeting between the therapist and the child was initiated by the parents who brought the child for therapy, it was very important to receive informed consent from both the parents and child before conducting the research or therapy. In this regard the therapeutic process and research implications were explained to the child. This provided the opportunity of empowering the child by encouraging feelings of being valued and respected.

The aspect of confidentiality was also addressed during the initial phase. The therapist explained explicitly what confidentiality meant and how it would be implemented in the research, taking into consideration that the therapeutic relationship should still be the priority of the therapist. The therapist explained how information would be discussed with parents or associative parties such as schools. The therapist also disclosed how record-keeping would be implemented answering the participants' questions, if any arose. The therapist set the boundaries of the therapeutic relationship, which included the time, place, appropriate touching and acceptable behaviour. (Prout and Fedewa, 2015:31).

Phases two to five of the SPICC model are concerned with the maintenance of the therapeutic relationship. It is during this period that the child's awareness is raised, he/she is challenged with self-destructive beliefs and traumatic events, while coping mechanisms are addressed and new behaviour is experimented with (Geldard, Geldard and YinFoo, 2013:72). The counselling sessions (in the case of this study, EAPT™ sessions) conclude when the child achieves adaptive functioning and adequate resolution of the problem identified. Although the time-frame in this study was set at ten sessions, the children and parents were given the opportunity to continue therapy, if needed, until the behavioural problem was fully resolved.

1.14 CHAPTER OVERVIEW

The specific order in which the chapters are written in this thesis is best understood by making use of a schematic outline. The chapters were ordered to ensure a systematic flow throughout the research, presenting and a clear picture of exactly what was researched and the reason why it was included in this project.

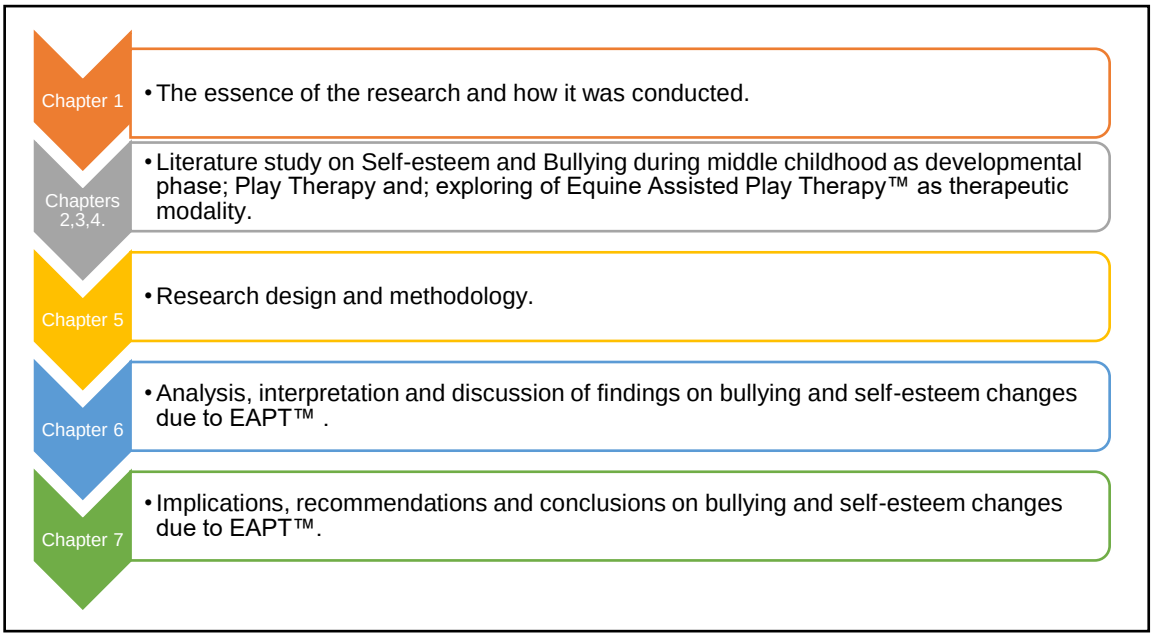


CHART 1: Schematic exploration of research project

Chapter One captures the essence of the research conducted, followed by a literature study of the concept of bullying in Chapter Two. In Chapter Three, the literature study is expanded by focusing on Play therapy, whereas Chapter Four elaborates on Equine Assisted Play Therapy™.

Chapter Five focuses on the research methodology used during this study, as well as an analysis of the research data collected. In Chapter Six, the findings of the study are critically evaluated against the research questions. In conclusion, the final chapter presents appropriate and suitable recommendations and propositions for further research.

1.15 CONCLUSION

Chapter One presented an overview of this study, focusing on the rationale as well as the research design, procedures and overall study outline. Key concepts that

underscore the essence of this study are clarified after the research problem has been stated and the research questions and objectives derived from the research problem have been presented. The methodology explains the actions planned by the researcher to achieve the goals and objectives of this study while the section on data analysis explains how the generated data, has been analysed. The ethical considerations illuminate the possible risks and countermeasures taken to make this research project as safe as possible for all concerned.

There has been growing recognition of the relationship between bullying and child mental health and the fact that this relationship is moderated by factors such as coping, self-worth, and social support (Boyes and Cluver, 2015:848). This supports the urgency of the development of interventions in improving children's self-esteem to enable them not to become victims to bullying again.

Chapter Two will expound different perspectives of bullying to create a better understanding of the impact of bullying on children during their middle childhood phase of development.

CHAPTER TWO

SELF-ESTEEM AND BULLYING DURING MIDDLE CHILDHOOD AS DEVELOPMENTAL PHASE

2.1 INTRODUCTION

This study focuses on Equine Assisted Play Therapy™ as an effective therapeutic method in treating children during the middle childhood developmental phase who presented with low self-esteem and who were being bullied. The literature study is divided into separate chapters, focusing on self-esteem and bullying during middle childhood as developmental phase in Chapter Two, issues pertaining to Play Therapy in Chapter Three and the development and use of Equine Assisted Play Therapy™ in Chapter Four.

Middle childhood signifies the developmental phase between early childhood and adolescence, which includes children in the age group six to twelve years. This study focuses on the emotional experiences of children during this phase; therefore, it is imperative to explore the vital elements of this developmental phase. Bowden and Greenberg (2010:198) postulate that middle childhood signals a phase of immense changes in a child's life. For example, the child enters into full-time schooling, starts to experience increased exposure to peers, is constantly exposed to new skills and knowledge, experiences tremendous changes in schedules and routines, and is expected to show progress and performance in a number of developmental areas. By entering the school arena, the child is potentially at risk of construing the self as incompetent, because he/she is constantly evaluated by teachers and peers alike (Butler and Green, 2007:102).

The transition of a child's complete physical and psychological dependency on caregivers to self-sufficiency and independence is a gradual process (Knoetze, 2012:43). Different theorists confirm that this developmental phase is considered a transitional period, and is named differently and focusing on different aspects of development by different theorists (Finnan, 2008:12). Freud calls this phase the latency period, whereas Erikson states that the child has to orientate him-/herself

between two opposites, namely *diligence versus inferiority,* and has to acquire feelings of competency; with Piaget proposing a stage theory of cognitive development, contending that children are in the concrete-operational period (Louw and Louw, 2014:55; Gestwicki and Bertrand, 2005:188).

The preceding years of rapid development make this phase appear a far calmer one. Even if this period is far calmer than the young childhood phase of development or the next developmental phase, namely adolescence, the middle childhood phase sets the scene for various aspects of development that will influence the individual on various levels.

2.2 DOMAINS OF DEVELOPMENT DURING MIDDLE CHILDHOOD

It is important to note that although certain common themes apply to children in the middle childhood phase, such as attending primary school, there are significant differences between the life of a six-year-old and the life of a twelve-year-old. Borland, Laybourn, Hill and Brown (1998:25) supply a detailed and comprehensive exposition of developmental differences between age groups within the middle childhood developmental phase. Although their study was conducted during 1998, it is still regarded as relevant and is quoted by many recent authors (Knoetze, 2012:49; Churchill, 2011:226; Finnan, 2008:12) and provides valuable insight into the lives of the children included in this study.

- *Five to six years old*: Children in this phase are mainly concerned with their own, immediate and concrete needs and advantages. Where emotional development is concerned, feelings of happiness in this age group are derived from things such as sweets, toys or trips to fast-food restaurants such as McDonald's (Borland *et al.*, 1998).
- *Seven to eight years old:* A shift towards relationships and achievement is now becoming prominent, hence the child's awareness of a widening social network. Feelings of happiness are now connected to aspects such as family holidays, activities and having friends over to play. Negative emotions become more complex, because these are now relationship based. Punishment and

reprimands by parents can cause anger and often resentment. Fears become very prominent during this phase, often centred around nightmares and ghosts (Borland *et al.*, 1998).

- *Nine to ten years old:* Relationships become more important, with the child's consciousness evolving. Friends are a constituent of happiness and losing them is the most common source of misery. Unfair treatment by parents or teachers becomes a major source of anger; achievements in sports are vital, and fears become more reality based, for example fear of being home alone (Borland *et al.*, 1998).
- *Eleven to twelve years old:* The concerns formed in the previous years are now raised to a more sophisticated level. Friends are still vital and are often the main confidants. The family and individual issues are still important, but group identity and achievements become increasingly important. Children in this age group become much more critical of adults and will discriminate between them. For example, some teachers will be seen as trustworthy, while others will be regarded as unimpressive. Boys and girls in this age group develop a sense of injustice towards the wider world, based on phenomena such as world hunger and poverty (Borland *et al.*, 1998).

The preceding explanation indicates that the therapeutic needs of a twelve-year old differs from those of a six-year old child. During EAPT™ different activities are used according to the age and emotional disposition of the child. The types of play used in EAPT™ might shift with the age of the therapee, but the playfulness creates a lighter atmosphere that is invaluable in encouraging therapeutic progress (VanFleet and Faa-Thompson, 2017:18). Charlesworth, Wood and Viggiani (2011:181) explore a child's advancement through middle childhood in terms of a number of different dimensions of his/her development. Although these dimensions are explored separately, it is important to note that there is dynamic interaction between these dimensions.

Children become more exposed to new and varied experiences during their middle childhood phase, which can hold implications for specific areas of their development (Neethling and Rutherford, 2012:106). A study conducted by Poresky (2015:159) established that three factors influenced young children's development: their age, the quality of their home environment, and their relationship with pets. His study indicated significantly higher cognitive, motor and social scores for children with strong

companion animal bonds. When the element of home environment was added, the results indicated that older children with higher quality home environments demonstrated higher levels of cognitive, motor and social development.

Exploring the physical, emotional, cognitive and social domains during middle childhood was necessary to understand the impact of bullying on these dimensions during this developmental phase.

The different domains are interrelated and influence each other as illustrated in Fig. 2.1.

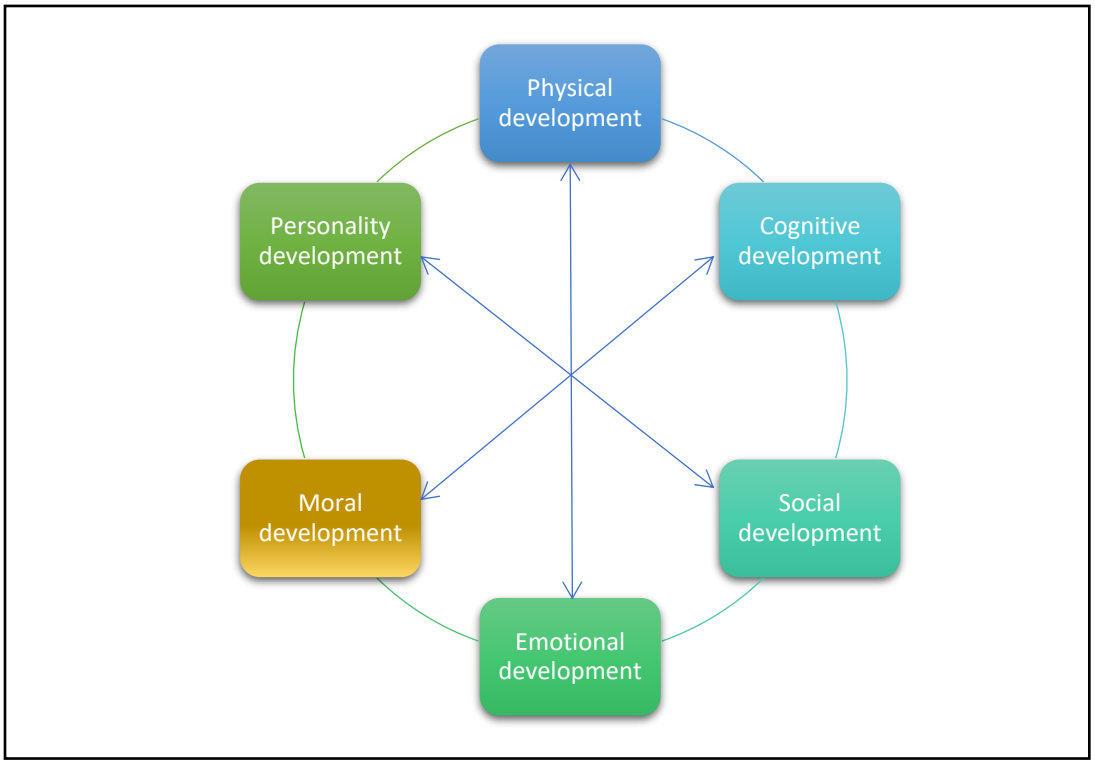


FIGURE 2.1: Domains of development during middle childhood

2.2.1 Physical Development

Physical development occurs relatively slower during the middle childhood developmental phase than in the early childhood developmental phase, and children do not experience another growth spurt until adolescence (Click and Parker, 2012:52). Charlesworth, Wood and Viggiani (2011:182) suggest that children in the middle childhood phase are encouraged to gain a high level of mastery over physical skills associated with particular interests, such as dance, sports or music.

In the middle childhood phase, sexual behaviour is normally rooted more in curiosity than in sexual attraction or pleasure seeking. However, it is important to note that not all sexual acts during this phase of development should be ignored (Louw and Louw, 2014:228). If sex play show signs of coercive behaviour, or if the child is complaining about the sexual behaviour of a friend, this should be investigated, as it can be an indication of sexual bullying (Louw and Louw, 2014:228).

2.2.2 **Cognitive Development**

Baumeister and Bushman (2011:37) postulate that cognitive development during the middle childhood phase is marked by substantial development and refinement, with specific reference to the change in children's memory. Children's ability to remember and pay attention increases rapidly, as well as their ability to speak and express ideas (Baumeister and Bushman, 2011:37).

According to Piaget's cognitive development theory, middle childhood falls in the concrete operations phase, characterised by the active and appropriate use of logic (O'Donnell, Reeve and Smith, 2012:76). Operational thinking during middle childhood is also characterised by decentration (the ability to coordinate more than one aspect of a situation at the same time); reversibility (understanding that numbers or objects can be changed and returned to their original state); and understanding cause and effect (causality): where children begin to understand that their actions and those of others have certain consequences (Click and Parker, 2012:65).

As children develop, they become increasingly able to anticipate consequences, generate solutions and evaluate these solutions. They also become increasingly able to examine multiple aspects of a situation and engage in less biased reflection (Szigethy, Weisz and Findling, 2012:43). The researcher postulates that the outcome of a therapeutic situation depends greatly on this reasoning ability of a child. If the child cannot anticipate another outcome, it becomes very difficult to motivate him/her to try a different approach to a problem. Bearing this in mind, the researcher supports Greyling's (2003:56) contention that every individual has the potential to develop into who he/she is or wants to be, to the point of reaching realistic self-actualization. Greyling (2003:56) posits that this is possible by acknowledging who you are, what your strengths and weaknesses are and figuring out what works best for you. The

researcher promotes this form of self-knowledge during the therapeutic process by enlightening the therapees of their own strengths, weaknesses and uniqueness.

2.2.3 **Personality Development**

The personality of a child refers to the unique and relatively consistent manner in which the child feels, thinks and behaves (Louw and Louw, 2014:119). During the middle childhood phase, the child's primary function is to develop his/her own personality by reflecting on cues received from others, also outside of the family home. The child develops complex feelings and begins to describe such feelings comprehensively and meaningfully. Furthermore, he/she develops the ability to describe him-/herself in terms of psychological traits and to understand complex emotions such as pride, which has an impact on his/her self-esteem (Louw and Louw, 2014:256).

Early personality development is affected by children's emotional experience, expression and regulation, which in turn affect the quality of their social interactions and relationships (Mash and Wolfe, 2010:44). Personality also includes a person's temperament and character. A person's character is mostly based on socialisation and education, influenced by environmental factors, whereas temperament is mostly based on inherited biological aspects, known as genetic influences (Odendaal, 2009:5).

2.2.4 **Emotional Development**

This study focuses on the emotional experiences of children, stressing the importance of emotional development of children during the middle childhood phase of development. Tokuhama-Espinosa (2011:54) postulates that the affective filter hypothesis is one of the first links between emotions and learning. This filter suggests that how we feel, influences what we are able to learn. Kostelnik, Gregory and Soderman (2012:127) concur, proposing that positive emotions indicate to children that all is right with the world, prompting them to continue or repeat pleasurable activities. On the other hand, whereas negative emotions signal discontent, misfortune or danger, alerting children to the fact that something is wrong. This indicates the importance of emotions in the daily lives of children.

Mash and Wolfe (2010:44) agree, identifying emotions and affective expressions as core elements of the human psychological experience that are present from birth. Furthermore, children have a natural tendency to attend to emotional cues from others, which helps them to interpret and regulate their own emotions (Mash and Wolfe, 2010:45). Carblis (2009:107) states that individuals develop and differ from one another in and through the way in which they experience emotional arousal and organise their feelings. While Carr (2011:58) adds that the increased use of emotional expression serves to regulate closeness and distance within peer relationships.

During their middle childhood phase, children prefer to autonomously regulate their emotional state and to deal with peers on their own, instead of relying on parents or caregivers to help them manage their feelings and relationships (Carr, 2011:58). This is defined by Carblis (2009:107) as the development of emotional awareness through progressive and hierarchical transformation within the structural organisation of emotion related cognition.

Kostelnik, Gregory and Soderman (2012:127) add that during the middle childhood developmental phase, children combine physical, situational and historical information to give meaning to their emotional experiences. For example, they begin to understand that the source of a feeling may not only be physical or situational, but also intentional. For example, memories may create feelings, although the event is long past. Children in this developmental phase also discover that different people may experience the same situation differently. Because of these variations, recognizing their own emotions and that of others seems to be a challenge throughout the middle childhood years (Kostelnik, Gregory and Soderman, 2012:128).

The developmental task of managing emotions in a responsible manner can hold deep pathological consequences for an individual if not managed properly. A therapist who assists children during the middle childhood phase in overcoming the consequences of bullying therefore needs to have an understanding of the development of emotions and how children during this phase regulate their own emotions, before it can be expected of children in therapy to understand the emotions of their peers.

The greater emphasis on social aspects, such as friendships, highlights children's need to be liked and accepted by friends.

2.2.5 **Social Development**

A scientific view on the social development of children is reflected in the developmental theory of Erikson. Derived from his belief that the most important force driving human behaviour and the development of personality is social interaction (Knoetze, 2012:55). In this regard Butler (2007:115) point out that the theory of mind development proposes that appropriate life experiences are necessary for children to achieve their social potential. Smith and Hart (2011:32) concur that during middle childhood phase children take increased responsibility for initiating contact, as well as monitoring and maintaining the availability and accessibility of attachment figures. This emphasises the importance of 'significant others' who impact on the social development of children during the middle childhood phase. Significant others are family, peers and authority figures, such as teachers, and leaders portrayed in the media, culture and religion.

Family

In this study, the family refers to the immediate family such as parent(s) and sibling(s) with whom the child resides. Even though the child in the middle childhood phase spends more time away from the family than during the preceding years of development, parent(s) play a primary role in teaching their children moral, religious and cultural values (Berns, 2007:311). Principles such as egalitarian socialization, as an integral element of the development and formation of friendships, are taught by parents (Odendaal and Odendaal, 2016:138). Parents also make use of egalitarianism as a mechanism to instil a sense of individual worth in their children and for teaching them that being different does not resemble inferiority or should be a basis for mistreatment (Balter and Tamis-Lemonda, 2016:406).

In addition to parents, siblings frequently serve as a source of support during the middle childhood phase, although at times sibling-bullying may occur, postulating a relentless sibling relationship that is conflicting, competitive and hostile, including an inability to understand each other's state of mind (Louw and Louw, 2014:272). Nevertheless, having siblings generally offer some developmental advantages pertaining to social cognition and psychological understanding, as siblings offer the opportunity to experience affection, reciprocity, support and dealing with conflict (Goswami, 2014:57).

When a child is referred for therapy it is imperative for the therapist to look at all the relationships that a child has. Since bullying takes place within relationships, the therapist may not simply assume that bullying is present at school: it is imperative to establish exactly where, when and by whom the bullying is taking place and to address not only the symptoms, but also the cause of the bullying. This in turn will direct the therapeutic intervention to be used in assisting the victim to overcome the negative outcomes of bullying.

Peer relationships

Gains in cognitive abilities promote more complex communication skills and greater social awareness. This in turn facilitates more complex interaction as being vital for the development of social competence (Charlesworth *et al*., 2011:192). Interaction with other children can facilitate experiences involving highly charged emotional situations, giving rise to opportunities to have discussions regarding the beliefs, desires and intentions of others (Goswami, 2014:57).

Newman and Newman (2009:279) emphasise that not all children enter this phase with the same capacity to make friends or enjoy the benefits of close peer relationships. It is therefore important that a child achieves the developmental milestone of attachment to a peer group. However, excessive conformity and attachment to the peer group is unhealthy (Louw and Louw, 2014:275). This is probably why Erikson views the middle childhood years as critical for the development of self-confidence by overcoming a sense of inferiority (Martin and Fabes, 2009:404).

During the middle childhood phase, the child begins to think in terms of gender typicality, linked to the way he/she views him-/herself in relation to other children of the same sex. If they perceive themselves as equal to, or better than their peers, they normally have good self-esteem; conversely, if they perceive themselves as less adequate, they may develop poor self-esteem (Bukatko, 2008:442). The development of their self-esteem is linked to their ability to define themselves in psychological terms, which Harter (2012:681) identifies as their correctness in self-valuation.

During the middle childhood phase, children interact with other children with the unintentional purpose of seeking friendship, affection and fellowship in a particular social structure of leaders and followers (Louw and Louw, 2014:275). However, cognitive advances in the middle childhood phase promote more realistic appraisals

and allow children to engage in social comparisons. This enables them to construct discrepancies between a real and ideal self-image (Harter, 2012:681). If the child develops an unrealistic self-image, this developmental task was not achieved, and the revision of this developmental task needs to take place in a therapeutic setting.

The media

In the middle childhood phase, children look beyond the family and interact with their social system, which includes everything and everybody they come in contact with: family, peers, teachers and social media. During this phase, children gain access to different forms of electronic media, including cellular phones and computers with internet access. This forms an integral part of the macro-environment the child is subjected to. When children gain access to the broader world by means of social media (Twitter, Facebook, Instagram), they can be subjected to cyberbullying. Cyberbullying is described as a life-altering form of bullying that takes place through electronic mechanisms (Darden, 2015:76). If children have access to social media it is important that they be made aware of the implications of using these platforms and responsible adult guidance is recommended. In this regard jurisdiction has been passed in Canada that if a child is convicted of cyberbullying, his/her parents are held accountable for the child's actions.

Access to electronic media highlights the importance of cultural influences and how children can gain contact beyond their cultural group via social media exposure. This crossing of boundaries created a cyber culture whereby youths are expected to engage via social media making them vulnerable to cyberbullying when being unaware that even when the electronic device is switched off, access to their personal details are still available.

Culture

Children internalise various cultural beliefs from as early as infancy (Bukatko, 2008:416). Between the ages of eight and ten, children begin to incorporate and understand the cultural rules and behaviours necessary to obtain specific goals (Bukatko, 2008:416). The tendency to express and detect emotions varies amongst the different cultures in which children are raised; as the cultural influence within a specific community extends to the temperamental styles valued in that community (Bukatko, 2008:419). This indicates another developmental milestone that the child

needs to master during the middle childhood phase, as it is closely linked to the acquisition of emotional intelligence.

The concept emotional intelligence was initially introduced by Salovey and Mayer in 1990, who described it as a type of social intelligence that included the ability to monitor one's own and others' feelings and emotions, with the ability to discriminate between them, and to use this information to guide one's own thinking and actions (Golis, 2013:1). Seen within a specific cultural environment, emotional intelligence should also include the ability to familiarise oneself with the norms and values within that specific culture and to direct one's thinking and action accordingly, while minding the macro environment in which one is living, such as the South African judicial system.

It is important to be aware of cultural differences. For example, children raised in Western societies use many personal references when they respond to questions, such as "I am very smart" in contrast to children raised in Chinese society, who would respond on social networks in a more indirect way such as "I like to help my mom wash the dishes" (Bukatko, 2008:420). If a researcher does not take such cultural differences into consideration while conducting research, responses may be interpreted incorrectly. This error in interpretation can be minimised by making use of culture-neutral standardised tests.

2.2.6 **Moral development**

Moral development during the middle childhood phase of development refers to a process whereby children acquire the necessary principles that will allow them to judge behaviour as either good or bad, and direct their own behaviour in accordance to these principles (Louw and Louw, 2014:287). As part of moral development, a child is taught accepted social conventions and behavioural rules that regulate social interactions, such as dress code and the matter of speech (Bukatko, 2008:434). While behavioural rules are initially taught by the parents, during the middle childhood developmental phase the broader social environment enhances the child's concept of what constitutes acceptable behaviour and what not.

Such understanding of what is perceived as acceptable behaviour can be seen as the starting point to establish the child's level of emotional intelligence. The development

of emotional awareness is the knowledge base of emotional intelligence, seen within a specific cultural frame. This is therefore vital developmental milestone the child needs to reach during the middle childhood phase before the consequences of bullying can be addressed.

2.3 SELF-ESTEEM DURING MIDDLE CHILDHOOD DEVELOPMENTAL PHASE

For the first time in 1890 there was a distinction made between the self as 'I' and the self as 'me' (James, 1890). In psychology, this formed the basis for much philosophical as well as conceptual debates, leading psychologists to investigate the existence and prevalence of the self.

James's formula for self-esteem is still well respected (Seligman, Reivich and Jaycox 2018:41; Burke and Stets, 2009:24). This formula is:

$$\text{Self-esteem} = \frac{Success}{Pretensions}$$

This formula explains how the two elements are inextricably linked; proposing that a person can feel better regarding him-/herself if he/she succeeds in the world, but also if he/she varies his/her hopes and expectations of the world (Nayler, 2010). It was determined that the self does indeed exist, but more specifically consists of a variety of aspects (Bukatko, 2008:420). As a result, recent literature is beset with confusing terminology, due to the self being evaluated and formulated to make sense of all these aspects of the self. The main aspects of the self, commonly noted throughout literature are:

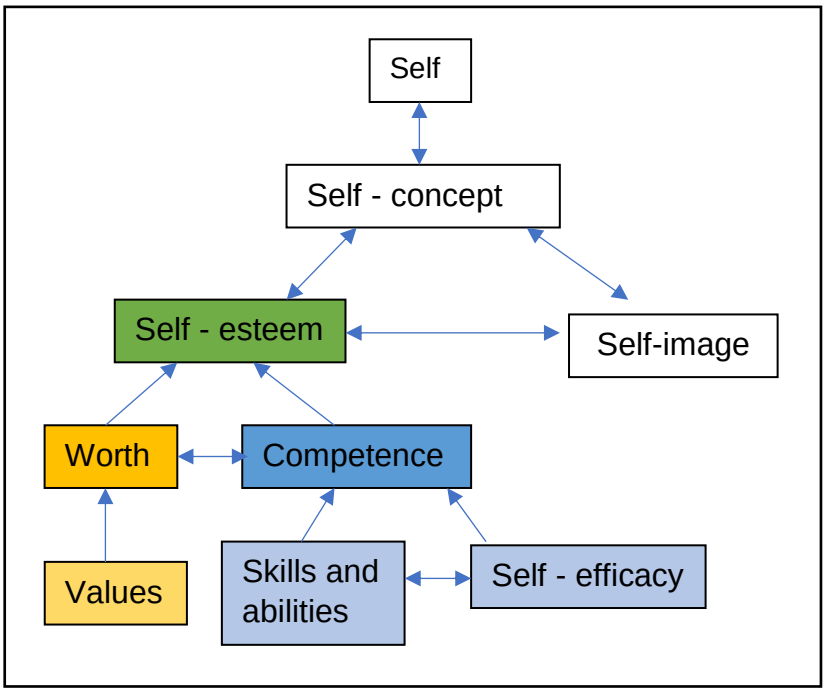


Figure 2.1: Schematic description of self-esteem

The ***self-concept***, consists of a global over-arching view of self, relative to the rest of the world (Geldard, Geldard and Yin Foo, 2017:289; Akande *et al*., 2015:103; Tracy, 2013:8). With the self-concept formed through experience with the environment, interaction with others, as well as the attribution learners make to their own behaviour in specific situations (Schweitzer, Seth-Smith and Callan, 1992:84). A simplistic way to describe the difference between self-concept and self-esteem is that self-esteem is based on the development of the self-concept (Jordaan, 2013:113). Referring to who you are (the real self); whereas self-esteem relates to how you feel about who you are. This finding is based on James' (1890) and Rogers' (2012) exploration of a relationship between a person's real self and an ideal self.

Evaluative aspects relating to worth and competence are referred to as ***self-esteem*** (McClure *et al*., 2010:238; Butler and Green, 2007:80). Branden (1995:4) posits that self-esteem is confidence in personal ability to think and cope with the basic challenges of life; the belief that in the right to be successful and happy; being worthy and deserving and being able to achieve goals and enjoy the fruits of personal efforts. For therapy it is important that a therapee determines his/her own worth by determining which aspects of his/her self-concept he/she perceives to be valuable as discussed by Geldard, Geldard and Yin Foo (2017:289).

Children compare themselves to their peers in terms of how competently they are able to master skills and complete tasks (Pendergast and Main, 2019; Berns, 2007:380); as well as considering their personal vulnerability (Davies, 2010:362; Watson, 2000:19). Specifically, there are four areas of competence of self-esteem, namely in the domains of academic, social, sport talents and physical appearance (Louw and Louw, 2014:258).

It is presently accepted that self-esteem is rooted in early childhood, built on a foundation of trust, unconditional love and security, influenced by positive and negative evaluations (Nayler, 2010). Branden (1995:26) was first to point out that self-esteem has two interrelated components, named *self-efficacy* and *self-respect.* Later Mruk (2018) refined the understanding of self-esteem by means of a two-factor analysis, whereby self-esteem consists of *competence* and *worthiness* where self-efficacy forms part of competence*.* Although Roland and Foxx (2003:248) posit that self-esteem and self-respect should be considered independently of each other, the researcher is of the opinion that self-respect can be evaluated as a sub-system of self-esteem. The different aspects are briefly outlined:

The notion of competency in terms of how effective people think they will be in undertaking a task, and their ability to think, understand and make decisions, is referred to as ***self-efficacy perceptions*** (Louw and Louw, 2014:258; Bandura, 2002; Branden, 1995:26). Snyder, Lopez and Pedrotti (2011:169) and Kass and Maddux (2005:86) posit that a developing child utilises symbolic thinking when trying to understand cause-and-effect relationships and learns self-efficacious thinking by observing how he/she can influence his/her surrounding circumstances.

Self-respect on the other hand is seen a person's view on personal worth worthy of happiness (Branden, 1995:26), it motivates a person to engage in worthy conduct and to expect respect from other people. Self-respect involves having respect for oneself as an equal person and recognising that as a person having self-respect you have certain responsibilities (Dillon, 2011). For a therapee to be able to develop self-respect, he/she needs to develop personal standards and life plans that are guided by respect for self and others (Roland and Foxx, 2003:247).

Self-image can be referred to as the descriptive facets or characteristics of self that people use to define themselves (Akande, Akande and Odewale, 2015:104). Rosenberg (2015:152) posits that children with low self-esteem experience anxiety due to the fluctuations in their self-image. It has become evident that children become aware of their physical appearance from an early age, which influences their self-image.

Theorists hold different opinions regarding factors that constitute the concept of self-esteem. Coopersmith (1967:4) defines self-esteem as an evaluation of the individual of him-/herself, expressed in an attitude of approval or disapproval; indicating the extent to which the individual believes him-/herself to be capable, significant, successful and worthy. Rosenberg (1985:213) postulates that self-esteem is the sum of the individual's thoughts and feelings with reference to the self, whereas Feldman and Elliot, (1990:367) suggest that self-esteem is limited to perceived social support and regard from others. Gardner (1992:xxii) summarizes the above as self-esteem being a person's sense of contentment and self-acceptance, rooted in that person's appraisal of own worth, significance, attractiveness, competence, and ability to satisfy aspirations. This emphasises the subjectivity with which people evaluate themselves.

Several standardised tests such as Battle's Culture Free Self-Esteem Inventory (2002:4) have been developed to measure self-esteem. Since Battle's measurement was utilised in this study, it is important to note what his perception of self-esteem is. Battle (2002:4) contends that self-esteem correlates with how well the person perceives him-/herself performing on important attributes, such as academic performance, in comparison with peers. Battle (2002:14) holds that self-esteem is a perception that the individual has of own worth and highlights that an individual's perception of self gradually develops and becomes more distinct with maturity in a process that starts from birth.

Across several disciplines therapeutic interventions have been effectively implemented to improve learners' self-esteem, since this is the area where scew perceptions can most easily be rectified and an improvement in the individual's sense of worth achieved. Akande, Akande and Odewale (2015:104) strongly advocate that if a learner's self-esteem is improved, it will have a positive ripple effect on other aspects of the self.

2.3.1 **Theories on function of self-esteem**

There are several theories on the function of self-esteem, with all concuring that self-esteem is not pursued for its own sake, but serves a deeper significant function. For the purpose of this study only the Self-Determination theory and Gestalt theory are briefly outlined.

- **Self-Determination Theory (SDT)**

The SDT explains human motivation and suggests that people will be self-motivated and display well-being if their three basic needs (need for autonomy, competence and relatedness) are met (McNelis, 2009:7). It is important to know what drives the relationship, especially if the relationship is negative, as is seen within a bully-victim relationship. SDT is especially valuable because it explains which experiences are needed for optimal development (Chirkov, Ryan and Sheldon, 2010:99). These experiences include the adoption of goals and enacting behaviour, as well as striving to construct, maintain and realise goals, values and interests that can serve as an inner compass when choices have to be made (Chirkov *et al.*, 2010:111).

SDT distinguishes between two forms of self-esteem, namely contingent self-esteem and non-contingent self-esteem (Fiske, Gilbert and Lindzey, 2010:597). *Contingent* self-esteem is experienced by people who determine their own worth based upon the attainment of certain achievements or standards. Such people are motivated by the desire to be viewed as worthy by themselves or by others (Fiske, Gilbert and Lindzey, 2010:597; Ryan and Brown, 2003:72). *Non-contingent* self-esteem is experienced by people who do not base their self-worth on successes or failures, and view themselves as being worthy of love and esteem (Kernis, 2013:120; Ryan and Brown, 2003:72).

In terms of the SDT, self-esteem is not viewed as a need, but is pursued in an attempt to explore, absorb and master one's surroundings. True high self-esteem is reported when the basic psychological needs of life are in balance (Nayler, 2010:2; Ryan and Brown, 2003:73). The SDT theory posits that low self-esteem develops when a person misses a sense of love, does not feel worthy, and lacks authenticity or effectiveness (Kernis, 2013:192; Ryan and Brown, 2003:74). The aim is to act authentically, according to one's own interests or values, taking into account what is really happening to oneself (Kernis, 2013:192).

- **Gestalt Theory**

The Gestalt Theory views the self as being fluid. Gestalt theorists posit that the “self” is a verb, not a construct (Cohen, 2015:1); the self emerges out of the experience of contact between the organism and the environment. As such, the self signifies the awareness of being. No specific theoretical definition for self-esteem could be found in the available literature on Gestalt therefore the definition of Saadati and Lashani (2013:1172) is accepted, in terms of the Gestalt theory, where the self is seen as an evolving, ever-changing entity that describes a person’s view of him-/herself, which can be changed as awareness is gained whilst engaging with his/her environment.

2.3.2 **Models of self-esteem development**

Several factors influence the development of authentic self-esteem. Children’s self-esteem is developed by their surrounding environment, which they do not question, even if they suffer terribly, because they have nothing to measure their own experience against (Tyrrell, 2012:5). Children’s experiences, with specific reference to the kind of social encouragement and positive regard parents provide when their children are very young, are among the most powerful shaping forces during the middle childhood phase, because that is when they are at their most impressionable (Bukatko, 2008:426).

- **Ecological framework**

The importance of parental approval declines during middle childhood, as the role of peers and peer approval become more important (Louw and Louw, 2014:275). The ecological framework is based on the ecological systems theory, founded by Bronfenbrenner, which takes into account the complex relationship between the individual and his/her environment, which includes family, peer group, school community and cultural context (Boswell, 2016:2).

The ecological framework of human development reflects the significance of peer relationships in a child’s development (Berns, 2007:300). During the middle childhood years, children become increasingly dependent on the recognition and approval of their peers rather than that of their parents (Louw and Louw, 2014:275). Interestingly, however, is that children whose parents play an active role in arranging and organising

their children's peer relations develop closer, more harmonious ties with their peers (Berns, 2007:302). The role of parents can therefore not be underestimated.

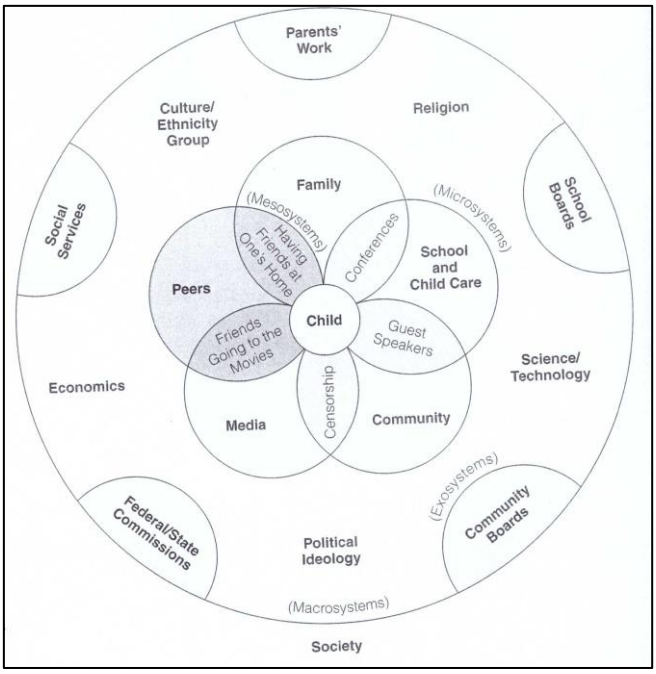


FIGURE 2.2: Ecological framework of human development. *Peers are a significant influence on the child's development* (Berns, 2007:300)

- **Sociological model**

Insights gained regarding self-esteem are also shaped by the sociological model, which offers another perspective on the nature-nurture origins of self-esteem (Jordaan, 2013:114). The sociological perspective was derived from the 'looking-glass self' (Cooley, 1992:179), incorporating ideas of Mead (2009), who posits specific ideas regarding perspective taking and the generalised other.

Sociological models posit that self-esteem is shaped by societal factors. For individuals to present with high levels of self-esteem, they must perceive themselves as being highly regarded and valued by society (Brown, 2014:205). Factors that influence a person's self-esteem are derived from prestige, income, education and societal status (Brown, 2014:205). However, these assumptions do not correlate with findings that members of stigmatised and/or minority groups often report high levels of self-esteem.

Cultural influences do play a role in the development of a child's self-esteem. Contrary to expectations, research in the USA by Emler (2001:2) showed that ethnic minority

groups whom have been oppressed, prosecuted and discriminated against for political or other reasons, often show higher levels of self-esteem than their counterparts from the majority (privileged) group (Emler, 2001:2). This research concluded that being a victim of prejudice does not damage self-esteem (Emler, 2001:2). A recent study however, contradicts Emler's findings, establishing ethnic differences as predictors of self-esteem with self-esteem among Asian adolescents being significantly lower than among the majority group Caucasian adolescents (Wu, Chen, Yang, Ding, Yang, and Sun., 2015:880).

The researcher deems this model as providing insight regarding the social aspect of a person's self-esteem and therefore believes it would be callous to ignore the influence of society on a person's self-esteem, as daily contact with other individuals takes place within a specific sociological system. The values within a specific sociological system influence society member in different ways; for example, a society that regards academic performance as important, will project this value onto its members.

- **Cognitive model**

The cognitive model posits that self-esteem is developed through a rational process in terms of which people evaluate their specific qualities and attributes and determine their worth accordingly (Jordaan, 2013:115). This model assumes that a person has an 'ideal self' as well as a 'true-self' and that the discrepancy between these two influences a person's self-esteem (Brown, 2014:225). It could therefore be assumed that people are not who they think they are, which is an over-generalisation. The researcher acknowledges that some people have a different perspective of themselves than their true self but believes that this assumption cannot be generalised to the greater population. People who present with low self-esteem often present with a negative perception of themselves, wrongly formed, due to negative influences or bad experiences. It is the therapist's responsibility to bring awareness of these false beliefs in an attempt to resolve them.

The preceding theories and models provide a framework for defining self-esteem. Several factors indicate that middle childhood is a crucial phase for the development of self-esteem as children are vulnerable, with very few skills to deal with failures. In this developmental phase, they can become lively, busy and independent, or they may

become overly dependent and withdrawn. Low self-esteem has a significant effect on the overall development of a child. Hamachek (1990:195) thus notes that during the primary school years, the development of the child's self-esteem is incomplete and can be positively influenced.

2.3.3 **Normative trajectory of self-esteem across lifespan**

Perceptions exist that high self-esteem is associated with occupational success, positive social relationships, wellbeing, positive perceptions of others, as well as improved coping skills (Biro, Striegel-Moore, Franko, Padgett and Bean, 2006:502). The question arises what causes one person to project authentic positive self-esteem, and another not. When considering self-esteem as a developing construct, it is beneficial to consider the developmental changes linked to self-esteem.

Research has established that self-esteem is not a stable construct; it continues to fluctuate throughout a person's lifespan (Trzesniewski, Robins, Roberts and Caspi, 2003:168). Young children aged two to five years old normally project high levels of self-esteem, as their self-views are unrealistically positive (Trzesniewski *et al.*, 2003:167). Young children need to develop satisfying and enduring relationships with their peers, as a weakness to develop this ability may predict later psychological difficulties (Beazidou and Botsoglou, 2016:1618). The importance of friendships is displayed in the fact that the preschool child without playmates will sometimes invent an imaginary friend (Rubie-Davis, 2010:184). Friendships during the preschool years are characterised by instability regarding the choice of friend, but normally remain within the same sex and age groups (Beazidou and Botsoglou, 2016:1615). Towards the end of the preschool period, friendships begin to develop into lasting relationships that reflect a preference for children similar to themselves regarding race, sex, age and attractiveness (Rubie-Davis, 2010:190). Self-esteem measurements in children aged 4 to 6 only provide a global self-esteem score, as young children do not differentiate between social self-esteem, academic self-esteem, parental self-esteem and global self-esteem.

As children develop cognitively and expand their social boundaries on entering school, they are subjected to comparisons and influences of peers and teachers, as well as

new concepts, like win-or-lose. It is during the middle childhood stage that children start to describe themselves in relation to others.

Huppert and Cooper (2014:3) posit that as schoolchildren's perceptions of their capacities and competence take hold, they learn to recognize their self-image and act accordingly. According to Beazidou and Botsoglou (2016:1618), the recognition of their own competencies lead to more balanced and accurate appraisal of their academic competence, social skills, attractiveness, and other personal characteristics.

Harris (2009:164) contends that without comparisons, children will not know if they are tall or short, clever or dull, or good at something or not and gain the ability to develop a self-image that corresponds more closely to reality. The researcher posits that these influences not necessarily provide an accurate picture to the child, as the picture could be tainted by the values and dynamics of the relevant social group.

Children during the middle childhood phase (aged 6 to 12) often experience a decline in their self-esteem due to the development of different aspects of self-esteem. The improvement of cognitive development and the ability to differentiate between the different aspects of self-esteem can explain why such a decline in self-esteem occurs. Relating to this, Foster, Kernis and Goldman (2007:65) suggest that the best time for intervention programmes are periods during which rank-order stability is relatively low, as self-esteem is particularly malleable during such periods of relative upheaval in self-concept.

During adolescence, identity development is of particular importance (Rosenberg, 2015:286). While average levels of self-esteem decline during the transition from childhood to adolescence (Foster, Kernis and Goldman, 2007:65). This decline has been associated with body image, transition from primary to secondary school, and other problems associated with puberty (Trzesniewski, Robins, Roberts and Caspi, 2003:167). As the child's perceptions and acceptance of the changing self plays a fundamental role in guiding his/her personal and professional growth, Rathus (2013:424) contends that the decline in self-esteem from middle childhood to adolescence is attributable to cognitive changes in self-evaluation, more closely tied to social comparison processes. Battle (2002:4) acknowledges the change in self-esteem by incorporating a self-esteem sub-scale measuring the child's personal self-

esteem. This provides valuable feedback to the therapist regarding which aspects of self-esteem need to be addressed.

From adolescence to adulthood, an increase in self-esteem is generally evident. Marsh, Ellis and Craven (2002:380) state that self-esteem matures during the first ten years of adulthood. Changes in self-esteem can probably be associated with the psychological changes that occur, changes in agency, opportunities and established social roles (Van Rensburg, 2015:49). In this regard various lifespan theorists suggest that adulthood is characterised by peaks in achievement, mastery and control over the self and the environment (Erikson, 2014:236).

John, Robins and Pervin (2010:429) contend that self-esteem declines in old age due to a shift towards a more modest, humble and balanced view of the self. The question that presents itself is why it is important that low self-esteem in learners during their middle childhood years be addressed.

2.3.4 **Importance of addressing low self-esteem**

The level of a therapee's self-esteem will have an influence on adaptive functioning, which will in turn influence beliefs, thoughts, attitudes, emotional feelings, behaviours, motivation, interest, likelihood to participate in events, and expectations of the future (Geldard, Geldard and Yin Foo, 2017:289). Ritvo (in Rey and Birmaher, 2009:140) notes that the dynamics of depression arise from threats to relationships and/or self-esteem. Low self-esteem can have a long-lasting effect on individuals, such as resorting to internal bullying of self, believing the bully's lies and doubting own self-worth (Tyrrell, 2012:19). A person with low self-esteem generally demonstrates diminished resilience in the face of life's adversities (Branden, 1995:18). It is therefore the responsibility of both parents and educators involved in the development of children to help them develop authentic positive self-esteem.

Educational philosophy has been influenced over the past decades by the notion that children with authentic positive self-esteem are protected from a number of problems, such as depression, becoming pregnant during teenage years, having suicidal thoughts, experiencing unemployment, having eating disorders and having difficulty forming and sustaining social relationships (Akande *et al.*, 2015:105; Bowie, 2013:81;

Drew, 2010:2). It is therefore regarded as a legitimate goal of education to improve the self-esteem of all individuals, and specifically that of bully victims.

If the victim's self-esteem is not addressed, the victimisation and bullying will probably continue throughout his/her life. Bowie (2013:81), confirms that adults who were subjected to child maltreatment also referred to as Adverse Childhood Experiences (ACEs), are more likely to engage in harmful activities, such as substance abuse, high risk sexual behaviour, develop eating disorders or even become suicidal. Eight or nine year old children who are labelled as bullies by their peers are more likely to end up incarcerated and are less likely to obtain steady employment or be in a stable long-term romantic relationships by the time they reach age thirty (Drew, 2010:3).

2.3.5 **Six pillars of self-esteem**

The six pillars of self-esteem are identified by Branden (1995:65) as the crucial elements that a therapist needs to focus on when reinforcing and strengthening the self-esteem of therapees.

- **Practice of living consciously**

If therapees attempt activities without an appropriate level of consciousness, their self-efficacy and self-esteem will be diminished (Branden, 1995). An appropriate level of consciousness is achieved when the unintegrated aspects of childhood are integrated (Tsabary, 2014:16). From a Gestalt approach, this is achieved when the therapist reflects the unresolved aspects, also called "unfinished business", of the therapee and provides an opportunity to achieve closure (Dryden and Reeves, 2014:185). The reflection takes on the form of the therapist describing the *how* and the *what* of what the therapee is reaching out to at that moment, establishing awareness of the *here-and-now* he/she is experiencing (Dryden and Reeves, 2014:181).

- **Practice of self-acceptance**

Self-acceptance refers to an orientation of self-value and self-commitment; including a willingness to re-live experiences, thoughts, feelings and desires, as well as assimilating the idea of compassion (Branden, 1995:94) boiling down to being your own best friend. The accepting of the self resembles the principles of the paradoxical theory of change, as described by Taylor (2014:23), who states that change in a

person can occur only when he/she becomes who he/she really is without attempts to become who he/she is not. This theory is described in more detail in Chapter Three.

- **Practice of self-responsibility**

If a therapee wants to feel worthy of happiness, he/she needs to experience a sense of control over personal existence, actions and the attainment of goals (Branden, 1995:105). This entails the realisation that choices are available and that the therapee can execute different ways of conducting him-/herself in the presence of bullies.

- **Practice of self-assertiveness**

Self-assertiveness in the context of self-esteem refers to the honouring of the self's wants, needs and values, whilst seeking appropriate forms of expression in reality (Branden, 1995:118). This also refers to living authentically; the therapee speaks and acts from innermost convictions and feelings (Branden, 1995:119). Mruk (2018:11) defines an authentic person as someone who reacts to and interprets own emotional responses according to personal internal state, whilst demonstrating competence that are worthy of being fully functional. In this regard Mengers (2014:14) posits that positive personal maturity and change can only be achieved when being authentic.

- **Practice of living purposefully**

To live purposefully requires that a therapee lives productively by setting goals and working towards their achievement. By achieving set goals, the therapee becomes efficacious, increasing self-esteem (Branden, 1995:131). The late President Nelson Mandela captured the meaning of living purposefully as follows:

"*There is no passion to be found in playing small —in settling for a life that is less than the one you are capable of living"* – Nelson Mandela.

It is the therapist's role to examine with the therapee the life he/she can have, and in the process, foster hope. By assisting the therapee in finding purpose in life, the therapist also assists the therapee in obtaining direction (Rainey, 2014:16).

- **Personal integrity**

Personal Integrity is defined by the dictionary as a person who has honesty and strong moral principles (McIntosh, 2013). A person with integrity behaves in such a manner that his/her behaviour is congruent with his/her professed principles of behaviour.

At the core of personal integrity is the principle of guilt: where the therapee feels guilty regarding choices made and responsibilities. The therapist should be aware of this and assist the therapee through a process of self-forgiveness, where feelings of guilt are present. This can be done by distinguishing what is and what is not within his/her power (Branden, 1995:148).

2.3.6 **Self-esteem and bullying**

A study on bully victims (O'Moore and Kirkham, 2001:269) concludes that bully victims, victimised on several occasions presented with the lowest global self-esteem scores. Bullying occurring during the middle childhood phase of development is detrimental to the development of an authentic positive self-esteem, as constant negative feedback usually causes the development of a negative view of themselves (Tyrrell, 2012:6). Research agrees with Fuggle, Dunsmuir and Curry (2013:22) that sexual, physical or verbal abuse/bullying negatively influences a child over an extended period from either peers or parents (Emler, 2001:1), overall development and sense of global self-worth.

2.4 **DEFINING BULLYING**

Despite a growing body of knowledge that inform bullying research, the prevalence of bullying in schools continues to be challenging due to the variations in how bullying has been defined and measured over time (Boswell, 2016:7; Breakstone *et al.*, 2009:9). Bullying cannot be seen in isolation, linked only to the individual that is being bullied or the person that is bullying. In this regard the latest trend is to explain bullying it in a social-ecological framework (Boswell, 2016:1), referring to the ecological framework discussed previously.

In an attempt to define bullying, Olweus (2010:11) introduced the following characteristics: Bullying is a subset of aggressive behaviour, where there has to be an intent to harm, repetition over time, and an asymmetrical power relationship. Bullying can cause both emotional and physical harm, and the imbalance of power can be

either real or perceived. This imbalance can be caused by a difference in physical, social, and/or emotional power (Lohmann and Taylor, 2013:1; Coloroso, 2011:5).

Specifically, Olweus and Limber (2010:125) provided the following definition of bullying:

> *"Aggressive behaviour or intentional harm doing that is carried out repeatedly and over time in an interpersonal relationship characterized by an actual or perceived imbalance of power or strength".*

Peer victimisation has been described by victims who were the target of the aggressive behaviour of their peers (Storch, Larson, Ehrenreich-May, Arnold, Renno and Wood, 2012:576). The distinct difference between peer victimisation and bullying is defined by the (a) repetition of occurrences and (b) an imbalance of power between the parties involved (Breakstone *et al.*, 2009:9; Harris, 2009:5; Salmivalli and Peets, 2009).

Different forms of bullying

This study focuses on the types of direct bullying that have an effect on children in the middle childhood phase.

- Bullying within the family:

  This form of bullying is one of the least documented forms of bullying recorded to date (Anon, 2015:1) and is also labelled as abusive bullying (Sparrow, 2015:8). Bullying within a family consists of different aspects and can be perpetrated by siblings, parents or step-families. Siblings who bully, conduct their bullying by pushing each other or by calling each other names. Because this is often classified as "normal" sibling behaviour, it is rarely defined as bullying (Louw and Louw, 2014:272).

- Physical bullying:

  Physical bullying takes the form of biting, hitting and pushing (Beane, 2011:4), also called direct physical aggression (Cowie and Jennifer, 2008:3). This form of bullying is more regularly noticed amongst boys, than girls (Olweus, 2012:522).

- Verbal bullying:

  Direct verbal aggression presents in name-calling, yelling and/or making verbal threats (Olweus, 2012:523). Indirect verbal aggression, also referred to as social aggression or relational aggression, includes behaviour such as spreading malicious rumours about another, excluding a person from the group, or disclosing another's secrets to a third person (Harbin, Kelly, Piscitello and Walker, 2019:156; Cowie and Jennifer, 2008:3).

- Cyberbullying:

  Cyberbullying/electronic bullying presents when the bully makes use of electronic means, such as computers, cellular phones or the internet, to perform the act of bullying (Olweus, 2012:521). Cyberbullying is especially problematic, as the use of computers and cellular phones has made it easy for bullies to harass their victims (Secunda, 2015:181), posing the question: what the bully victim's profile looks like.

2.4.1 **Bully victims**

Characteristics of low self-esteem include a low self-worth causing victims to hesitate in defending themselves. Such diminished self-worth may also bring a propensity to expect and accept negative feedback and is often associated with depression and cautiousness, signalling vulnerability to their peers. Poor self-regulation is another characteristic presenting as preoccupation with attachment to their caregivers, which may stem from an insecure attachment (Wu, Chen, Yang and Sun, 2015:880; Jacobson, 2013:23). Such characteristics have a direct, negative effect on academic achievement: as learners who are being bullied perform academically poorer than peers who are not victims of bullying behaviour (Hartley, Bauman, Nixon and Davis, 2015:176).

Interestingly, Boswell (2016:10) distinguishes between passive and aggressive victims. Passive victims are seen as submissive and non-aggressive; whereas aggressive victims react impulsively and without self-control when bullied (Vernberg and Biggs, 2010:10). Some researchers equate aggressive victims with being bullies (Salmivalli and Nieminen, 2002:30). In this regard, Kochenderfer-Ladd and Ladd

(2010:52) contend that aggressive bully victims are a very distinct group who use proactive aggression to gain control, power, and/or tangible rewards from their bullies. This by definition implies that the bully victim in turn becomes a bully. This is contradicted by literature, which states that bully victims do not become bullies themselves (Beane, 2011:8). It might be perceived that bully victims become bullies themselves when they react in an aggressive tone or emotional style that resembles bullying.

Different people have different emotional styles (Begley and Davidson, 2012:2). An emotional style is defined by the relatively consistent way in which a person responds to experiences and are directly linked to specific brain mechanisms (Begley and Davidson, 2012:124). When the therapee understands his/her personal emotional style, self-awareness arises, rendering the therapist in a position to assist the therapee in developing necessary coping mechanisms when confronted by a bully. The mental activity initiated during therapy can alter brain functions, resulting in the therapee developing an increased awareness of social signals and a deeper sensitivity to own feelings and bodily sensations (Begley and Davidson, 2012:11).

Another way of determining a person's response to experiences is by determining the individual's brain profile. According to Neethling and Rutherford (2014:80), the therapee's brain profile provides a descriptive and objective analysis of his/her thought preferences. Brain profiles are divided into four quadrants (L1, L2, R1 and R2) with everyone's brain profile being unique. This method extends a simplistic view of right or left-brain preference in therapees.

The therapist - a trained NBI practitioner - makes use of the Neethling Brain Instruments, providing therapees with information on how they communicate and how they solve problems, enlightening them why they act the way they do. Each quadrant has specific strengths and weaknesses, rendering the therapee vulnerable for bullying in unique ways. Explaining their thinking processes, allows the therapees to gain insight regarding their own behaviour, making it easier to adopt behavioural changes.

Below follows a brief description of the four brain quadrants and how they determine proneness to bullying.

FIGURE 2.3: **Different Brain quadrants and how they are being bullied** (adapted from *Neethling and Rutherford, 2014:82; Seale, 2013:81)*.

The L1- learner: They are performance driven, prefer taking responsibility and making choices. They can be very objective, critical, goal orientated and prefer digging deeper into a problem. They are bullied through: Being accused of something they did not do. Being physically attacked. Called names. Making them believe they are "losers" and cannot be successful at something. Bullies easily target L1 learners, because they often walk or sit alone during recess.	**The R1- learner:** This learner is characterised as someone who enjoys searching for alternatives and experimenting with new ideas, who likes taking risks and being different, becomes restless and bored easily, and revels in doing things differently. They are bullied by: Name-calling. Bullies might call them "weird" and isolate them from the group. Displaying their different approach, especially in front of the opposite sex. Bullies often "use" R1-learners to start an argument with other students. Because he/she is afraid of being bullied, this student often forms part of bullying.
The L2- learner: This learner enjoys planning, has a practical application to problems and is very disciplined and dedicated. He/She has a step-by-step approach to work and is normally very tidy. Teachers enjoy these learners, since they are very time conscious, complete their work ahead of time, and easily abide to rules and regulations. They are bullied by: Being teased as the "teacher's pet" and is often bullied into asking the teacher for extensions on tests. Teased for their performance at school. Bullies enjoy making them cry in front of other students. They are often teased about their body or appearance.	**R2- learner:** R2- learners enjoy being surrounded by people: the more the merrier. They are often feeling orientated, whereby they base their own feelings on interaction with other people. These learners often seek co-operation from others and are highly attuned to body language, touch, listening and ambiance. They enjoy being the centre of attention. Bullies target them by: Diminishing their self-confidence through distributing false rumours about them; by isolating them from the group; by breaking down their spontaneity through making snide remarks, e.g. "rather stop singing".

For the purpose of this study, bully-victims included both passive and aggressive victims and therapees within all four quadrants of the NBI classification system. Contemporary theories regarding the neural basis of emotions regard both brain hemispheres as equally important in processing emotions, however, recent studies indicate that one hemisphere (the right hemisphere) is responsible for sad or negative

emotions, whereas the other (left) hemisphere is responsible for positive or happy emotions (Ward, 2017:102; Begley and Davidson, 2012:31). Furthermore, bullying often has a specific influence on the physical well-being of the bully victim, who may complain of psycho-somatic symptoms, such as stomach ache.

2.4.2 **Effect of bullying on the physical domain**

Within the human body bullying is experienced as a form of trauma, in particular as interpersonal trauma. Taylor (2014:3) emphasises the influence of interpersonal trauma, highlighting that this form of trauma is more likely to be self-perpetuating and resistant to healing. Furthermore, it is explained that several other factors, such as the developmental level and the level of social support for the victim, affect the effect of the trauma, which lead to the term “complex trauma” (Masillo, Valmaggia, Saba, Bradizzi, Lo Cascio, Telesforo, Venturini, Izzo, Mattioli, D'Alema, Girardi and Nastro, 2017:56; Taylor, 2014:4). In many cases the victim’s body can be seen as a valuable resource, however, many trauma clients have a complex relationship with their bodies (Taylor, 2014:54). This is evident from statements such as, “I wish I could just hit him back, but I just stood there”. Indicating that this victim’s body went into a flight/fight/freeze state during the traumatic event. The above stresses the need for alternative forms of trauma therapy, such as EAPT™

Knoetze (2012:71) posits the impossibility of conducting research on the emotional processes of a child without acknowledging the system that is responsible for recognizing and processing emotions and emotional reactions. For this reason, the researcher touched on aspects deemed important in the processing of, and recovery from trauma against the background of bullying considered as a form of trauma. Trauma impairs integration, and if left unresolved, results in persistent chaos and rigidity within the brain (Siegel, 2010:189).

The James-Lange theory of emotions posits that a victim’s self-perception of bodily changes results in the emotional experience, implicating that changes in the physical domain precede the emotional experience (Ward, 2017:103). To understand the powerful interaction between the central nervous system and brain functioning of humans, the following schematic illustration of the interaction of different systems within the human brain is presented.

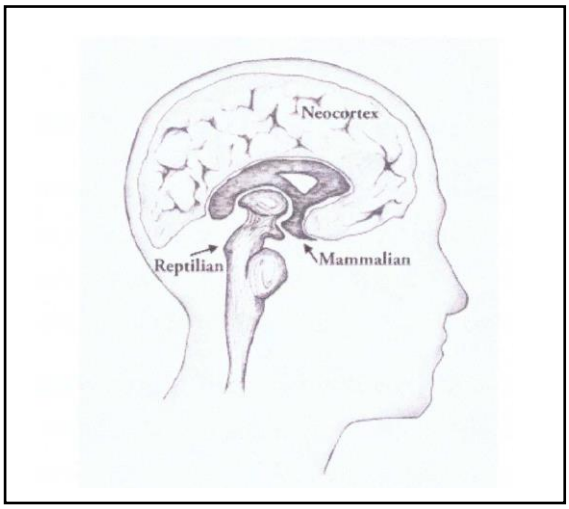


FIGURE 2.4: Human brain functions (Philips, 2016:13).

The human brain consists of three basic areas designed to function as a cohesive whole; yet each has a particular way of understanding and processing information. This is also referred to as the triune brain, (meaning three-in-one), and the whole considered greater than the sum of its parts (Wiest, 2012:3; Hart, 2008:10). The development and processing of information is dependent on experience, influenced by both attachment relationships and trauma (Philips, 2016:13). Emotional processes in the brain incorporate several brain functions as outlined below:

Brain area	Building blocks	Type of information processing
Reptilian, also known as the Brainstem.	Movement, 7-sense perception.	Sensory and motor (movement) processing. Regulates arousal and physiological equilibrium.
Mammalian or Amygdala.	Emotions.	Emotional processing. Involved in learning the emotional value of stimuli and coding emotional salience. Regulates and interprets the impulses from the brainstem.
Insula	Bodily awareness, e.g. heartbeat.	Interoceptive awareness and bodily feelings in general. Involved in feelings such as disgust.
Anterior cingulate cortex	Bodily responses – sweat secretion; changes in heartrate and blood pressure.	Involved in monitoring responses, evaluating if a response would be rewarded or punished. Also involved in mentalizing processes.

Orbitofrontal cortex	Cortical sensory areas.	Determines the motivational value of rewards and changes the value of rewards according to context.
Ventral striatum	Connecting the orbitofrontal cortex, basal ganglia and thalamus.	Involved during operant conditioning and responds to rewards and the anticipation of rewards.
Neocortex – divided into the right hemisphere and left hemisphere, also known as the neo-mammalian brain.	Cognitions – thoughts, beliefs.	Cognitive processing. Emotion is combined with the thoughts concerning that emotion.

TABLE 2.1: Brain functions and emotions (adapted from Ward, 2017:107; Philips, 2016:9; Hart, 2008:42).

Driver, Haggard and Shallice (2008:1) expound on the importance of all aspects of mental activity, which includes our perceptions, thoughts, memories, actions, plans and understanding of others and how such understanding depends on brain functioning. Brain functioning, in turn, is influenced by the extent to which children's emotional needs are met (Eaude, 2008:36). Kirp (2015:103) concurs, adding that researchers now understand that everything being done to a child has some physical influence on the developing brain, with specific reference to the development of the right frontal cortex, which modulates emotions and social cues such as facial expressions and aggression, through an unconscious self-regulating system (Baker and White-McMahon, 2015:211).

Bullying falls into the category of Post-Traumatic Stress Disorder (PTSD), as described in the DSM-5 (Diagnostic and Statistical Manual), which is used by medical practitioners and clinicians to diagnose mental illness. In previous versions of the DSM, very little information was available regarding the presentation of PTSD in children and adolescents (Scheeringa, Zeannah and Cohen, 2014:696; Kauffman, 2001:451). A possible explanation for this omission, is that the previous DSM IV-TR (2000) and ICD-10 required verbal articulation of the person's experiences, an ability that young children often lack.

The latest DSM definition indicates that PTSD is brought on by one or a series of terrifying events. It results in delayed and prolonged symptoms such as anxiety,

depression, withdrawal, suicidal behaviour, alcohol and drug abuse, repetitive reliving memories of the trauma. But can also manifest in monotonous behaviours similar to compulsions or obsessions, fears linked to the trauma, altered attitudes toward people, life, and the future, mirroring feelings of vulnerability and emotional problems (Babbel, 2011:1; Kauffman, 2001:451).

In a bully-victim situation, the bully victim generally perceives the bully event as traumatic. PTSD and impairments to the resolution of overwhelming events can be seen as the cause of impairments in memory (Siegel, 2010:190). Kaduson and Schaefer (2016:7) identified age specific (between ages 6 and 11) symptoms associated with PTSD in children:

- Responsibility and guilt
- Repetitious traumatic play and retelling
- Reminders triggering disturbing feelings
- Sleep disturbances and nightmares
- Safety concerns and preoccupation with danger
- Aggressive behaviour and anger outbursts
- Fear of feelings and trauma reactions
- Close attention to parents' anxieties
- School avoidance
- Worry and concerns for others
- Changes in behaviour, mood and personality.

In trauma therapy, a person's somatic experience of the trauma forms an integral part of the healing process (Grand, 2013:44). Children may engage in traumatic play following a trauma, but such play does not necessarily alleviate the symptoms of the traumatic experience (Kaduson and Schaefer, 2016:36). Nickerson, Reeves, Brock and Jimerson (2008:68) as well as Kaduson and Schaefer (2016:36) postulate that school-aged children suffering from PTSD engage naturally in posttraumatic re-enactment of the trauma through play, drawings or verbally, but caution that such engagement in traumatic play does not necessarily relieve the anxiety experienced. For this reason, the researcher combined the reliving of the traumatic experience with

the implementation of play therapeutic methods and somatic experiences, in an attempt to alleviate the symptoms of the trauma.

In humans, trauma is rendered frozen in a state of incompletion. It is therefore necessary to create a resolution between the natural brain-body threats that occur when humans experience trauma (Stien and Waters, 1999:1). Porges, Director of the Brain-Body Centre at the University of Illinois at Chicago, propose the Polyvagal theory in humans, declaring that the three basic neural energy subsystems in humans underpin the overall state of the nervous system, correlative behaviours and emotions (Porges, 2005:5).

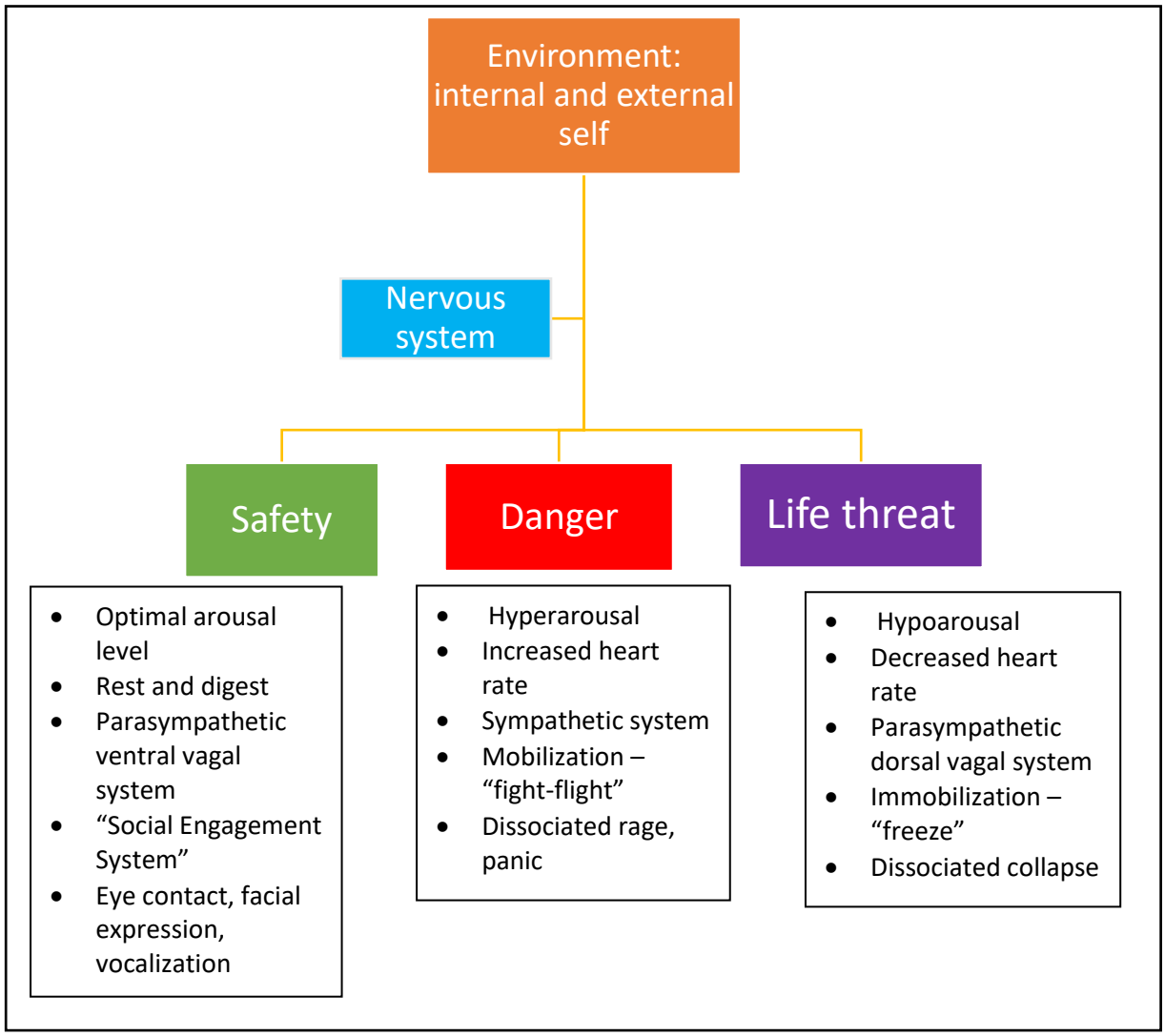


FIGURE 2.5: Adaptation of Porges' view of the ANS (Porges, 2005:66).

The nervous system is tuned to assess potential risk in the environment as an unconscious evaluative process called "neuroception" (Porges, 2005:66). The

functioning of the nervous system is also based on rhythm, resonance and synchronicity (Booth and Jernberg, 2010:80).

When one perceives the environment as safe, one's social engagement system inhibits the more primitive limbic and brain stem structures that control fight or flight (Stien and Waters, 1999:2). After being moderately startled, one may be calmed by another person; if not calmed, one will have a "fight or flight" response, activating the sympathetic nervous system (Geist, 2011:245). Generally, when threatened or upset, one first looks at others, seeking affirmation from their faces and voices and communicate one's feelings or to secure collective safety (Grobbelaar, 2001:9) in what is called attachment behaviour. Attachment is virtually the only defence young children have, as they usually cannot protect themselves by fighting or fleeing (Grobbelaar, 2001:11).

When this behaviour is linked to bullying, it is often perceived that the victim would first try to make peace (Decaires-Wagner, 2002:12). However, when such passive behaviour does not resolve the threatening situation, a less evolved system is engaged, namely the fight-or-flight response (Geist, 2011:246). If neither the parasympathetic nor the sympathetic system resolves the situation, or when death appears imminent, the last system is engaged, which governs immobility, shutdown and dissociation (Grand, 2013:105). This primitive system takes over and hijacks all survival efforts. Maria (2009:401) corroborates this notion, stating that acute and chronic stress of maltreatment in childhood can be associated with neuropsychiatric disorders, cognition and adaption, as well as adverse brain development.

When a person complains of an array of emotional and physical pains, it is a typical sign of automatic dysregulation (Giarretto, 2010:4). Dysregulation manifests in the human body via two extremes: namely to be stuck "on" or to be stuck "off". When a person gets stuck "on", dysregulation normally manifests in the form of anxiety, panic, mania, hypervigilance, sleeplessness, dissociation, attention deficit, OCD, emotional flooding, chronic pain, hostility, rage, and so forth. The sympathetic branch of the nervous system, responsible for moving us out of danger (Giarretto, 2010:4) causes these manifestations. When traumatic material is unprocessed, the residual activation keeps a person locked in a constant state of readiness and reactivity (Grand, 2013:85) with negative long-term implications.

In contrast to the above, to be “off”, manifests in the form of depression, flat affect, lethargy, exhaustion, low impulse/motivation, chronic fatigue, dissociation, low blood pressure and many of the complex syndromes. (Giarretto, 2010:4). This is caused by the parasympathetic branch of the autonomic nervous system, where the vagus nerve forms the centrepiece that runs from the brain directly to the heart-, digestive- and respiratory systems (Koubeissi, 2015:1). In a healthy state of functioning, this system is designed to restore the body to rest and recovery after a stressful experience (Giarretto, 2010:5). If the system is not functioning properly, it slows or shuts down or “depresses” itself at the slightest trigger (Giarretto, 2010:5). These triggers can consist of being bullied, because the bully victim perceives the bully as being powerful, therefore the victim experience feelings of helplessness.

The discussion above illustrates the devastating effects that bullying may have on the human body and the need to remedy the damage done through various therapeutic interventions.

2.4.3 **Therapy for bully victims**

Research supports the implementation of specifically designed programmes grounded in relevant theory and targeting a specific, identified problem to increase the self-esteem of bully victims (Emler, 2001:2). When it comes to the implementation of anti-bullying programmes, it is especially important for all relevant parties to determine what variables at the systems level of the ecological model might inform current efforts to address bullying (Boswell, 2016:2). One such a theory is the psychology of mind.

The psychology of mind approach was initiated by Mills and Pransky, focusing on three principles, namely the mind, a person’s thinking, and his/her consciousness (Neethling and Rutherford, 2014:10). According to Mills and Pransky, only the thinking process can be changed; the mind and the consciousness are fixed (Neethling and Rutherford, 2014:10). Grand (2013:23) differs, explaining that a person’s consciousness can be changed by making use of a therapeutic technique called Brainspotting. Brainspotting claims that “where you look is how you feel” (Grand, 2013:23). The Amygdala is activated by looking at another person’s face, especially the eyes, as the eyes convey a significant amount of emotional information (Begley and Davidson, 2012:53). It can therefore be assumed that the mirror neurons that are activated by viewing another person’s face also activate the Amygdala. Incorporating play into the therapeutic

activity, new neural connections are formed in the brain, directly linked to the improved management of emotions and stress (Booth and Jernberg, 2010:81).

In this study, the researcher combined the techniques of Brainspotting and Multi-Level Neuro-Processing (MLNP) with play therapeutic techniques, as well as horse-riding activities. She experienced that this combination provided positive therapeutic outcomes. Brainspotting and MLNP were incorporated in EAPT™, as means to address the psychological harm experienced by bully victims. The reason for the inclusion of these techniques was to facilitate the establishment of new neurological connections to enable therapees to change their behaviour related to bullying and adjust their ability to respond more appropriately to the vicissitudes of life.

Different therapists and psychologists make use of different methods. Numerous approaches to the treatment of bully victims exist; with no “one fits all” recipe available. As limited scientific research dealt with the effectiveness of different therapeutic interventions in the elevation of the self-esteem of bully victims, the importance of more research regarding alternative therapeutic techniques, is needed.

Having said the above, prevention is better than cure. The best way to ensure that bullying does not occur at school, is to implement an effective anti-bullying programme and policy. If the correct anti-bully programme is implemented and all the relevant parties enforce it, is possible that a school may become bullying free. Although not the focus of this study the researcher considers it prudent to include information on teacher involvement to discourage bullying behaviour at school and parenting styles. Teacher involvement and parenting styles both influence children’s self-esteem that is directly linked to the prevalence of bullying.

2.4.4 **Anti-bullying programmes in South Africa and abroad**

Several anti-bullying programmes are used in South Africa. Some take the form of theatre performances, where characters explain to learners how to identify bullies and give examples of ways to handle bullying. Such a performance, named “Gertjie Grootoor”, was staged at the Vryfees held in Bloemfontein (Free State, South Africa) on 12 July 2016. In this performance, children could see how a boy was being bullied, as well as being made aware of the emotional burden it placed on him. The play

concluded with the bully-victim effectively handelling the bully in such a way that the audience could identify with the characters and learn from their experiences.

The South African Department of Education's stance regarding bullying has been voiced by the Minister of Basic Education, Mrs Angie Motshekga, on 24 February 2014 at the official opening of the Porterville Primary School in Cape Town. Motshekga declared bullying as an insidious social ill and highlighted that bullying hampered learners' inherent rights to a safe schooling environment and quality education. School Management Teams were called upon to implement the protocol for dealing with bullying to ensure that justice prevails for the victims (Motshekga, 2016).

Internationally, programmes deemed successful include the "Positive Behaviour and Intervention Supports" programme, aiming to prevent bullying by developing infrastructure that supports positive student behaviour (Ross and Horner, 2013:226). This programme holds that if children have strong reciprocal relationships with their peers and families, their likelihood to be involved in bullying behaviour would be reduced significantly (Franks *et al.*, 2013:45).

Other programmes include the "Olweus Bullying Prevention Programme", developed by Olweus, also known as the *father of bullying research* (Editorial, 2012:517). This programme is aimed at preventing bullying by restructuring the children's social environment at school; aiming at reducing the opportunities for engaging in bullying behaviour (Olweus, 2010:377).

The question arises what the responsibilities of the parents of bullies are. If parents could legally be held responsible for the actions of their children, it might drastically reduce the occurrence of bullying in schools.

2.4.5 **Legislation regarding bullying**

The motivation for modern studies on bullying is commonly attributed to Olweus. During 1983 the serious nature of bullying was recognized outside of the research field when the Ministry of Education in Norway initiated a national anti-bullying campaign promoting bullying prevention programmes in all schools (Olweus, 2010:11).

Presently, South Africa is following suit, with the justice system now starting to investigate the prevalence and influence of bullying in South African schools. Current legislation pertaining to the act of bullying refers to it as victimization or harassment. Presently the only legislation applicable to bully offenders is the Harassment Act, Act 17 of 2011, and the Sexual Offences Act, Act 32 of 2007.

The Charter of Human Rights (RSA, 1996: Act 108 of 1996, Section 28 [1][d]) clearly states that every child has the right to be protected from maltreatment, neglect, abuse or degration. Section 10 of the Charter affirms that every person has inherent dignity and the right to have his/her dignity respected and protected. This Charter is upheld by the Department of Education (Basic Education Laws Amendment Act, 2011:4)
"*the education system will contribute to the full personal development of each learner (student), and to the moral, social, cultural, political and economic development of the nation at large, including the advancement of democracy, human rights and the peaceful resolution of disputes*."

Bullying, by definition, infringes upon the bully victim's Constitutional right to human dignity, privacy, freedom and security. Unfortunately, in South African law there is not one distinct law statute providing for the prosecution of a bully or the bully's parents. Each bully incident has to be evaluated and prosecuted accordingly to the specific case that is presented. The researcher believes that bullying by definition should be prosecutable. The Child Act of South Africa was written to protect children from harm, and was recently amended, but still with no definite legislation to protect children from being bullied. The international trend, especially in countries such as Canada and Norway are to write specific legislation that holds bullies and their parents liable for their actions (Secunda, 2015:212).

2.5 **CONCLUSION**

In South Africa, the only intervention available to prevent bullying from occurring is the implementation of a bullying prevention programme at school level. When bullying occurs, it is important to note that there is no "one fits all" approach to address the effects of being bullied. This chapter highlights the effects bullying has on the self-

esteem of bully victims by focusing on the elements of self-esteem and how self-esteem is influenced by being subjected to bullying.

The use of Play Therapy, in combination with Equine Assisted Therapy in addressing the trauma of bullying in bully victims, as an alternative to traditional therapeutic methods, are reviewed in the next chapters. Play therapy in Chapter Three, and Equine Assisted Therapy in Chapter Four. It is imperative to distinguish between the two therapeutic techniques, as they are usually performed separately.

CHAPTER THREE

PLAY THERAPY

3.1 CHAPTER OVERVIEW

To fully understand the therapeutic interventions where play therapy and equine assisted therapy were combined, it is important to define each intervention separately with this chapter dealing with play therapy only. As there are various aspects pertaining to play therapy; this discussion commences with a brief overview on the importance of play, followed by a historical perspective on play therapy. The significance of play within the therapeutic arena when working with children highlights the necessity of a theoretical framework whereby play can be placed at the centre of the therapeutic process.

In this overview of research on play therapy, the focus will be on the origins of this therapeutic intervention and the different ways in which it is used by professionals, providing contextual theoretical background and scientific research supporting clarification of the goals of this study and directing exploration of the topic, as outlined in Chapters One and Five.

3.2 INTRODUCTION TO PLAY THERAPY

Most therapists aspire to achieve specific therapeutic goals, established at commencement of therapy. The process following these therapeutic goals, can be influenced either by directive play or non-directive therapeutic play activities. Therapists normally decide beforehand which approach to follow.

I have found when working with children in the middle childhood phase that it is almost impossible to conduct therapy without incorporating play. The reason for this is that play is part of a child's life-world and language. Landreth (2012:133) emphasises that for children, toys are their words and play is their conversation. Piaget (1999:121) emphasises the symbolic function of play, as play represents children's attempts to organize their experiences, and adds that in some cases play may be the only time that they feel in

control of their lives. Play therapy, when conducted by a trained therapist, allows children to express and work through emotional difficulties in their natural language of play (Fine, 2015:166). It is therefore the therapist's responsibility to speak the child's language and work on his/her developmental level.

Important to mention is that when a child is brought for therapy, he/she is normally uncertain what to expect from the therapist. This is especially true of children who are visiting a therapist for the first time, for example they feel uncertain about how to address you; should they call you by your name, or "teacher", or "doctor"? This normally differs, depending on the cultural background of the child, as well as the experiences the child were previously exposed to.

Children do not visit adults for play visits. When children visit adult professionals, the reason is normally because they are sick or struggling at school or are in trouble (visiting the principal's office). The therapist needs to take this into consideration and should therefore set the child at ease by making the new experience of being in therapy a pleasurable one. To reach this goal, the therapist should make sure that therapy is fun and activities being enjoyed.

In this study, the children brought for therapy had been bullied, and as per the definition of bullying, they were the party who have had the least power in the confrontation with the bully. The therapist therefore needs to give the children a sense of empowerment at the onset of therapy by, for example giving them choices, such as to opt out of an activity if they did not want to continue with that activity for whatever reason.

3.3 **IMPORTANCE OF PLAY**

Play Therapy consists of two components; the first being "Play", and the second "Therapy". For the reader to gain insight into this therapeutic modality, the concept of "Play" is analysed, before placing it in the therapeutic context.

Play is broadly defined as an activity that is freely chosen, intrinsically motivated and personally directed (Gaskill and Perry, 2015:179; Goldstein, 2012:5). I believe that play is far more complex than the above, as pointed out by Eberle (2014:214), who adds to Goldstein's definition, stating that play can also be fixed and codified, as seen in organised

sport like soccer or rugby. Play can also be passive or active, vicarious or engaging and, lastly, solitary or social.

Erikson (1977) depicts play as occurring in three spheres, called the auto-sphere, micro-sphere and macro-sphere. The child involved in the auto-sphere of play will play with objects closely related to his/her body, such as the buttons of a jacket, whereas in the micro-sphere the child will become entangled with miniature figurines and uses these toys as substitutes for real objects. The macro-sphere involves play where the child plays with, or together with real objects, such as a horse.

At the core of play is an element of fun, hence the fact that it produces pleasure. Joy and pleasure are closely related to happiness (Loewenthal and House, 2010:51). It is therefore meaningful to recognise personal differences in how people experience happiness. As the expression of pleasure depends on the context to gain meaning (Loewenthal and House, 2010:51), therefore, it is important to be aware of the process(es) taking place when children are playing and if they are expressing happiness or other emotions. During play, a child's inner world is expressed and given a concrete form (Thompson, 2009:200). A trained therapist is interested in play, because emotionally significant experiences are given meaningful expression through play (Thompson, 2009:200). A therapist cannot assume that when a child is playing, he/she is necessarily expressing joyous emotions.

Brown and Vaughan (2009:8) accentuate the necessity for humans to play, stating that when we play, we engage in the purest expression of our humanity. The United Nations considers play to be critical for the healthy development of children and has declared it as a specific right for all children (United Nations, 1989).

Although the advantages of play in the lives of children are well documented, the advantages of play are not the focus of this study; therefore, only the most important functions of play are highlighted. A key function of play in children is to try out new behaviour and ideas (Brown and Vaughan, 2009:151; Sutton-Smith, 2009:9). Children play automatically for they are always in the process of changing and becoming; rendering transformative play as a constant part of their world that sometimes even goes unnoticed (Brown and Vaughan, 2009:152). Play allows children to expand their imaginative and symbolic thinking, while benefiting from forming positive relationships with friends, adults and animals (Nwokah, 2010:3).

In this study, *risky play* was used, including the incorporation of a live animal. Risky play is commonly defined as thrilling and exciting forms of play involving the risk of physical injury (Sandseter, 2009:439). Children often naturally seek to engage in risky play, but can be limited by individual factors such as body size, strength, skills, courage, fear, and more. (Sandseter, 2009:439). Additionally, several authors advocate play activities taking place in outdoor settings and subscribe negative health factors, such as obesity, mental health issues and a lack of vitamin D, to the modern hi-tech lifestyle that distances children from natural environments (Burgon, Gammage and Hebden, 2017:52; Lillemyr, Dockett and Perry, 2013:148; Woods, 2013:71).

Placed within the therapeutic arena, play has been used by a number of psychologists and psychiatrists from as early as 1920, when Sigmund Freud introduced his psychoanalytic theory of play (Brown and Patte, 2013:13). Freud's daughter, Anna, taught hospital staff how to assist children undergoing hospital procedures to help them cope with situations that may otherwise be overwhelming by assisting them to express their feelings through the use of dolls or other figurines (Midgley, 2013:178; Nichols, 2012:13). Play is often used as catalyst to assist therapists in reaching the inner world of the child with context being important in understanding human experience and the myriad of components of communication (Kraus, Stricker and Speyer, 2011:4). The facilitation of a professional therapeutic relationship would be hampered by the inability to develop empathy or trust (Kraus *et al*., 2011:4). During, play therapy, play is used as vehicle to facilitate the therapeutic relationship.

As play serves as a language for children it is often used to formulate and assimilate what they experience (Oaklander, 1988:160; Fuggle, Dunsmuir and Curry, 2013:23; Wittenborn, Faber, Harvey and Thomas, 2006:334). Booth and Jernberg (2010:80) contend that episodes of play can create a state of affective synchrony whereby the parties become in affective resonance with each other. Play also allows children to express their conscious thoughts and feelings more freely and openly than they would verbally (Drewes, 2009:5). Most important in a therapeutic environment is that play therapy provides the opportunity for children to begin to experience complete acceptance and permission to be themselves without fear of judgment, evaluation, or pressure to change (Drewes, 2009:9).

Play also facilitates an entrance into situations and content by allowing the child and the therapist to be in the same emotional space (Parish-Plass, 2013:79), initially referred to by

Winnicott as the *potential space* (Spelman and Thomson-Salo, 2014:121). This space lies somewhere between reality and fantasy; a space accommodating the child's thoughts, perceptions, understandings and emotions (Parish-Plass, 2013:80). The play therapist accesses this space by using various modalities, such as sand trays, clay, drawing, painting and story-telling. It is important to note that play in itself does not produce change; it is the therapist's intervention through the utilisation of play that create the change (Wittenborn *et al.,* 2006:334).

Landreth (2012:24) cautions against therapists making inferences regarding maladjusted play that may occur in children during therapy, as this form of play may indicate the presence of low self-esteem, over-dependence on the therapists and the presence of anxiety during play therapy. Maladjusted play manifests when a child is cautious and prefers to play with fewer materials, utilising only a small area of the room only, and demonstrates increased fantasy, aggression, or an intense emotional display (Landreth, 2012:23). Within a specific theoretical orientation, dolls and figurines are still being used in play therapy.

Theoretical orientation underscores the work one does. Answering questions such as why one is doing what one is doing. How it is working? What does one hope to accomplish? What are the mechanisms of change? And so forth. Such questions are answered in the rationale for using a specific approach as theoretical underpinning for the research. According to Gaikwad, Lalitha and Seshadri (2015:22), three basic theoretical principles underpin play therapy, namely (a) **actualisation**, which assumes that all humans have an innate tendency to actualise their inner potentials, to become more effective and autonomous; (b) **the need for positive regard,** which includes warmth, respect and acceptance from others, especially from "significant others"; and (c) **play as communication,** used by children as their primary means of communication, revealing their emotions, thoughts, values and perceptions.

With an ongoing debate amongst therapists about the appropriateness of directive play therapy and non-directive play the two approaches are outlined below with some justification on the reason why directive play therapy was utilised during this study.

3.4 **DIRECTIVE PLAY THERAPY**

In terms of directive play therapy, directions are given to the child in order to achieve specific therapeutic goals, such as anger control (Gaikwad *et al.*, 2015:25; Webb, 2011:136). Directive play therapy, also known as structured play therapy, was the first formal mode of play therapy developed from the work of Klein and Freud (Leblanc and Ritchie, 2010:149). In this modality, the therapist chooses the toys and the procedure to be followed and the therapeutic goals (Axline, 2013:21; New and Cochran, 2007:646). In this regard Menassa (2009:15) points out that in directive play therapy, the therapist is viewed as the creator of scenarios in the playroom as well as formulating therapeutic goals. The use of specific psychological techniques to reach the therapeutic goals is characteristic of the directive approach.

The directive play approach is divided into three subdivisions; so-called low, medium and high structures. In the case of low structure directive play therapy, the therapist sets up the basic structure for the session, but includes minimal detail as the child is expected to complete and/or change the activity using the given elements (VanFleet and Faa-Thompson, 2017:228). Similar to non-directive play therapy, the therapist provides sympathetic reflections on the play in which the child is engaged, but does not give directions, except if a limit is to be set (VanFleet and Faa-Thompson, 2017:228). The researcher preferred the low-structured approach of therapy for the purpose of this study, since the inclusion of a horse usually involves bulky equipment, such as buckets and poles, in order to perform the planned play activities. These items are normally difficult for children to carry, creating an opportunity to strengthen the therapeutic relationship, since the therapist and child can work together in building an obstacle course or other activities played out during sessions. The researcher believes that every child's home and environmental circumstances are unique, therefore, giving a child a choice in terms of which elements to use in the session immediately engages him/her in the therapeutic session.

Although a directive form of play therapy has been utilised during this study, applicable principles of non-directive play therapy were also implemented. For this reason, some core aspects of non-directive play therapy are outlined below. Important though to keep in mind that the main difference between directive and non-directive play therapy relates to the initial set-up of the session.

3.5 NON-DIRECTIVE PLAY THERAPY

Non-directive play therapy, rooted in Rogerian client-centered therapy with adults, has been adapted for child therapy, with the focus on play as the medium of communication (Francois, Powell and Dautenhahn, 2009:326). In 1947 Axline developed a movement in play therapy known as *client-centered, non-directive* or *unstructured* play therapy believing that children possess the innate power to heal themselves, given the ideal therapeutic conditions (Porter, Hernandez-Reif and Jessee, 2009:1026). The aim of this therapeutic approach is to let the therapist acknowledge, value and accept the child's point of view and inter alia not inflict beliefs or solutions on the child. Work within the child's cultural family values, aiming at promoting improved cooperation and positive outcomes (Gaikwad, Lalitha and Seshadri, 2015:25; Porter *et al*., 2009:1027).

In non-directive play therapy the therapists are encouraged to start at the developmental level of the child rather than focusing on improving the child's skills. Although the environment is structured by the therapist, the child chooses the type of play (Porter *et al*., 2009:1027) and is assisted in externalising their perceptions of experiences, themselves, others and the world. This is done via the use of toys and play in an active attempt to cognitively re-structure obstructive thoughts, feelings and beliefs (Ewing, Monsen and Kwoka, 2014:193). In this type of therapeutic setting, the child is the leader and the therapist is the follower, with the therapist being responsible for providing a safe, understanding and friendly environment for the child (Porter *et al*., 2009:1027).

3.6 RATIONALE FOR ECLECTIC/INTEGRATIVE APPROACH AS THEORETICAL FRAMEWORK FOR STUDY

Core elements of play therapy are deeply embedded in Gestalt theory that in essence consists of a process-oriented mode of therapy concerned with the healthy, integrated functioning of the total organism, including the senses, body, emotions and intellect (Oaklander, 2018:51; Kaduson and Schaefer, 2016:124). Freeman (in Kirby, 2010:61) notes that "horses live the essence of Gestalt" in their natural capacity of awareness, contact, congruency and organismic self-regulation. It therefore makes sense to incorporate a horse into the therapeutic world of Play Therapy as EAPT™.

The researcher use an integrative approach when conducting therapy, subscribing to the use of the Sequentially Planned Integrative Counselling for Children (SPICC) model of eclectic approaches, as developed by Geldard, Geldard and Yin Foo (2017:69). This model was developed specifically for initiating change in the behaviour and thinking processes of children. The main influences underpinning this therapeutic approach are Gestalt therapy, Client-Centred Counselling, Psychodynamic Psychotherapy; Narrative therapy; Cognitive Behaviour therapy and Behaviour therapy (Geldard *et al*., 2013:70). The therapeutic process follows five specific phases, described as follows:

Phase	**Process required**	**Therapeutic approach used**	**Method of producing change and desired outcome**
Phase 1	Child joins the counsellor and begins to tell his/her story.	Client-centred psychotherapy and Gestalt therapy	Child starts to share his/her story and feelings of reliving the experience.
Phase 2	Child continues to tell his/her story. Child's awareness of issues increases. Child gets in touch with emotions, and a catharsis may be experienced. Child deals with deflection and resistance.	Gestalt therapy	Raised awareness in the child enables him/her to clearly identify issues, get in touch with and release strong emotions.
Phase 3	Development of a different perspective or view of self.	Narrative therapy	Reconstructing and enhancement of self-perception occur.
Phase 4	Child deals with self-destructive beliefs, while options and choices are evaluated.	Cognitive - behavioural therapy	Unhelpful thoughts and thinking processes are challenged, which produces changes in behaviour.
Phase 5	New behaviour is experimented with, evaluated and rehearsed.	Behaviour therapy with Gestalt themes	The experiencing of new behaviours and their consequences reinforces adaptive behaviours.

TABLE 3.1: Adapted Phases of the SPICC Model (Geldard *et al*., 2013:71)

Formal training during reading for my Master's Degree in play therapy was underpinned by the use of Gestalt therapy when conducting therapy. Although certain therapeutic

techniques from other disciplines were used, the Gestalt approach influenced and guided the therapeutic process throughout this study.

3.7 **GESTALT APPROACH**

Perls, born in 1893 on the outskirts of Berlin is considered as one of the most profound founders of the Gestalt approach to therapy (Clarkson and Mackewn, 1993:2). Ginger, (2018:3) designates Gestalt as a natural universal approach for people of all ages, from diverse cultural backgrounds, in a variety of situations, rendering it a suitable choice for this study. Gestalt therapy is process orientated focusing on the healthy, integrated functioning of the organism comprising the senses, the body, the emotions and the intellect (Kaduson and Schaefer, 2016:124).

The Gestalt approach uses a phenomenological perspective, placing the primary emphasis on honouring the experiential frame and the subjective experiences of the client (Senreich, 2014:56). However, Gestalt therapy has been criticized and although being highly valuable in heightening awareness, it does not necessarily lead to deep integrated embodiment (Taylor and Miriam, 2014:13). Gestalt therapy has also been criticized as not being valued as an effective therapeutic method, although it is being taught at higher educational settings (Van Rijn and Wild, 2013:152).

The modern Gestalt therapist aims for the integration of body, feelings and intellect, while evaluating the client's most basic needs within the client's social environment (Schaefer, 2011:175). Therefore, this study was concerned with the child in the context of his/her environment, whether school, home or anywhere where he/she was being bullied.

Traumatised children live in a constant state of fear and hyper-vigilance, perceiving their environment as dangerous (Jacobelli and Watson, 2009:12). It was therefore important to create a therapeutic process that provided safety and stability. This was established by creating an embodied sense of safety by giving the child the choice to be involved in horse-riding activities or groundwork that included the horse. The therapeutic establishment of a safe and stable therapeutic process was achieved through top-down processes, such as being it a safe place, visualisations and gradually including the senses (Taylor, 2014:34). To better understand terminology related to Gestalt theory, the following concept clarification is offered:

3.7.1 Gestalt

Gestalt implies that it is impossible to fully understand a person if only one aspect is explored, since the whole is greater than the sum of its parts (Reeves, 2018:108). Mann (2010:97) posits that Gestalt therapists are natural researchers, because the Gestalt approach equips therapists with the skills to uncover the way in which we relate to the world, whilst being focused on the experience and making sense of these experiences.

3.7.2 Paradoxical theory of change (PTC) in relation to trauma

Beisser (1970:77), who coined the term paradoxical theory of change, describes it as change that occurs only when one becomes what one is not, not when one tries to become what one is not. This implies that the more people try to change themselves, the more they prevent change from occurring. Perls (in Chidiac, 2013:466) refers to this contrast as the "top-dog/under-dog" dichotomy, where the one part of the individual constantly tries to change the other. For the paradoxical change to emerge, healthy contact with the environment is needed, implying the availability of enough internal support and/or a low risk environment (Chidiac, 2013:466).

This is where the role of the therapist becomes imperative. The therapist acts as catalyst in facilitating change by not emphasising that the one part of the individual is better than the other, but encouraging the client to embrace all parts (Chidiac, 2013:467). In Gestalt, change can occur only when structures are transformed into processes; and when this occurs, a person is open to participate interchangeably with his/her environment. Gestalt practitioners take the stance that clients are able to change if they can participate in the experience of being different, which is, by implication, a phenomenological perspective (Senreich, 2014:56 ; Chidiac, 2013:469).

3.7.3 The self

The child is seen as part of the environment or field; that is in constant flux, which constantly forms and reforms in and through relationships (Tinsley, Lease and Wiersma, 2016:408). Therefore, our sense of self emerges at every moment of interaction with others and the environment, as we experience changing needs and goals as the situation changes. The purpose of the self is to organise this emerging and changing experience to make it meaningful (Chidiac, 2013:460). The self has different functions, that although the names sound similar to those used by Freud, they have different meanings (Tinsley *et al*., 2016:410).

Function	Description
Id Function	Situates the person in the raw and background given of life, connecting the person to the world through sensory perception and motoric action.
Ego Function	Enables the person to form intentional objects in the foreground of life, focus, and choose deliberate action in accord with interest and need.
Personality Function	Provides the person with a descriptive narrative, identifying who the person is, based on the assimilation of past experience.

TABLE 3.2: Functions of the Self (Tinsley *et al*., 2016:411).

The fragmented self, also known as the different parts of him-/herself, is encouraged to communicate with each other, and if the child objects or block this, then the child is asked to simply invest him-/herself fully in the objection or block. Only when the child identifies with the alienated fragments, integration can take place. It is therefore important to note that the therapist needs to be fully aware of him-/herself in the therapeutic relationship.

In Gestalt, sustainability is seen as an assimilation of change at the level of personality functioning, which requires a holistic understanding (including body and mind) of what the change means and feels like so that ingrained thinking, behaviours and actions can make way for a different sense of self (Chidiac, 2013:468).

3.7.4 I – Thou relationship

Conceptualised by existential philosopher Buber (Senreich, 2014:56) the I-Thou relationship refers to the relationship and dialogue between therapist and client. The therapeutic relationship is hypothesised to be an honest, authentic relationship between the client and helping professional whereby the client is served. In this regard Gallese (2009:527) posits that when we witness the intentional behaviour of others, embodied simulation generates a specific phenomenal state, which he calls intentional attunement. Such attunement is established by the therapist mirroring the child's actions; this in turn activates the mirror neurons in both therapist and child, resulting in the therapist becoming attuned to the emotional state of the child, also resulting in the release of oxytocin, producing feelings of well-being (Robinson, 2011:213). This in turn generates an identification with other individuals, produced by establishing a dynamic relation of reciprocity between the "I" and the "Thou" (Gallese, 2009:527). Seen within play therapy, such therapeutic relationship is viewed as a means to an end, as well as a means in itself (Robinson, 2011:208).

Yontef (1993:274) accentuate the importance of the presence, authenticity and receptiveness of the therapist, that forms the attitude that invites a true meeting in a real relationship with the client, instigating healing. The word relationship refers to concepts, objects, or people who are connected and the way in which they are connected over time (Tinsley *et al*., 2016:411). Again, referring to Bronfenbrenner's bio-ecological model, it is important to note that the therapist is constantly influenced by the child, as the child and therapeutic relationship are influenced by a number of other influential characteristics, inter-personal relationships, and the wider social context they find themselves in (Robinson, 2011:209).

During such a therapeutic meeting, the therapist should set aside own assumptions and theories about the child and focus on his/her phenomenal presence (Tinsley *et al*., 2016:413). In the therapeutic programme followed, the therapist used her reflective journal to note any transferal of emotions and perceptions she had regarding the therapeutic process, even experiences from the past that might have influenced the therapy session. This is in line with Robinson (2011:209), who emphasises that in psychodynamic terms, the therapist needs to be consciously aware of the transference of emotions and ideas from previous relationships that may influence this new relationship. Furthermore, there are certain therapeutic implications related to the I-Thou relationship that the therapist should consider when interacting with the client (see Table 3.3).

Theory	Implications
The child's experience includes a process and the object of that process.	Awareness for the client concerns both the doing and the object of such doing, and this awareness supports the child with respect to self-regulation.
The child's experience is grounded in the existing context.	A child's presenting symptoms are never a matter of intrapsychic process alone; they are always contextual and multi-systemic in nature.
The child's experience can be seen from many perspectives.	How a child perceives and interprets what is going on depends on his/her whereabouts in the situation; any situation can have multiple perspectives.

TABLE 3.3: Therapeutic implications (Tinsley *et al*., 2016:413).

3.7.4.1 Importance of relationships

- ***Human–Human Relationships***

Humans have a fundamental need for connectedness to other people with relationships between humans categorized as social relationships. Social relationships vary in degrees of intimacy, affiliation, attunement and attachment (York, Nugent, Strand, Bolen and Davis, 2013:875) with intimacy refering to safe touch and proximity seeking behaviour, whereas affiliation refering to ongoing understanding and reciprocal interaction with another (York *et al.*, 2013:875). Intimacy is first experienced as the attachment of an infant to the primary care-giver.

Key concepts linked to the attachment theory are attunement and sensitivity, where attunement from a semantic point of view refers to becoming harmoniously aligned with the other person (Wilkens, Shemmings and Shemmings, 2015:17). Research regarding attachment posits a relatively strong correlation between attachment figures, such as parents, who demonstrate higher levels of sensitivity and attunement, and children with secure attachment relationships (Wilkens, Shemmings and Shemmings, 2015:18). Attachment to parents influences children's ability to form meaningful social relationships with peers. This is evident in traumatic experiences: the human brain needs another human brain to heal from trauma (Cozolino, 2014:277).

A socially competent and optimally functioning individual, according to Espelage, Gutgsell, Gutgsell and Swearer (2011:107), satisfies all three basic emotional human needs within his/her social environment. These basic needs as identified by the Self Determination Theory (SDT), are the need for autonomy, competence and relatedness (Espelage *et al*., 2011:107; McNelis, 2009:7). Relationships between humans have a far-reaching effect, not only on how we feel about the people around us, but also our brain functioning. Therefore, our experiences with other people not only shape our experience, but also our biology (Goleman, 2011:5).

- ***Client-Therapist relationship***

According to psychotherapy research, a good helping relationship, characterised by mutual liking, respect, rapport, trust, warmth, acceptance and collaboration, is the most powerful predictive factor for a successful client outcome (Yorke, Adams and Coady, 2008:17). The client-therapist relationship is grounded in attunement. A process that starts with but going beyond empathy, to create a two-person experience of unbroken feelings

of connectedness by providing a reciprocal affect or resonating response (Erskine, 2015:45; Van Rijn and Wild, 2013:151). With specific reference to the establishment of a positive therapeutic relationship with a child, special care must be taken, as gaining the trust of the child is essential in the formulation of an authentic therapeutic relationship.

It is important to note that very few children will attend therapy voluntary. It is usually because of disturbing behaviour in the past of the child that the parents or teachers will refer him/her for therapy. It is important to explain to children that the therapist is not there to judge or criticize and which information obtained from the session will be kept confidential and what will be disclosed, as this is crucial in gaining the child's trust (Knox and Cooper, 2015:99).

- ***Human–Animal bond***

The term "human-animal bond" was coined by Lorenz, who believed that the bond between human and animal could be stronger than that between human and human (Odendaal and Odendaal, 2016:11). For the purpose of this study, the human-animal bond refers to a close relationship with companion animals, which may have therapeutic value for humans (Yorke, Adams and Coady, 2008:17). The term *attentionis egens,* coined by Odendaal (2009:50), refers to the need for attention on a normal, basic emotional level, as a prerequisite for successful social interaction. Deviations from the norm could be found on a continuum that stretches from withdrawal from attention on the one side, to a myriad of behavioural patterns aimed at getting excessive attention on the other side. This human need can be filled by either other humans or by animals (Odendaal, 2009:54) with animals providing the opportunity for both children and adults to experience the feeling of caring for another being (Hart, 1995:169). Such a human-animal relationship is based on some similarities between the species.

Fox, well-known ethologist, contends that humans and animals share similarities in basic brain structure, emotions (with specific reference to the shared trait of honesty between children and dogs), needs, communication, development and socialisation in infancy with other members of the animal kingdom, greetings and other social rituals, social distance and personal space, biorhythms and internal time (Fox, 2015:195). Wilson (2018:5) posits that during childhood we are most receptive to the miracles of nature: as children's keen senses allow them to experience aspects of nature they encounter with wonder and awe.

Several recognized theories conceptualize the human-animal relationship. One such theory is the Biophilia theory. Wilson (2009:139) developed this theory, which suggests that humans possess a natural tendency to focus on life and lifelike processes and have a propensity to attend to and be attracted to other living organisms (Fine, 2015:188). Joye and De Block (2011:208) critically suggest that this theory relies too heavily on an evolutionary view, however, agree that the Biophilia theory provides compelling evidence that people affectively relate to life-like elements like animals and allow people the opportunity to derive meaning, enjoyment and health benefits from such relationships. The latter provides justification to a therapist regarding the incorporation of animals in distinct therapeutic situations (Fine, 2015:188).

Linked to the above theorists on human-animal interaction agree that animals can provide in a person's psychological needs (Wilson, 2018; Odendaal, 2009). When a therapee interacts with a horse, an unique opportunity arises to experience deeper dimensions of the human-animal relationship (Ewing *et al.*, 2007:60) as an equine-human relationship fosters unique elements that may lead to deep, intimate connections (Yorke, Adams andCoady, 2008:19). These elements are the result of the close physical contact involved in riding and grooming horses (Yorke, Adams and Coady, 2008:19). The horse offers the therapee an unparalleled experience that is both physical and social (Ewing *et al.*, 2007:61). During a child's social maturation, interacting with an animal helps develop attitudes of empathy and humanness towards others (Ewing *et al.*, 2007:60). Another special effect that animals have on shy or withdrawn children is known as a social lubricant effect, which refers to the shy child being able to connect easier with other people if an animal is present (VanFleet, 2015:54).

3.7.5 Field theory, "figure" and "ground"

Lewin's field theory conceptualises that the needs and wants of a person, family and community are inseparable and interconnected to the environmental and cultural situations they find themselves in (Senreich, 2014:56). Lewin's slogan, "The need organizes the field" exemplifies that each person's subjective view of an encountered situation is determined by his/her needs at that moment and that this need has been influenced by all experiences in that person's life up until that moment (Senreich, 2014:59). The individual adjusts to such needs according to the ever changing environment, which is termed in Gestalt as

“creative adjustments” (Mann, 2010:8). However, healthy creative adjustments require contact with the here-and-now, rather than relating to past experiences (Mann, 2010:8).

Essential components of the field theory are the concepts of ‘figure’ and ‘ground’. Figure and ground can be seen as automatic features of the visual system where the focus of attention becomes the figure, and all other visual input become the ground (Cervellin, Borghi and Lippi, 2014:515). Senreich (2014:59) expands on this rather simplistic view by stating that Gestalt therapy refers to the situation that one is attending to in the moment as the ‘figure’, whereas the totality of all one’s past experiences is referred to as the ‘ground’. When considering a child’s developmental process, it is important to emphasise that when a child has completed a specific developmental task, this developmental task forms part of the child’s ground. However, it may become necessary to revisit certain developmental tasks and reassess old creative adjustments if they become so called fixed Gestalts (Mann, 2010:10). A fixed Gestalt refers to a creative adjustment made to previous life experiences that became habitual and inappropriate in the present moment (Joyce and Sills, 2014:56).

Gestalt therapy furthermore, focuses greatly on how clients experience themselves in their current surroundings; placing awareness on their figural existence, emphasising what is in their foreground, demanding their immediate attention, as well as what is in their background (Taylor, 2014:56). Relevant to the above Reeves (2018:109) offers the following cyclic schematic outline on how awareness is perceived during Gestalt therapy.

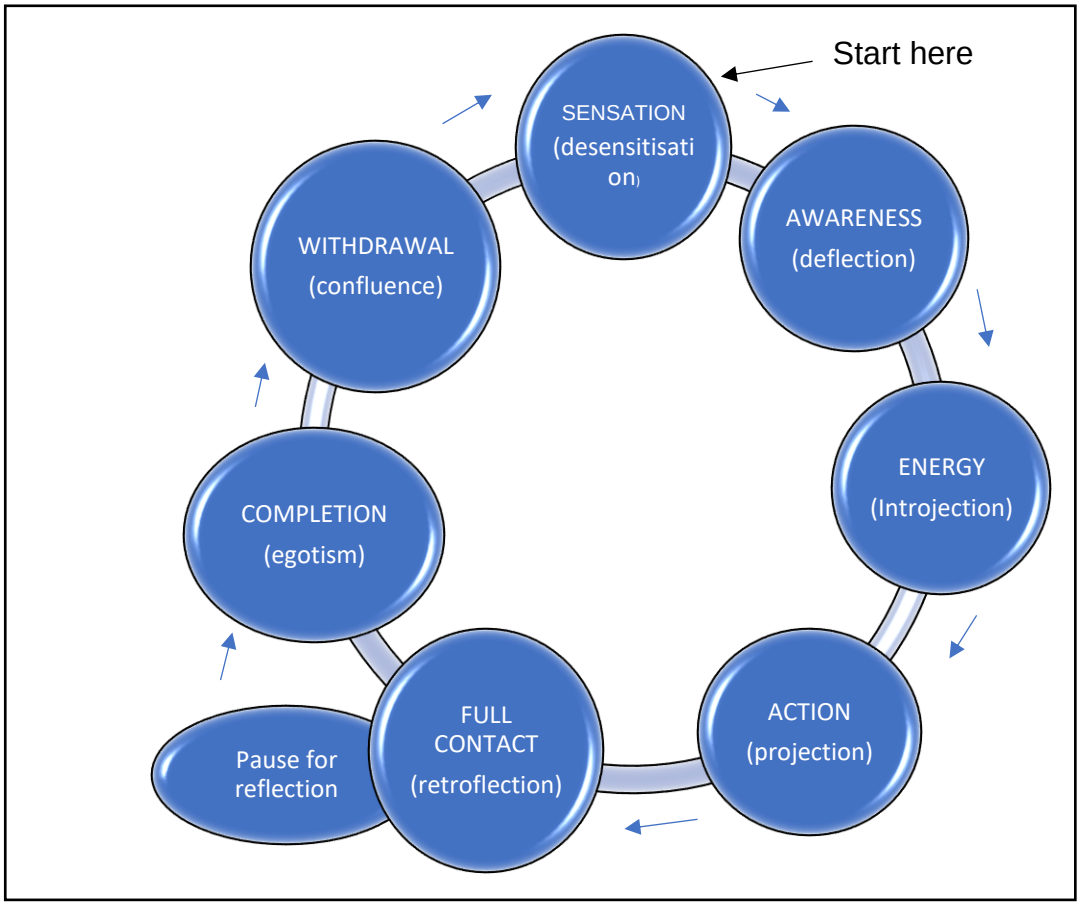


FIGURE 3.1: Cyclic awareness during Gestalt therapy (Reeves, 2018:109)

3.7.6 Contact

Contact within the Gestalt framework can be seen as a meeting when two people (or objects) become aware of the differences between them. Such awareness of difference is necessary for contact, because no two people are exactly alike and no two moments in time are exactly the same (Tinsley *et al*., 2016:410). In this regard the researcher believes that awareness is vital to begin the therapeutic process. Without awareness, the client is unaware of his/her physical presence and ability to engage in therapy. In this study, the researcher added to the awakening of awareness by including therapeutic techniques such as Brainspotting and MLNP to explore the child's awareness of bodily experiences and ability to process the trauma experienced. The key components underpinning the theoretic foundation of the Gestalt approach applicable to this study were: awareness in the present moment; personal responsibility and wholeness while paying attention to the "what" and the "how" rather than the "why" of behaviour (Kaduson and Schaefer, 2016:127; Mann, 2010:29).

Gestalt therapists noticed that certain patterns of energetic disruptions occur influencing how clients respond or make contact, initially referred to as “interruptions to contact”, but later renamed as “modifications to contact” (Dryden and Reeves, 2014:186; Joyce and Sills, 2014:107). These modifications always function on a continuum and the greater the person’s capacity to move along each continuum, the greater his/her capacity to creatively adjust to a variety of life situations (Dryden and Reeves, 2014:188).

During a therapy session, the client would be challenged by the polarity of this modification for example, if the client is making use of retroflection, he/she would be asked to express an emotion to elicit an explosive reaction that lies at the other side of the continuum. The goal is to integrate the polarity by holding both ends and working towards the middle (Tinsley *et al.*, 2016:412). The bully victim may identify with the unassertive end of an assertive-unassertive polarity, avoiding behaviours that would demand assertiveness. In such identification with unassertiveness, the bully victim may be unaware of the possibility of having anything in common with the other end of the polarity, namely being able to be assertive. If the person integrates this polarity, he/she will be able to try out new behaviour, such as acting assertively, when needed.

3.7.7 Closure

A person’s mind has a tendency to fill in empty spaces when an incomplete image appears in an attempt to create a complete and unified picture (Cervellin *et al*., 2014:515). One of the therapeutic goals is to create support for emotional expression, action or closure to enable the person to move on (Joyce and Sills, 2014:172). The ultimate goal during therapy would therefore be to reach a point of healthy self-regulation. In this regard, from the Gestalt therapy theory, a healthy person is a person who is grounded enough to know what he/she wants, and who is spontaneous enough to freely reach out for it, regardless of the circumstances (Tinsley *et al*., 2016:409).

3.8 MULTI-DISCIPLINARY USE OF PLAY THERAPY

Since Freud’s initial incorporation of play during the 1920s, play therapy has advanced significantly growing from psychoanalytic play therapy, to release play therapy in the

1930's and non-directive play therapy in the 1940's and 1950's (Gaskill and Perry, 2015:180). At the end of the 20th century, play therapy expanded through Adlerian play therapy, Jungian play therapy, Gestalt therapy, Ecosystem play therapy, Object Relations play therapy, Experiential play therapy, Cognitive-behavioural play therapy, Developmental play therapy, Filial therapy and more (Gaskill and Perry, 2015:180).

3.9 PLAY THERAPY AND CHILDREN IN MIDDLE CHILDHOOD DEVELOPMENTAL PHASE

In contrast to the traditional counselling approach of talk-therapy, play therapy has been established as a developmentally appropriate intervention for young children and pre-adolescents (Goodman, Reed and Athey-Lloyd., 2015:14; Porter *et al*., 2009:1026). Studies on brain functioning explain why talk therapy is less appropriate during middle childhood development. The prefrontal cortex is one of the last brain regions to fully develop, only noted during a person's mid-20's (Newman and Newman, 2014:157). The prefrontal cortex facilitates abilities such as reflecting on complex perspectives, such as one's motives, abilities that are still developing during middle childhood. Therefore, children often communicate non-verbally or kinaesthetically through play. Restricting children to verbal expression would hamper the therapeutic relationship, because children "play out" their experiences and feelings (Landreth, 2012:9).

3.10 NEUROBIOLOGY AND PLAY THERAPY

Play is a profound biological process at the core of human creativity and innovation (Brown and Vaughan, 2009:8). During play therapy, play is seen as an emotionally engaging and creative experience that increases levels of oxytocin as well as activating mirror neurons, allowing the therapist to accurately interpret and connect with the child's emotional state while building a therapeutic relationship (Stewart, Field and Echterling, 2016:5). Different parts of the brain control different functions, and during this therapeutic technique, all the different sections of the brain, as well as the central nervous system of the child, are activated at different intervals.

When looking at the Triune brain, it is important to focus on the original brain and limbic system. The neocortex is still under development during middle childhood and during EAPT™ less emphesis is placed on neocortex functioning; this may clarify why this method of therapy is deemed effective for bully victims during this developmental phase.

The functions of the hippocampus and amygdala were of special interest for this study, because this is where emotional content is processed. The Amygdala evaluates the event or person as threatening or non-threatening, while the hippocampus links the fear response to the context in which the fearful event occurs (Barr, 2015:130). This aspect is of great importance as the processing of bullying behaviour involves an emotional process in the bully victim.

Cozolino (2014:394) identified four factors of the therapeutic process that enhance neuroplasticity. These are the empathic attunement of the therapeutic alliance between client and therapist; the correct level of emotional arousal necessary for the consolidation and integration of neural pathways; integration of affect and cognition; and the co-constructing of narratives that reflect a positive, optimistic self (Cozolino, 2014:394). In therapeutic play sessions all these elements are present, as the client and therapist collaboratively create conditions in which the brain experiences an optimal arousal, setting the stage for change and learning to take place by co-constructing wordless narratives of self-awareness and transformation (Stewart *et al.*, 2016:6).

One of the therapeutic goals of play therapy is to provide an opportunity for the child to try out new behaviour in an emotionally safe environment. This involves a learning process of centrality of attention, awareness and consciousness and expansion of awareness (Stewart *et al*., 2016:6). This learning process is similar to the principles that underlie the Universal Design for Learning (UDL). UDL emphasises the interconnectedness of brain functions to gain a better understanding of how learning occurs (Gargiulo and Metcalf, 2016:37). Hall, Meyer and Rose (2012:2) accentuate learning as unique to every child, occuring across interconnected networks in the brain. These networks are strategic networks, affective networks and recognition networks.

Learning starts by learners gathering information (recognition network), which is done by utilising their sensory system (Gargiulo and Metcalf, 2016:36; Hall *et al*., 2012:54). This implies that all the senses of the learner need to be enticed to engage in the learning process. However, this can hardly be done in a stationary position, so the incorporating of

horse activities immediately activates the sensory system of the child. The strategic systems, located in the frontal lobes of the brain then give meaning to, and process this information (Gargiulo and Metcalf, 2016:36). Before internalisation of the new information takes place once the affective system (limbic system) is activated (Gargiulo and Metcalf, 2016:37). This affective system is activated only if engagement takes place rendering engagement as necessacity for both the therapist and child in a therapeutic relationship. An authentic play therapeutic relationship is characterised by unconditional positive regard and genuineness (Landreth, 2012:65). In this regard Gargiulo and Metcalf (2016:46) emphasise the importance of the principle of multiple means of engagement (related to affective learning), which implies that different ways of motivating students, such as boosting or challenging them, need to be considered.

In this study, various therapeutic techniques, such as horse-riding, playing with clay, and drawing were incorporated. The therapist built upon the transformative power of the therapeutic alliance and relied on the process of framing and reframing, top-down attention and bottom-up attention to expand the child's awareness (Stewart *et al*., 2016:6). During such a therapeutic process, the child needs to actively participate in instructing the horse or eliciting responses from the horse. During these horse-activities constant, active engagement is required, allowing the child the opportunity of expressing him-/herself and facing his/her worries, fears, anger, and so forth. The new acquired skills are then linked to everyday experiences at school or home. Afterwards therapees receives tasks to complete at home as reinforcing the newly acquired skills. The process should not be rushed as each child learns at his/her individual pace as the therapeutic process evolves.

3.11 BODY LANGUAGE OF CHILDREN

Although children are often unaware of their bodily processes, they display their emotions through their body language. Human communication relies heavily on non-verbal communication cues to convey and interpret messages correctly. Cues include tone of voice, body posture, gestures and shifts in our body that we are rarely aware of (VanFleet, 2013:7). It is hypothesised that non-verbal communication constitutes two-thirds of a conversation (Hagen and Givens, 2012:50). Darwin who identified non-verbal communication cues and links between animal and human behaviour (Hagen and Givens, 2012:50) argued that facial expressions are universal to the human race (Darwin and

Prodger, 1998:xxiii). He has been critiqued by cultural relativists who claims facial expressions are linked to a specific culture; for example, in different cultures a smile can signify either anger, sadness, or joy (Darwin and Prodger, 1998:xxiii). However in support of Darwin's arugument Fridlund (2014:200) states that the prototypical facial expressions of several human emotions are both distinct from one another and universal across a wide range of cultures, unless a deliberate attempt at deception is made.

During this study, the therapees' body language was noted, and they were made aware of it, by being asked to explain which emotions they were feeling. This is a therapeutic technique known as *immediacy:* whereby the child tracks his/her own behaviour and emotional state, stating both what he/she is doing and/or feeling (Stewart *et al*., 2016:6). The tracking of behaviour and emotions is supported by the James-Lange Theory of Emotion, which posits that when a person sees a stimulus, it leads to a physiological reaction. The person's emotional reaction depends on his/her interpretation of his/her physical reactions (Pastorino and Doyle-Portillo, 2011:333). When the child becomes aware of his/her emotions, the therapist can introduce him/her to facial cards containing pictures of different facial expressions, as a therapeutic instrument. Mirror neurons are neurologically activated in the child by observing the facial expressions of other humans, allowing the opportunity to address suppressed emotions regarding traumatic experiences (Philips, 2016:26).

Mirror neurons have been described as among the most significant neuroscience discoveries of recent decades (Philips, 2016:26). In 1990, neuroscientist Rizzolatti first discovered mirror neurons in rhesus monkeys' premotor cortex, later also discovering prevalence in birds and humans (Ferrari and Rizzolatti, 2015:3). Additional findings suggest that mirror neurons are not exclusive to primates or mammals. These neurons are cortical brain cells that fire both during observing and action recognition (Ferrari and Rizzolatti, 2015:3; Keysers, 2009:575). Allowing an individual to embody or simulate another individual's intentions, and also his/her state of mind, which then informs subsequent interaction with the person observing it (Philips, 2016:26). A child seeking to make eye-contact with the therapist is an example of how hard-wired humans are for connecting with others, and the therapist can utilise this to create attunement with the child, in order to create a therapeutic alliance (Stewart *et al*., 2016:7).

These neurons can develop up to adulthood and be transformed by sensory-motor learning, achieved through social interaction with others (Heyes, 2010:575). Mirror neurons are important for the development of social cognitive processes that allow effective social interactions, including empathy, mindfulness, as well as facial emotion processing (Philips, 2016:27).

In riding activities with horses, there is a close proximity between the child and the horse, aimed at reaching a state of shared flow, where the rider and horse both experience a feeling of togetherness in thinking, acting, feeling and movement (Davis and Maurstad, 2016:131). By making the child aware of the bodily expression of the horse during the therapeutic process, the mirror neurons in the child are activated, causing a physical awareness of similar emotions in the child. As explained previously, mirror neurons are cells in an observer's brain that respond to an action that is performed by someone else in a similar way they would have performed if the observer had actually performed that action (Philips, 2016:26). Galles (2009:525) contends that mirror neurons also enable social connectedness by reducing the gap between Self and others. This awareness of the emotions evoked within the child, provides the opportunity to explore these emotions by means of a therapeutic intervention.

It is important to note that humans cannot only understand what others are doing, but can also attribute intentions in a form of intentional attunement (Gallese, 2009:526). This provides the opportunity for learning to take place during the therapeutic session. The learning experience is also promoted by utilising mirror neurons in employing the model of embodied simulation as introduced by Gallese (2009:520). Through utilising the principles of UDL and play therapeutic techniques, the child is exposed to experiences that enable learning of new behaviour to take place. For example, in this study, the therapist would engage in reverse role-playing (the child would bully the therapist while on horseback, and the therapist would illustrate an effective way of avoiding confrontation).

By internalising specific patterns of interpersonal relations, we can develop individualised characteristic attitudes towards how these relations can be experienced, lived and developed (Gallese, 2009:531). The child can therefore internalise the observed new behaviour giving new meaning to it in his/her own individualised manner.

3.12 COMBINING PLAY THERAPY AND EQUINE ASSISTED THERAPY

In this study, a combination of directive play therapeutic techniques and equine assisted therapy was used to address low self-esteem in children who were being bullied. What makes this study unique, is that on-horseback riding activities, as well as groundwork with a horse, were included. Normally, when addressing psychological problems with the assistance of horses, the activities used, require the therapees to either walk alongside the horses or observe the horse's behaviour (Fine, 2015:124). The researcher believes that a child can integrate new behaviour easily by first building a relationship with an animal (as the case in this study, a horse) by means of groundwork, followed by on-horseback activities, under the proper guidance and assistance from the therapist and equine specialist.

Recent research also suggests that horse-riding and animal assisted interventions can improve the cognitive abilities of learners, with specific reference to brain-based skills pertaining to enhanced learning, memory and problem-solving (Obtain, Kitagawa, Mikami and Kusumi., 2017:2; Busch, Tucha, Talarovicova, Fuermaier, Lewis-Evans and Tucha, 2016:315). The recorded improvement in cognitive abilities could possibly be attributed to the activation of the sympathetic nervous system by the movement of the horse's pelvis, which provides motor and sensory inputs to the human body (Obtain *et al*., 2017:2). The activities should be enjoyable for both the horse and the client. Therefore, the horse must be provided with ample opportunity to relax during informal and uncontrolled activities.

3.13 ACCREDITATION AND RECOGNITION OF PLAY THERAPY AS REPUTABLE THERAPEUTIC PRACTICE IN SOUTH AFRICA

In South Africa, Play Therapy is not recognised as a stand-alone therapeutic practice by any governing body, such as the HPCSA. Currently, it is incorporated within disciplines such as Social Work, Psychology and Psychiatry. At the same time, several associations for play therapists do exist in South Africa, such as the Association for Play Therapy Inc. Another association established in an attempt to provide an ethical framework for Play Therapists, Creative Arts Therapists and Filial Therapists in South Africa, is Play Therapy International South Africa.

It is evident that play therapy is seen as an adjunct to existing therapeutic practices in South Africa, which is contradictory to international standards, where play therapy is seen as a stand-alone practice. This discrepancy emphasises the importance on research to be conducted in South Africa to establish and advocate the importance and validity play therapy as a stand-alone therapeutic intervention with appropriate formal recognition.

3.14 CONCLUSION

The importance of play therapy was discussed, within the framework of this study. In the next chapter, the focus will be on the development of Animal Assisted Therapy, as well as Equine Assisted Play Therapy™.

CHAPTER FOUR

EXPLORATION OF EQUINE ASSISTED PLAY THERAPY™ AS THERAPEUTIC MODALITY.

4.1 CHAPTER OVERVIEW

With research and information on the fairly young field of Equine Assisted Play Therapy™ (EAPT™) as a form of Animal Assisted Therapy (AAT) being relatively limited, a historical overview of the origins of AAT is presented as background to this study. Included in this overview is information on the human-animal bond (in this instance a horse), pertaining to the neurological functioning of humans and how this impacts on the horse, as well as the relationship between human and horse.

As parallels between the play behaviour of horses and the play behaviour of children are drawn, emphasising the importance of play in the lives of humans and animals. Therapists must be fully aware of the body language of the horse; therefore having the skill and knowledge to interpret any cues given by the horse during the therapeutic process is crucial.

This chapter concludes with an examination of the current practices of AAIs in South Africa and the lack of recognition of this therapeutic modality within the therapeutic framework of South African healthcare professional associations.

4.2 HISTORICAL ROLE PLAYED BY ANIMALS IN HUMAN LIVES

For thousands of years, animals have been an intrinsic part of human life (Sperry, 2015:71). Initially, animals were seen as a source of food, to subsequently aid in agriculture and be used as a means of transport (Blazina, Boyraz and Shen-Miller, 2011). Originally, dogs were kept for their ability to fish, hunt and herd, based on their keen senses and intelligence, while cats were kept to eliminate rodents (Grimm, 2014:21). However, over time, the bond between animals and humans developed from basic utilitarian purposes, to emotional and even religious purposes.

Domesticated animals are often depicted in artefacts of ancient times (Egyptian pharaohs, Chinese emperors and Greek and Roman nobility), while in ancient cultures animals often formed part of religious activities (Kelekna, 2009:78). Present day churches and laymen alike profess a love for animals. This is evident in the Catholic practice where, during the month of October animals can be blessed by priests, in honour of St. Francis of Assisi, seen as the Patron Saint of animals and ecology (Scott, 2011). Unfortunately, sharing ancient cultures some individuals were known to use animals in witchcraft (Hurly and Slabbert, 2017).

From late 18th century onwards, it became common practice in the East and most of Europe to keep pets as companions (Odendaal and Odendaal, 2016). While it is presently generally accepted that humans can benefit from animals in a variety of settings. Animals fulfil various functions and can even be seen as essential to human survival, health and healing (Anderson *et al.*, 2003:184). For instance, guide dogs have been assisting visually impaired people for centuries. Humans and companion animals also share a deep emotional bond.

Companion animals are known to enhance social interaction between family members, providing an opportunity for humans to show nurturance, protection and love towards an animal, while the animal provides emotional support and esteem in acknowledging the existence of that person, even if nobody else does (Viviers, 2014:3; Surujlal and Rufus, 2011:372). Lorenz, also known as the “father of the field of animal-assisted-interventions”, contends that humans have an innate wish to keep animals, arising from a general longing to form a bond with nature (Odendaal and Odendaal, 2016:10).

Furthermore, research posits that companion animals usually enhance their owners’ physical as well as emotional well-being. A study finding signifying that a dog’s blood-pressure fell when being stroked, indicates that the physical contact between the human and the animal impacts on the physical domain of the animal (Lynch and McCarthy, 1969:390). Odendaal, (2009) reports a similar finding in humans, highlighting changes at the molecular level of humans that is accompanied by specific neurochemical changes taking place in humans and dogs when positive interaction occurs. The above implies that touch is a much-needed element of physical health for both humans and animals alike.

Recent studies focus on the psychological benefits companion animals provide, such as higher self-esteem, greater life satisfaction and lower levels of loneliness (El-Alayli, Lystad,

Webb, Holllingworth and Ciolli, 2006:141). However, Giaquinto and Valentini (2009:596), caution that pet ownership is not a quick cure for mental and physical health problems; according to them, pet ownership holds no real health benefit. Herzog, (2014:237) opposes this view, arguing that the general public holds a positive view on the influence of companion animals, to the extent that many view these animals as substitutes for doctors and psychologists; known as the “pet effect”.

During the late 1800s, German hospitals pioneered the incorporation of animals into the treatment of patients (Fine, 2011:270). The Brockville Psychiatric Hospital in Brockville, Ontario was the first psychiatric hospital to establish a working farm on its property, encouraging patients to interact with the animals. Soon thereafter a hospital in Washington D.C. started to involve dogs in the psychiatric treatment of its patients (Allderidge, 1991:759).

Shortly after World War II, an institution in New York introduced “Pet therapy” for children and adolescents facing academic, behavioural and emotional challenges (Altschiller, 2011:3; Ross, 1992). However, as time passed, the approach to psychiatric treatment shifted towards a strict medical model, in which the incorporation of animals in treatment was frowned upon (Owen, 2010:12). It was only during the late 1900s that the incorporation of animals in psychiatric treatment gained favour again with Boris Levinson, a pioneer in the field of animal-assisted therapy, publishing articles on the incorporation of various animals in therapeutic settings (Odendaal and Odendaal, 2016:11). Since then AAT has continued to grow in popularity.

4.3 **DEVELOPMENT OF ANIMAL ASSISTED INTERVENTIONS**

Animal companionship differs from Animal-assisted interventions (AAI) in the sense that AAI consists of the involvement of an animal to elicit specific outcomes in a variety of settings (Owen, 2010:10). Various animals can be included in AAIs, such as dogs, cats, horses, birds and dolphins, depending on the setting, whether hospitals, nursing homes, rehabilitation facilities, prisons, or psychiatric facilities (Souter and Miller, 2007:167). Furthermore, AAI can be divided into three subgroups: Animal-Assisted Education (AAE); Animal-Assisted Activities (AAA); and Animal-Assisted Therapy (AAT) (Pet Partners, 2016).

Pet Partners, previously known as the *Delta Society,* developed specific definitions to distinguish between Animal-Assisted Activities (AAA), Animal-Assisted Education (AAE) and Animal-Assisted Therapy (AAT). AAA entails less formal human-animal interaction and is mostly used in social visits by therapy animals. While AAE involves goal-orientated, planned and structured learning activities, focusing on academic goals, pro-social skills and cognitive functioning. The student's progress is monitored and measured by a professional in the field of education or special education. On the other hand, AAT refers to a goal-directed, planned and structured therapeutic intervention directed by a professional in the human and health services as part of his/her professional practice.

4.3.1 **Animal-Assisted Therapy (AAT)**

The first documented use of animals in therapy, with specific reference to improvement of attitude and mindset of mental health patients, dates back to 1792, involving farm animals (Macauley, 2006:357). AAT is not a type of therapy such as cognitive-behavioural therapy or psychotherapy following rigid therapeutic guidelines, hence a therapist can incorporate an animal into whatever approach or professional style of therapy the therapist already enacts (Thompson, 2009:201).

Animal Assisted Therapy originated with Dr Boris Levinson, following an accidental observation in the 1960's when a child client arrived early for an appointment and met his dog (Jingles). Levinson began to explore the benefits of involving the animal in therapy, which he later referred to as "pet therapy" (Levinson, 1997:3). One of the key advantages of using AAT in therapy is the self-awareness that is gained by a client as a result of the lived experience of an AAT initiative (Coetzee, Beukes and Lynch, 2013:478). This lived experience is best explained by a participant in a substance abuse in-patient facility in South Africa where AAT is used: "Like we even started chatting on which animals we thought we were and how that made us feel and … You know, I could relate to … to the cheetah, because the cheetah was very aggressive when we came close to its boundaries." *(*Coetzee *et al., 2013:478).*

Animal assisted therapy is furthermore based on the premise that a human-animal bond is beneficial to all people. However, Owen (2010:2) points out that this may not be true for every individual, as he/she may have had negative experiences with animals, such as being attacked by dog, rendering it important that the right fit for therapy should be made.

The correct child should be paired to the correct animal, should an animal be incorporated in the therapy session. Such correct fit can be determined by the reason why the child is brought for therapy and during the intake interview conducted with the parents or legal guardians, keeping in mind that the development of a therapeutic relationship between child and therapist should be the first consideration when deciding whether or not a live animal should be included in therapy.

In this regard, AAT initially made use of dogs only, but animals such as dolphins, elephants, horses, and cats have since also been used (Sperry, 2015:71). Each animal enriches the therapeutic environment with its specific skills, temperament and aptitudes (Macauley, 2006:357). Geist (2013:16) points out that animals can be instrumental in the social-emotional learning process; a process of learning life skills such as how to deal with relationships and one's own feelings. In this regard, for AAT to be successful, the most appropriate animal regarding temperament and behaviour must be chosen and also continuously trained (Sperry, 2015:71), using positive methods.

Therapeutic interventions involving animals in an AAT setting should also acknowledge the therapeutic elements at play during therapy sessions (Geist, 2013:3). These elements include mutual trust, affection and communication between equine specialist and therapy animal, setting the scene for the therapeutic relationship that therapees benefit from (Chandler, 2017:6). Therapeutic elements are defined and framed by Geist (2013:26) as the different elements existing within the interactional space shared between child and therapy animal, benefitting the child emotionally, socially and academically.

Geist's study points to the existence of several therapeutic elements in AAT, such as support for affect regulation and for reworking insecure attachments (Geist, 2013:76). Although his study being conducted in an educational setting, was limited to a specific population of students diagnosed with mental health disorders, it is important to acknowledge that this pioneering work continues the distinct difference between AAT and AAI, with the emphasis on those therapeutic elements that need to be present for an intervention to be constituted as AAT, regardless of the type of animal involved. The therapeutic elements deemed necessary should be transferred to the interactional space shared between therapee and therapy animal involved during AAT sessions (Geist, 2013:76).

Lubbe and Scholtz (2013:117) add that the animal included in therapy has to meet specific criteria. In South Africa, assistance animals are legally defined and trained, whereas therapy animals are not legally defined. Selecting the most suitable animal for therapeutic purposes is essential in ensuring a successful animal assisted programme. By using standardised screening tests, the therapist can ensure that the most appropriate animal is included in therapy sessions. An animal behaviourist can assist the therapist in selecting an appropriate animal to include in therapy sessions. The screening of animals is simplified by the use of standardised tests, such as the Animal Appropriateness Scale (ASS) (VanFleet and Faa-Thompson, 2015:20) or the Clothier Animal Response Assessment Tool (CARAT) (Clothier, 2016). The horse included in this study was screened and evaluated by an independent animal behaviourist for her suitability and was approved.

4.3.2 **Equine-Assisted Therapy (EAT)**

Horses are uniquely suited for therapy work, based on the fact that they are prey animals. Prey animals are by nature very aware of their environment, due to them being hunted in the wild. As prey animals, horses utilise their basic and natural instincts when interacting with other horses and people (Cody, Steiker and Szymandera, 2011:200). Compared to predator species, such as dogs or cats, horses as prey animals have a constant sensitivity to their environment, as well as a unique sensitivity to the therapee's internal mood and internal feelings (Kendall and Maujean, 2015:47; Fine, 2011:125).

Humans and equines have much in common: striving for dominance or submission, building on subordination to authority and trust - all traits that encourage domestication (Budiansky, 1997:61). The emotional bond between human and horse was first portrayed in the Vogelherd Horse sculpture, carved out of mammoth ivory, estimated to be over 35 thousand years old (Williams, 2015:12). This sculpture is evidence that even during ancient civilization, humans studied the interaction of wild horses, learning to interpret their body language (Williams, 2015:12).

The partnership between human and horse stretches beyond boundaries of war, peace, work, play, exploration and adventure (Vernon and Donnelly, 2014:1). It seems true that the relationship between human and horses, also known as a predator-prey relationship (Blazina, Boyraz and Shen-Miller, 2011:81), evolved from survival skills to more psychological needs, serving both human and equine interests. The above emphasises

the work that needs to be done by the human participant in the relationship; namely to allow the horse to view the human as a friend and not a predator. The foundation for a human-horse relationship is based on mutual trust (Dashper, 2017). This resonates with Bekoff's (2010:94), views that during playful activities trust is displayed in the way individuals cooperate with one another in preventing the play to degenerate into hurtful activities. As such, trust between human and horse can therefore be formed during playful activities.

In this regard Garcia (2010:88) adds that through equine-facilitated activities, a relationship with self, other and the ecology of the earth can develop. Burgon, Gammage and Hebden (2017:53) concur, stating that through engaging with equines in a natural environment, attention restoration can be achieved, because the child in therapy has the opportunity to get away from negative thoughts and situations. The relationship between horse and owner differs from the relationship formed between therapee and horse as the latter resembles a desire to form an affiliation with another living being, however, not as a permanent attachment (Chandler, 2017:6).

Equine-Assisted therapy combines enriched environments and affiliative relationships that utilise touch, proximity and responsiveness (York; Nugent; Strand; Bolen; New; Davis, 2013:875). The horse is in a position to enhance the client's self-esteem through a sense of mastery, but can also act as a catalyst for the development of trust between client and therapist, with these accomplishments laying a solid foundation for the psychotherapeutic work that needs to be done during the therapeutic sessions (Geist, 2011; Karol, 2007:78). Furthermore, the horse usually provides an unconditional, non-judgemental, positive regard (Kemp et al., 2013:559); - elements essential in establishing a positive therapeutic relationship.

The inclusion of horses within the therapeutic arena is a relatively young development in the field of counselling and psychotherapy (Lac, 2016:195). Diverse terminology is used to describe different equine assisted practices; for example, some practitioners use the umbrella term Equine-Facilitated Wellness (EFW) to refer to Therapeutic riding; Equine-Assisted Learning; and Equine-Assisted Personal Development. With all having a purpose to promote physical, mental and emotional development in clients (Trotter and Baggerly, 2018).

The term Equine-Assisted Therapy (EAT) relates specifically to the use of horses in a therapeutic setting. However, several forms of EATs are performed worldwide, including therapeutic horse-riding, horse-riding for persons with disabilities, Hippo Therapy, Equine-Facilitated Psychotherapy (EFP), Equine-assisted narrative therapy, the Adlerian approach to equine-assisted therapy, Equine-assisted bereavement therapy, Equine-Assisted Gestalt psychotherapy, Animal-Assisted Play Therapy™(AAPT) and Equine-Assisted Counselling (EAC) (Lentini and Knox, 2015:299; Surujlal and Rufus, 2011:373). The latter (EAC) is gaining popularity amongst therapists, due to the fact that horses are known for providing an emotional bridge to the therapeutic alliance between therapist and child (Chandler, 2012:6; Geist, 2011:245; Karol, 2007:77).

In South Africa, the practice of equine-assisted therapy is still in its infancy (Johns, Bobat and Holder, 2016:199); in fact, all forms of animal-assisted therapy is still very young. With research on the efficacy of AAT being critiqued for being based on anecdotal records, personal impressions or small samples (Kendall and Maujean, 2015:47; Ford, 2013:96; Zilcha-Mano, Mikulincer and Shaver, 2011). Cody (2011:199) attempts to explain the lack of research by positing that Equine-Assisted Activities and Therapy were primarily developed from a “horse community”, the focus being on programme development and fund-raising rather than rigorous academic research or evaluation. Some South African studies have added to the body of knowledge regarding the possible benefits of equine-assisted therapy (Boshoff, Grobler and Nienaber, 2015; Coetzee, Beukes and Lynch, 2013; Le Roux, 2013). However, Earles, Vernon and Yetz (2015:149) emphasise that much research is needed to determine the effectiveness of specific equine-assisted therapy techniques for individuals with different psychological disorders.

In this regard activities with horses during Equine Assisted Therapy do not allow the therapee’s attention to be anywhere but on the activity (Trotter, 2011:203). Research has shown that EAT provides an intervention opportunity for children and youths who would not choose, or who would not benefit from, traditional evidence-based therapies, which are typically conducted on a one-to-one basis, in an office setting (Lentini and Knox, 2015:279). The eagerness to participate can possible be explained by EAT being an action-orientated, experientially based intervention, where the interaction with the horse may take on high or low levels of mental and physical exertion (Fine, 2011:126).

Waite and Bourke (2013:16) posit that the inclusion of horses provides an unique opportunity to engage youths in therapeutic interventions, as it involves the active participation of young clients in the therapy process. Whereas in traditional therapeutic sessions the lack of engagement can mean that although therapees are physically present, they do not participate, learn or benefit from the given therapeutic intervention (Waite and Bourke, 2013:16).

The researcher considered the various forms of Equine Assisted Therapies and concluded that for this study, Equine Assisted Play Therapy™ (EAPT™), a form of Animal Assisted Play Therapy™, is best suited. Care was taken when introducing the children to the horses involved in the study, keeping in mind the horses's personality and preference, the child who is referred for therapy, and the therapeutic goals of each session. The horse's welfare was always considered.

if she indicated that she did not want to participate in activities, she was given the opportunity to opt out of the session. Some of the characteristics of this specific horse made her ideally suited for this type of therapy, such as her preference for interacting with children, being tolerant of loud noises and sudden movements of humans and non-humans, being patient, getting along with other horses and farm animals and lack of aggressiveness.

In order to establish a horse's personality, a therapist and equine specialist should have a well-established relationship with the horse and evaluate the horse in different circumstances with different humans and also non-humans. The horse used in this study was never taken out of her environment, due to it being considered unfair to expect a prey animal to exhibit the same behaviour in unfamiliar circumstances.

4.3.3 **Equine Assisted Play Therapy™ (EAPT)**

In this study, the term EAPT™ refers to the full integration of play therapy and AAT whereby the deliberate inclusion of a horse during play therapy sessions is planned. Horses are often sought for inclusion in AAT, based on the immediate feedback via their body language to the therapee, assisting the therapee in becoming more aware of his/her innate emotions (Trotter, 2011:69). Other animals involved in therapeutic interventions do not necessarily give immediate feedback regarding the therapee's internal emotional state.

If a therapee is tense or stressed, it may be difficult for the horse to follow his/her commands, as the horse senses the internal tension experienced. In this regard horses are known specifically for their intuitive responsiveness to their riders in terms of the latter' feelings and intentions, even if the rider tries to disguise it (Roberts, Bradberry and Williams, 2004:33). Trotter (2011:90) agrees that horses do not allow therapees to display discrepancies between their internal thoughts and external behaviours without responding in some way. For example, the horse might refuse to walk when given the command.

Research has further demonstrated that young people would rather seek advice from friends than ask their teachers or doctors when experiencing problems related to emotional wellness, drugs or sexuality (Cahill and Coffey, 2013:4). To limit the possibility of being labelled a weakling when seeking help, it is necessary to consider alternative opportunities for young people to seek advice from educated and experienced counsellors, psychologists and teachers. EAPT™ provides such an opportunity. A second challenge in which EAPT™ can assist therapists and other health care workers is keeping learners committed to a therapeutic programme once they become engaged in one. The importance of such continued commitment cannot be over-emphasised.

To encourage continued commitment from therapees to the therapeutic process, therapeutic riding activities as well as groundwork with the horse were incorporated in this study. Regarding the beforesaid activities, VanFleet (2018) notes that a weakness in AAT research points to researchers not explicitly explaining the activities done during AAT interventions, as such information may be valuable to determine and compare obtained results. Due to different activities incorporated during EAPT™ not being the focus of this study, only scketschy explanations (with examples) on both therapeutic riding activities and groundwork are presented, followed by a short discussion of the benefits of different activities.

- **Therapeutic groundwork**

Horses respond to shifts in their environment such as humans entering the pasture where the horse is grazing (Lac, 2017:39). Therapeutic groundwork indicates the awakening of awareness within therapees of how their presence influences the horse and how the transference of emotions can take place (Lac, 2017:40). During groundwork, the therapee has the opportunity to learn and interpret the body language of the horse while also gaining knowledge regarding his/her own emotional state and how this influences the horse

(Shealy and Shealy, 2013:142). The situation allows for an opportunity to build trust, confidence and mutual understanding; and since some of the activities are done without the use of halters or other equipment, the therapee is forced to think of creative ways to retain the interest of the horse (Da Cunha, 2011:58) and entice the horse to obey.

One of the main objectives of EAPT™ sessions is that the activities should be fun for both the therapee and the horses. For this study, the therapist incorporated games according to the horse's preference, whilst keeping the therapeutic goals in mind. An example of such a fun activity is when the therapee assists the horse in finding hidden carrots. The therapeutic aim of the activity is learning how to build a relationship and work as a team. A reflection follows afterwards, with the therapist and therapee discussing ways to enhance his/her relationship with peers and deal with some problem areas that might have surfaced; for example the therapee might have become frustrated with the horse and needs to think of ways to counteract this negative response. Another activity often performed is where the therapee builds an obstacle course for the horse. He/She needs to assist the horse in completing the obstacle course, and during reflection afterwards, parallels are drawn between the obstacles and the perceived hurdles in the therapee's life.

- **Therapeutic riding**

Therapeutic riding involves horseback riding activities, based on the premise that horseback riding may hold physical and emotional benefits for the therapee (Chandler, 2017:249). Recreational riding is a form of therapeutic riding, the objective being to increase the quality of life of therapees through physical and emotional stimulation, while learning horsemanship skills (Scott, 2005:8). According to Scott (2005:11), the main benefits of therapeutic riding are embedded in improved cognitive (functional), psychological, physical and educational development.

An example of a therapeutic riding activity performed during EAPT™ is when a therapee is asked to hold his/her arms straight in front of him/her, cross the left hand over the right and interlace the fingers of both hands. The therapee is then asked to inhale while pulling his/her hands toward his/her stomach and exhale when stretching the arms back while keeping the fingers interlaced. This exercise has proved to have a calming effect on the therapee, and improving concentration (Lincoln, 2010:11). During EAPT™ this activity is used to awaken awareness in the 'here and now' within the therapee; becoming aware of his/her bodily sensations.

The researcher believes that clinicians and therapists should look beyond the conventional and broaden their horizons to incorporate new therapeutic methods with EAPT providing such an opportunity to explore its potential benefits. Very few studies have been conducted in South Africa to explore patients' experiences of animal-assisted therapy (Johns, Bobat and Holder, 2016:199; Lubbe and Scholtz, 2013:). If it was not for researchers and health care professionals who were willing to consider unconventional or creative solutions, a treatment such as stimulant medication for attention-deficit/hyperactivity disorder (ADHD) may never have been identified and accepted (Lange *et al*., 2010:248). All the discussed approaches above are based on the fundamental belief that healing, learning and personal growth and development can be brought about through interacting with horses (Lac, 2016:195).

In the current economic environment, where everybody is trying to save costs, it is imperative that cost-effective treatment modalities be pursued. Johns *et al*. (2016:201) state that clients who participate in equine assisted therapy are doing the same amount of work in one session than what would usually have taken up to three traditional therapeutic sessions, highlighting the cost effectiveness of equine assisted therapeutic methods. Owenby (2016:3) concurs that within the health profession there is a desire to pursue more cost-effective treatment approaches. The researcher feels strongly that therapists, psychologists and other health professionals should put the needs of clients first, which includes looking for cost-effective therapeutic methods.

4.4 THEORETICAL UNDERPINNINGS OF EQUINE ASSISTED PLAY THERAPY™ (EAPT™)

Based on the above, the researcher acknowledges the importance of formal research, considering it prudent to describe the methodology and theoretical basis of Equine Assisted Play Therapy™ and how these were applied during this research project.

Deciding on incorporating animals in therapy for a therapee experiencing some kind of trauma rests upon two assumptions: firstly, that the child will project his/her feelings more easily onto an animal; and, secondly, that the animal is in a position to fulfil certain of the

child's needs, such as the need for companionship (Chardonnens, 2011:324). Interestingly, play therapy traditionally incorporates stuffed animals, however, the use of live animals introduces a totally different dynamic into the therapeutic situation.

By including play therapy methods such as imaginative play, during the horse-riding experience, the researcher posits that any anxiety relating to the daunting size of a horse is lessoned. Booth and Jernberg (2010:81) make a similar observation, explaining the phenomenon as the brain releasing chemicals during play activities that enables the child to be spontaneous and to feel in awe both of the big animal and his/her own bravery. The same researchers also note that this particular kind of brain chemistry promotes resilience during stressful situations. In addition Parish-Plass (2013:92) and Booth and Jernberg, (2010:92) point out that by experiencing joy, negative emotions are counteracted and that the way in which the child behaves with the animal will reveal how the child will role-play social situations.

EAPT™ can therefore be considered an adjunct to existing therapy, where the therapist incorporates a horse into his/her own professional theoretical orientation to facilitate the socialisation process of clients (Chardonnens, 2011:323). In this regard, the professional (therapist) who incorporates an animal in therapy involves the animal as part of a professional speciality; for example, a speech-language pathologist will incorporate the animal in the context of speech-language therapy, and not as a companion pet (Macauley, 2006:358).

Seen within the social-ecological framework of therapy, it is important to note that the therapee is part of the reciprocal, ecological process and that he/she has a responsibility to behave in a way that will promote safety (Evans and Gray, 2011:10). On the other hand, the therapist must ensure a non-threatening and non-judgmental therapeutic atmosphere and safe environment. Although the process of incorporating horses in AAPT™ is still fairly experiential in nature (VanFleet and Faa-Thompson, 2010:13), such an environment sets the stage for therapees to learn more about themselves and others by participating in activities together with horses, while processing their own thoughts and feelings.

The EAGALA model of equine mental health work is congruent with play therapy. Therapy is conducted in a less clinical setting, aimed at improving the client's communication skills by expressing feelings, modifying behaviour, learning more appropriate adaptive behaviours, developing problem-solving skills and learning ways to relate to others

(Russell-Martin and Zimmerman, 2008:25). The EAGALA model specifies that therapeutic work should be done in a team, consisting of a mental health specialist, an equine specialist and at least one horse. Thanks to their psychological background, play therapists' understanding of children and their ability to empathise and create emotional safety, serve them well as mental health specialists on EAGALA teams (VanFleet and Faa-Thompson, 2010:13) as the role of the mental health specialist is to oversee interventions, attend to emotional aspects as well as monitoring therapees' verbal and non-verbal responses toward the horse. The mental health specialist needs to construct an opportunity for change and should be specifically attentive to the behaviours and reactions of the horse involved, sharing the observations regarding the horse's responses with the human client.

The EAGALA model's theory rests firmly in the application of EAPT™. This assists in therapees developing respect and acceptance of self and others, building self-esteem and establishing a better awareness and confirmation of their own abilities (Russell-Martin and Zimmerman, 2008:25). The play therapist facilitates make-believe play in such a way that children learn more about their social world and try out new social skills (Cochran; Nordling and Cochran, 2010:36). When these make-believe play activities are combined in a setting incorporating a horse, it provides the opportunity for immediate feedback to the child regarding the social interaction and new skills he/she is trying out. Cochran, Nordling and Cochran (2010:37) confirm that during such sessions therapees are giving meaning to experiences. If the experience takes place in the context of a warm and caring relationship and in the therapee's natural medium of play, it creates the opportunity to facilitate the introduction of significant new experiences (Schaefer, 2011:4; Cochran *et al.*, 2010:37).

4.5 **ETHICAL CONSIDERATIONS**

The practice of EAPT™ is still a young discipline. Regarding the treatment of therapy animal(s), clear ethical practices are stipulated by the International Institute for Animal Assisted Play Therapy™ (IIAAPT). These include the following principles (VanFleet and Faa-Thompson, 2015:7):

Respect should be shown to both therapees and animals, where the needs of humans and non-humans are considered equally important.

Safety must be upheld by the therapist (the therapist will stop any activity that is considered physically and/or emotionally unsafe).

Enjoyment: Both the animal and therapee involved in EAPT™ should experience the activities as enjoyable, and both the therapee and the therapy animal should always have the option of non-participation or withdrawal from the activity.

Acceptance: The therapees and animals are respected for who they are; therapees' needs, feelings and processes are respected, taking the therapeutic goals into consideration, and animals are not controlled to the extent that their individual personalities and interests are suppressed or denied.

Training of therapy animals is conducted using positive reward-, play-, and relationship-based methods; this principle ensures that the welfare of both animal and therapee is served.

Relationships (not control) - form the focus of the EAPT™ process. The animals are therefore taught to behave politely and respectfully with therapees, and therapees in return learn to treat the animals with tolerance and respect.

Process: EAPT™ is a process-orientated form of therapy, where specific goals are set, but the focus is on the *process* of obtaining the goal, not necessarily on achieving it.

Foundations: EAPT™ is grounded in well-established theories and practices in terms of child development, clinical intervention, play therapy, family therapy and humane animal treatment.

Altschiller (2011:41) stipulates that the prevalent perspectives of AAT and AAA are focused on what animals can do for humans, and not on what such programme may do, or not do, to the animals involved. It is therefore important to focus on the physical and emotional welfare of the therapy animal. Altschiller (2011:41) further argues that the primary rights and freedom of therapy animals require that (a) the animal has a right to freedom from discomfort; (b) freedom from thirst, hunger, and malnutrition; (c) and freedom from pain, injury and disease. These rights are similar to the Animal Protection Act implemented in South Africa, even if the term, 'therapy animal' is not mentioned specifically.

Owen (2010:22) argues that it is equally important to consider the emotional needs of animals, which include freedom from fear and stress, as well as the freedom to express

these emotions normally. In the therapeutic arena, it is important to create a safe space for the therapy animal, where it can retreat and have a break, when needed. This also provides the opportunity for the therapist to create conversations with the therapee regarding the importance of self-care and modelling consideration for the animal's needs (Altschiller, 2011:42).

Horses are social animals and therefore need to be given the opportunity to socialise with other horses. If a horse is deprived of social interaction, it can result in chronic stress, which can be associated with a wide variety of negative health problems (Krause, James, Franks and Croft, 2015:116). At the therapeutic practice where this study was conducted, the therapy horse was given the opportunity to socialise with other horses on a regular basis (in a paddock where she was not constricted and could run freely).

The housing of the therapy animal should be similar to that of a pet: the animal should live in a safe, comfortable environment (Owen, 2010:23). The housing of the equine involved in this study was based alongside stout pens containing other horses, with which she had a strong bond. The stall was well protected from rain, had good ventilation, and was warm during cold nights.

4.6 **PROCESS OF EAPT™**

In this study, the therapist made use of EAPT™ by experimenting with play therapeutic techniques in combination with horse-riding and groundwork activities. The processed followed the theoretical foundation, as described by VanFleet and Faa-Thompson (2018), developers of Animal Assisted Play Therapy™ (AAPT™). Below follows an explanation of the theoretical foundations of AAPT™ that also pertain to EAPT™, with specific reference to using horses.

Since EAPT™ is still in its developing stages, the process followed, abides with some of the principles of other equine facilitated therapies. One such principle is that therapy must occur in a safe place, in the presence of a trained play therapists and an equine specialist and at least one horse (Russell-Martin and Zimmerman, 2008:21). However, in EAPT™ the trained play therapist can also be the equine specialist. The initial meeting between the learner and horse consists of a relational experience with the horse, where the learner

is offered guidelines about the process and the horse and supported in appropriate ways to meet personal safety needs (Kirby, 2010:63).

The therapeutic sessions build upon each other, with specific therapeutic goals for each session. Therapees may encounter some uneasiness when exploring difficult emotions during therapy, which can be eased by incorporating animals and capitalising on the importance of animals to children (Fine, 2015:166). Therefore, physical contact with the animal is allowed throughout the entire therapeutic session. Therapees experience emotional and physical benefits when they touch the animal (Hallberg, 2008:64), strengthening the justification for incorporating a live animal that can provide physical affection, such as when the horse rubs its head against the therapee's shoulder (Blake, 2011:67).

The process of EAPT™ furthermore provides the opportunity for learning in the form of modelling. The therapee not only witness how the therapist interacts with the animal, equine specialist and therapee in a respectful manner, but also the display of compassion, consistency, firmness and love towards the therapeutic animal (Fine, 2015:307). This may contribute to a change in the therapee's behaviour towards the therapist and other humans. Modelled new behaviour provides the therapee with the opportunity to ask questions and rehearse the new behaviour in an emotionally safe place in the presence of the therapist.

4.7 **BENEFITS OF MAKING USE OF EAPT™**

The physical attributes of the horse form the rationale behind its choice as effective therapy animal (Ewing, MacDonald, Taylorand Bowers, 2007:60). Although a horse is at the core of EAPT™; the most suitable horse should be selected as therapy animal. Characteristics preferred for selection for therapy should include that the animal is behaviourally sound, calm and trustworthy and has a naturally social personality to ensure that it does not become distressed by exposure to strangers (Altschiller, 2011:24).

Hill (2011:77) and Roberts (1996:85) point out that horses have the ability to mirror the feelings of their riders. People who are out of touch with their own feelings and show patterns of incongruence (for example, having an inner experience of hurt that is covered

by a bodily behavioural pattern of smiling), will receive immediate non-judgemental feedback from the horse (Kirby, 2010:62). The incongruence in behaviour is then incorporated in the therapeutic process by making the therapee aware of the reactions of the horse as part of the process of making the therapee aware of his/her own bodily processes related to emotions and involuntary behaviour, such as clenching the reins.

The horse responds naturally by moving towards the therapee who is not hiding behind emotional walls or disconnected from parts of him-/herself (Cody, Steiker and Szymandera, 2011:201). Conversely, if the therapee is hiding behind emotional walls, stuffing feelings, disconnected from parts of him/herself or does not possess the coping skills necessary to handle demanding situations, the horse will respond by giving the therapee a brief, curious sniff and walk away (Cody, Steiker and Szymandera, 2011:200). Based on a study that used a heart rate variability (HRV) measure reflecting heart-brain interactions sensitive to emotional changes Gherke (2010:23) contradicts these findings, stating that horses do not mirror a person's feelings but remain coherent to their own emotional state.

Gherke (2010:23) however does agree that horses do have therapeutic value based on the influence their calmness or autonomic state has on humans, highlighting the importance of selecting appropriate horses for therapeutic settings. The sharing of emotions should be promoted by the human, who should initiate a bonding process with the horse, with the horse returning those feelings of responsiveness and caring. Lanata, Guidi, Valenza, Baragli and Scilingo (2017:2699) elaborate on the HRV study, including visual and olfactory contact between human and horse, contending that when human and horse are in physical contact, it may decrease the harmonization between the human and horse's HRV if the horse is forced to make contact with the human. In this regard Lanata *et al*. (2017:2699) point out the importance of allowing animals to choose if they want to interact with humans: when animals choose to interact with humans, a higher synchronisation of HRV activities is evident. Following the EAPT™ principles, the therapeutic setting should therefore allow the animal the opportunity to choose if it wants to participate in an activity (VanFleet and Faa-Thompson, 2017:344). Adhering to this principle, the animal can provide valuable feedback to the therapist regarding the process taking place during therapy.

One of the most beneficial advantages of applying EA(P)T is the emphasis on self-control, attention, focus, sensory management and communication (both verbal and non-verbal) of the therapee during the mounted sessions (Ward, Whalon, Rusnak, Wendell and Paschall, 2013:2190). Often, on entering the therapeutic arena therapees are distracted or feel disempowered; the therapist's role is to assist the therapee in becoming fully present and aware of the "here-and-now" and clear away all that may be distracting him/her (Chandler, 2012:152). Becoming aware of, and accepting the present in the "here-and-now" are aspects of mindfulness (Earles, Vernon and Yetz, 2015:150). When therapees restrict or inhibit aspects of themselves, especially their emotions; a sense of self is always diminished (Schaefer, 2013:175). When the subconscious is brought to the conscious during a therapeutic intervention, the horse responds 100% of the time in a way that validates the shift within the therapee (Cody, Steiker and Szymandera, 2011:201).

The horse also assists in bringing the subconscious to the fore by firstly providing therapeutic touch that assists the therapee in becoming more aware of his/her bodily sensations and emotions. Secondly, the horse provides opportunity for both the therapee and therapist to identify patterns in behaviour, creating insight in own behaviour. Finally, the horse provides the opportunity for the therapee to share his/her story with the animal (with the therapist merely observing and listening) something that may be easier for the therapee than speaking directly to the therapist. This stage culminates in the horse being included in the creation of stories, through which further insight and clarity is gained regarding the intrapersonal struggles, conflicts and beliefs of the therapee (Chandler, 2017:249).

The engagement with the horse is facilitated by means of the therapist modelling respect for the animal and client involved in the therapeutic process. Although the researcher does not condone some of the training methods followers of natural horsemanship apply, specific elements of natural horsemanship are applicable. Such as the principle of a satisfying relationship between horse and human in an environment capitalising on equine ethology, while avoiding human-centric interpretation of horse behaviour (Kendall and Maujean, 2015:48). When horses are trained for specific integration within a therapeutic setting, clear communication is vital with the therapist being able to convey clear communication signals to the animal, as well as between client and animal (VanFleet and Faa-Thompson, 2017:142).

The horse's large and intimidating appearance requires that the therapee develops trust and confidence (Roberts, 1996:85). Gore (2016:7) adds that although it is normal to be fearful of a horse, fear can serve a very meaningful purpose when used as a catalyst to reach supressed emotions. Horses can sense a therapee's fear, hear it in a person's voice, and feel the rider's physical tension. Gore (2016:11) posits that a horse reflects a person's emotional disposition: if somebody is confident and comfortable around a horse, the horse will perceive the person as being trustworthy and feel safe around him/her. VanFleet and Faa-Thompson (2017:142) add by stating that only when horses received positive training methods, they become self-motivated, curious and unafraid of investigating new things, whilst offering opportunities to clients and the therapeutic process that could never be offered by humans. This form of interaction is only possible when animals are not afraid of negative consequences (VanFleet and Faa-Thompson, 2017:142). Since play is a core element of the EAPT™ process, it is necessary to briefly touch on similarities between animal play and human play.

4.8 **ANIMALS DO PLAY**

An animal that feels safe will participate in play activities more readily (Bekoff, 2008:6). Although play behaviour is more observable amongst young animals, all animals engage in play for the purpose of relaxation (Hurly and Slabbert, 2017:12). It is furthermore important to note that play is also an intrinsic part of all mammals and consitutes an important role in their development when young, similar to the role of play in human development. In this regard to VanFleet and Faa-Thompson (2017:41) pose that, play is currently viewed as essential to the survival of many species, including humans.

Graham and Burghardt (2010:405) posit that play is evident in the wild, especially among mammals and bigger brained animals. Foals begin to play when they are only a few weeks old. The play behaviour consists of the foal playing with objects or its mother rather than with other foals (Mills and Nankervis, 2013). Furthermore, in foals, play is utilised to train the musculoskeletal system to enable them to perform movement sequences they will need in adulthood (Meynell, 2015). Horses, same as humans, obtain information from their environment through play (Meynell, 2015), with play presenting as object play, sexual play,

locomotor play, play fighting and social training (Hausberger, Fureix, Bourjade, Wessel-Roberts and Richard-Yris, 2012:292). Such play behaviour in horses continues throughout their lives, however, Meynell (2015), noted differences in frequency. Play also serves an important function in lives of adult horses with social play between mares and stallions determining herd dynamics and mating pattern.

Several components render play playful. In this regard, Burghardt (in Graham and Burghardt 2010:394) identifies five criteria for recognising play in all species, including humans. These criteria are that play should be (1) completely functional in the context in which it appears; (2) spontaneous, pleasurable, rewarding or voluntary; (3) different from other more serious behaviours or timing; (4) repeated, but not in an abnormal and unvarying stereotypical form; and (5) initiated in the absence of severe stress. It is this playful nature of horses that is also present in humans and supports a child in relating to horses more easily, guided by the therapist who facilitates the process.

One may therefore ask how the equine specialist, as part of the therapeutic team, interprets the reactions of the horse to the inner world of the therapee. The therapist and the equine specialist should have a clear understanding of what the body language of the horse implies, avoiding the pitfall of anthropomorphism - attributing human characteristics to animals (McIntosh, 2013). The therapist should have knowledge and an understanding of animal behaviour and ethology, as it adds value to the therapeutic process and is important for the welfare of the animal (VanFleet and Faa-Thompson, 2017:16) and the therapee.

4.9 HORSE'S BODY LANGUAGE, TEMPERAMENT AND PERSONALITY

There are various means of communication between animals, including vocalisation, visual displays, physical contact and chemical discharges, such as pheromones and physical markings (Hurly and Slabbert, 2017:58; Lanata *et al.*, 2017:2696). Body language is a form of communication in visual display. There is increasing evidence that animals have the ability to understand humans due to domestication. Because their survival and well-being often depend on humans, animals observe subtle human gestures very closely (VanFleet, 2013:10). Human emotions such as fear, pain and love are sensed by animals and influence their emotional disposition and actions and may even assist them in surviving

and reproducing (Morell, 2013:21). At the same time understanding how horses communicate, communication with them and caring for them become more satisfactory for both human and animal (Hurly and Slabbert, 2017:10).

Humans tend to communicate with horses in the same way they would communicate with humans (Hurly and Slabbert, 2017:10), resulting in the horse receiving the wrong "message". An example: when a human meets a horse for the first time, he/she often pats the horse, resulting in the horse ignoring the person. This happens because horses like to be scratched, stroked and rubbed, whereas patting may, for them, resemble a gesture close to a kick (Hurly and Slabbert, 2017:10).

Horses display body language with specific meaning when humans enter their world, while the human's body language is also being observed by the horse (Svencer, 2011:17). Emotional cues from humans are sensed and can influence horses; for example, when a person experiences negative feelings towards the horse, but strokes the animal anyway, an increase in the animal's heart rate occurs within a few minutes of interaction (Hama, Yogo and Matsuyama, 1996:72).

Although many researchers shy away from acknowledging that animals experience emotions (Weary, Droege and Braithwaite, 2017:27; Bekoff, 2010). Smythe (1965:85) on the other hand notes that horses express emotions very visually and are capable of experiencing rapid changes in those emotions, which can be observed and interpreted by humans. Ford (2013:97) elaborates, stating that horses demonstrate emotions immediately by shifts in their facial and bodily expressions.

The horse's behaviour can easily be mis-interpreted without a thorough knowledge of horse behaviour. For example, a horse that wants its neck scratched, will slightly show its teeth, protrude its neck and move its jaws, because in nature another horse would then nibble its neck (McGreevy, 2012:217). This can easily be misinterpreted as the horse wanting to bite. It is therefore imperative to observe and interpret a horse's behaviour in immediate context in which the different movements, sounds and behaviour occur (Hurly and Slabbert, 2017:10). Along with horse behaviour, it is important to note that horses and humans are differently motivated; with horses motivated by comfort, not praise (McGreevey and McLean, 2010:38).

Monty Roberts, known as “the man who listens to horses,” is the founder of the world-renowned equine training technique called ‘Join-Up’. Roberts received international press coverage, won countless awards and even trained some of the horses in Queen Elizabeth II‘s equestrian team. He was also awarded an Honorary Doctorate from the University of Zurich. Therefore, in any discussion on the behaviour of horses, it would be incomplete not to consider Roberts’s observations of horse behaviour. Roberts (1996:96) argues that the most common form of communication on this planet is body language. In the dark of the deep sea, some animals use bioluminescence or intricate lightning systems to attract mates, ward off predators or attract prey; conveying the non-verbal signals necessary for their survival. It is therefore fair to state that during the therapeutic process, the horse will communicate its experience of the rider’s disposition through its own non-verbal communication by means of behaviour such as the swishing of its tail.

Non-verbal communication can be explained by recognizing the neurological process that is taking place within the horse. The emotions that horses and other animals experience, are partly caused by sensory inputs that influence their internal functional state and by the neural processing linked to their perception of their external circumstances (Mellor, Patterson-Kane and Stafford, 2009:5). Those emotional responses are vital for survival; as in animals the purpose of emotion is to facilitate adaptive behaviour and decision making in response to salient events (Lindell, 2013:5).

Mounted therapees are taught to stop the horses by taking a deep breath and settling back into the saddle. If the therapee is scared or anxious, the horse might react to this tension by refusing to stop (Roberts *et al.*, 2004:33), perhaps driven by instinct (Svencer 2011:36). Furthermore, therapees will attempt to manage and direct their own behaviour to evoke the desired responses from the horse (such as walking on command and paying attention to the therapee), rather than less desirable responses, such as swishing its tail, pinning its ears and turning out, which may indicate aggressive behaviour towards the therapee (Pendry and Roeter, 2013:3). Some of the immediate and subtler signs of distress shown in horses include freezing, grinding teeth, lack of interest, listlessness, constant lip licking or chewing, pawing, head bobbing, constant movement, tail swishing, head-shaking, high head carriage and tail pressed down, tense mouth, flared nostrils, bulging eyes, sweating, panting, and frequent dropping of manure (VanFleet and Faa-Thompson, 2017:154).

The therapee should therefore be made aware of how his/her own bodily experiences affect and elicit reactions in the horse. Listed below are some of the bodily expressions of horses that therapists and equine specialists pay attention to, in order to determine whether the animal is enjoying an activity or not. Although just a few body parts are mentioned, it is important that the entire horse and the context, such as the environment, are taken into consideration when making assumptions about what the horse is experiencing (VanFleet and Faa-Thompson, 2017:155).

The horse's ears:

Movement of the ears of the horse provides feedback on what the horse is focusing on at that specific moment. Ears held forward, shows interest in something in front of the horse. Forward ears with the head held low indicate interest in something up close or near the ground, if the head is held in a normal position with a "split ear" one forward and one back, the horse is showing interest in something in front, but also at the same time interest in something to its rear (McGreevey and McLean, 2010:7; Roberts, 1996:83). The position of horse's ears can give some information regarding the horse's state of mind (see Figure 4.2 and Figure 4.3).

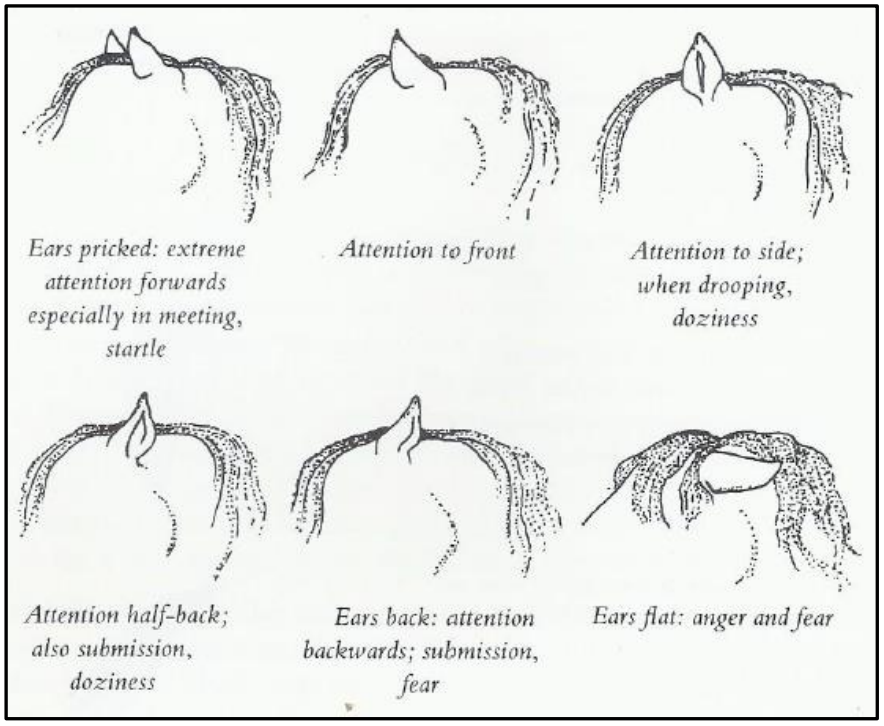


FIGURE 4.1: Ear position of horses (Rees, 2017:72)

The nose and mouth of the horse:

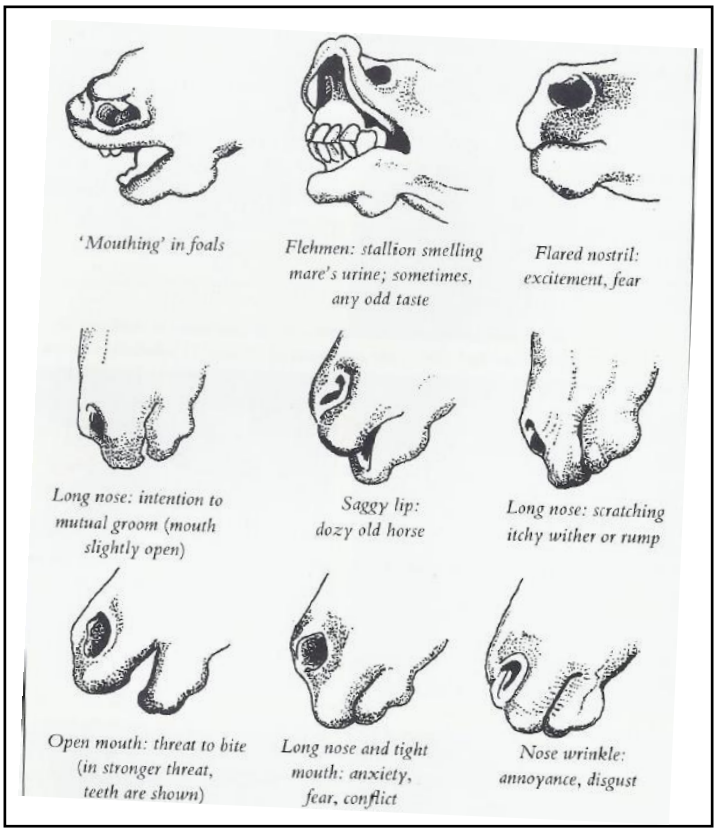


FIGURE 4.3: Nose and mouth expressions of horses (Rees, 2017:76)

- **Signs of a state of relaxation in the horse:**

If a horse is relaxed, it would normally be resting on one hind leg, and its ears would be relaxed. A sign that a horse gives to show that it feels secure and relaxed is if it starts to lick and chew, even if it is not eating something (Henderson, 2010:48). Gore (2016:15) confirms this finding, stating that licking and chewing is a sign of the release of pressure or tension. In other species such as dogs, signs of licking is a distress signal (VanFleet and Faa-Thompson, 2017), it is therefore imperative for the therapist to be able to recognise any stress signals in the animal involved in therapy.

- **Facial expressions of the horse:**

Researchers from Sussex have documented that horses have distinct personal facial expressions, similar to human expressions, including smiling or widening the eyes in fear (Begley, 2016:1). A horse's eyes are very expressive and indicate a great deal regarding the mood and inclinations of the rider (Smythe, 1965:88). The visceral responses of horses

are often more overt, given their large size (Ford, 2013:97). When the therapist explains the horse's responses to the therapee, she can glean information about the therapee's experience that she may have missed otherwise (Hallberg, 2008:99). The researcher found it prudent to confirm the information above, therefore consulted with Ms Robyn Greyling, a well-known and accredited equine behaviour consultant with the Animal Behaviour Consultants of South Africa, during an interview held in December 2018 (Greyling, 2018). Greyling confirmed the above information regarding the body language of horses.

- **Horse personalities and temperaments**

Horses are born with inherited characteristics that affect the relationship between therapee and horse. The inherited characteristics are also called temperament or personality and determine whether a horse is docile or aggressive, confident or anxious, unpredictable or trustworthy, impatient or tolerant, willing or uncooperative (Hurly and Slabbert, 2017:9). Personality in animals refers to consistent differences among individual animals in their behavioural responses to ecologically relevant stimuli (Krause, James, Franks and Croft, 2015:53; Hill, 2011:106).

Parelli (2017) characterises horse personalities as horsenality, which denotes the horse's innate characteristics. These innate characteristics include the horse being fearful or confident; extravert or introvert; and how the horse is motivated (Parelli, 2017). Horses are often categorised as being 'hot-blooded' or 'cold-blooded', which can be attributed to genetic factors, as well as hormonal fluctuations, age and health status.

Parelli developed the Parelli Horsenality Profile, which enables horse-owners to evaluate their horse's personality, gain better insight into why a specific horse acts in a certain way, and how to react to its behaviour, resulting in a better understanding and cooperative relationship between horse and owner (Parelli, 2017). Parelli identified four main horsenality characteristics, which are best explained in the following chart:

 Left-Brain EXTROVERT	This horse is a playful character that needs interesting things to do. He is obsessed with learning and needs variety and new things to keep it fun.
Left-Brain INTROVERT 	Welcome to the land of "Why should I? What's in it for me?" This horse reads people like a book. He knows what you want and he's not going to give it to you, unless you treat him right. Even though he appears stubborn or lazy, he's not at all lazy in the mind! He may move slowly, but he's always thinking quickly.
Right-Brain INTROVERT 	This shy, timid, shrinking violet avoids pressure by retreating into himself. Success involves going very slowly at first and waiting for him to come out of his shell, to trust more. Pretty soon he'll be offering you more.
 Right-Brain EXTROVERT	This horse constantly needs reassurance. He gets confused easily and then gets afraid, so he needs you to make things simple, which will help him relax.

CHART 4.1: Four Main Horsenality Characteristics and Profiles (Parelli, 2017).

- **Left Brain vs Right Brain functioning of horses**

Research at the University of Sussex established that horses can distinguish between positive and negative human emotions (Begley, 2016:1), specifically between happiness and anger. When a horse views something through the left eye, it is processed in the right hemisphere of the brain, where threatening stimuli are processed (Begley, 2016:1). Humans tend to use one part of the brain more than the other. This tendency strongly influences a person's physical and mental abilities, personality, approach to people, as well as the ability to solve problems (Neethling and Rutherford, 2014:52). Human emotions are expressed through visual signs, with true happiness being expressed when both the cheek and eye muscles are involved (Begley and Davidson, 2012:34). If only the cheek muscles are involved, the left brain activity (that is responsible for true feelings of happiness) is not activated, resulting in a "fake" or polite smile (Begley and Davidson, 2012:34). Since animals do not react to fake emotions, the researcher had to be very observant with regards to facial expressions of the therapees in order to derive links between the reactions of the horse and the lived experience of the therapees.

Begley and Davidson (2012:22) posit that the left prefrontal cortex is associated with positive feelings like joy, excitement and laughter, while the right prefrontal cortex is associated with negative feelings, such as fear, disgust and anger. However, (Neethling

and Rutherford (2014:53) state that information processed by humans in the right brain contains a large variety of visual and sensory material that generally leads to intuition. Horses' survival is dependent on their intuition more so than in the case of humans; therefore, one can posit that humans do have a lot to learn from horses regarding intuitive perceptions (Hallberg, 2008:91).

4.10 **INNER WORLD OF LEARNERS AND IMPACT ON HORSE DURING EAPT™**

Grand (2013:90) argues that if the brain and body were left out of the therapy equation, one would see only a small, fractured part of the whole picture, causing treatment to become lengthy, unfocused and often unproductive. Yorke *et al.*(2013:879) concur, stating that when studying neurobiology of interaction with others, taking environmental enrichment into account, a better understanding can be gained of how human-animal interactions can be useful as a therapeutic strategy. The biological processes that take place during EAPT™ must therefore be considered.

Beyond the provision of stimulation, touch and proximity the horse provides during therapy, a bio-behavioural intervention simultaneously takes place (Yorke *et al.*, 2013:877). During interactions between children and horses, children are frequently encouraged to take on a leadership role to facilitate positive interactions with equines. Sometimes relying heavily on the natural instinctive expectations about the hierarchy of herd dynamics, leading them to oscillate between seeking and/or assuming leadership, or accepting it from others (Pendry and Roeter, 2013:3).

As mentioned previously, research has shown that human-animal interactions can modulate stress levels and impact neuropeptides, such as a reduction in the flow of cortisol (stress hormone); a fact of therapeutic value (Viau *et al*., 2010:1187). Furthermore, research indicates definite psycho-physiological evidence indicating that companion animals have a direct and positive impact on humans, such as lowering blood pressure, quieting the autonomic nervous system, calming cardiovascular activity, provoking responses in oxytocin, vasopressin and cortisol, as well as promoting physiological relaxation (Yorke *et al.*, 2013:879). Likewise, the release of oxytocin is directly linked to affectivity, tenderness and the act of touching (Sanchez *et al*., 2014:88). In this regard, Stoller (2012:5) states that oxytocin has additional benefits, such as blocking the

experience of fear, anxiety or panic, and shows a strong link with sociability. Begley and Davidson (2012:74) concur, positing that oxytocin minimises activation in the Amygdala region of the brain, resulting in an increase in feelings of commitment and attachment.

As said before, the horse is aware of the conscious as well as unconscious processes in the human body. The horse's awareness and corresponding display of body language provide us with useful information on the mindset of the therapee during the therapeutic session. During the interactions between horse and therapee, the therapee is frequently reminded to foster optimistic thinking, quick decision making and self-management to successfully communicate with the horse. Through such activities, the therapee is taught to provide and interpret clear, non-verbal cues from the horse (Pendry and Roeter, 2013:3).

Unlike the case with cats and dogs, no research could be found claiming that horses possess mirror neurons. Mirror neurons allow animals and humans to mirror in their brains the emotions of another animal or human (Badenhorst, 2014:15). The animal expresses real emotions, but these emotions can be incorrectly interpreted by the child (Parish-Plass, 2013:99). As researcher and therapist, I experience similar findings. For example, when Blondie (my horse) may feel relaxed and be lip-licking, one child may interpret it as "She wants to bite me", whereas another child may ask "Is she hungry?" Such a scenario provides an ideal opportunity for the therapist to explore the inner beliefs of the child within the Gestalt framework. The display of emotions by the horse and the interpretation thereof by the therapee indicate the various ways in which a live animal can provide opportunities to enter the *potential space* of the child (Parish-Plass, 2013:93).

4.11 **ACCREDITATION AND RECOGNITION OF EQUINE ASSISTED PLAY THERAPY IN SOUTH AFRICA AS REPUTABLE THERAPEUTIC PRACTICE**

Equine therapy is a widely used discipline in developed countries such as America, where a Certification Board (Certification Examinations for Equine Interaction Professionals (CBEIP) was founded. The aim of such board is to acknowledge the professional identity, integrity, and excellence of equine interaction professionals. This is accomplished by offering comprehensive and independent certification that ensures safety and value to clients, qualified educators, mental health counsellors, psychotherapists and equine colleagues (Professional Testing Corporation, 2016).

South Africa is currently lacking, in that professional councils, such as the Health Professions Council of South Africa (HPCSA), do not recognize equine therapy or any other form of AAT as a therapeutic method. In a search for professional councils or accreditation boards that regulate health care professionals utilising animals in their private practice, the South African Board for Companion Animal Professionals (SABCAP) was founded. This statutory body was established in 2006, with the aim of regulating and registering professionals incorporating companion animals. The SABCAP provides a set Code of Ethics, determining a minimum standard of education and protecting the interests of public and practitioners, to consistently improve the relationship between companion animals and humans, and providing opportunities for training in lower socio-economic environments (Bezuidenhout, no date).

There are several societies in South Africa, each with a different focus, that are related to Equine Assisted Interventions. These are briefly discussed below.

The Equine-Assisted Psychotherapy Institute of South Africa (EAPISA) is a professional body that offers registered psychologists and horse specialists training in equine-assisted psychotherapy (*What is EAP?*, no date). The psychologists who are affiliated with this professional body should also be registered with the HPCSA. The Council of Equine and Equestrian Professionals of South Africa (CEEPSA) is a non-statutory professional body for the equine and equestrian industry, which aims to form a compliance base to regulate services provided by professionals within the Equine industry.

The other institute that promotes the implementation of equine assisted therapy is the Equine-Assisted Growth and Learning Association (EAGALA), which has a branch in South Africa. Selby and Smith-Osborne (2012:429) laments the fact that there is training programmes provided at accredited tertiary institutions as medical doctors and the public would then attach more credibility to equine therapy.

4.12 **CONCLUSION**

It is evident that AAT, with specific reference to EAPT™, is still in its infancy. This chapter dealt with a variety of aspects related to the human-animal bond with the purpose to shed light and kindle an awareness of the possibilities of this young, yet valuable therapeutic method. The next chapter focuses the methodology that shaped this study.

CHAPTER FIVE

RESEARCH DESIGN AND METHODOLOGY

5.1 INTRODUCTION

Designing and/or selecting the most appropriate pathway for any research is of vital importance. With this in mind, and with reference to ethical considerations, different methodologies and various data generation instruments were considered to determine which would best support the nature and goals of this research. Various bullying and self-esteem questionnaires were evaluated to determine which instruments would measure being bullied and self-esteem during middle childhood and could be administered twice. Before an applied research study can be designed, a clear and comprehensive understanding of the nature of the research problem to be addressed has to be established (Bickman and Rog, 2009:6). For this purpose, the researcher should have thorough knowledge on what research and other information is available in order to not only identify gaps in the existing knowledge (Tafford and Leshem, 2008:16), but to also aquant him-/herself with new trends and emerging schools of thought. Such knowledge becomes available during a thorough literature review, conducting interviews and observations in the field to obtain a real-world sense of the context.

5.2 RESEARCH PARADIGM

Research is guided by a set of beliefs about the world and how it should be understood and studied (Denzin and Lincoln, 2008:11). Babbie (2015:33) uses the term paradigm when referring to a pattern of set legitimated assumptions and a design for generating and interpreting data. These assumptions underscore certain principles entrenched in the research paradigm. Since the mixed methods approach was used for the purpose of data generation in this study, it is important to note that the mixed methods approach holds a pragmatic world view (Creswell and Creswell, 2017:17); in terms of which the occurrence of something should be understood as the “moving of interacting parts” as explained by Dewey in Garrison, Neubert and Reich (2012:149). In this study the changes in self-esteem

of therapees influenced their social relationships with peers, but also their relationships with parents, siblings and teachers. Therefore, the way therapees adjusted to being bullied created shifts in the relationships the therapee was involved with.

5.2.1 **Pragmatism**

The concept Pragmatism was influenced by Darwinian views on human intelligence as a natural development, as well as the view that human thought and language are means of mediating past and present experiences with future expectations (Calcaterra, 2011:61). Pragmatists advocate the study of human psychology in a naturalist context, taking into account both the biological and mental continuity of humans where the mental state is viewed as habits shaping and guiding both cognitive and physical actions (Schwartz, 2012:10). The epistemological foundation of pragmatism lies in the question of whether the data, data analysis and theory would be useful in creating something better (Kelemen and Rumens, 2016:168). In this study, during therapy the therapee would be asked to relive being bullied and how he/she reacted. By incorporating a live animal in specific therapeutic activities, the therapee was challenged to draw parallels between activities performed during the therapy sessions and his/her real-world experience with the bully at school.

Recently, there has been an upheaval in the pragmatistic perspective, comprising an evolution from pragmatism and neo-pragmatism to so-called new pragmatism. New pragmatism focuses on connecting analysis and its history by highlighting the importance of using logic to deal with philosophical problems, using scientific methods in explaining 'real' problems (Calcaterra, 2011:ix). Previously, pragmatism was seen as the opposite of positivism being critiqued for lacking logical and epistemological rigor (Calcaterra, 2011:xi). The researcher acknowledges that these two perspectives embrace different approaches to the analysis of data. However, these seemingly opposing views can be integrated in a mixed methods study as data analysis, seen from a pragmatistic orientation, focuses on the processual and narrative unfolding of an emergent system (Kelemen and Rumens, 2016:134). Pragmatic researchers accept that there are various ways of interpreting the world and conducting research and that multiple realities exist in terms of the different viewpoints. In this regard the Interpretivist paradigms also influenced this study in the following way.

5.2.2 **Interpretivism**

The interpretivist paradigm allows researchers to gain a rich understanding of the life-world experiences of the cultures and communities they serve (Taylor, 2013:1). Harreveld, Danaher, Lawson, Knight and Busch (2016:57) concur that interpretivism permits the researcher to gain an understanding of the perceptions and life experiences of the participants. This study was conducted in a specific rural town in South Africa, whereby the researcher explored how children, parents and teachers experienced EAPT™ as alternative form of therapy, to address being bullied.

Criteria for authenticity include the credibility of the researcher who interprets the feedback from participants; engaging with participants in an open-ended or emergent inquiry in such a manner that it is traceable to its origin (Taylor, 2013:1). The researcher who employs an interpretive paradigm in an attempt to answer the research questions should use the participants' reported experiences (data) in constructing an understanding (Neuman, 2014:69). Parents' and teacher interviews were transcribed to provide rich information regarding their perceptions on EAPT™. These transcriptions were triangulated with the comments and displayed behaviour of the therapee.

Furthermore, in using an interpretivist paradigm, the researcher follows a qualitative approach (Nind and Todd, 2011:1), whereby information-rich data necessary to fully understand contexts, is generated (Webber, 2017:127). In this regard, Taylor (2013:1) states that this paradigm aims to "understand the different 'other' by learning to 'stand in their shoes', 'look through their eyes' and 'feel their pleasure or pain'". For this study, interpretivist research was used to gain understanding, and interpret parents' and teachers' perceptions on the efficacy of EAPT™ as therapeutic modality for addressing bully-victims' low self-esteem.

5.3 **CASE STUDY RESEARCH**

Case study research is often viewed as qualitative in nature, but can form part of mixed method studies (Creamer, 2017:130). In the development of an innovative approach to therapy, case study research in smaller samples is of value to provide evidence of its efficacy, as well as information on how it works (McLeod, 2010:2). The aim of case study research is to provide better explanations and to consider more circumstances than what

the researcher would have been able to consider through quantitative research alone (Ridder, 2016:87). The history of counselling and psychology has proven that the development of a new intervention depends largely on case study reports; for example, the establishment of behaviour therapy was based on a series of case studies by Joseph Wolpe (Jena, 2008:168).

These elements are also prevalent in multiple case study designs. The rationale for using a multiple case study design includes the evaluation of a new intervention by capturing the experience of various therapees subjected to the same intervention (Yin, 2017:272). In this study EAPT™ as relatively new therapeutic intervention, included seven cases to determine if similarities could be drawn between these cases that presented with the same problem (bully victims with low self-esteem involved in EAPT™). Each case study consisted of a therapee, parents and teacher. As with every type of research method used, each has its own unique advantages and disadvantages. These are briefly highlighted, focusing on the rationale why a case study design was deemed appropriate for this study.

5.3.1 **Advantages of case study research**

Case study research differs from 'case records'. The words case records are often used to describe records of specific cases that a therapist is working on. Case study research must adhere to formal methodological procedures to be able to link findings to explicit evidence, while offering research based conclusions (Yin, 2017:258). By adhering to the mentioned procedures, case studies allow for an in-depth exploration of phenomena in their natural contexts, which may be difficult to undertake utilising other research methodologies (Plowright, 2011:30). Other advantages are that case studies represent a high flexible means of carrying out research with no requirement to recruit a large cohort of participants (McLeod, 2016). Multiple-case study research also provides the opportunity for testing the value of a new intervention or therapy technique (McLeod, 2010), such as in this study.

5.3.2 **Disadvantages of case study research**

Case study research is often critiqued as being biased. This criticism is often based on the fact that the data derived from case studies, especially in the social sciences, are derived from the therapist's notes and recollections (McLeod, 2010:15), which are indeed biased,

because it is written from that therapist's perspective and lived experience. Hancock and Algozzine (2016:71) posit that acknowledging any personal biases that the researcher is aware of and explaining how she/he will try to mitigate the effects thereof, is proof that the researcher is attempting to curb any bias. In this study observations of therapees were written in the researcher's reflective journal. An independent observer who was present during all the therapy sessions kept a separate journal. Journal entries were not discussed between the researcher and the independent observer until much later.

Another disadvantage of case studies is that it is by nature time consuming (Swanborn, 2010:150). This is true due to the nature of the processes undertaken during case studies, such as triangulation among multiple sources of evidence, the necessity to rely on quantitative data, and the necessity to define a case (Yin, 2017:18); all requiring a vast amount of time when only one researcher is involved.

Case studies also tend to cause a problem regarding the generalisation of results; this is true for both single- and multiple-case studies (Swanborn, 2010:66). Due to the small sample size of this study results will not be generalised. Nevertheless, in-depth insights could be made regarding perceptions of parents, teachers and therapees regarding the efficacy of a relatively new therapeutic modality.

The researcher purposefully took the above criticism into consideration while conducting the research. Since EAPT™ is such a young therapeutic modality, very little documented research material is available for scrutiny. A purpose of this study is to provide valid information to amongst others, also promoting further research in this field.

5.3.3 **Types of case study research**

Most case study research consists of the research question; the propositions for the research; the unit of analysis; the conceptualisation of the link between the propositions and data; and the method of interpreting the data (Yin, 2017:4). The first phase of applied research involves the planning phase, during which the researcher develops an understanding of the relevant problem or societal issue (Bickman and Rog, 2009:4). In this study the societal issue that was raised was the increase of reported bullying at school during the middle childhood developmental phase. There was also a raised awareness for assisting bully-victims in such a manner that they will not be labelled for attending therapy. This shaped the research problem.

5.3.3.1 Quasi-experimental case study

This type of research aims to identify new relationships within a novel phenomenon (Ridder, 2016:141). Case studies are used to explore conditions where the evaluated intervention does not comprise a clear, single set of outcomes and the purpose is to develop hypotheses and propositions for further research (Yin, 2017:7). Rule and John (2011:9) refer to this type of research as instrumental case study research: a particular issue is examined through case studies, in order to explore this issue in depth.

5.3.3.2 Descriptive case study

Researchers are challenged to analyse, assess, evaluate and describe a real life situation (Hancock and Algozzine, 2016:88; Yin, 2017:7), comprehensively. Journal entries on a specific event could be an example of part of such a description. The purpose of this type of study is to trace a sequence of interpersonal events or describe a subculture in order to shed more light, to support, deepening insight (Yin, 2017:8).

5.3.3.3 Explanatory case study

Yin (2017:8) posits that this form of case study research is used to explain presumed casual links in real-life interventions that are too complex to be fully understood using surveys or experimental strategies. The aim of this type of case study is to analyse a cause-and-effect relationship (Bergh and Ketchen, 2009:141).

5.3.3.4 Intrinsic case study

This type of case study focuses on a particular case, because it is interesting in itself, or to generalise findings to other cases (Rule and John, 2011:8). The intention of the researcher is to gain a better understanding of a case, based on its uniqueness or importance, whilst presenting a particular problem (Yin, 2017:23).

5.3.3.5 Multiple case studies

Multiple case studies allow cross case analysis, through which constructs can be verified, whilst offering a deeper understanding of processes and outcomes of cases (Bergh and Ketchen, 2009:141). The rationale for choosing a multiple case study design should be to either predict similar results or predict contrasting results with anticipated reasons within a specific theoretical framework (Yin, 2017:55). Cross case data analysis enhances the probability of capturing novel findings that may exist within the data (Eisenhardt, 1989:541). In this study cross data analysis was made to compare if and how relevant

themes related to the various therapees e.g. how, when and if the bullying behaviour stopped. For the above reasons this study comprises a multiple case study design.

5.4 **STATEMENT OF RESEARCH PROBLEM**

The research problem of this study is based on the researcher's perception that, if conventional forms of therapy are used, some children in the middle childhood phase displays resistance to therapy. She also experienced that a significant period of time was utilised in building a relationship of trust with the therapee before actual therapy could commence.

The financial burden to parents compelled the therapist to explore other methods of therapy, like the inclusion of a horse in the play therapeutic process, in an attempt to displace the focus away from the therapee. By not feeling pressured and perceiving the therapist as trustworthy, based on the animal's trust in the therapist, the therapee could more readily form a trusting, therapeutic relationship with the therapist. To determine if this method of play therapy could be perceived as an alternative to conventional therapeutic methods, the researcher found it prudent to explore the perceived effectiveness of EAPT™ by making use of applied research.

In order to refine the research problem a literature review regarding bullying, self-esteem, children's developmental evolution during the middle childhood phase, and equine behaviour was undertaken.

5.5 **PROBLEM FORMULATION**

In the social sciences, researchers frequently have to deal with real-world social problems (Bickman and Rog, 2009:ix), like bullying. Applied research endeavours to improve our understanding of a problem, with the intent of contributing to solutions to that problem (Bickman and Rog, 2009:x). Bullying is a global, social phenomenon that needs to be addressed (Kumar *et al.*, 2017; Kljakovic, Hunt and Jose, 2015). By exploring the perceptions of parents, teachers and therapees regarding EAPT™ in supporting bullied

individuals in a specific development phase of the therapees' lives, new insights gained may promote alternative options to traditional therapy for addressing this social problem.

Globally, a growing body of research has confirmed the effectiveness of animals in therapeutic settings (Walsh, 2009:466), with animals proven to improve human lives in terms of physical and emotional benefits, such as decreased blood-pressure, improvement in cardio vascular conditions and impaired immune functioning (Souter and Miller, 2007:168).

With specific reference to the effectiveness of incorporating animals in therapeutal settings to obtain psychological benefits for therapees, Zilcha-Mano, Mikulincer and Shaver (2011:542) and Herzog (2014:3) state that no exact answers are available pertaining to the benefits of animal assisted interventions, due to studies conducted thus far have been based on anecdotal records, personal impressions, and small samples (not including a control group). Gee, Fine and McCardle (2017) add that lack of methodological accuracy when conducting research on AAIs has created the impression that findings regarding the effectiveness of AAIs cannot be trusted. Although in South Africa some studies have been completed with good methodological accuracy including a control group such as the study by Le Roux (2013), more research in this regard is needed. This study aims to improve such negative impressions of AAIs by following stringent procedures in methodology to render valid and trustworthy outcomes. Although the ultimate goal of incorporation of a horse in play therapeutic techniques when addressing trauma due to bullying in children, is to leave the community better off than it was before the evaluator departs as suggested by Mertens and Hesse-Biber (2013:29).

5.6 **AIM AND OBJECTIVES OF STUDY**

The aim of this research is to determine specific perceptions regarding the efficacy of EAPT™ as therapeutic method in treating children during the middle childhood phase who presented with low self-esteem due to being bullied. More specifically, the study provides opportunity to determine if any physical and/or emotional symptoms are present in the bully-victims

Objectives of the study were to determine whether the parents of children who were being bullied perceived EAPT™ as an effective method in strengthening their children's perceived low self-esteem; and exploring the perceptions of teachers regarding the influence of EAPT on the behaviour of children who were being bullied. The insights gained from this study should assist in providing a framework for an alternative therapeutic intervention for therapists who treat children with low self-esteem due to being bullied. Finally, this mixed methods study should assist in improving the perception that the results of AAIs are valid and trustworthy.

Multiple case study research projects, according to Yin (2017:8), consist of the following components: the research question; the propositions for the research; the unit of analysis; the conceptualisation of links between the propositions and data; and the method of interpreting the data.

5.6.1 **Research questions**

Hancock and Algozzine (2016:46) posit that having identified a disciplinary orientation and design for investigation, the information gathered during the research should address the research question. Plowright (2011:8) explains that in terms of the integrated methodologies approach, the research process starts with the primary research question, based within a specific context. Such a context was conventionally referred to as the conceptual framework, now called the theoretical context (Plowright, 2011:12), in terms of which relevant and appropriate literature is reviewed that can guide the researcher's thinking about the research project (Tafford and Leshem, 2008:44). The conceptual framework for this study has been discussed in Chapter One.

Quasi-experimental research (as in this study) focuses on specific research aims and objectives, in terms of which the research can be judged as successful or not. The literature review for this study, shaped the following research questions:

The primary research question focused on determining perceptions on how effective EAPT™ as therapeutic method is for addressing low self-esteem during the middle childhood phase of bullied individuals. This led to secondary research questions, namely to determine what physical and/or emotional symptoms could be displayed by bullied children in the middle childhood phase, as well as to determine to which extent the parents of children who were bullied considered EAPT to be an effective therapeutic method in

strengthening their children' perceived low self-esteem in addressing bullying. Finally, the researcher aimed to determine what teachers' perceptions were on behaviour and whether behavioural changes in bullied children occurred, after being exposed to EAPT.

5.6.2 **Unit of analysis**

Tight (2017:155) explains that the unit of analysis exemplifies the reason why a researcher chooses to study a particular case or cases. Yin (2017:15) states that the selection of the unit of analysis is influenced by the research question and formulates the substance part of the research question. In this study, the unit of analysis pertained to a decrease in self-esteem due to being bullied, as well as the perceived efficacy of EAPT™. The use of different sources of data, such as presenting different perspectives on the same phenomenon, is considered to strengthen results obtained (Tight, 2017:108).

5.6.3 **Conceptualisation of links between data and propositions**

A research design links the generated data to the research questions (Yin, 2017:24) and can be described as a map, guiding the reader through the research process utilised during a study. Therefore, a discussion on the research design follows.

5.7 **RESEARCH DESIGN**

The research design provides the reader with the theoretical framework against which the research data were generated and interpreted. The research design applied in this study is a multiple-case, quasi-experimental design with specific reference to a pretest- posttest module. In applied research, there are two major phases: the planning and execution phases (Bickman and Rog, 2009:5). During the planning phase of this research design, the researcher found it necessary to revisit and revise earlier decisions such as the incorporation of a workbook for therapees, in order to bring the design in line with the research questions of interest (Guest, Namey and Mitchell, 2012:87). The different phases are illustrated in Figure 5.1.

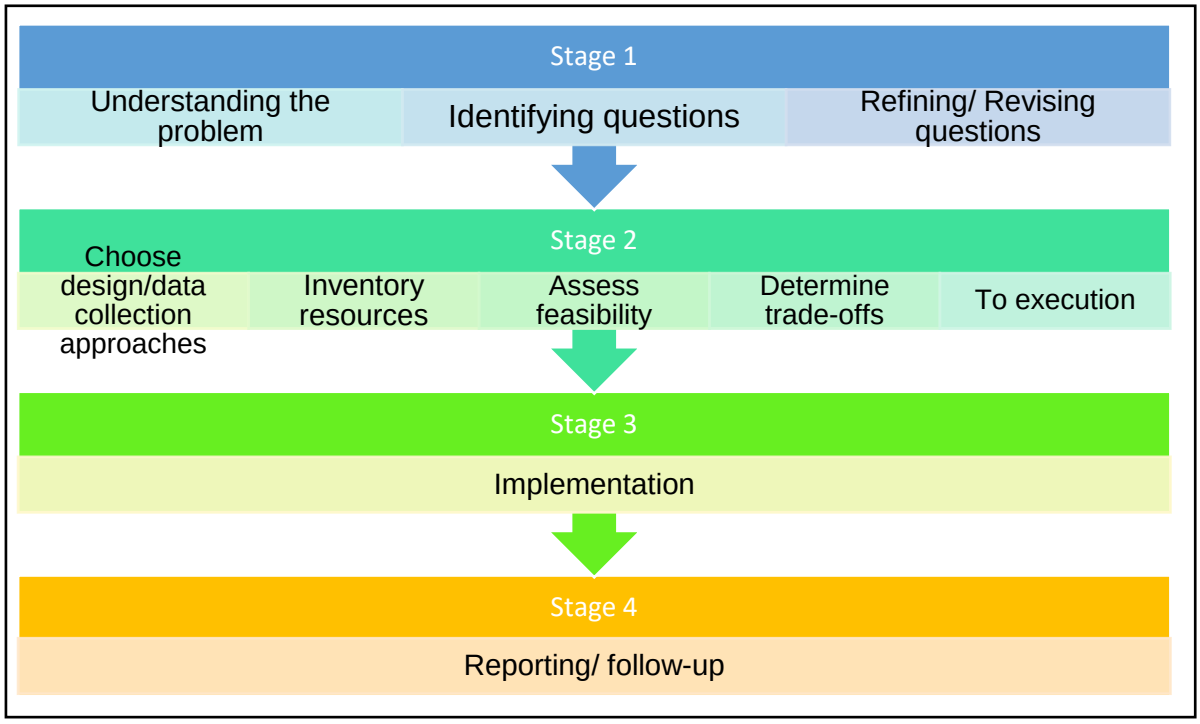


FIGURE 5.1: Applied Research Planning (adapted from Bickman and Rog, 2009:5).

An appropriate framework is needed to integrate the elements of philosophical ideas, strategies and methods (Trafford and Leshem, 2012:98). In this regard Trafford and Leshem (2012:98) suggest a staged process to be followed, in terms of the researcher choosing not to follow an exclusively deductive or inductive approach, but to combine the two approaches. A staged process is deemed appropriate when following a mixed methods approach. The chosen design outlines the research method(s), data generating instruments, analysis and interpretation against the backdrop of the philosophical views of the topic (Creswell, 2014:3; Hofstee, 2006:114). This study includes the use of standardised tests, interviews, journal entries and the transcription of taped therapy sessions, discussed later in this chapter.

5.7.1 **Mixed methods approach**

In the social sciences, two main research approaches namely quantitative and qualitative research, are used. Research has revealed that a combination of the two approaches is valid, as the two complement each other (Santos, Erdmann, Meirelles, Lanzoni, Cunha and Ross, 2017:7). However, the mixed methods approach to research is not merely a combination of qualitative and quantitative techniques: the techniques from both

approaches are combined in an unique way, with the aim to answer research questions that could not be answered in any other way (Tashakkori and Teddlie, 2003:v).

Furthermore, this method is often portrayed as synergistic, due to the combination of quantitative and qualitative methods, creating a synergistic evaluation, in terms of which one method enables the other to be more effective (Santos; Erdmann; Meirelles; Lanzoni; Cunha and Ross, 2017:2). By combining the two methods, a fuller understanding and evaluation of the problem are often reached (Mertens and Hesse-Biber, 2013:6).

- **Characteristics of mixed methods approach**

Mixed methods research comprises three basic designs, each with its own methods of data collection, analysis and research interpretation and validation. These designs are called the convergent, the explanatory sequential, and the exploratory sequential designs (Creswell, 2014: xxiv).

This study applied the exploratory sequential design, involving the combination of quantitative and qualitative data collection methods; with qualitative data being used to gain better insight into the results obtained from quantitative data (Ivankova, 2014:9). The quantitative data obtained via the standardised test were used as objective 'evidence' to compare the perceptions of parents and teachers. Thereafter results from the qualitative data (perceptions) were integrated with the quantitative data (standardised tests).

Several mixed methods designs may be utilised when following the mixed methods approach. The design deemed most appropriate for this study is the pretest- posttest design (Creswell and Plano-Clark, 2017:10), illustrated below.

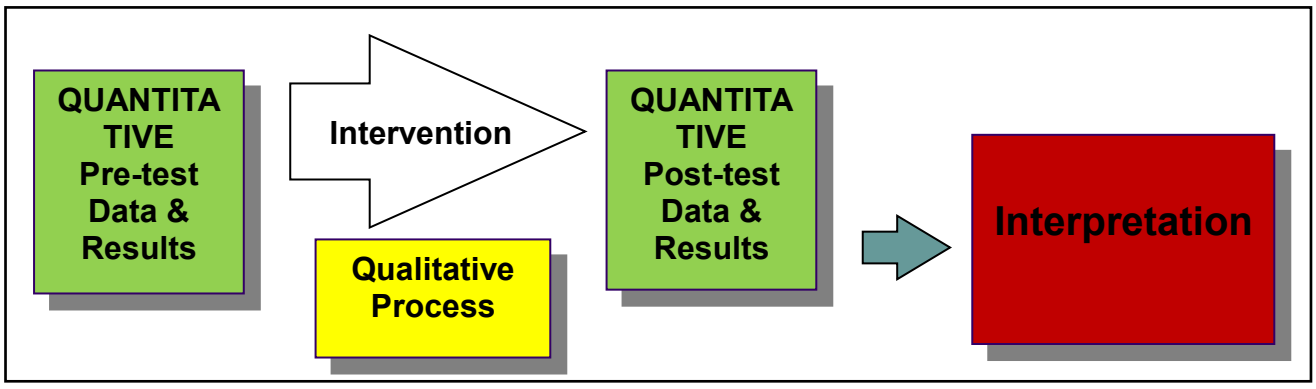


FIGURE 5.2: Pretest, Posttest mixed methods design (Creswell and Plano-Clark, 2017:10).

- **Purpose of pre-test, post-test module**

In quasi-experiments with a pretest-posttest design a behaviour is measured twice; once before the intervention (pretest) and once after it has been implemented (posttest) (McBride, 2010:232). Since a control group was not included in this study the design followed was a pretest- posttest design with non-equivalent groups as informed by McBride (2010:233). During the pretest phase the Olweus Bully/Victim questionnaire was utilised to determine if the participating children were in fact being bullied. The CFSEI-3rd edition was used before the beginning of therapy (pretest phase) to determine if the children presented with low self-esteem and again at the completion of the intervention (posttest phase) to determine if an improvement in the self-esteem of the therapees realised.

A secondary justification for using a pretest- posttest design was to generate qualitative data by means of interviews, journals and recordings in exploring the perception of parents and teachers regarding any behavioural changes that took place in the therapees involved in the EAPT™ sessions. The qualitative data provided better insight into the lived experiences of the children who were receiving therapy and to; if needed, adjust the therapy timeously to improve the quality and value of the therapeutic intervention.

The study design is outlined in Figure 5.3 as summary on how the quantitative and qualitative data generation processes were visualized and implemented.

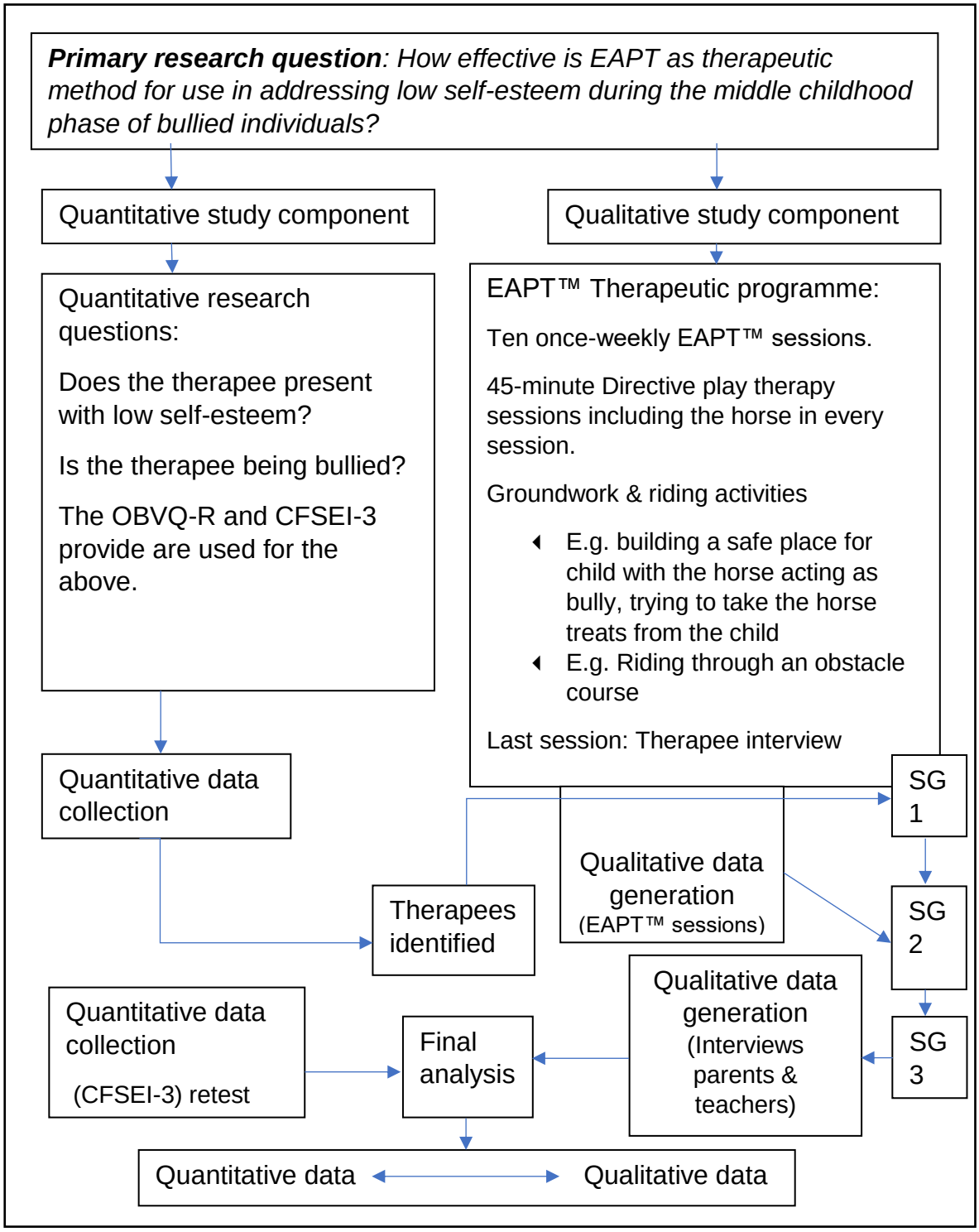


FIGURE 5.3: Diagram presenting the course of the qualitative and quantitative components of the research.

SG 1, is the initial stage where the OBQV-R and the CFSEI-3 were answered by the therapees. SG 2, refers to the ten EAPT™ sessions the therapees attended. Followed by SG 3; the last stage when the therapees completed the CFSEI-3 again and interviews were held with parents, teachers and therapee when they could express how they

perceived the EAPT™ process and if personal change was noticed; for therapees especially regarding themselves and ways they handle the bully.

- **Critique on the mixed methods approach**

Due to the fact that both quantitative and qualitative methods of data generation were utilised, it was important to ensure the internal validity and reliability of specifically the qualitative data. For this purpose, computer programs such as Atlas ti were used in this study.

- **Advantages of using mixed methods approach**

Creswell and Plano-Clark (2017:13) emphasise the advantages of using mixed methods, stating: “Mixed methods research provides more evidence for studying a research problem than either quantitative or qualitative research alone”. Tashakkori and Teddlie (2010) emphasize that a mixed methods design allows for better inferences to be made.

- **Critique on pretest- posttest designs**

Specifically in non-equivalent groups (such as with this study) differences obtained due to group differences are not controlled by random assignment of therapees (McBride, 2010:233). Another disadvantage of the pretest- posttest design is that change that is observed cannot automatically be assigned due to the intervention or treatment the therapees were involved in, known as the history effect. The history effect refers to events that occur during the course of the study to all or individual therapeess that can result in bias (McBride, 2010:232). The Hawthorne effect can also diminish the results obtained with a pretest- posttest design with non-equivalent groups, since the Hawthorne effect refers to participants actively try to figure out the purpose of the study and act in ways they think are helpful (Beins and McCarthy, 2018:143). In an attempt to increase the internal validity of the study the inclusion of the CFSEI-3 was included. This instrument’s presented with an average coefficient alpha reliability of 0.70 and 0.90 – suggesting that this instrument is consistent when being used in a pretest- posttest study (‘Review of the Culture-Free Self-Esteem Inventories, Third Edition (CFSEI-3)’, 2011)

- **Advantages of using pretest- posttest designs**

An advantage of the pretest- posttest design is that it allows the researcher to evaluate the impact of a quasi-independent variable under naturally occurring conditions (Wilson and MacLean, 2011:145). Another advantage is that this design gives an indication if a change in behaviour of the therapee occurred after the intervention. Innovative therapeutic practices can benefit from case studies or critical review on good practice that can lead to guidelines in practising a new therapeutic method (McLeod, 2016:73).

5.7.2 **Research methodology**

The concept of methodology is regarded as both the theoretical and procedural links that bring epistemology and method together (Mertens and Hesse-Biber, 2013:6). Defining the type of evaluation, the evaluation process and the methods that should be selected, as well as how they are to be employed to result in answering a specific problem (Mertens, 2017). The researcher chose the methodology and design of multiple case studies, based on this study's aim and purposes.

5.7.3 **Literature review**

A systematic approach in scrutinizing available literature on the topic and themes assists researchers in identifying gaps in existing knowledge, as well as identifying where knowledge on a subject is saturated, as suggested by (Aveyard, 2014:2). Such an approach claims to add objectivity and transparency to a study (Jesson, Matheson and Lacey, 2011:15). Since the world of equine therapy and therapeutic techniques are filled with experts who often hold contradictory views, the researcher deemed it important to maintain objectivity while sifting through the various opinions of horse experts, play therapy experts and child developmental experts on bullying.

To date, no similar project could be found where play therapeutic techniques have been combined with horse activities to strengthen the self-esteem of bullied learners. This situation convinced the researcher to review literature on the three main components involved in the therapeutic intervention, namely horse-riding and how horses have been incorporated in therapeutic interventions worldwide; play therapy and the evolution of this therapeutic technique; and the self-esteem of bullied children during the middle childhood

phase. Each component has been discussed in a separate chapter with the different chapters following a logical pattern that equips the reader with more knowledge of, and insight on children in the middle childhood phase who are being bullied and the impact this has on their development. Before enticing the reader with information on therapeutic interventions such as play therapy and Equine Assisted Play Therapy™ (EAPT™).

Keeping the research questions in mind, the literature review was confined to refining the topic and ensuring that only information pertaining directly to the subject was incorporated. However, since this is an evolving field, the researcher constantly checked for latest publications becoming available and revised the literature review chapters on a monthly basis to add to and update information.

The safe-keeping of the sources used for the literature review was done by carefully and systematically filing hard copies of the articles used. These articles were filed with thematic divisions and in alphabetic order, according to the authors' surnames. Electronic copies were similarly filed in separate folders on the computer. Several databases were consulted with the assistance of the subject librarian at the Nelson Mandela University. The list of sources utilised during this study was stored electronic by means of a reference management program called Mendeley, (Version 1.19.3,) and the referencing format that was used was Harvard.

5.7.4 **Sampling**

Sampling for the mixed methods approach involves the selection of units of analysis for a study through both probability and purposive sampling strategies (Bickman and Rog, 2009:292). A mixed-probability sample design, also known as the *concurrent nested probability design,* was deemed most appropriate for this study. A concurrent nested probability design described by Daniel (2012:218) as "*involving the selection of a subset of a probability sample using a different probability sampling procedure, at approximately the same point of time that the dominant sample is selected*". In this study the probability sample was all the children referred for therapy by teachers or parents due to being bullied. Integration of the data (obtained from the OBVQ-R and CFSEI-3) occurs when two databases are brought together for analysis and comparison (Fetters, Curry and Creswell, 2013:2139).

In relation to this study, it meant that the sampling procedure comprised of the administering of both the OBVQ-R and the CFSEI-3 at approximately the same point of time. The reason for the simultaneous administration of the two tests was to ensure that appropriate therapees were identified for inclusion. Therapees in this study refer to children in the middle childhood phase presenting with low self-esteem who are bullied. Children referred for therapy not testing positive for being bullied or presenting with low self-esteem, still received treatment but was not included in this study.

Certain strengths and weaknesses are attached to mixed-methods sampling. The strengths in mixed-methods sampling are that such mixed-methods addresses a wider range of research questions; are more cost effective; provide a broader range of answers to the research questions; improving the generalisability and credibility of results; and more depth to a study (Daniel, 2012:220). In spite of the weaknesses associated with mixed-methods sampling (being time consuming, administratively complicated and requires greater methodological skills, which require training) (Daniel, 2012:221), a mixed method sampling approach was chosen as most appropriate for this study.

- **Sample population**

At the onset of this study, the researcher planned to include ten children. However, due to unforeseen delays, time constraints and the Free State Education Department's requirement that prohibits research in the fourth academic term, only seven children could be included in this study. Although the sample size of seven is relatively small, this being a multiple-case quasi-experimental study, Daniel (2012:236) proposes in such cases that a small sample size may suffice. This study being the first in South Africa to evaluate EAPT™ as therapeutic method makes comparison with other EAPT™ sessions impossible. The researcher is aware that the small sample size poses limitations and prohibits the results from being generalised, but since a case study approach was followed, valuable data could be derived from the small number of participants.

The therapees included in this study were referred by the Bultfontein Primary School; the Hoopstad Primary School; and the Nelsdrift Primary School. These schools were well acquainted with the therapeutic services provided by the L&M Therapeutic Horse-riding Centre and are all located within 60 km of the Centre. The school principals served as gatekeepers by providing written consent that referred learners who may participate in this

research if parents consented and identifying suitable and interested teachers to partake in this study. Written consent was received from all the principals and teachers involved, as well as from therapees themselves and their parents.

Only after ethical clearance had been received from the Ethics Committee at the Nelson Mandela University new clients referred for therapy were screened and given the opportunity to participate in this research project.

- **Site sample**

The site applicable to this study was the L&M Therapeutic Horse-riding Centre, located on a farm near the town of Bultfontein in the Free State Province of South Africa. At this Centre, therapeutic services such as EAPT Play Therapy and Counselling services are offered to adults and children referred by teachers, parents or other professionals for a variety of psychological and behavioural problems. The centre is also utilized for regular horse-riding activities.

This site was deemed appropriate for this study, since negative weather influences could be minimised as the horse-riding activities take place under roof. Only in extreme circumstances such as when lightning occurred, were the therapeutic sessions involving the horse stopped and the session concluded in an office located at the Therapy Centre. Although the horse has never been spooked by lightning; safety considerations urged the researcher to refrain from continuing with sessions until the weather conditions improved. Fortunately, during this study, it was not necessary to make use of the office setting to complete sessions. All sessions were conducted with the horse being present.

5.7.5 **Data generating instruments**

Mertens and Hesse-Biber (2013:53) posit that multi-methodological perspectives are effective to engage participants to voice concerns, feelings and attitudes. With specific reference to case study research, the prevalence of multiple sources of information regarding the therapees, as well as the process and outcome of therapy, reflects elements of good quality case study research (McLeod, 2010:78). In this study information regarding therapees' progress during the therapeutic process was obtained from parents, teachers,

the independent observer, the therapist and the therapee. A discussion on utilized data generating instruments follows below.

When a mixed methods approach is employed, researchers make inferences across both the qualitative and quantitative databases (Creswell and Creswell, 2017:16). The shifts in self-esteem scores obtained by the CFSEI-3 were compared with the changes observed by parents, teachers, the independent observer, the therapist and the voiced changes experienced by therapees. This implies that mixed data comprises the generation and gathering of both quantitative and qualitative data, using both qualitative and quantitative strategies (Bickman and Rog, 2009:295).

5.7.5.1 **Qualitative data generating instruments**

Generating qualitative data is largely dependent on the accessibility of the site and participants and the ability of the researcher to maintain co-operation and a positive relationship with the participants (Fouchė and Schurink, 2011:325).

- **Interviews**

In qualitative research, the one-on-one interviewing technique is predominantly used (Creswell and Creswell, 2017:187; DePoy and Gilson, 2012:108). In this study the parents and teacher involved with a therapee were, in open-ended interviews given the opportunity to provide valuable information that may be unique to that specific therapee, such as allergies or perceptions regarding the parent-child relationship. Factors that may influence the therapeutic intervention were hereby taken into account, making this method of interviewing the most suitable option for this study. Prior to the onset of the therapeutic intervention, face-to-face individual interviews were conducted with first the parents, and thereafter with the teachers involved with the therapees. On conclusion of the therapeutic sessions, final interviews were again scheduled with individual role players in the process.

Open-ended questions were formulated to guide the interview protocol followed in this study (Seen addenda 4 and 5). These protocols provided a structure for recording the shared information as suggested by Creswell and Creswell (2017:190). The purpose of open-ended questions is to allow secondary participants (parents and teachers) and therapees to respond in their own words, according to their own understanding (Profetto-McGrath, Polit and Beck, 2010:236). An advantage of using open-ended questions are

that parents, teachers and therapees, provided they are verbally competent and co-operative, can provide rich and meaningful information (Profetto-McGrath, Polit and Beck, 2010: 236).

- **Personal Journals**

Qualitative researchers often advocate the use of a research journal for recording thoughts and personal experiences (King and Horrocks, 2010:130). It is furthermore emphasised that thoughts should be captured as soon as possible, because if written in retrospect, crucial information regarding the topic, their thoughts at the time and/or environmental aspects could be forgotten. During the first interview with the parents and teachers involved in this study, the importance of keeping personal journals was explained. To guide parents and teachers in recording relevant information regarding the therapees' experiences of being involved in the EAPT™ intervention, as well as important information on their behaviour, a simple protocol containing various open-ended questions, avoiding yes/no answers, was made available (see addenda 3).

The researcher kept a personal reflective journal, jotting down notes pertaining to each session with every therapee. Journaling as well as personal reflection have been proven to be effective in bracketing emotion and bias during the research process (Webber, 2017:131), something the researcher can attest to. The independent observer also kept a journal, jotting down notes pertaining to each session. The journal entries included notes on various aspects, such as body language of the therapee, environmental influences such as the weather or noises, remarks made by the equine specialist involved in the session, as well as notes on the reactions of the horse during the session.

Different journal entries from parents, teachers, independent observer and the researcher formed part of the triangulation process to allow the researcher to compare and contrast perspectives. The purpose of the triangulation was not to verify the particular account, but rather to deepen the understanding of the investigated experience, as suggested by Webber (2011:18) and (Creswell and Plano-Clark, 2017).

- **Recordings**

Recordings of interviews conducted with parents and teachers were valuable as recordings provide the researcher the opportunity to pay close attention to what is said and

what is portrayed by the body language, as opposed to focusing on trying to write down everything (Forrester, 2010:94). Recordings also have the added advantage of being able to re-play them, limiting the changes of missing out on something.

Written permission was obtained from the parents and teachers right at the beginning of the whole process each therapeutic session undertaken with the therapees was recorded and transcriped for the purposes of reflection after the session ended as well as for analysis and interpretation purposes.

5.7.5.2 Quantitative data generating instruments

The use of quantitative standardised questionnaires comprising of open-ended questions rendering qualitative results, allow for the strengths of each strategy to be combined in a complementary manner with the strengths of the other (Creswell and Creswell, 2017; Bickman and Rog, 2009:299). Quantitative data is usually an objective source of information based on numerical (quantitative) findings (Hoy, 2010:1). Several advantages are associated with using quantitative data, the most important one being the objectivity of numbers, assisting the researcher in remaining detached. Furthermore, it allows results to be generalised to the larger population (Creswell and Creswell, 2017:4), although not possible in this study.

The following standardized questionnaires were deemed suitable for this study.

- **Revised - Olweus Bully/Victim questionnaire (R-OBVQ)**

This well-known instrument has been used in various South African and international studies to determine how prevalent bullying is (Young, 2014; Darney, Howcroft and Stroud, 2013; Greeff and Grobler, 2008), was also used in this study. This self-reporting questionnaire is a validated survey, developed by Dr Dan Olweus in Norway which assesses children's experiences of and attitudes regarding bullying (Olweus and Limber, 2010:381). Responses to this questionnaire provide a detailed description of bullying and include questions pertaining to the frequency of bullying and can determine if the respondent has participated in bullying activities (Olweus and Limber, 2010:381). This questionnaire was utilised as screening instrument to distinguish between the bully-victim and the bully, since only bully-victims were included in this study.

- **Culture Free Self-Esteem Inventory – 3rd Edition (CFSEI-3)**

Several available measurements on self-esteem were considered for the purpose of this study. This inventory was developed by Dr James Batle in the USA. The researcher decided on the CFSEI-3, as this test focuses on the specific aspect of self-esteem, excluding aspects pertaining to self-concept and self-efficacy not relevant to this study. The CFSEI-3 consists of three norm-referenced assessment inventories that measure self-reported self-esteem in children aged six years to eighteen years. The primary form, for therapees aged six to eight years, provides a global self-esteem scale, whereas the intermediary form, for therapees aged nine to twelve, provides in global self-esteem, social self-esteem, academic self-esteem, general self-esteem, as well as a parental/home self-esteem scales (Battle, 2002:4).

All the scales have a built-in defensiveness scale (also known as a lie detector scale), which indicates to which extent a therapee's responses are guarded. The defensiveness scale indicates how willing a therapee is to disclose or acknowledge socially unacceptable or undesirable behaviours. These subscale ratings yield useful information regarding the therapee's strengths and weaknesses, which aids the therapist during the therapeutic process. As each inventory provides a cut-off limit based on normalised data, which indicates when the child's responses are overly guarded, the researcher could become aware of results not being reliable due to the therapee's reluctance to disclose true feelings.

The primary inventory scale consists of 29 questions, each comprising a Yes or No answer. Depending on the age of the therapee to whom this test is administered, the questions are read aloud, and the test administrator ticks the therapee's responses in the appropriate boxes. The Intermediary inventory scale consists of 64 questions, requiring a Yes or No answer with the children completing the test in approximately 15 to 20 minutes. Raw scores derived from the answers are converted to normative scores, from which the level of self-esteem in the different sub-sections (social, global, home or academic) is determined. The level of self-esteem indicates a descriptive rating, ranging between Very High self-esteem, High self-esteem, Above average self-esteem, Average self-esteem, Below average self-esteem, Low self-esteem, or Very Low self-esteem (Battle, 200215).

The content validity of the CFSEI-3 is confirmed by Battle (2002:1), by including items with the specific aim to cover various aspects of the defined construct. The validity scores range from 0.71 to 0.80, which is significant, compared to other self-esteem tests such as Stanley Coopersmith's Self-Esteem Inventory, Beck's Depression Inventory or the Minnesota Multiphasic Personality Inventory (MMPI) (Jordaan, 2013:176).

The CFSEI-3 has been utilised in numerous South African studies (Van Rensburg, 2015; Darney, Howcroft and Stroud, 2013; Jordaan, 2013; Potgieter, 2012; Darney, 2009), with some of the studies administering an earlier version of the same test. These and several other studies undertaken in South Africa have confirmed that this test is both valid and reliable when properly administered (Jordaan, 2013:177).

5.7.5.2 Domains of Self-Esteem

For the purpose of this study, Battle's (2002:1) definition of self-esteem was accepted in terms of which self-esteem during the middle childhood years consists of global self-esteem, academic self-esteem, social self-esteem and parental self-esteem. The combined influences of these sub-systems, along with the child's unique temperament, personality and ability to integrate these influences, determined the self-esteem scores presented in this study. Since the study of self-esteem is broad, a bracketed description of the sub-systems is provided, keeping the research questions in mind and limiting the scope accordingly.

- ***Global (general) self-esteem quotient (GSEQ)***

Most valuable from an evaluative perspective is the value derived from the GSEQ as it indicates variances from the norm. Scores above 110 indicate socially undesirable response patterns, skewed self-perceptions, or a deliberate attempt to present a very positive self-image; whereas scores below 90 indicate problems such as poor self-esteem, immature behaviour patterns, negative feelings, or unsatisfactory adjustment (Battle, 2002:15). The final score is calculated by combining the scores of the four subscales and then converting this score to a standardised score, according to a strict formula provided in the examiner's manual.

- ***Subscale 1: Academic (Scholastic) Self-esteem***

This subscale measures a therapee's perception of his/her ability to perform academic tasks (Battle, 2002:15). This subscale comprises of ten items.

* ***Subscale 2: General Self-Esteem***

The therapee's overall perception of self-worth is measured by this subscale (Battle, 2002:15). There are fourteen items in this subscale.

* ***Subscale 3: Parental/Home Self-Esteem***

This subscale, comprising of twelve items, measures the therapee's perceptions of his/her status at home, including subjective perceptions on how the therapee perceives how his/her parents or caretakers view him/her (Battle, 2002:15).

* ***Subscale 4: Social Self-Esteem***

A therapee's perception of the quality of his/her relationships with his/her peers is measured with this subscale (Battle, 2002:15). Comprising of eighteen items.

5.7.5.3 Researcher as instrument of data generation

In addition, the following courses were completed and interviews with specialists in the field conducted to gain a deeper understanding of different schools of thought and trends in the field:

- University of the Free State, Department Social work: Using horses as co-facilitators during discussions in addressing emotional woundedness in relationships.
- Ethology Academy Pretoria: Animal Assistance Intervention Course.
- Ethology Academy Pretoria: Basic Horse Behaviour Course
- Institutions UK:

  Course: Animal Assisted Play Therapy: Theory, Research, and Practice (Level 1)

  Interviews:

  Stirling University, Psychology Department, Faculty of Natural Sciences: Prof. Buchanan-Smit; Human-Animal Interactions class and Paws for Progress research initiative.

  Stirling University, Psychology seminar: Dr Klaver; Visual working memory in typical and atypical development.

  IIAAPT: Dr VanFleet; Animal Assisted Play Therapy™.

  IIAAPT: Ms Faa-Thompson; Horse Behaviour and EAPT™.

- Institutions US:

  Course: Animal Assisted Play Therapy: Relationships and applications (Level 2)

Interviews:

New York Therapy Animals Organisation: Ms George-Michalson; READ program; New York Marathon Dogs interventions

New York University: Department of Social Work: Ms Kagan, AAT and disenfranchising clients with pets.

New York University: Department of Social Work: Domestic violence and its impact on survivors & pets: tools and resources for social workers.

All the above provided impetus for the study and clarity regarding the research field and clear focus on the research aim and outcomes.

The researcher, as "insider", in this study was actively involved in the research project as both researcher and therapist. According to Bless; Higson-Smith and Kagee (2013:242), it is neither possible nor desirable for a researcher to be totally objective or detached, however due to the researcher also being the therapist in this study, it posed a cautious burden on the researcher to mindfully and explicitly separate her different roles. She distinguished between the roles by requesting time lapses between client sessions to write up her reflective thoughts as therapist, as well as writing reflective thoughts as researcher. The reflective thoughts as therapist involved the therapeutic process that evolved during each session, whereas the reflective thoughts as researcher dwelled on influences that did or might have affected the research project, such as how the weather influenced the choice of activity of the day. The researcher deemed it important to write up these reflections immediately after each session, while the evaluations were still fresh in her mind, usually revisiting the entire session later in the evening when planning the next session. Stake (2010:91) posits that the researcher-as-instrument can capitalise on intuitive ability, reorganise the influence of context, probe where necessary, and focus progressively; elements not possible with a fixed instrument.

In this regard O'Connor, Schaefer and Braverman (2016: 632) advise that if a play therapist wants to conduct research, the following qualifications should be in place:

- **Clinical experience in play therapy**. The therapeutic care of a child should find priority before any research project's goal, as the practitioner's role becomes fundamental in the implementation of the design. It is debated that if researchers do not practise, they may become disconnected from the real-world (MacMillan and Sisselman-Borgia, 2018:241), signalling the importance of practitioners to also become researchers. For

this study, the researcher defined (to herself) her role during therapeutic sessions as primarily a therapist and not a researcher, thereby enforcing the principle that the therapeutic process should receive priority, regardless of the research goal.

- **Basic to extensive knowledge of research design**. The therapist should be well versed in research design in order to select the most suitable one for a particular study. The researcher should furthermore be thoroughly acquainted with the chosen design, pertaining to this and attend several courses to enhance her knowledge pertaining to different research designs and methodologies.

- **Knowledge of the appropriate use of statistical analysis.** Although it is not necessary for play therapists to be statisticians, they should have sound knowledge of the statistical approaches for their chosen design. The researcher acknowledges that she is not an expert regarding statistical analysis. To overcome this hurdle, the expertise of a statistician from the Nelson Mandela University was recruited.

Creswell (2017) states that the sustained and intensive experience that the researcher shares with participants introduces various ethical, strategic and personal issues as involved in the qualitative process.

- **Curbing personal bias**

The researcher was aware that the possibility of bias was real as indicated in the weaknesses of using multiple case studies and the researcher fulfilling both roles as therapist and researcher. However, although there are challenges associated with case study research, Jackson (2012:343) and McLeod (2010:73) argue that these issues are arguably less severe than the ethical dilemmas arising from carrying out a randomized trail whereby children may be denied treatment.

In an attempt to curb bias and prevent assumptions, the researcher must adhere to specific aspects regarding her/his role. Creswell and Creswell (2017:14) propose three techniques to ensure the reliability of a study; (a) the researcher needs to provide a detailed description of the focus of the study, the researcher's role, the participants' position and justification for selection of participants, as well as the context where data will be generated.

Pertaining to this study, the researcher differentiated her role between being the therapist and being the researcher, by keeping a reflective journal. During therapy sessions she performed a therapeutic role but reflected on the sessions afterwards as researcher and therapist. The roles of each participant (therapee, parent and teacher) were clearly defined. The therapee attended therapy sessions whereas parents and teachers had to keep journals, recording behavioural changes as guided by the journal protocols provided.

(b) Multiple methods of data generation and analysis must be used, as it will increase the internal validity and reliability of results (Creswell and Creswell, 2017). The data generation methods used in this study were standardised tests (OBVQ-R and the CFSEI-3), transcriptions of therapeutic sessions, reflective journals of the researcher, independent observer, parents and teachers, as well as transcriptions of interviews comprising of open-ended questions.

(c) The data generation and analysis processes should be well recorded (and kept for possible scrutiny and verification at a later stage) to provide a clear indication of the methods used (Creswell and Creswell, 2017b). The recording of the data took place via audio recordings of the therapy sessions as well as the interviews held. The reflective journals of the researcher, independent observer, teachers and parents together with the transcriptions of the therapy sessions will be kept safe for a five-year period as also prescribed by NMU Ethical Guidelines.

Furthermore, the transcribed interviews with parents, teachers and therapees and the interpretation of these interviews were given to the relevant parties for scruitiny to ascertain if their meaning was captured correctly. The researcher and independent observer did not compare their observations as noted in their reflective journals when it was written down, but only when the planning of activities for the following session was discussed.

5.8 DATA ANALYSIS

The combination of qualitative and quantitative data provides a researcher using such a mixed methods approach with information-rich data sets, including both narrative and numerical data (Bickman and Rog, 2009:301). Evans, Coon and Ume (Bazeley, 2017:27) argue that theory can provide a common conceptual framework for the planning and

analysis of results from varied data sources, as a way to guide the harmonious integration thereof. The conceptual framework clarifies the connection between research purpose, theory and method, assisting practitioners who often find it difficult to make the connection (Kelemen and Rumens, 2016:125).

5.8.5 Quantitative data analysis

Quantitative data takes the form of counting or measuring characteristics of the world (Scott and Garner, 2013:9), involving the mathematical analysis of numerical data (Plowright, 2011:121). The quantitative data of this research were gathered to investigate the subjective self-esteem of bully-victims in the middle childhood phase. The data obtained from administering the CFSEI-3 and Olweus Bully/Victim questionnaires were analysed by using simple descriptive analysis. The results obtained from calculating the differences in self-esteem levels pre- and post-intervention involvement are presented in tabular form in Chapter Six.

Descriptive analysis involves the exploration of data by taking note of the mean, standard deviation, and variance of responses to each item on the instruments to determine the general trend (Creswell and Plano-Clark, 2011:206). The process of quantitative data analysis begins with descriptive analysis, then proceeds to inferential analysis, inferred by multiple steps in the inferential analysis to build a greater refined analysis (Creswell and Plano-Clark, 2011:207). The process of analysis is followed by a process of presenting the results in narrative summaries, tables or figures (Creswell and Plano-Clark, 2017:208).

The determination of the standard deviation of the CFSEI-3 of the sample's results is of significance to this study, as no norms exist for middle childhood bully-victims. The data in this regard was described in terms of their mean and distribution. Although comparative studies are usually concerned with descriptive statistics, it is proposed that the results of this study could add to the body of knowledge on the perceived self-esteem of middle childhood bully-victims from a population situated in a rural town in South Africa.

The quantitative data was analysed with the assistance of a statician Mr Coos Bosma at Nelson Mandela University. STATISTICA (version 13.2) is the statistical software utilised. A p-value was used to determine if shifts in self-esteem occurred post-intervention.

5.8.6 Qualitative data analysis

The qualitative data generated, was gained from observations that can be interpreted but not easily measured or counted as suggested by Scott and Garner (2013:9). The exploration of qualitative data comprises reading through all the data to gain a general understanding of the database (Creswell and Plano-Clark, 2011:207). The reflective journals of the researcher, independent observer, parents and teachers, as well as the interviews conducted with parents and teachers, constitute the body of qualitative data in this study. The purposeful inclusion of an independent observer (the equine specialist who was present during all the sessions) in this study served as a measure to curb any biased interpretation of the therapeutic process that could be found in the researcher's reflective journal. Since all the transcribed data was linked to an anonymous numbering system, known only to the researcher, the independent observer could not be influenced by knowing the identity of the therapee, his/her parent or teacher.

There are generally two distinct approaches to the analysis of qualitative data: one group demonstrates a strong focus on language, while the second is more concerned with the context of the therapees' responses; the latter is often seen in qualitative or mixed-method case studies (King and Horrocks, 2010:142). This study primarily included children whose literary capabilities were still developing; therefore, the emphasis of this study was on "what" and "how" the therapees conveyed regarding their experiences. Therefore, the body language of the therapees was recorded in the researcher's reflective journal as well as their unique interpretation of therapy experiences. The reflective journal of the researcher captured instances of body language and other non-verbal messages that became apparent during the sessions and/or interviews. King and Horrocks (2010:152) propose a three-stage system of thematic analysis. Figure 5.3 below illustrates the system used during the analysis.

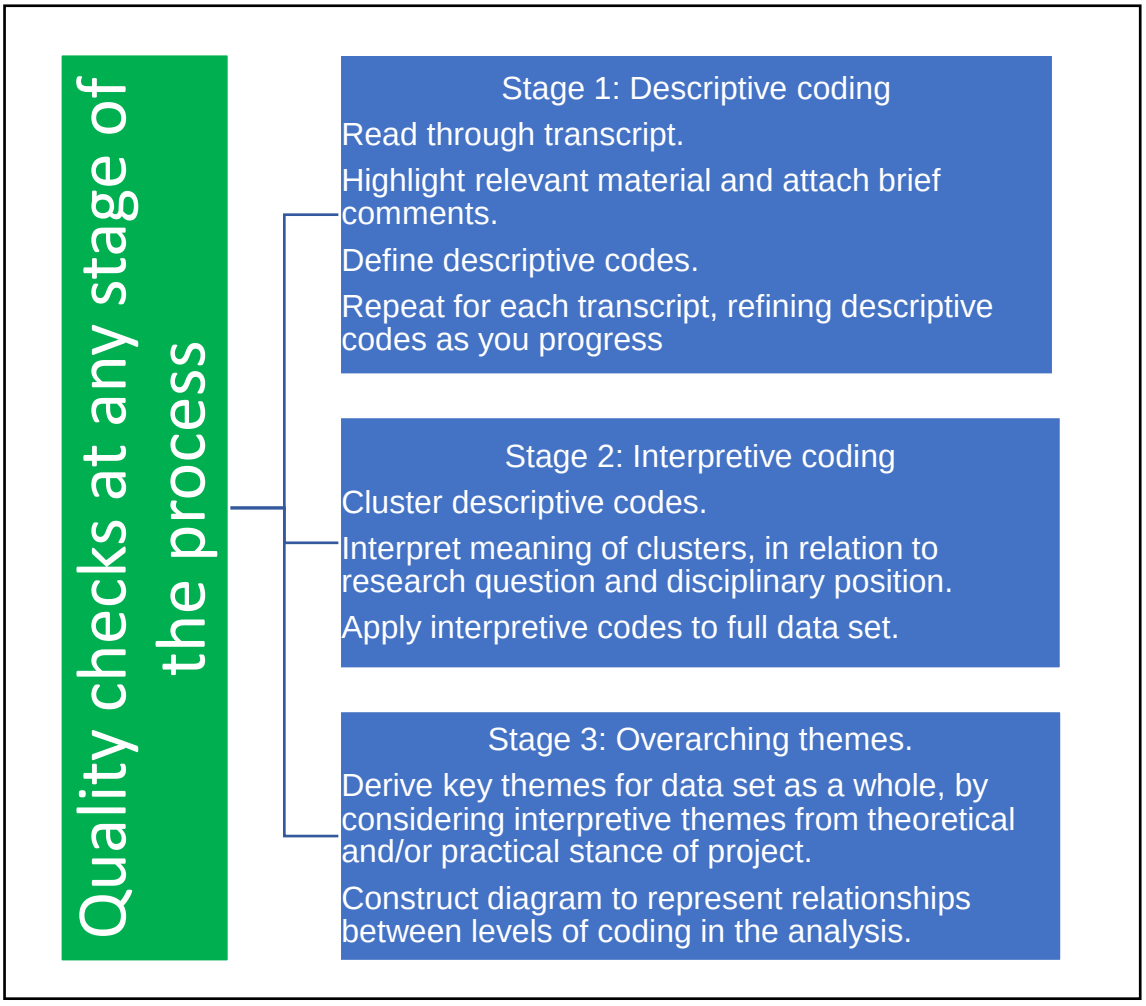


FIGURE 5.4 Process of thematic analysis (King and Horrocks, 2010:153)

Once all the raw data was collected, copies were saved, transcriptions were printed, and code names allocated. Copies of all the data was filed according to the individually numbered coding system, known only to the researcher, to sustain confidentiality.

Stage 1: Descriptive decoding

Coding refers to the process in which themes are developed by recognizing important trends or themes in the data and coding them prior to interpretation (Cope, 2010:281). An inductive approach was followed, starting with identifying themes in the data. Pertaining to this study, the process involved reading through all the transcriptions several times, highlighting what was relevant. Different colours were used to highlight different aspects that crystalized from the data making it easy to recognise patterns across the data sets.

Bearing the research questions in mind, special attention was paid to five data items (confidence, academic, social, parental/home and bullying behaviour). These transcripts were processed in Atlas ti, whereby the researcher located codes to the specific data items, manually. This allowed the researcher to rethink the coding process and identify groups of codes that linked together, such as the negative emotions experienced by therapees due to being bullied. After all the transcripts had been coded, themes were identified, described and analyzed. The researcher's supervisor evaluated the raw data independently and coded the data similarly indicating an increased interrater reliability. Interrater reliability is a measure of the degree to which different observers rate behaviors in similar ways as suggested by McBride, (2010:41).

- **Stage 2: Interpretive decoding**

Thematic analysis in qualitative research is normally concerned with the literal, also known as in-vivo, level of analysis, but the identification of latent themes often holds gems of insight (Boyatzis, 1998:166). The different themes identified in Stage 1 were then linked to the research questions and considered in relation to each other to consider if the coded extracts appeared to form a coherent pattern. If an extract did not fit within an already existing theme, it was moved to another better suited theme.

This process included the naming of the themes and identifying possible sub-themes. The naming of the themes is important, because the names had to be concise and descriptive of the aspects, they described to avoid repetition, the inclusion of wrong data, or confusion. The researcher evaluated the themes in relation to the research questions to determine their relevance in answering the research questions.

- **Stage 3: Overarching themes**

Once a full set of working themes was identified, the researcher described the themes from theoretical and practical perspectives, keeping in mind the study's research questions. The use of a computer program (Atlas ti) was deemed valuable in enhancing objectivity and analysis. At this the latent analysis of this data took place that involves describing the findings to the reader by including extracts in the analytic narrative to illustrate the story regarding the data. The inclusion of extracts involves going beyond describing the data but also making an argument in relation to the research questions that involves interpreting the data in relation to existing literature.

5.8.7 Mixed methods data analysis

Tashakkori and Teddlie (2010:432) posit that the integration of data obtained from mixed methods techniques remains underdeveloped. It is therefore of interest to stipulate the level of integration of both qualitative and quantitative data in a study. At the onset of this study, the integration of two quantitative measurements was utilised to determine the correct selection of therapees for inclusion of this study. At the second stage of this study, only qualitative data were generated. The study concluded with the gathering of qualitative data by means of interviews with parents and teachers and quantitative data via the re-administering of the CFSEI-3 inventory to determine the therapees' levels of self-esteem. The quantitative data gathered from the second CFSEI-3 inventory administered to therapees indicated to which extent the EAPT™ program was successful in increasing therapees' self-esteem. The qualitative data elaborated on the quantitative results by discussing and interpreting the therapee's involvement, enthusiasm and willingness to change behavioural patterns.

5.9 MEASURES OF TRUSTWORTHINESS

5.9.5 Bracketing

In qualitative research, much of the data generated is influenced by the subjectivity of the researcher. Bracketing allows the researcher to become more self-critical and reflective (Allen-Collins, 2009:286). Callary, Rathwell and Young (2015:67) posit that by bracketing experiences as researcher, potential biases during the interpretation of data are exposed. Related to the above, Callary, *et al*. (2015:67) suggest that bracketing should commence in multiple stages during the research project (Callary, Rathwell and Young, 2015:67).

In this study, the researcher mindfully bracketed her thoughts, reflections and possible bias on the research in a reflective journal. During the reflective process, the researcher would critically reflect on her reactions to a particular therapee's responses, the therapeutic process. I evaluate the techniques utilised and their effectiveness, justification for a specific technique being incorporated during the session and the child's level of co-operation and willingness to participate in activities. External influences that might have influenced the therapeutic intervention, such as the weather or the state of health of the child during that specific session was also recorded.

5.9.6 Validity

There are three types of validity in a mixed methods study: (a) quantitative validity; (b) qualitative validity; (c) and a term called “legitimation” (Onwuegbuzie and Johnson, 2006:52), better known as methodological issues (Creswell and Plano-Clark, 2017). If a questionnaire or inventory claims to be valid, it also claims that the scores received from therapees are meaningful true indicators of the construct being measured (Creswell and Plano-Clark, 2011:210).

Creswell and Plano-Clark (2017:251) propose that since both qualitative and quantitative data are used in a mixed methods study, the validity of the different data generating methods should be evaluated separately. Regarding the integrated data, Creswell and Plano-Clark (2017:251) posit that specific strategies should be employed to address potential threats that could prohibit the researcher from drawing correct inferences and making accurate assessments.

The internal and external validity of the quantitative instruments are established and well published. Critique on qualitative research, however, often dwells on the validity thereof. In this regard, Pope and Mays (2013) posit that the internal validity and reliability of qualitative raw data can be safeguarded if the data is recorded meticulously and if the data analysis process is conducted by two or more researchers who agree on the analytical process, such as the method of defining codes. Creswell and Creswell (2017) propose the incorporation of triangulation, which involves analysis of the same data, as well as defining the different sets of data, by different researchers. Onwuegbuzie and Johnson (2006:51) postulate that combining the strengths of qualitative and quantitative methods in a mixed methods study should be read broadly and not be limited to triangulation only.

The raw qualitative data obtained in this study were meticulously captured and distributed to an independent researcher. A process of triangulation followed, in terms of which the data was analysed by the researcher, as well as the identified independent person following the same coding system. Furthermore, member checks of captured data and the interpretation thereof by all participants were deemed important.

Validity was furthermore improved by the incorporation of valid quantitative data comparing the findings of the qualitative data.

5.9.7 Reliability

In qualitative research, the reliability of research is often questioned. The reliability of the research findings refers to the consistency of the researcher's approach and whether it can be replicated by different researchers and applied in different projects (Webber, 2017:155). The process of triangulation is often used to increase the reliability of a study. To increase the reliability of the findings the researcher's promotor reviewed the raw data, confirming the qualitative analysis. External validity is replaced by the concept of trustworthiness in qualitative research. Therefore, the results from the quantitative data was compared with the results obtained in the correlating themes found in the qualitative data.

5.9.8 Trustworthiness

Guba's model of trustworthiness was employed during this study to guard against research bias and subjectivity, as well as to increase the validity of the findings of this study. Guba and Lincoln, (1989) pose the following aspects for trustworthiness:

- *Dependability*

Dependability refers to the probability that should the study be replicated, similar results would be found (Babbie, 2015:318). This form of dependability relies on a positivistic view, where we live in an unchanging world (Jordaan, 2013:200). However, the real world we live in, is dynamic and constantly changing. This study attempts to increase dependability by detailing the research methodology, explaining the exact process that was followed, as well as the procedure how therapy was conducted.

- *Credibility*

Mertens and Hesse-Biber (2013:15) posit that mixed methods evaluations have a long-standing history of enhancing the credibility of evaluations. Credibility also refers to the internal validity of the study, whereby participants were identified and described in an accurate way (Jordaan, 2013:199). By describing the participants fully, the probability of valid data was increased.

- *Transferability*

Lincoln and Guba (1989) refer to transferability in the context of the generalisability of results with Bickman and Rog (2009:312) also including the concept of external validity.

The findings of a study should be understood whilst taking into consideration the population from which the sample was drawn, before making generalizations. Bickman and Rog (2009:312) posit that transferability is dependent on several factors, including the scope of the investigator's knowledge and resources, design quality, interpretive vigour and sampling adequacy.

- *Confirmability*

Confirmability refers to the concept of the researcher being neutral and objective. Guba and Lincoln (1989) emphasise the importance of removing the subjective influence of some of the characteristics inherent to a researcher. In this study, the researcher played a dual role, by being therapist as well as researcher. This posed the threat of bias but was curbed by the researcher fulfilling the role of therapist during the therapy sessions and reflecting on this process as a researcher.

5.10 CONCLUSION

This study utilized several forms of data generating methods, making the process of data processing more time-consuming and difficult. The purpose of involving such a variety of methods was to improve the validity, reliability and trustworthiness of the study. This chapter provided an outline of the process followed to collect the necessary data and guiding the reader through the research process in a logical and systematic way. Making inferences of mixed methods data entails a process of creating meaning out of a relatively large amount of generated information (Bickman and Rog, 2009:307). The next chapter reports on the results obtained from following the methodological processes, outlined in this chapter.

CHAPTER SIX

ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS ON BULLYING AND SELF-ESTEEM CHANGES AFTER TEN EAPT™ SESSIONS

6.1 INTRODUCTION

Chapter six presents the data generated by means of a mixed method research approach. The qualitative and quantitative data complemented each other, facilitating more insightful conclusions to be drawn, as suggested by Tafford and Leshem (2008:129). Meaning was allocated to the qualitative data through constant questioning and seeking categories, links and tendencies within the data as explained by Glaser and Strauss (1967:111).

Results from qualitative data were based on the reflections and responses of the therapees as they expressed their feelings, perceptions and attitudes and reflect a high level of honesty displayed by the secondary participants (parents and teachers) as well as the therapees. These reflections and responses provided a solid body of data for analysis and interpretation.

The quantitative data presented a numeric value of obtained results, with the qualitative data based on the descriptive narratives and explanations supported and elaborated upon the quantitative results, bringing about a much deeper understanding of the phenomena under study.

Methodological aspects regarding EAPT™ research

According to Harris and Williams (2017:3), because research on HAI, AAI and AAT is relatively young, a number of studies have presented with methodological weaknesses. Especially regarding research on an innovative programme, demonstrating a plausible theory of causality seems to be challenging according to Gee, Fine and McCardle (2017:x). Many such studies relied on anecdotal remarks; made use of small samples; lacked pre-test data; and used outcome measures and treatment structures not compairable across studies (Harris and Williams, 2017:3). This resulted in a lack of strong evidence that AAT could be beneficial to children during the middle childhood phase of their development. A South African study involving dogs in a reading program using a randomized control group in an attempt to provide proof of efficacy of AAT by improving on the methodologically

flawed studies, presented otherwise (Le Roux, Swartz and Swartz, 2014). Even though this study provides valuable information, more in-dept studies are necessary to provide compelling data that AAT, and specifically EAPT can be deemed effective as therapeutic method.

In an effort to add to the body of knowledge regarding AAT, this study employed a pre- and post-test multiple-case quasi-experimental design and attempted to limit the variables, thereby making methodological improvements to add to the credibility of the results. Widely accessible measures, such as the OBVQ-R and CFSEI-3 inventories, were implemented in selecting a suitable group of therapees whilst utilising a specific therapeutic intervention (EAPT™); making cross-study comparisons and greater standardisation of this form of AAT possible.

In the evolving world of AAT and literature being beset with confusing modalities regarding the type of intervention, it is important that precise, ethical guidelines are followed when evaluating the efficacy of such therapeutic modality. Under such circumstances, the replicability of a study is possible, as suggested by Geist (2013:76). In this study, making use of data obtained from parental behavioural protocols, confirmed the behavioural changes in the therapees as observed by the researcher.

In this chapter, the different themes, as identified during the analysis (see Chapter Five on how analysis was performed in respect of both the quantitative and qualitative data sets) are presented as follows: Under each theme, a discussion of the quantitative data obtained from the therapees is followed by a discussion of qualitative data obtained from the therapees' parents and teachers. The discussion is concluded in a synthesis at the end of each theme.

Unfortunately, involvement from teachers was exceptionally poor. At the onset of the study, the headmasters of the relevant schools agreed that their schools could form part of this study, identifying specific teachers. Teachers were informed on their responsibilities namely; the weekly completion of behavioural protocols and contacting the therapist if they experienced difficulties regarding the child in therapy. None who gave informed concent to be involved in this way, kept to their undertaking, possibly due to excessive work commitments and no real incentive that they could personally gain from being available.

Furthermore, three of the therapees requested that the teachers not be notified of their involvement in therapy. The therapist respected and valued their request, as such form of respect constitutes the first step of building a trusting therapeutic relationship with them.

6.2 PROFILE OF THERAPEES

To give the reader a better understanding of the therapees included in this study, the discussion starts with a table displaying distribution of gender, age and other demographic information at commencement of the study. Each therapee completed ten once-weekly EAPT™ therapy sessions. Due to variances such as therapees becoming ill variances occurred regarding the time it took to complete the ten therapy sessions. Each session lasted between 30 and 45 minutes. Due to variances in age and ability to concentrate sessions and activities were adapted according to the therapee's needs. The brain profiles of therapees indicated, explain in the last coloumn possible correlation between thinking preferences and behaviour when bullied, as revealed during this study.

Therapee code	**Chronological Age**	**Gender**	**Parent(s) marital status (married/ divorced/ remarried)**	**Other co-morbid diagnosed conditions and use of medication.**	**Duration of therapy.**
C6	11 years 4 months	Female	Remarried (child living with father)	None	4 months
C1	10 years 2 months	Male	Married	None	3 months
C2	10 years 4 months	Male	Married	Learning difficulties	3 months
C3	8 years 11 months	Male	Married	None	5 months
C4	11 years 2 months	Male	Divorced (child living with father)	Neurological condition. Herbal medication.	3 months
C5	12 years 2 months	Male	Married	ADHD. Ritalin being used daily.	3 months
C7	6 years 9 months	Male	Remarried (child living with mother)	None	2 months

TABLE 6.1: Biographical information of therapees

Brain profile of therapees

As part of her therapeutic practice, and in order to gain a better understanding of the therapees' thinking preferences before therapy commenced, the therapist determined the brain profiles of all the therapees. This knowledge provided the therapist with a better understanding of the therapees' thinking processes allowing her to, if needed, adjust the structure of the therapeutic activities. When the parents brought their children to the therapy sessions, these brain profiles were discussed, assisting them to understand their children's behaviour better.

Seale (2013:81) proposes that the way a child is being bullied can be linked to different emotional styles (brain profiles) of therapees. There is much debate about the actual existence of different brain profiles due to different profiling systems being used and the controversy regarding the efficacy of such methods. Therefore, the researcher highlights the possible correlations that were found in the therapees using the NBI® system. Since the sample is very small these results cannot be generalized to the wider population. The thinking preferences as established by the NBI-brain profile system of the therapees are displayed below.

Therapee code	L1 – child	L2 – child	R1 - child	R2 - child
C1				X
C2	X			
C3				X
C4				X
C5				X
C6				X
C7	X			

TABLE 6.3: NBI - brain profile of therapees

Table 6.3 shows that two of the therapees (C7 and C2) presemted with L1- thinking preference. L1- children normally exhibit factual, logical, rational and critical thinking. These therapees preferred working alone and were very task orientated. L1-children normally look at a situation in a realistic way, whilst being goal-orientated. According to Neethling and Rutherford (2014:82), normally, such children want to perform well and prefer to take charge of a situation.

The other therapees fitted the R2-quadrant of the NBI-brain profiling system. R2-children are people-oriented, like to engage with people and prefer to listen to other people's ideas, as well as sharing their own. They normally enjoy sensory experiences, such as movement, touch and smell; use body language effectively and exhibit feelings easily (Neethling and Rutherford, 2014).

An unexpected finding was that the two therapees in the L1-quadrant were also aggressive bully-victims; reacting aggressively and sometimes impulsively when bullied. The therapees who fitted the R2-quadrant were passive bully-victims, appearing submissive and non-aggressive when bullied.

Being familiar with the thinking preferences of the individual therapees before therapy commenced, the therapist could adjust the therapeutic intervention to empower the bully-victims with the skills needed to overcome being bullied. For example, L1-children needed to learn coping skills, such as how to control impulsivity. They had to learn to work against their natural tendency to react aggressively; whereas the R2-children had to learn assertiveness skills.

6.3 THEME ONE: PERCEPTIONS OF BULLYING

6.3.1 General discussion on the findings and the interpretation of bullying

The therapees were requested to complete the OBVQ-R before the start of the therapeutic process. Information yielded from this questionnaire indicated that bullying occurred on the school grounds during breaks as well as in the classrooms. No bullying was reported in the bathrooms or at the school gym.

6.3.2 Types of bullying prevalent in study

The types of bullying therapees were subjected to are divided into emotional, verbal; physical; cyber; and parental bullying as obtained via the OBVQ-R. Five therapees were subjected to physical bullying, while all seven therapees reported being bullied verbally. None of the therapees were subjected to cyberbullying or parental bullying.

Code name	Type of bullying that occurred				
	Verbal	Physical	Emotional	Cyber	Parental
C1	X	X	X	0	0
C2	X	X	X	0	0
C3	X	X	X	0	0
C4	X	X	X	0	0
C5	X	0	X	0	0
C6	X	0	X	0	0
C7	X	X	X	0	0

TABLE 6.2: Types of bullying therapees were subjected too.

Table 6.2 presents the types of bullying most prevalent at the schools included in this study, as confirmed by parents and teachers of these schools. The indication is that verbal bullying was the most prevalent form of bullying occurring; while physical bullying also frequently occurred.

Five of the six male therapees reported forms of physical bullying, such as being hit and/or bumped out of the way; verbal bullying, such as being called names and cursed; and emotional bullying, such as being excluded from the group. The female therapee as well as one male therapee reported verbal bullying only. These findings are in line with studies such as reported by Elamé (2013:20) where bullying amongst boys tended to be more violent and physical compare to bullying amonst girls where verbal and emotional bullying takes prevelence.

The absence of cyber and parental bullying might be explained by the fact that the population in which this research took place, came from a rural society, where the use of cellular phones on school property is restricted. Parents of the therapees did not allow free access to computers or other electronic media through which the child could gain access to social media or other forms of social electronic interaction.

Parental bullying was not reported during this study. The parents involved in this study voiced their concern and desire for the wellbeing of their children. They often asked for guidance to improve the parent-child relationship, thus gaining knowledge regarding positive reinforcement and skills to improve the parent-child relationship. Such desires and concerns are often absent in circumstances where parental bullying occurs.

- **Qualitative data**

As explained in Chapter Two, the type of bullying experienced, steers the therapeutic process with the therapist adjusting therapy according to the specific needs of each therapee. In this study, for therapees subjected to physical bullying, the skills needed to safeguard the victims against this form of bullying differed from skills taught to therapees subjected to verbal bullying.

To gain a better understanding of the phenomena under study, the researcher analysed all the data captured form the journals, transcripted interviews held with the parents and teachers involved in this study, and the transcribed therapy sessions with the therapees. Bearing the research questions in mind, the following themes surfaced during the analysis of the data and served to deepen insight in how each group of therapees perceived bullying, as well as highlighting the lived experiences and consequential behaviour of the children being bullied. For example: The way therapees described being bullied and the emotional reaction thereof showed correlation amongst journal entries.

- ***Therapees***

During the therapeutic intervention sessions, therapees confided their feelings about being bullied. For example: during one of the activities the therapee is requested to use provided material to build a safe space. The horse plays the role of being the bully trying to invade the safe space (whilst being motivated to locate the horse treats). During this playful activity several parallels were drawn e.g. between horse's behaviour and the bully's behaviour at school. The therapee's emotional reaction to being bullied was processed and alternatives to behaviour were considered. This "opening-up", awareness and sharing of inner thoughts involved the use of therapeutic techniques through which the therapee had the opportunity to verbalise and release feelings of helplessness, sadness, anger and fear. In this round-about way, therapees were made aware of their bodies' physical reaction in response to the emotional stress they experience when exposed to bullying. The individual therapees displayed different emotional and physical reactions to being bullied, such as:

C1: "jy is kwaad …my kop begin pyn … jy wil hom slaan" – ("*you get angry … my head would begin to hurt … you want to hit him*").

C2: “ek word kwaad … hy laat my altyd in die moeilikheid kom by juffrou”) – *(“I get angry … he always gets me in trouble with the teacher”).*

C3: “dan voel dit ek kry so ‘n gevoel in my bloed en in my neus en dit kom net nie uit nie … dan pyn my kop” – *(“then I get a feeling in my blood and in my nose and it just doesn’t want to get out … then my head starts to pain).*

C4: “as ek die prentjie sien, dan dink ek aan J … ek word kwaad …. eerste ding wat gebeur is ek kry my vuiste op … en ek begin my tande so kners” – (“*when I look at this picture, I think of J …. I get angry … first thing that happens, is I get my fists up … and I start clenching my teeth …. ”*).

C5: “Ek dink om te leef in die dinosaur tyd was baie lekkerder …. Want tussen die dinosours was daar nie boelies nie. Want in hulle tyd as jy iemand probeer boelie het, dan was jy dood.” – (*“I think it would have been much nicer to live in the times of the dinosaurs … because there were no bullies. If you tried to bully someone, you would be dead”).*

C6: “My hart raak seer …. Dan wil ek nie meer by die skool wees nie” – *(“I get sad …. Then I no longer want to be at school”).*

C7: “Ek raak kwaad, want hy slaan my en sê vir my ek is dom” – (*“I get angry because he hit me and tells me I am stupid”).*

The above statement displays the train of thought of C5, reflecting wishful thinking of living in a world where no bullying existed. This statement also reflects that this child’s ‘fight-or-flight’ response was activated, as discussed by Geist (2011:246). Due to the traumatic material that had not been processed when this statement was made, this child was locked in a state of readiness and reactivity, as explained by Grand (2013:85) due to being bullied.

The therapees came to recognise the bullying behaviour displayed by the bully and explained in which ways he/she was bullied.

C2: “Ek moet net aan die ander kant wees, waar die slegtes is, waar hulle nie kan drieë druk nie, dan verloor ons elke keer.” – (“*I have to be on the other team, where the weak ones are, they cannot score tries, then we lose every time*”).

This type of bullying entails that the therapee was purposefully excluded from the group; with the bully assuming a dominant role, deciding who gets included in the group.

Therapee C1 voiced how he was verbally bullied and also expressed fear of being physically bullied again:

C1: “Hy vloek jou …. en dan sê hy vir jou LOOP! en as jy nie loop nie, dan slaan hy jou” – (“*He swears at you … and then he will say GO AWAY! And if you don’t go, he will hit you”).*

C3: “Hy sê lelike goeters en dan sal hy my onnodige name noem” – *(“he will say nasty stuff and then he will call me rude names”).*

All the above relate to both physical and emotional manifestations in the bullied child and have relevance to the **secondary research question.**

- ***Parents***

Five of the seven parents interviewed initially reported that their children no longer wanted to attend school due to the bullying. Two parents cited this reluctance and even fear to attend school as being the reason why they had sought professional assistance from the therapist. According to these parents, it had become a daily struggle to encourage their children to attend school or even participate in sport activities which they had previously enjoyed.

P5: “Sy wou glad nie meer skool toe gaan nie. As ek haar gaan aflaai het, het sy in trane gestaan by die klas of my vasgeklou.” – (*“She no longer wanted to attend school at all. When I dropped her off; she would be in tears, standing at her classroom or clinging to me”).*

P1: “Dit het ‘n daaglikse ‘fight’ in ons huis geword, waartydens hy bly sê het dat hy nie wil skool toe gaan nie, want M gaan hom seermaak of met hom mislik wees. Ek het nie meer geweet wat om te doen nie. Ek het met die skoolhoof en onderwysers gaan praat, maar niks het verander nie” – (*“at home it became a daily fight, during which he repeated that he didn’t want to go to school, because M was going to hurt him or be awful towards him. I didn’t know what to do any more. I spoke to the headmaster and teachers, but nothing changed”).*

P7. “Hy huil oor alles en sy skoolpunte is swakker as die vorige kwartaal” – (“*he cries over everything and his school performance is worse than the previous term”)*.

P2: “Hy het gevra of hy nie weer terug kan gaan na sy ou skool toe nie, alhoewel hy daar ook geboelie was, dit is hoe sleg dit vir hom is op die oomblik” – (*“He asked if he couldn’t return to his old school, although he was bullied there as well, that is how bad the situation is at the moment”).*

Parent P1 initiated a routine in terms of which her child kept a diary, recording his personal lived experience of being bullied. The parent and child would then afterwards think of solutions or alternatives to avoid being bullied. This prompted the therapist to establish a similar type of workbook for the other therapees as well, who could decide if they wanted to complete the work in the workbooks and/or discuss the information with either parents or with the therapist. Included in this workbook were notes on different techniques practised during therapeutic sessions, acting as a reminder of alternative behavioural measures available when being bullied.

Five of the therapees made use of this workbook. From the interviews conducted on the completion of the therapy sessions, parents P2, P5 and P7 mentioned valuing the workbook, confirming that they had gained a better understanding of the aspects being addressed during therapy sessions. The therapist explained the various techniques to the parents as well as how to implement these at home. By introducing the workbook to parent P5, the researcher realised that parents often felt excluded from the therapeutic process:

P5: “Partykeer sien ek julle speel, maar ek het nie ‘n idee wat julle doen nie … nou verstaan ek wat aangaan” (*“I sometimes see you play, but I have no idea what you are doing … now I understand”*).

- ***Teachers***

Some teachers remarked that they noticed the therapees being ill at ease in their classroom and refraining from voluntarily joining group activities.

T2: “Die kind onttrek hom van die ander kinders. Hy gee die boodskap aan hulle dat hy nie deel wil wees van hulle groep nie.” – (“*This child withdraws from the other children. He gives them the message – that he does not want to be part of their group”).*

The fact that the teacher perceives the child to “give a message that he does not want to be part of their group” may be an indication of her bias towards the bully. She “blames” the therapee (bully victim) rather than the bully for the behavioural difficulties the bullied child displays, failing to recognise the bully’s behaviour. She did not investigate the reluctance

of the therapee to participate in group activities nor tried placing him in another group. This might be explained because the bully in that class was also the teacher's star academic-pupil. This information was revealed by the teacher during the interview)

Teacher T3 remarked on having observed therapee C6 exhibiting anxiety when her father dropped her off at school. T3 did not investigate possible causes for this anxiety but noticed an improvement after the child received therapy.

T3: "Sy was altyd verskriklik angstig om skool toe te kom en goed, dit het ek agtergekom. Sy sou baie gehuil het en baie keer maagpyn en sulke tipe goeters, en dit is vir my baie beter. Sy kla nou nie meer nie, sy het baie gekla oor haar maagpyn. Maar ek dink regtig dit was angs gewees. Ek is doodseker." – (*"she was extremely anxious about attending school, that I noticed. She would cry and complain about tummy ache, ailments but has now improved. She does not complain any more, she complained a lot about tummy aches. But I think it was anxiety. I am dead-sure")*.

Teacher T4 recognized that when therapee C7 complained about being bullied, he would also express a longing for his deceased grandmother:

T4: "Soms sou hy op sy arms gaan lê in die klas, en as ek hom vra wat fout is, sou hy sê dat hy na sy ouma verlang…. Dit gebeur gewoonlik later in die dag … soms sal hy die oggend kom kla het dat CC hom seergemaak het … ek weet nie of dit iets met mekaar uit te waai het nie?" (*"Sometimes he would lay on his arms in class, and if I asked him what was wrong, he would state that he missed his grandmother … this often happened later in the day … sometimes he would complain earlier that same day, that CC had hurt him … I don't know if the two are related?").*

6.3.3 **Synthesis**

The use of the NBI-brain profile system allowed for a possible new correlation to be made between L1-children and aggressiveness in bully victims. This means that by combining the child's brain profile and information gained from the OBVQ-R questionnaire, the therapist could adjust the planned therapeutic intervention therapy before commencement.

The two therapees presenting an L1-profile, reported physical attacks. This finding correlates with Seale's (2013:81) reports on L1-children being prone to bullying by means of physical attacks and being called names. The L1-therapees also reported being

excluded from the group. Seale (2013:81) posits that R2-children are often bullied by being excluded from the group, with snide remarks or false rumours being spread. In this study, three male R2-therapees reported being excluded from the group, but also being physically bullied; whereas the female R2-therapee reported being called bad names. The researcher deducted that the type of bullying therapees was subjected too cannot be categorically linked to their thinking preferences; but rather that *the reaction* to being bullied can be explained by the therapee's thinking preference.

Considering the above, it appears as if the bullied child initially does not associate being bullied with experiencing physical pain as well as emotional stress. Teachers who notice physical discomfort in therapees are often unaware of the actual cause of the discomfort displayed by the child. For example, teachers may think that a child displaying anxiety when her father drops her off at school, is suffering from separation anxiety, while in fact she may be fearful of being bullied at school. It can be difficult both for the teacher and parents to distinguish between physical ailments, such as a child having a stomach ache due to, for example, an appendicitis and psychosomatic symptoms stemming from emotional stress. Giaretto (2010:4) states that when a person complains of an array of emotional and physical pains, it can be a typical sign of automatic dysregulation. Grand (2013:85) states that when traumatic events are not properly processed, this person can be kept in a constant state of readiness and reactivity with negative long-term outcomes.

EAPT™ assisted in getting answers from therapees regarding emotional responses to being bullied, events of being bullied and existing strategies used to discourage being bullied. The activities implemented during EAPT™ allowed therapees to portray their existing coping skills and provided the opportunity for adopting new strategies and trying out new behaviour in a safe environment. With the horse being the focus of during EAPT™ activities the therapee experienced a safe environment whereby he/she could share the experience of being bullied with the therapist whilst performing activities with the horse such as grooming the horse. The physical presence and positive feedback given by the horse reassured the therapee revealing their traumatic experience.

6.4 THEME TWO: SELF-ESTEEM CHANGES IN THERAPEE

The primary research question of this study is "How effective is EAPT™ as therapeutic method in addressing low self-esteem during the middle childhood phase of bullied individuals?" This question is answered by focusing on the hypotheses of this study.

H_o: The use of EAPT™ as therapeutic method is not effective in improving the self-esteem of children in the middle childhood phase whom are being bullied.

H_a: The use of EAPT™ as therapeutic method is effective in improving the self-esteem of children in the middle childhood phase whom are being bullied.

To determine whether there had been an improvement in therapees' self-esteem from the time of the pre-test to the post-intervention test, a statistician from the Statistical Department at the Nelson Mandela University implemented the Wilcoxon matched pairs test as well as the paired t-test. Both tests came to the same conclusion and are summarised as follows:

Paired t-tests				Wilcoxon Matched Pairs Test		
	T	p-value			Z	p-value
Academic	-1,784	0,135		Academic	1,603567	0,109
General	-0,488	0,646		General	0,365148	0,715
Parental/Home	-4,540	0,006		Parental/Home	2,201398	0,028
Social	-4,341	0,007		Social	2,022600	0,043
Global	-4,768	0,005		Global	2,201398	0,028

TABLE 6.4: Self-esteem before and after intervention

The results obtained from the p-value derived from the pre- and post-tests scores of all the subscales of the CFSEI-3 indicate a value less than 0.05, accept the academic and general subscales, which highlights a significant difference in self-esteem values. Specifically, since the CFSEI-3 regards the Global self-esteem quotient to be the most useful and reliable value in this test. Therefore, the H_o hypothesis can be rejected, and it can be concluded that EAPT™ was an effective therapeutic method to improve the self-esteem of therapees in this study who were bullied. Other contributing factors could have contributed to the perceived improvement of self-esteem other than the therapeutic intervention such

as natural maturity or events at school. Therefore, it can be concluded that EAPT™ can be a contributing factor to increased self-esteem of bullied individuals who attend therapy.

These results indicate an increase in self-esteem in the **parental/home**, **social** and **global** aspects of self-esteem. However, the **academic** and **general** aspects of the therapees' in this study self-esteem did not indicate a statistically significant difference. The finding regarding academic self-esteem is congruent with previous research findings by Flouri (2006:52) which suggest that intervention programmes that focus on the enhancement of self-esteem in children will probably not lead to changes in academic achievement. However, Marsh and Martin (2011:69) contradict this finding, stating that an improvement in academic self-esteem can lead to advances in academic performance if teachers placed more emphasis on increasing children's self-esteem instead of focusing on academic achievement. Academic improvement was not the focus of this study, but the lack of teacher support in this study might have influenced the low improvement in academic self-esteem. Marsh and Martin (2011:70) furthers by postulating that academic achievement and academic self-concept are reciprocally related and mutually reinforcing.

This study included the active involvement of therapees over two academic terms, which period might have been too short to establish if reciprocal changes between academic achievement and academic self-concept occurred. As suggested by Marsh and Martin (2011:70), children should experience changes in academic achievement, which could result in changes in academic self-esteem; aspects that can be evaluated in a longitudinal study; something not possible in this study.

Primary Research question	Finding	Conclusion
How effective is EAPT™ as therapeutic method for use in addressing low self-esteem during the middle childhood phase of bullied individuals?	EAPT™ is effective in addressing social, parental/home and global self-esteem, but does not indicate a significant change in general self-esteem or academic self-esteem.	The EAPT™ therapeutic method allowed for the increase in self-esteem. Since global self-esteem is deemed the most reliable self-esteem score, this score was used to evaluate the self-esteem scores of therapees. This score indicates that EAPT™ can be viewed as an effective therapeutic method in addressing self-esteem in bully-victims.

TABLE 6.1: Findings, Interpretation and conclusions related to the primary research question

Moye (2013:99) cautions against a decision to reject the H_o hypothesis based on p-values alone, highlighting that where sample size restrictions (such as in this study) occur, the p-value alone cannot be used to determine the efficacy of a therapeutic method; rather, that thoughtful examination of the data must inform the finding. In this study, the data both quantitative and qualitative sets were analysed before interpretation took place.

The self-esteem levels of therapees were measured using the CFSEI-3 questionnaire. Six therapees between the ages of 7 and 12 years completed the CFSEI-3 Intermediary form; while the other, younger, therapee completed the Primary questionnaire (due to being 6 years old at the onset of the therapeutic intervention). The Primary questionnaire only delivers a global self-esteem score, hence no other scores were captured in therapee C7's other categories. The pre-test and post-test results derived from these questionnaires revealed the following.

Code name	Self-esteem score **pre**-intervention					Self-esteem score **post**- intervention				
	Academic	General	Parental Home	Social	Global	Academic	General	Parental Home	Social	Global
C1	6	7	10	5	80	10	7	13	10	100
C2	12	9	10	4	85	13	11	11	7	100
C3	2	4	2	2	50	2	7	4	7	63
C4	5	9	9	6	82	5	9	10	11	92
C5	1	5	3	1	50	1	7	5	1	57
C6	6	8	5	6	75	8	4	9	9	83
C7					85					96

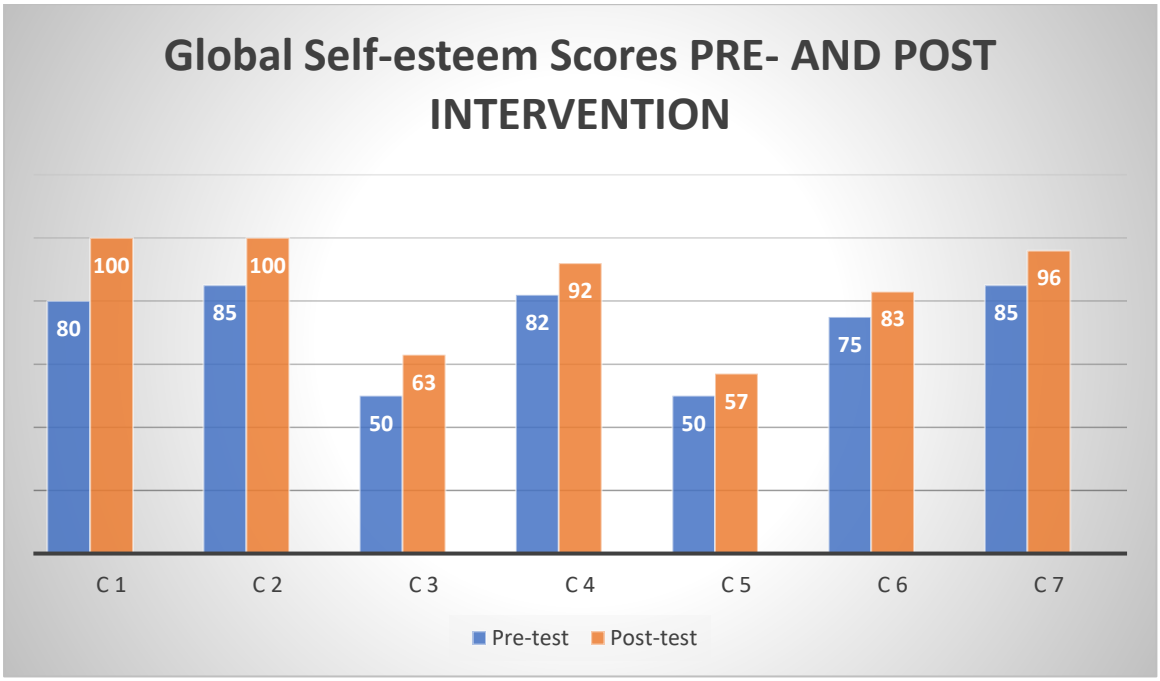
TABLE 6.3: CFSEI-3 scores pre-test and post-test of therapees

6.4.1 Global self-esteem and confidence

- **Quantitative data**

This self-esteem score is a most reliable score, with a mean of 100 and a standard deviation of 15. An increase in this aspect of self-esteem indicates socially appropriate response patterns and self-perceptions (Battle, 2002:15). An increase in global self-esteem indicates that the therapee perceives him-/herself as acceptable and likeable and that he/she embraces a sense of belonging.

Herewith follows a graphic illustration of the **global** self-esteem scores pre- and post-intervention.



GRAPH 6.1: Global self-esteem scores pre- and post-intervention

When evaluating the GSEQ scores, it is important to note that deviant scores, ranging below 90 or above 110, should be evaluated to determine how skewed self-perceptions should be addressed through therapeutic intervention. Inflated self-esteem scores higher than 110 are not perceived as desirable because extremely high self-esteem scores are positively correlated with narcissism (Foster, Campbell and Twenge, 2003:471).

Bearing the research questions in mind, specific attention was paid to scores below 90, as these might designate problems such as poor self-esteem, immature behaviour patterns, negative feelings, or unsatisfactory adjustment, as suggested by Battle, (2002:14). The above graph indicates that all therapees experienced an increase in **global** self-esteem post-intervention, none inflated to above 100.

Although an increase in all therapees' self-esteem was established, post-intervention; scores for C3, C5 and C6 indicated that their self-esteem still needed some improvement. According to Battle's (2002) guidelines the post-intervention global self-esteem scores of C6 displayed a below average rating, while C3 and C5 displayed ratings of very low self-esteem. These scores were an indication to the therapist and parents that these therapees

had benefitted from the intervention but might still need to continue with therapy in an effort to increase their self-esteem levels to the preferred rating between 90 and 110.

- **Qualitative data**
  - ***Therapees***

Self-esteem is an evaluation of the child's perception of him-/herself as being capable, significant, successful and worthy (Mruk, 2018; Gardner, 1992; Rosenberg, 1985 and Coopersmith, 1967). To signify the personal growth therapees experienced, differences between self-expressions at the beginning of the therapeutic intervention was compared to self-statements during the last therapy sessions. It has been suggested that bully-victims may develop thoughts of helplessness regarding their ability to effect change in their environment both in the present and future and find it difficult to identify positive events occurring in their lives (Vernberg and Biggs, 2010:148) At the end of the therapeutic intervention, the therapees were able to indicate what personality traits, physical traits or abilities they embraced. This was something they found difficult during the early stages of therapy.

Therapy Session One: **C1**: "Sjoe, ek weet nie, tannie … ek dink ek kan goed rugby speel" – ("*I do not know … I think I am good at rugby").* Compared to: Therapy Session Ten: **C1**: "Ek hou van my kop, … my hart, …. My ma en pa en my familie" – (*I like my head, … my heart … my mom and dad and my family").*

Therapy Session Four: **C2:** "Ek hou van my brein in my kop … en … my hande, laat ek iets kan doen" – *("I like my brain in my head … and … my hands, that I can do something").* Compared to: Therapy session ten: **C2**: "Ek hou van alles … my hele lyf … sommer van alles") – *("I like everything … my entire body … I just like everything").*

Therapy Session Four: **C4:** "Niks … ek hou van niks" – *("Nothing … I like nothing").* Compared to: Therapy Session Ten: **C4:** "My hare en my oë" – *("My hair and my eyes").*

Therapy Session Four: **C7:** "Ek hou van die sny op my been" – (*"I like the cut on my leg").* Compared to: Therapy Session Nine: **C7:** "Ek is nie bang vir 'n uitdaging nie … maklik is 'boring' … ek hou van uitdagings" – (*I am not scared of a challenge …. Easy is boring …. I like a challenge").*

Therapees C3 and C5, who showed the least improvement in global self-esteem, were the two children displaying maladjusted play behaviour during therapy sessions. For example; C3 would use long sentences when answering questions during therapy, sometimes adding information that did not make sense; whereas C5 would always include stories about dinosaurs or dragons during all the therapeutic sessions; adding so much detail that he lost track of his own thoughts. In general, C3 and C5 found it easier to project attention to other people or imaginary things.

C3: “As niemand my wil glo nie, dan glo hulle my nie. Dan gebeur dit maar net op ‘n Maandag of ‘n Dinsdag of Woensdag, Donderdag, Vrydag, so.” – *(“if nobody wants to believe me, then they don’t believe me. Then it happens on a Monday or a Tuesday, or Wednesday, Thursday, Friday, just like that.”).*

C5: “Ek het ‘n dragon geteken wat nou by sy gunsteling fishing spot is. Hy het gewoonlik gegaan vir ‘n flying fish. As hulle kon dan kon hulle baie hoog gegaan het, baie soos ‘n salmon, maar in daai tyd was hulle salmon net baie groter met ‘n protective shield met hul skin gehad. As ‘n ander vis hulle gebyt het dan het hy ‘n protective shield skin gelos en dan het hy net weer een gegroei. Dan het hy baie hoog gegaan en dan het hy geduik in die see toe. Dan het hy binne in die see ingeduik. Dan het hy die soort Salmon gevang. Dan het hy geweet as hy ingaan, dan was dit die water wat watertight is en as hy in is, dan het hy gegryp, dan boost hy homself en dan is hy weer uit die water uit” – *(“I draw a dragon at his favourite fishing spot. He usually fished a flying fish. If they could, they would have gone very high, similar to a salmon, but in those days the salmon was bigger with a protective shield on their skin. If another fish bites them, then he would release this protective shield and grow another. Then he would go up very high and dive into the sea. Then he dived into the sea. Then he caught this type of Salmon. Then he knew if he went into the water, that was watertight, and he was in, then he would boost himself, and then he was out of the water again”).*

Therapees C3 and C5 found it difficult to think of personality traits they like in themselves, even during the tenth sessions they attended.

C3: “Ek hou van niks” – *(“I like nothing”).*

C5: “Seker maar ….. dat ek kan planne maak” – *(“I suppose …. That I can make a plan”).*

- ***Parents***

During the exit interview some parents acknowledged appreciation for being supported to acquire the parenting skill of assisting their children in accepting and liking who he/she was without comparing him-/herself to someone else.

P1: "Hy wil weer skool toe gaan … hy hou weer van rugby en tennis en lag weer as 'n mens hom sien" – *("he wants to go to school … he likes rugby and tennis and laughs when you see him").*

P2: "Om jou kind te leer om van homself te hou…. Want as jy in die môre opstaan en jy in die spieël kyk en jy vir jouself sê: Ek is mooi, ek het 'n mooi hart, my liefde vir mense en my spontaneiiteit, daai goeters. As jy net iets, 5 goeie goed, vir jouself kan sê in 'n oggend, dan begin jy sommer klaar goed." – (*"To teach your child to like himself … because if you get up in the morning and look in the mirror and tell yourself: I am pretty, I have a beautiful heart, my love for people and my spontaneity, those things. If you can only tell yourself five good things in the morning, then the day already starts well").*

P5: "Sy selfvertroue is meer. Ek dink sy, um …. vermoë om dit te sê, dit is beter" – (*"his self-confidence improved. I think his … ability to say something, that has improved").* "Hy lag meer" – ("*he laughs more").*

P6: "Ek het geleer om nie my kind met die ander kinders te vergelyk nie. 'n Pa wil mos hê sy kind moet beter wees. Jy het my geleer dat my kind uniek is…. My oë oopgemaak vir die klein veranderinkies in haar" – *(I learned not to compare my child with other children. A father always wants his child to be better. You taught me that my child is unique … my eyes were opened to the small changes in her").*

P7: "Hy kan homself uitdruk, hy het nou die dag vir my 'n briefie geskryf en gesê dat hy kwaad is en dat ons hom 'n bietjie tyd moet gee. Dit is wonderlik om te weet my kind weet watse emosionele belewenis hy ervaar" – (*He can express himself, he wrote a letter to me the other day where he stated that he is upset and that we should give him a little time to calm down. It is wonderful to know that my child knows what he is experiencing emotionally).*

- ***Teachers***

Teacher T2 admitted that being confronted with an aggressive bully victim (C2) in her classroom was challenging, but that over time she noticed the behavioural changes in the child; relating it to the therapeutic intervention:

T2: “Ek het vir jou gesê aan die begin van die jaar, dat in die 30 jaar wat ek skoolhou, het ek nog nie so ‘n kind gehad nie, maar met al hierdie dinge wat julle gedoen het, en ekstra hulp, het dit defnitief positief gedraai”. – *(“I told you at the beginning of the year, that in the 30 years that I had been a teacher, I had never had such a child; but with all the things you’ve done and the extra assistance, it turned out positive.”).*

➢ **Synthesis**

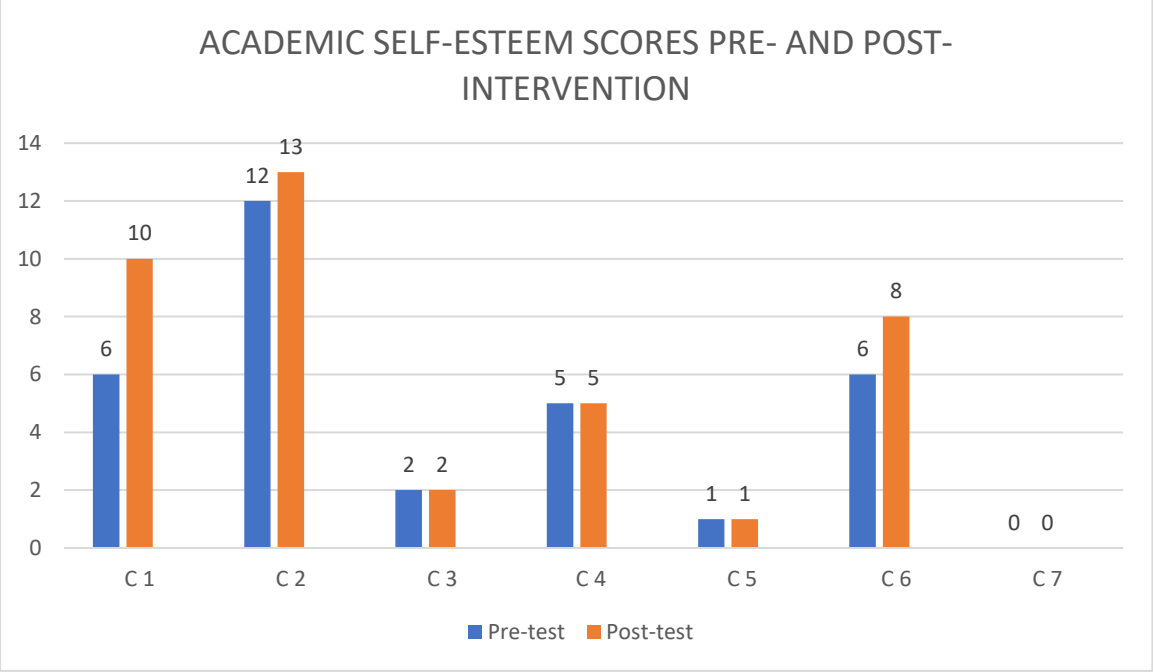
To initiate exploration of aspects of themselves what they like or dislike, therapees were asked to determine if they think the horse likes herself during a grooming activity. During this therapy session therapees learned self-efficacious thinking by exploring cause-and-effect relationships and by observing how their grooming influence their surroundings (the horse), as suggested by (Snyder, Lopez and Pedrotti, 2011). Parallels were drawn between the perceived experience of the horse and the therapee’s interpretation thereof. thus, exploring self-efficacy perceptions. Most therapees experienced self-acceptance at the end of the therapeutic intervention, whereby they were willing to explore what they were thinking, feeling and desiring, as well as assimilating the idea of compassion – not only to him-/herself but also to the horse involved. This feeling of compassion could also be related to peers. The experience of deliberately exploring aspects of themselves allowed therapees the opportunity to integrate unintegrated aspects of childhood (Tsabary, 2014), such as perceiving themselves as different from peers (Berns, 2007).

Branden (1970:77) states that change in a person can only occur when he/she becomes who he/she is and not attempt to become who he/she is not. The changes noticed by parents and teachers in therapees’ behaviour support the changes regarding the self-acceptance of the therapees. Furthermore, it can be concluded that therapees displaying maladjusted play behaviour might need more time in therapy to accumulate the skills necessary to increase their global self-esteem.

6.4.2 **Academic self-esteem**

- **Quantitative data**

Academic self-esteem is also referred to as self-assessed intelligence (MacKinnon, 2015). The results in Graph 6.2 reflect perceived academic self-esteem changes and not actual academic performance in the therapees:



GRAPH 6.2: CFSEI-3 Academic self-esteem pre- and post-intervention scores

The therapees displayed little change regarding academic self-esteem post-intervention. The highest score a child can score in this subtest is 13. The qualitative data tries to explain the reason for the perceived lack of change.

- **Qualitative data**
  - ***Therapees***

Little change regarding academic self-esteem occurred in the therapees of this study. Although some therapees were academic achievers, they still believed they could achieve better. The children all agreed that to be able to achieve better marks, they would have to work harder. This realisation indicates that the therapees took responsibility for their academic performance.

The therapees in this study noted during the last therapy sessions that they now enjoyed attending school, because the bullying has stopped, but still did not enjoy schoolwork or homework. As explained by C3, a Grade 3 learner, when he spoke of his teacher:

C3: “En sy gee Graad 5 huiswerk. En sy hou nie van ons dat enige lekkerte kan kom nie”. – *(“And she gives Grade 5 homework. And she doesn’t like us, she doesn’t allow anything fun to happen”).*

C1 when probed regarding his perception of school responded as follows.
C1: “Skool was lekker, tannie …. Ons het gespeel, en ons het gewerk …. Ons het skelms en Polisie gespeel. Die skelms moet weghardloop en dan moet die polisie tien sekondes tel en dan moet hy die prisoniers kry” – *(“School was fun … we played, and we worked … we played robbers and Police. The robbers had to run away, and then the Police had to count to ten and catch them”).*

Although no specific tracking of academic performance was done in this study, this dislike in schoolwork associated with the teacher and tests might explain why no change in academic performance was noticed by either parents or teachers in C1. The findings in this study regarding academic self-esteem are congruent with previous research findings by Flouri (2006:52) and Rosenberg, Schooler, Schoenbach and Rosenberg (1995:153), who suggest that intervention programmes that focus on the enhancement of self-esteem in children will probably not lead to changes in academic achievement, although the researcher acknowledges that an increase in academic performance as part of an increase in self-efficacy could lead to an increase in academic self-esteem. A study including a bigger sample might deliver different results.

An increase in academic achievement might be possible if changes in classroom management or teaching approaches occured (Mruk, 2013:7) and, as suggested by Marsh and Martin (2011:69), if emphasis is placed on increasing academic self-esteem and not academic achievement. But for teachers to be viewed as authentic and trustworthy by children, they need to not only praise the efforts of the children, but also assist children in developing the competencies they lack e.g. math skills. Mruk (2018:11) suggests that for children to have authentic self-esteem, they must demonstrate competence in a mature and fully functional way. Children can develop competence if they acquire the necessary skills to complete a task, something teachers can assist them with.

Teachers as role models for children during the middle childhood phase should demonstrate a belief in children's capabilities, as this belief can have a reciprocal effect on children's academic self-esteem. In this regard Burns (1982:254) postulates that teachers who exhibit good self-esteem, displaying a positive belief in themselves professionally and personally showing the propensity for believing in children's capacity, could increase children's self-esteem.

- ***Parents***

The non-significant increase in academic self-esteem observed in this study might also be enlightened by aspects such as that during middle-childhood, the development of self-esteem is highly influenced by the child's significant others. Significant others, from a social psychology perspective, is perceived as people who have a great impact on the child (Andersen and Chen, 2002:619). Children during the middle childhood phase of development usually perceive parents, teachers and peers as their significant others (Lawrence, 2006:13).

In the preceding chapters, the influence of these significant others was discussed, bearing in mind the influence of parents, specifically on academic self-esteem, revealing that parenting style plays a role in the development of self-esteem. Although during this study, parents' parenting style was not specifically evaluated, accept when parents requested the therapist to do so. Flouri (2006:43) suggests that the children of parents practising an authoritative parenting style attain better educational outcomes, have an internal locus of control and higher self-esteem.

An authoritative parenting style refers to parents who are assertive, practising disciplinary methods that are supportive, rather than punitive. Authoritative parents support their children to exhibit pro-social behaviour, be assertive and independent (Grant and Ray, 2010:79). Baumrind (cited in Lamb and Bornstein, 2013:276) posits that children of authoritative parents are academic achievers because these parents communicate realistic demands that are intellectually stimulating to their children, without generating tension.

- ***Teachers***

Most therapees had different teachers for each subject; therefore, the teachers involved in this study could comment only on the subjects they taught the child and could not provide an overall picture of academic achievement. While teachers who taught all the subjects within a Grade could provide a more holistic picture of the overall academic achievement of therapees in that Grade.

T3: "C6 se punte het nie regtig verbeter nie" – *("C6's academic marks did not really improve").*

T2: "C2 sukkel 'n bietjie met sy tale, ek dink dit het 'n bietjie agterweë gebly. Maar sy persentasie het defnitief opgegaan in al daai vakke, Afrikaans en Engels. Sy wiskunde is redelik stabiel en die leervakkies is okay." – *("C2 struggles a bit with his languages, I think it got left behind a little. But his overall percentage improved in all those subjects, Afrikaans and English. His maths is relatively stable, and the learning-subjects are okay").*

Teachers do have a specific influence on academic self-esteem development. The characteristics of teachers that may affect children's academic self-esteem include the teacher's perceived idea of the child's capabilities (Kususanto *et al.,* 2010: 708); the teacher's involvement and support (Reddy, 2003:119); as well as teaching approaches, classroom management and activities (Mruk, 2013b:7). As the teacher gains a better understanding of the child, the teacher might adapt his/her perceptions of the child and become more involved with the child as unique individual and not merely treat him/her as just another learner. Since teacher involvement in this study was relatively poor, it can be suggested that more active involvement by teachers could possibly have led to a better development of academic self-esteem.

An increase in academic marks can influence a child's self-esteem (Rosenberg *et al.*, 1995:153). It may therefore be important to attempt to increase academic performance in children during the middle childhood phase of development.

- **Synthesis**

The changes teachers noted regarding academic performance were in line with literature, proposing that programmes focusing on increasing global self-esteem in children do not

lead to changes in academic performance. To increase academic self-esteem and academic performance due to the reciprocal effect, Marsh and Martin (2011:70) suggest that teachers emphasise academic self-esteem as well as academic achievement (not focus on academic achievement only). Other suggestions for the improvement of academic performance is to decrease academic performance anxiety, the acquisition of techniques for examination preparation, planning and relaxation techniques before and during examinations (Seabi, 2011:246); all activities teachers can teach children.

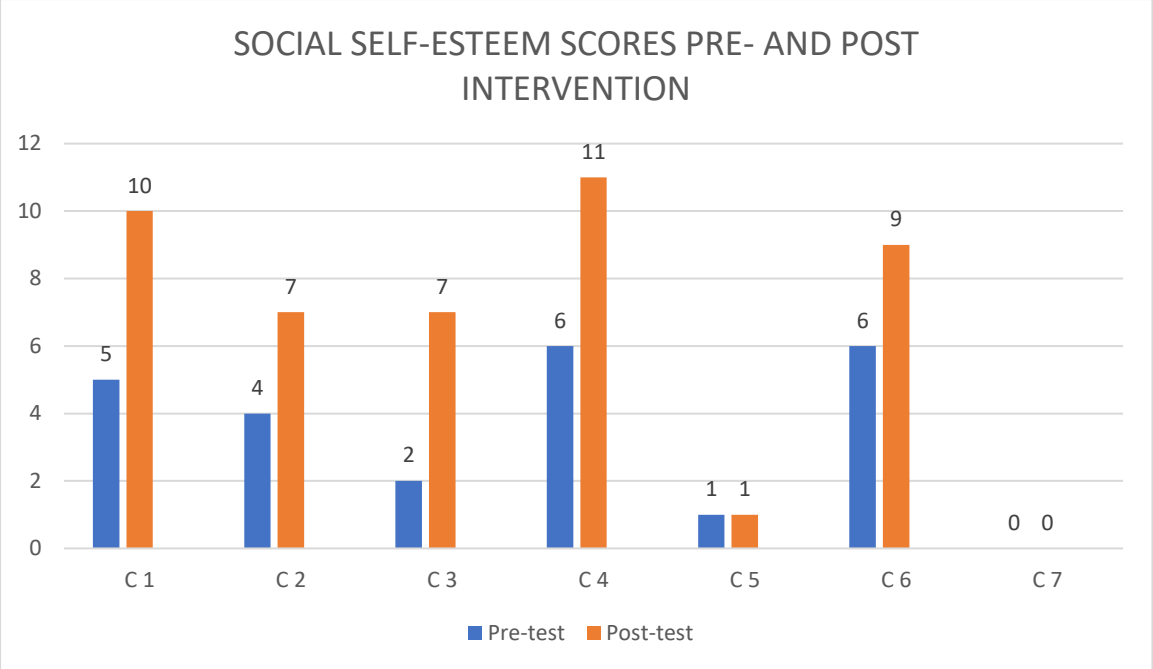
Parents can, if needed, be guided in adopting an authoritative parenting style to support children in achieving academic goals, which can lead to an increase in academic self-esteem. Although the therapees did not reveal any changes regarding their perceptions, likes or dislikes on academic work or their perceived intelligence. Academic achievement can influence academic self-esteem therefore, the therapees' academic performance can be enhanced by means of adopting appropriate study methods and addressing test anxiety.

6.4.3 **Social self-esteem and relationships**

- **Quantitative data**

In this study bullying as phenomenon took place within a social setting. During the middle childhood developmental phase, the most common social setting is school, as it is at school that children spend most of their time. Social self-esteem is directly linked to the therapees' perception of his/her abilities, attitudes, interests and values as they relate to the quality of interactions with peers outside the family unit (Battle, 2002:4).

The quantitative data revealed that a significant increase in social self-esteem occurred in therapees post-intervention as evident from Graph 6.3. The data was derived from questions requiring a 'yes' or 'no' answer, such as: "Boys and girls like to play with me" and "Other children think I have good ideas".



GRAPH 6.3: CFSEI-3 Social self-esteem pre- and post-intervention scores

- **Qualitative data**
  - ***Therapees***

Quality of friendships has been identified as having an influence on children's psychosocial functioning, self-worth and self-efficacy (Vernberg and Biggs, 2010:150). If positive friendships are absent or limited a bullied child may be prone to poorer psychological outcomes that can lead to the reoccurance of bullying (Vernberg and Biggs, 2010:150). The therapees all agreed that the bullying had stopped and that he/she was able to form new friendships. Having a friend that accepted him/her for who he/she was, proved to play a positive role in curbing bullying as well as in the development of social self-esteem. When the therapees were asked if they had experienced changes regarding bullying and social relationships, the following remarks were noted:

C1: "Gaan beter, tannie …. Net vandag waar ek gevra het vir meneer of moet ons die sinne uitskryf, toe sê hulle vir my, toe baklei hulle met my …… ek het hulle ge-ignore … dit het my 'n bietjie gepla, maar nie baie nie." – *("It is going better, mam …. Today when I asked the teacher if we should write out the sentences, they ridiculed me …. I ignored them … it bothered me a bit, but not too much").*

C2: "Gaan goed, ons is nou pêlle. Ons speel nou saam" – *("It is going well, we are now friends. We play together").*

C3: “Ek het nou sommer baie maatjies gemaak. Dit is lekker” – (*I have made a lot of friends. It is fun).*

C4: “Ek speel elke dag met iemand anders. Daar is goeie ouens in die klas, hulle laat my saamspeel as ons King speel” – *(I play with a different person every day. There is good guys in my class, they let me play with when we play King”).*

All the therapees mentioned the ability to make friends. They expressed the importance of having a friend during school hours to stand by them when being confronted by the bully.

C6: “A en N sal vir haar sê sy moet my uitlos. Dan voel dit baie beter.” – (“*Ané and Nina will tell her to leave me alone. Then it feels much better”).*

C5: “Ek het nou ‘n beste vriend. Sy naam is M. Hy vang my.” – *(I have a best friend, now. His name is M. He gets me”).*

- ***Parents***

Parents noticed various changes regarding their children’s behaviour in the relationship between themselves and the therapees, as well as with other children.

P6: “Die manier hoe sy dinge hanteer met ander kinders, het so baie verbeter …. Voorheen was dit ‘n daaglikse tranedal as ek haar aflaai by die skool. Sy het die Bybel na my vrou gebring en gevra sy moet vir haar wys waar in die Bybel staan dit dat ‘n mens moet skool toe gaan….. Nou sal sy kom vertel, die kind het haar aan die keel gegryp en sy het dit so en so hanteer, of sy het vir haar dit of dat gesê en dan gaan speel sy weer.” – *(“The way she handles situations with other children, improved a lot …. Previously she would be in tears when I dropped her off at school … She even brought the Bible to my wife, asking that my wife should show her where in the Bible it states that a child has to attend school….. now she comes and tells me that a child grabbed her by the throat, and she handled it in this or that manner and then goes on playing”).*

P2: “Toe ons ry, sit hy sy handjie op my skouer en sê vir sy boetie … ‘moenie so met mamma praat nie!’” – *(“When we drove, he placed his hand on my shoulder and said to his brother … ‘don’t talk to mom like that!’”).*

P5: “Die feit dat hy dit kon regkry om ‘n beste vriend te maak. Dit is ‘n groot mylpaal, iets wat ons nog nooit kon regkry nie” – *(The fact that he managed to make a best friend. That is an achievement, something we weren’t able to accomplish before”).*

P1: “Hy het ‘n nuwe vriend gemaak (R), hy vra om by die maatjie oor te slaap. Dit is iets wat hy nog nooit gedoen het nie. Hy het nog net by sy ouma oorgeslaap, maar nog nooit by ‘n maatjie nie. Dit wys vir my hy het selfvertroue gekry”. – *(He made a new friend (R). He asks for sleepovers, something he has never done before. He has only slept over at his grandmother’s, but never at a friend. This shows to me that he is gaining self-confidence”).*

- ***Teachers***

An improvement in interpersonal relationships were noted in therapees by the teachers.

T3 reported that she could not comment on C6’s interpersonal relationships due to her limited observation time with the therapee during school periods. She did not see the therapee during break times, when she was socially engaged with her peers. However, she noticed an improvement regarding C6’s relationship with the boy she was sitting next to in class and her voluntary involvement in netball (something she previously stopped, due to apparent anxiousness):

T3: “Van laasjaar het ek al agtergekom, want sy het by my netbal gespeel en toe het haar pa later, sy het so gehuil dat haar pa later ook gesê het, later, nee, los dit maar. En dit voel ook vir my regtig beter…. Ek sien hulle nie regtig sosiaal nie, maar sy sit nou langs ‘n ander seuntjie in die klas en ek kan sien hulle twee lag lekker saam. Ek wil amper sê dit lyk asof dit sosiaal beter gaan, want sy was mos maar altyd baie stillerig”. – *(“From last year I noticed, because she played netball that I coached and then her father finally, she cried so much that her father said no let’s leave it. And I feel that that is much better … I don’t really see them socially, but she sits next to another boy in my class, and I see them laughing together. I want to say it looks like she is better socially, because she was always very quiet”).*

T2 reported on an experience when accompanying the entire class on a field trip. This allowed her the opportunity to view therapee C2 in a more relaxed environment. It was during this field trip that she could establish that a real change regarding C2’s interpersonal

skills had evolved. He was able to make a new friend and interacted with the bully without being confrontational, which was a huge improvement for this specific child.

T2: “Twee dae voor die skool gesluit het, was ons saam Johannesburg/Pretoria toe, waar ons goedjies gaan kyk het en ons was op plekke gewees. En dit is asof daai kind ‘n totale verandering ondergaan het…. So ek dink die liggie het aangegaan”. – *(“Two days before school closed, we (as a class) went together to Johannesburg, Pretoria, where we looked at different things and visited many places. And it is as if it was a totally different child … so I think the light dawned”).*

T2: “Soms is hy nog eenkant in die klas, maar ek laat hulle happie-tyd hou, al is hulle in Graad 4, dit maak nie saak nie. Hy het altyd by sy tas gesit. Ek roep hulle nou en sê hulle moet in ‘n kring kom sit en saam eet. So sosiaal is hy defnitief besig om te verbeter….. daar is ‘n maatjie by wie hy aanklank vind en wat hom intrek, so dit is defnitief besig om te verbeter.” – *(“Sometimes he still keeps to himself in the classroom, but I let them have a snack in class, although they are in Grade 4, that doesn’t matter. He used to sit at his bag. I called them and tell them to make a circle, and everyone eats together. So, socially he is definitely starting to improve … there is a friend whom he relates to and who pulls him in, so it is definitely starting to improve”).*

T4: “Hy en G (sy vriend) speel partykeer nog saam en as hulle by die rye kom dan dit gaan sê nou maar oor wie staan nou voor, dan baklei hulle …. Maar wat hom en C (die boelie) betref … hy reageer glad nie meer as C hom uitlok nie” – *(“He and G (his friend) would sometimes still play together and when it comes to falling into rows, then they would argue regarding who stands first … but as for him and C (the bully) is concerned …. He doesn’t react when being provoked by C”).*

- **Synthesis**

Bullying is a social dilemma. Being supported by friends at school brought therapees feelings of relief resulting in changed social interactions, noticed by parents and teachers alike. Children experiencing anxiety due to being bullied and withdrawing from social interactions miss out on opportunities to develop the necessary assertiveness and social skills. During EAPT™ therapy sessions domains such as social skills and assertiveness were addressed. EAPT™ sessions addressing social skills and assertiveness revolved

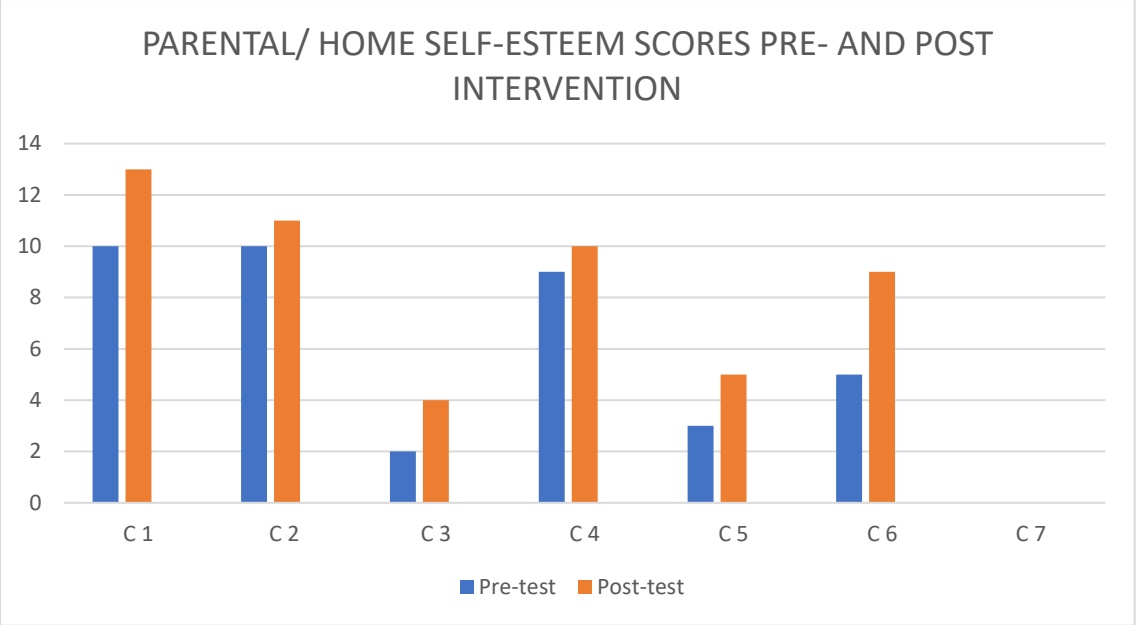
around becoming aware of body language, first displayed in the horse and then paralleled towards humans. For example: The therapee was requested to interpret the horse's body language whilst grazing. Thereafter the therapee was requested to express how he/she would express such an emotion, e.g. smile when feeling calm and relaxed. The therapee was then requested to approach the horse, attempting to make friends. Once again paralelles were drawn to approaching peers in a social setting such as during break times at school.

Children whose response to being bullied relate to being anxious, helpless and presenting with internalization problems may miss out on normative social developmental encounters that can lead to being even more bullying (Vernberg and Biggs, 2010:148). This correlates with findings by Branden (1995:118), positing that self-assertiveness in the context of self-esteem refers to honouring the self's wants, needs and values, whilst seeking appropriate forms of expressing these wants, needs and values in reality. With regard to the therapees, it can be related to the ability to foster new friendships and being able to react appropriately to being bullied.

6.4.4 **Parental/home self-esteem**

- **Quantitative data**

A statistically significant increase in parental/home self-esteem was observed. Parental or home self-esteem measures the child's perception regarding the quality of interactions within the home and family unit (Battle, 2002:4).



GRAPH 6.4: CFSEI-3 Parental/Home self-esteem pre- and post-intervention scores

- **Qualitative data**
  - ***Therapees***

Assessing the family patterns may be useful as research has found that the family environment of bullied children tends to be characterized by aspects such as parental overprotectiveness, less warmth, and rejection (Vernberg and Biggs, 2010:151). During the therapeutic sessions, therapees did not comment on changes they experienced with siblings or parents. The only therapee who remarked a change in behaviour was C3.

C3: "Sussie wou op my plek kom sit, toe sê ek vir haar: 'nee!', Tannie het mos gesê ek mag" – *("My sister wanted to sit on my seat, so I told her: 'NO!' you told me I could, Auntie").*

Before the intervention, this therapee found it difficult to stand his ground against his sister, but after practising being assertive, he gained enough confidence to stand his ground at home and at school.

- ***Parents***

Parent P3 supported the above, namely that C3 acted firm and stand his ground against his younger sister, who previously used to bully him. As his parents supported him in his assertive actions and actually reinforced the new behaviour, C3 felt valued and this change in family interaction created a sense of belonging and purpose for him.

During the exit interview, P5 mentioned that for the first time, her son showed interest in the family business and other family members. This could be because his parental/home self-esteem increased as a result of a renewed sense of belonging within the family structure.

P5: “Selfs sy bewustheid van ons as gesin, is defnitief daar. Hy sou nie geweet het of dit … net daai hy weet nou sy pa werk grondboontjies en daar word sonneblom gestroop, gewone dag se dinge wat aangaan, wat hy amper nooit van bewus sou wees nie, is hy nou van bewus van. En sal hy vra: Hoe gaan dit met die? Hoe gaan dit met daai?” – *(“Even his consciousness of us as a family, it is definitely there. He would have not known previously …. Those everyday things, he knows now that his father is working with peanuts and sunflowers are being harvested, normal every-day things going on. Things he would previously not been aware of, he is now aware of. And he will ask: How is it going with this? How is it going with that?”).*

- ***Teachers***

T2 noticed a positive change regarding parent-child relationship between C2 and P2.

T2: “Dis asof die mamma net so ‘n bietjie terugstaan, want daar is nou ‘n vrou by die skool wat na hulle skoolwerk kyk, sodat daar nie so baie konflik is nie. Ek bedoel, …. dat sy nie nog met die huiswerk baklei en raas nie en hy haar (ek wil nou die woord gebruik), as heks sien nie.” – *(”it is as if the mom is standing back a bit, there is a woman at school now that looks after his homework, so there is not as much conflict anymore. I mean …. that she doesn’t have to put up a fight regarding homework and he doesn’t see her as (I want to use the word) a witch, anymore”).*

T4 did not notice any negative change in the relationship between parent P7 and therapee C7, supporting the perceived positive relationship between mother and son.

T4: “Hy is baie lief vir sy ma … die verhouding tussen hulle is nog altyd goed” – *(“He loves his mom very much … the relationship between them has always been good”).*

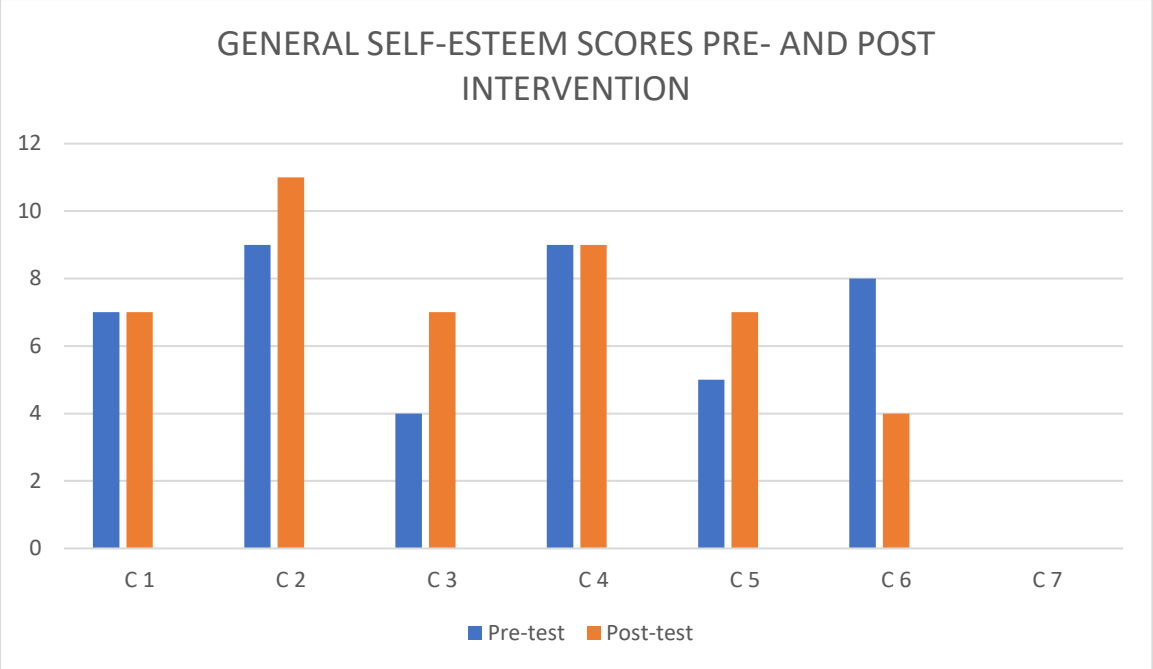
- **Synthesis**

Some parents mentioned a change in behaviour amongst siblings and attributed this to increased self-esteem levels in therapees. Parents did notice a change regarding the therapees' relation to the family. Some parents noted a change in relationship between parent and child, some noticed a change regarding the therapee's interest in the family business. Teachers noted in some specific cases, for example, C2 and C6, improved parent-child relationships. These changes might be contributed to therapees gaining personal integrity as it forms part of self-esteem. In this regard Branden (1995:143) argues that when children deal positively with feelings of guilt and responsibility, their sense of personal integrity improves. These changes can also be contributed due to parents being encouraged to create a more positive familial environment. The therapist educating them on the intervention components (such as encouraging of social activities) so parents can continue to work on these aspects after the intervention has been completed, as suggested by (Vernberg and Biggs, 2010:152) might also have led to parents perceiving the child-parent relationship more favourably.

6.4.5 General self-esteem

- **Quantitative data**

The general self-esteem levels of the therapees did not increase significantly in this study. The general self-esteem was measured by negatively ranked questions such as: "Are you always able to achieve goals that you set for yourself?" and "Do you sometimes get in trouble for something your friends have done?" Questions like these provide a perspective regarding a therapee's realistic view of him-/herself. This aspect of self-esteem relates to the therapee's perceived sense of worthiness.



GRAPH 6.5: CFSEI-3 General self-esteem pre- and post-intervention scores

➢ **Qualitative data**

- ***Therapees***

During therapy, general self-esteem was addressed by requesting therapees to try out new behaviour or activities, such as putting a halter on the horse without the assistance of the equine specialist or therapist. The therapee was not restricted and could ask for assistance if he/she wanted. Afterwards, the experience of doing something new on his/her own was discussed, relating the experience to everyday activities at school or home; being encouraged to try out new behaviour.

C6: "Hoe moet ek maak? …. Okay ek sal" – *("What should I do? …. Okay I will").*

C1: "Ek sal probeer, maar as ek vashak sal tannie help?" – *(I will try, but if I don't get it right will you help?").*

C2: "Hoe kom die ding aan? Gaan sy stilstaan?" – *("How does this thing fit? Will she stand still?).*

C4: "Sal sy my nie byt nie?" – *("Won't she bite me?").*

- ***Parents***

After completion of the therapeutic sessions, the parents noticed changes in the therapees' everyday demeanour, indicating the assimilation of new knowledge in behaviour.

P5: "Ek dink sy wêreld is meer realisties…. He still has his moments … maar dit is defnitief beter" – *("I think his world is more realistic …. He still has his moments … but it is definitely better").*

P6: "Sy het nou iets begin wat sy nog nooit gedoen het nie …. Sy wil 'n boek skryf … sy het die boekie self gemaak … sy het begin skryf … die naam van die boek is: "Die towerskoene", nou waar my kind aan dit kom, maar dit is vir my nice. Want die kind het altyd geworry hoe moet sy maak dat sy net by pappa kan wees, nou maak sy planne hoe om haar boekie te skryf… Dit is fenomenaal" – *("She started with something that she has never done before … she wants to write a book … she made the book herself …. She started writing … the name of the book is: "The magic shoes", now where did my child get that, but I enjoy that. Because my child was always concerned with making plans of how to be with her daddy, now she is making plans how to write her book…. That is phenomenal").*

- ***Teachers***

The teachers noticed more changes in the behaviour therapees displayed during activities outside the classroom than during academic activities inside the classroom.

T2: "Ons het Melodrama gehad die kwartaal. Dan sien jy die kind ook anders… C2 moes saam met 'n meisie dans, wat eers vir hom moeilik was, maar toe kry hy dit reg en op die ou einde was dit vir hom baie lekker." – *("We had Melodrama this term. Then you see a child in different circumstances… C2 had to dance with a girl. It was difficult for him at first, but then he got it right and in the end, he enjoyed it.").*

T3: "C6 het weer begin netbal speel en geniet dit" – *("C6 started playing netball again and enjoys it").*

- **Synthesis**

The quantitative scores indicate that the therapees did not perceive themselves as different from what they were at the onset of therapy. Statements from parents and teachers differed from this observation by the therapees, as they observed demeanour outside the classroom; small changes over time culminating in improved behaviour during every day life activities.

6.5 THEME THREE: PERCEPTIONS REGARDING THE VALUE OF EAPT

- **Qualitative data**
  - ***Therapees***

Some of the therapees displayed more sensitivity regarding the welfare of the horse than others. This was evident during a week when the horse was not feeling well. Although she was in near facinity so the therapees could greet and see her, she was not requested to work. Therapees C3 and C2 requested to interact with the horse. The therapist obliged and showed therapees that the horse was receiving the necessary medical treatment.

C3: “Kyk, haar ogie hang sommer so” – *(“Look, her one eye is drooping”).*

C2: “Voel sy nie lekker nie? …. Wat is fout met haar?” – *(“Is she feeling sick?.... What is wrong with her?”).*

Therapee C4 appeared to be more motivated to engage with therapeutic activities at times when the horse was actively involved, such as riding activities, than during activities in which the horse was allowed to roam freely and the therapee could observe the horse or groundwork activities.

C4: “Hoekom kyk sy so vir my? …. Dit is weird, sy bly vir my kyk” – *(“Why is she looking at me like that? …. It is weird, she keeps on looking at me”).*

Therapee C1 indicated on the completion of his last session that he did not want the sessions to stop, requesting to continue with riding lessons.

C1: “Dit is lekker om op Blondie te ry …. Gee Tannie rylesse ook?” – *(“I like riding on Blondie …. Do you give riding lessons as well?”).*

Therapee C6 also voiced her disappointment that the therapy sessions came to an end, wondering if she could come and visit the horses from time to time, jokingly asking if she cannot start the programme again.

C6: “Aggenee, dit was lekker….. kan ons nou weer begin?” – (*“O no, it was nice … can we start again?”)*

C7: “Blondie het my geleer ek moet ‘n goeie maatjie wees om ‘n goeie maatjie te maak … Soos my maatjie E, hy beskerm my altyd” – (*Blondie showed me that to get a good friend you need to be a good friend … Like my friend E, he will always protect me”).*

- ***Parents***

The following data inferred the **secondary research question** pertaining to the parents’ perception of EAPT™ as an effective therapeutic method in strengthening their children’s perceived low self-esteem and handling of being bullied.

P1: “Hy het dit nie gesien as terapie nie. Hy het gepraat van hy gaan perde toe. So hy het nie gevoel daar is ietsie fout met hom nie…. Ek wens net die boelies kan geforseer word om die program by te woon, want noudat C1 nie meer geboelie word nie, het die boelie net besig geraak met die volgende kind” – (*“He didn’t think of it as therapy. He spoke of going to the horses. So he didn’t feel that there was something wrong with him…. I only wish that the bullies could be forced to attend this programme, because now that C1 is not being bullied, the bully has simply moved on to the next child”).*

P2: “Die diere is die trekpleister. Die feit dat is dat Blondie was siek, en toe het hy gesê: ‘Mamma, vandag was nie vir my so lekker soos altyd nie, want Blondie was siek’. Toe sê ek vir hom, ja maar jy moet onthou, dit is net soos met ‘n mens, ons word ook mos siek en dan voel ons ook maar af. So ons moet dit ook maar net verstaan. Ek moes aan hom verduidelik, en dit het my kind ook geleer, net so kan diere ook nie net elke dag aangaan en aangaan nie*.” – (“The animals are the attraction. The fact that Blondie got sick and he said: ‘Mommy, today was not as nice as usual, because Blondie was sick’. So, I told him, yes, but you have to remember, it is just as with humans, we also get sick and then we feel off. So, we have to understand it. I had to explain; and it taught my child that, just as with humans, that animals cannot simply go on and on.”).*

P3: *"D*ie perde was vir hom baie lekker. Kyk, C3 se aandag word mos vinnig afgetrek as hy stil-sit….. so ek dink die feit dat hy besig gebly het op die perd … net daai beweging … ek dink jy het meer uit hom uit gekry as wat jy sou as jy in 'n kantoor moes sit*." – (He enjoyed the horses very much. Look, C3's attention gets distracted very easily if he has to sit still …. So, I think the fact that he was kept busy on the horse … that movement … I think you got more out of him than what you would have, had you sat in an office.").*

P4: *"*As C4 se medikasie in balans is, dan perde-terapie, ja dan sal daar 'n groot verskil wees, so ek sê dit absoluut*"- ("If C4's medication was in balance, then horse-therapy, yes, then there would have been a big difference, absolutely").*

P5: Sy uniekheid was nooit vir my 'n probleem nie, maar NOU, noudat hy meer geanker is in homself en in die realiteit, is dit nogal vir my lekker……met die program wat meer gestruktureerd is, was dit 'n positief ….. die terapie het vir hom die "tools" gegee om buite die terapie te "cope"' – *("I never experienced his uniqueness as a problem, but NOW, now that he is more anchored in himself and the reality, I quite enjoy …… with the programme being more structured, that was a positive … the therapy gave him the 'tools' to 'cope' outside therapy").*

P6: *"*jy is great, maar die perd doen net nog iets. Spesifiek vir C6. Ek weet nie hoe gaan 'n ander kind reageer nie. Maar C6 het Tannie Monique se naam genoem en Blondie se naam genoem, want die twee bymekaar het vir haar daai wow gegee, daai sekerheid. Sy het uitgesien na dit… dit kan nie sonder die perd gebeur nie, ek weet nie hoekom nie*." – ("You are great, but the horse did something more. Especially for C4. I don't know how another child would have reacted. But C4 mentioned Auntie Monique's name and Blondie's name, because the combination gave her that wow-feeling, that certainty. She looked forward to it …. It couldn't have happened without the horse, I don't know why").*

P7: "Die program het vir hom geleer hoe om sy woede te verbaliseer en hoe om eers 'n bietjie te dink voordat hy net optree…. Die perd was vir hom 'n skuiling, hy kon vir die maatjies sê: 'Ek gaan perde toe om te leer hoe om te werk met boelies' … die enigste slegte ding is omdat die onderwyseres geweet het hy is ingeskakel, het dit gevoel of die kollig op my kind is vir elke klein dingetjie wat hy verkeerd doen…... dit sal great wees as die boelie verplig was om ook hierdie program by te woon" – *("The programme taught him how to verbalize his anger and how to think before he acted … the horse was a shelter for him, he could tell his friends that he was going to the horses to learn how to work with*

bullies … the only bad thing is because his teacher knew he was involved, it felt as if he was in the spotlight, every time he did something wrong…… it would have been great if the bully was obliged to attend this programme").

From the above, it can be concluded that the parents agreed that EAPT™ was an effective therapeutic method to increase their children's perceived low self-esteem and supported them in handling bullying. The elements the parents highlighted as important aspects of the therapeutic setting were:

(a) the inclusion of the horse;

(b) the physical movement involved during the therapy sessions;

(c) a structured program focused on individualised goals; as well as

(d) the combination of therapist and horse during therapy sessions.

P1 and P7 highlighted that bullies might also benefit from being involved in EAPT™, specifically in the bullying-programme.

- ***Teachers***

The data from interviews with the teachers provided answers regarding the **secondary research question** relating to what teachers' perceptions were regarding behavioural changes in bullied children during the middle childhood phase after being exposed to EAPT™.

T2: "Die gebruik van diere is belangrik … ek het 'n bietjie opgelees oor dit …. Ek het hulle na die Lipizanners toe gevat in Johannesburg …. En ek kon daai andersheid wat hy toe nou al gehad het, die meer vryheid en om nie bang te wees vir die dier nie, in die geval dan nou die perd … ons sal moet sulke goed inbring vir ons kinders, in plaas van om net te praat met die kind." – *("The use of animals is important …. I read up on it …. I took them to see the Lipizanners in Johannesburg …. And I could already see the difference he displayed then, showing more freedom, not being afraid of the animal, in this case a horse … we will have to introduce such things for our children, instead of just talking to a child").*

T7: "Ek voel verseker dit is 'n goeie ding … jy help mos die kinders om vir hulle goedjies aan te leer soos om met hierdie dinge (boelies) … dit waarmee hulle gekonfronteer word

om dit te kan hanteer. Op ‘n positiewe manier eerder as om slaan jou eerste opsie te maak.” – (“*I definitely feel this is a good thing … you help the children by teaching them skills, such as how to deal with these things (bullies)… things that they get confronted with and how to handle it. On a positive level, rather than hitting being your first option.”)*

- **Synthesis**

The therapist witnessed that therapees C3 and C5 who displayed maladjusted play behaviour, as described by Landreth (2012), were able to adjust their play behaviour more effectively during ground-based horse-activities (such as building an obstacle course and leading the horse through that course), than during on horseback riding activities. The adjustments these therapees (C3 and C5) made during ground-based horse activities concurred with Mann's (2010:8) view that adjustments in play behaviour assist children in making contact with the ‘here-and-now’ rather than relating to imaginary experiences.

The insights gained from the results promoted the “goodness of fit” model that therapists can apply. “Goodness of fit” within a therapeutic context suggests that the client should be screened and evaluated to determine if the suggested therapeutic intervention would best serve the client and the therapeutic goals. McClowry, Rodriguez and Koslowitz (2008:1) encourage the “goodness-of-fit” model by suggesting that when the individual differences of therapees are incorporated into treatment protocols, elegant models of intervention can be developed.

According to the “goodness-of-fit” model, individual traits such as temperament, influence behaviour and developmental outcomes, while the environment can mitigate or intensify the therapeutic intervention outcomes (Hipson and Seguin, 2017:1). Therefore, before a client is involved in EAPT™, careful attention should be paid, considering not only the client’s temperament or personality traits, but also the client’s medical history; for example, being allergic to animals and previous exposure to animals.

Parents and teachers agreed that the involvement of the horse provided the additional factor needed to make therapy successful. Both parents and teachers expressed their enthusiasm for the exploration of therapeutic interventions that include live animals such as horses and dogs.

In this study, the pragmatic evaluation of these individual experiences provided the reader with a better understanding of the underlying processes that influenced the outcome of this intervention. Understanding that not all children, parents or teachers respond similarly to the same therapeutic intervention, consitutes the first step toward considering the efficacy of adapting environments to best suit clients' needs.

6.6 CONCLUSION

This chapter presented and interpreted the findings of the study by means of detailed discussions. Against the backdrop of the theoretical Gestalt approach and keeping the research questions in mind, the therapees' lived experiences, as well as parental and teachers' perceptions, were discussed. The qualitative data provided a rich description of the lived experiences of the therapees in this study, at the same time adding deeper meaning to the results obtained from the quantitative data. In the chapter that follows, the implications of the findings will be presented, followed by recommendations for future research.

CHAPTER SEVEN

IMPLICATIONS, RECOMMENDATIONS AND CONCLUSIONS ON BULLYING AND SELF-ESTEEM CHANGES DUE TO EAPT™

7.1 INTRODUCTION

This chapter frames the “Gestalt” of this research project. The different aspects regarding the research have been completed and the researcher evaluates whether the set aim and objectives were met. This final chapter discusses the implications of various aspects based on the research findings; proposes recommendations and concludes with a holistic overview of the research study. Included is recognition of the limitations found in the study, followed by suggestions for further research.

Methodological aspects regarding EAPT™ research

The use of multiple case studies with a specific group of respondents (bully victims in the middle childhood phase of development, presenting with low self-esteem), formed the data base for this study. During the middle-childhood phase of development a decline in self-esteem often occurs, due to improvements in cognitive development (Segal and Yahraes, 1978:204), rectifying false beliefs assimilated due to being bullied. Supporting this, Foster *et al.* (2007) state that the ideal target of intervention is during developmental periods when an upheaval in self-concept is relatively low, making the middle-childhood phase of development ideally suited to this study.

The specific criteria used for inclusion of the population allows for cross-study comparisons and greater standardisation of EAPT™ interventions. The ethical guidelines according to the IIAAPT™, as specified in Chapter Four, were adhered to, ensuring that both therapees’ and the horse’s welfare were looked after.

The data obtained from the behavioural protocols completed by parents as well as checks by critical readers such as the independent observer and the study leader, curbed the researcher’s bias, thereby increasing the validity and reliability of the results obtained, as discussed in Chapter Five.

7.2 **PROFILE OF THERAPEES**

Theme One links to the **secondary research question** pertaining to what physical and/or emotional symptoms could be displayed by the bully victim.

7.2.1 **Implication of using the instrument OBVQ-R and pairing this instrument with the CFSEI-3**

The OBVQ-R provided valuable insights regarding the behaviour of bully victims. However, the researcher is of the opinion that this questionnaire would be more valuable in a group setting, because when implemented in a group setting children often tend to be more truthful when they know they will remain anonymous.

Furthermore, the questions were stated in such a manner that if a child presented with a high defensive mechanism, he/she may be able to deceive the researcher in providing answers, indicating that he/she was being bullied, even if this was not true. As no lie-scale was built into this questionnaire, it may possibly indicate a false positive.

Pairing the OBVQ-R with the CFSEI-3 bridged this gap, as the CFSEI-3 has a built-in lie-scale, as discussed in Chapter Five. If a child tends to project a more positive picture of him-/herself, the CFSEI-3 would indicate this in the results by means of a defensiveness score. The OBVQ-R questionnaire is therefore valuable in a case-study design if paired with another standardised test with a built-in lie-scale.

The results obtained from the OBVQ-R can therefore be deemed reliable, due to the pairing with the CFSEI-3. Prospective therapees who tested positive for being bullied but presented with a defensiveness-score above the cut-off value of 7 were not included in this study, as a score above 7 out of 10 indicates the extent to which the defensiveness of the therapee may diminish the validity of the quotient obtained from the inventory (Battle, 2002).

- **Quantitative data**

7.2.2 Profile of therapees

The therapees in this study were six boys and one girl, from various home environments, such as parents being married, remarried or divorced. Three of the therapees presented with co-morbid previously diagnosed conditions: ADHD, learning difficulties, and a neurological condition. The implication of co-morbid conditions is that if changes in medication occur during the therapeutic intervention, the results may be influenced due to changes in behaviour occurring linked to the chemical influence of the medication. It is therefore **recommended** that when a child is receiving therapy, his/her medical treatment should remain the same or that adjustments in medication be done, post-intervention.

7.2.3 Brain profile of therapees

The use of the NBI-brain profile system allowed for new correlations to be made between L1-children and aggressive bully-victims. To my knowledge, this is the first study that utilised the NBI-brain profiling system and correlated its findings to types of bully victims. Due to the small sample size of this study, this finding cannot be generelized to the greater population. Further research regarding possible correlations between NBI® - brain profiles and the reaction to being bullied will provide valuable insight to clinicians.

The **implication** is that **clinicians** trained in utilising the NBI-brain profiling system can assist bully victims efficiently by acknowledging this behavioural characteristic, indicating what coping mechanisms may be effective in stopping the bullying behaviour. In Chapter Six it was argued that the therapist could adjust the therapeutic intervention before therapy commenced by synthesising the brain profile of the child and information gained from the OBVQ-R questionnaire. When a proper profile of the bully victim is obtained before therapy commences, time spent during therapy figuring out which coping skills the child in therapy may need to learn can be reduced.

The **implication** for **teachers** is that they may obtain a better understanding of how the bully victim reacts based on his/her thinking preferences. Such insight may assist teachers in applying the most suitable anti-bullying mechanisms at school and in the classroom.

7.3 **THEME ONE: PERCEPTIONS OF BULLYING**

7.3.1 **Types of bullying prevalent in this study**

With the boys reporting physical bullying as most prevalent, the **implication** might be that either monitoring opportunities that are regularly available or that **teachers** consider such acts as being part of the boisterous nature of boys. The **recommendation** is that **teachers** be enlightened regarding the difference between bullying and physical acts of boys. Bullying being a repetitive act with the occurrence of an imbalance in power, if studied closely by teachers will be identifiable.

Parents in this study did not promote access to social media amongst their children and restricted access to the internet. This led the researcher to conclude that cyberbullying can be contained if parental control ensures that access to social media is restricted as numerous reports of cyberbullying have been made at the schools.

Although not a problem for therapees in this study it is, important to note that the effect of cyberbullying on the victim can be worse than traditional bullying, due to a wider audience witnessing the humiliation (Badenhorst, 2011). The internet is extremely public in nature, creating an impossibility to be reprieved from the bully, adding to the impact it has on the victim. The implication of this is that if children during the middle childhood developmental phase have unrestricted access to social media, they could become involved or subjected to cyberbullying. It therefore seems prudent that the access of children from the middle childhood developmental phase's to social media and the internet be monitored. It is therefore **recommended** that the **parent** is present during the child's interaction with the internet and monitor activities on his/her cellular phone; limits can be set, and the possibility of cyberbullying occurring may be prohibited.

Children who are treated as valuable at home do not perceive a strict parent who sets limits as overbearing, due to the good relationship between the parent and child allowing the parent to set limits and the child perceiving these limits as beneficial; making him/her feel safe, secure and loved. The **implication** is that when the relationship between child and **parent** is well established, with the child feeling secure within the parent-child relationship, he/she will feel uninhibited to approach his/her parent, disclosing important information, such as that bullying is occurring. Such a relationship cannot be established with an "absent parent"; therefore, it is **recommended** that **parents** be actively involved in

their children's lives, making it a priority to not only provide in his/her physical needs, but also in his/her emotional needs. Plan for quality time together and learn to listen with both ears and eyes.

Although the absence of a well-grounded parent-child relationship has been well documented, dwelling on possible causes and rectifying such a relationship do not fall within the scope of this research. It is, however, **recommended** that a strong emotional bond between **parent** and child be established from early on. As part of the moral duty of a therapist, it seems logical that if the absence of a strong emotional bond between parent and child is evident, the **therapist** should suggest an intervention, such as attachment therapy, to create or strengthen the bond between parent and child. Attachment therapy, being the most effective before adolescence, makes the middle childhood phase an ideal time for proposing such therapy, should the need arise.

- **Qualitative data**

The qualitative data provided a better understanding of the bullying victims were subjected to as well as insight on how therapees, parents and teachers perceived the bullying act itself.

- **Passive bully victims vs aggressive bully victims**

Boswell, (2016:10) distinguishes between passive and aggressive victims. Four boys and the girl presented as passive victims and fitted profiles of a bully-victim being submissive and non-aggressive. Passive bully victims are often bullied due to their submissive behaviour and tendency to cry when stressed, something that may result in further ridicule.

An aggressive victim reacts to being bullied by displaying aggression and impulsivity, often finding it difficult to maintain self-control (Vernberg and Biggs, 2010:10). In this study, two boys were classified as aggressive victims due to their aggressive and impulsive reaction to being bullied. The **implication** of aggressive bully victims displaying aggressive behaviour is that they can be incorrectly labelled as being the bullies.

Literature has indicated that a bully is often the popular child at school, and even someone the teacher likes. The **implication** is that it may be difficult for **teachers** and **parents** to

believe that this “likeable” child is the bully and that the aggressive child, who is reacting to being bullied, is the victim.

- ***Therapees***

Bearing in mind that the therapist perceives the therapee as a *gestalt*, it is important to consider how the child as therapee (system), being made up of different sub-systems (school, parents, home, siblings, friends, sport), deals with the occurrence of being bullied (seen as an occurrence in a sub-system), whereby shifts in one sub-system influence changes in other sub-systems. Therefore, although the therapee is considered more than the sum of all its parts (*gestalt)*, each sub-system plays a role in every theme identified in this study.

The effects of being bullied became evident in the emotional responses the victims displayed when recalling the bullying incidents. These emotional reactions allowed the researcher to became aware of how seriously the bullying affected the victim. As the victims spent most of their day at school, the emotional turmoil of being bullied, experienced daily, was relived as uppermost in their minds during the therapeutic intervention activity where he/she had to choose a card with a facial expression that symbolised personal feeling(s) towards the bully.

Taking into consideration the physiological impact bullying had on the bully-victims, the psychosomatic symptoms experienced had a real-world impact on their physical composure (walking with drooping shoulders, eyes on the ground) and emotional well-being (feeling sad, angry, upset or anxious). Acknowledgement of the bullying taking place and the realisation of how it impacted on the therapee carry the **implication** that if the therapees were not given the opportunity to process emotions related to being bullied, they would be locked in a constant state of “fight-or-flight” as in a study by Giarretto (2010:4). Giarretto (2010:4) explains that the implications of being stuck in the fight-or-flight mode can lead to the development of depression, flat affect, lethargy, exhaustion, low impulse or motivation, chronic fatigue, dissociation and more.

During the therapeutic intervention the load of negative feelings regarding the bully was released, allowing the victim to gain emotional strength. When children in general are burdened with an emotional overload, they often do not have the emotional capacity to

consider alternatives, such as in the case of this study, in how to handle the bully. Literature supports the release of negative emotions during therapeutic interventions before attempts to adjust behavioural patterns (Ward, 2017:103; Philips, 2016:13).

The researcher posits that the release of negative emotions became possible when a positive relationship has been established between the therapist and therapee. This implies that real therapeutic work can commence only when such a positive relationship has been established, making it futile to suggest alternative behaviour or requesting the therapee to practise identified skills, such as assertiveness, before establishing such a trusting relationship.

To facilitate the establishment of a trusting relationship, the therapist included a horse in the therapeutic sessions. The inclusion of the horse for the purpose of establishing a therapeutic relationship is supported by Geist (2011) and Karol (2007:78), who both posit that a horse can act as a catalyst for the development of trust between client and therapist, laying a solid foundation for the psychotherapeutic work that needs to be done during the therapeutic session.

The **implication** of the above for **therapists** is that the forming of a therapeutic relationship between therapist and child as a first step in the therapy process, is often being made easier with the inclusion of a horse. Once in a stable and trusting relationship, the release of negative emotions will commence, and only afterwards the introduction of new behavioural skills may be introduced. It is **recommended** that if **therapists** include a live animal in therapy that the chosen animal should be independently evaluated for suitability using standardised assessment tools such as ASS or CARAT, taking into consideration the background of the animal and training methods used, as only positive training methods are deemed appropriate for this type of intervention.

- ***Parents***

The reluctance of children to attend school, the changed attitude towards formerly liked activities (such as refusing to participate in sport) in displayed emotional distress such as crying, can often be linked to the trauma (being bullied). This correlates with DSM-V criteria of PTSD symptoms. As mentioned, children often lack verbal articulation skills and feel reluctant to express their deepest emotions to someone they do not trust 100%. The

implication for **parents** is that children will often express themselves non-verbally in the form of play and time for unstructured play should be allowed, parents should not schedule their children's days, not allowing time for free play. The **recommendation** is that **parents** should initiate a trusting relationship with their child, but also be involved with their social network by inviting friends to visit, as often when the child plays with their peers at home the parent can become aware of emotional difficulties the child experiences such as a lack of social skills.

Parents who regularly interact with their children know their children's normal behaviour and can recognize if a drastic change in behaviour occurs. Often, they themselves feel at a loss on how to handle the situation. It is therefore important to consult with parents before therapy and include them during therapy, guiding and empowering them throughout the therapeutic process.

Use of a "workbook" used by both the child and parent working together on skills learned in therapy, may support or strengthen the bond between them. Having such a book to guide **parents** is strongly **recommended**. The workbook should, include activities perceived as fun for both parent and child; completing or practising the tasks should not become yet another chore. Such a therapy workbook furthermore has the advantage of serving as clarification of new concepts and supporting parental inclusion in the therapeutic process, as new behavioural options for the child and parent need to be practised at home.

The **implication** of the above is that the **therapist** needs to be sensitive to the different needs of both the parents and the child. Some children, who enjoy calm activities such as writing, might enjoy a workbook, whereas other therapees might enjoy more lively activities, such as hitting with newspapers to release feelings of anger.

- ***Teachers***

Teachers who are sensitive to their students' emotional state soon notice when they are acting out of the ordinary. Teachers can intervene when they become aware of bullying taking place, but often teachers are not knowledgeable enough or suitably qualified to stop bullying or convey the consequences of bullying to parents, teachers or even the bully's peers. The **implication** is that school policy regarding bullying and how it should be addressed often limits the teacher's involvement. It is therefore **recommended** that

teachers need to be empowered with skills to identify bullying, to address bullying when it occurs, and to be able to put in place preventative measures, such as establishing a “buddy system” in their classrooms to prevent bullying from starting.

- **Synthesis**

The **implication** for **parents** and **teachers** regarding the relevance of children’s thinking preference are: it might increase their understanding of the child’s coping mechanisms and why their advice to the child might not always work. An example is a father telling a child with a L2-brain profile to simply hit the bully; that child’s thinking preferences and temperament would not allow him to react aggressively. Similarly, teachers who understand the child’s thinking preferences will be less inclined to show bias, even if the bully is their favourite student. It is therefore **recommended** that informative learning sessions be offered at schools, explaining the implications for behaviour according to brain profiles and thinking preferences.

The conclusion reached regarding bullying is that the bully victims in this study displayed physical and emotional signs of aggression, anger and fear, manifesting in, for example, headaces and/or stomach pains. Often, victims could not verbalise the emotion they experienced, but could pinpoint to the location in their bodies where they experienced the stress. This is indicative of the emotional impact being bullying has on the physical domain of a child during the middle childhood phase of development. This answers the **secondary research question** pertaining to what the physical and emotional symptoms of a child who is being bullied during this phase of development are.

A serious **implication** of emotional distress is that when the child experiences anxiety, he/she often finds it difficult to concentrate on school work due to the child’s focus being on the bully, attempting to stay out of harm’s way. This can lead to a decrease in academic performance by the bully victim. **Teachers** and **parents** that pick up on a sudden change in academic performance should discuss the matter with the child, trying to determine the cause. It is **recommended** that **teachers** should be aware of bullying taking place in the classroom and should implement anti-bullying strategies in the classroom preventing bullying from occurring. If the teacher becomes aware of interpersonal differences occurring between children in the class, the **teacher** should change e.g. the seating

arrangements. Role play is another activity yielding great success in “putting someone in another’s shoes”.

Teachers often lack the knowledge and skills to distinguish between psychosomatic symptoms displayed by the child being bullied, and real physical discomfort. Therefore, **teachers** should contact parents or healthcare professionals when they notice an abnormal pattern in behaviour, such as constant complaining of stomach aches. It is **recommended** that **teachers** witnessing a child in distress, displaying signs of automatic dysregulation, refrain from labelling the child (for, example thinking the child suffers from separation anxiety, or suffering from a panic disorder) and rather refer the child for evaluation by a physician or counsellor.

7.3 THEME TWO: SELF-ESTEEM

The **primary research question** in this study refers to the efficacy of EAPT™ as therapeutic method in addressing low self-esteem during the middle childhood phase of bullied individuals.

This question was answered by the rejection of the H_o hypothesis, based on the p-value derived from the pre- and post-test scores of the CFSEI-3. The qualitative data obtained from the therapees, parents and teachers supported the test results. Therefore, it can be concluded that EAPT™ is an effective therapeutic method for addressing low self-esteem during the middle childhood phase of bullied individuals.

The subsystems of self-esteem (academic, social, parental/home, and general self-esteem) were discussed, showing how each aspect of self-esteem was addressed during EAPT™, as well as how the individual differences were experienced within the subsets of self-esteem of therapees. Global self-esteem is seen as the sum of all the different subsets of self-esteem; being the most reliable self-esteem score.

Considering James’s formula for self-esteem = $\frac{Success}{Pretensions}$ (Seligman, Reivich and Jaycox 2018:41; Burke and Stets, 2009:24), it was concluded that when therapees felt better regarding themselves, they were able to express feelings of being accepted by their peers, but also changes in perceptions of their expectations of the world. The qualitative data supported the quantitative data, revealing that within the parental/home aspect; social

aspect and global aspect of self-esteem, therapees did experience changes, but not always in the academic and general aspects of self-esteem.

7.3.1 **Global self-esteem and confidence**

- **Quantitative data**

The **implication** of variances in the increase of self-esteem exhibits the different learning and adaptability rates of the various therapees. When working with humans, each with their own unique abilities, personality and temperament it is almost impossible to state before-hand exactly how long therapy needs to continue before reaching a desired outcome. This uncertainty often has a negative connotation for parents, considering if they should allow their children to start with therapy, not knowing if they will be able to carry the financial burden of prolonged therapy.

Considering the unique individuality of all humans, the therapeutic end should be considered as unique. Although it might be the desire of the parents and therapist to obtain results whereby the therapee obtains an ideal score (100) on the self-esteem inventory, this may not be possible if other co-morbid conditions exist, such as neurological dysfunctionality. It may be more realistic to evaluate the child's day-to-day functioning, e.g. is he/she enjoying life; coping socially at school; and being able to withstand difficult situations, such as being bullied? A mentally and emotionally healthy person, from the Gestalt therapy theory, is a person that is sufficiently grounded to know what he/she wants, and who is spontaneous enough to freely reach out for it, regardless of the circumstances (Tinsley *et al.,* 2016:409).

The **recommendation** is that **therapists** should regularly inform parents regarding the progress in therapy. By discussing the therapy goals and treatment procedures on a regular basis, parents may be more willing to extend therapy, if they see that progress is being made.

- **Qualitative data**

  - ***Therapees***

Battle (2002) posits that an increase in global self-esteem indicates that a child perceives him-/herself as acceptable and likeable and embraces a sense of belonging. During the

middle childhood developmental phase, children compare themselves to their peers in terms of how competently they can master skills and complete tasks (Berns, 2007:380); and evaluate their personal strengths and weaknesses (Watson, 2000:19). The evaluative aspects relating to *worth* and *competence* are referred to as self-esteem (McClure *et al.,* 2010:238).

The **implication** is that therapees should be able (post-intervention) to perceive themselves as worthy of respect, love and acceptance; acknowledging that some peers are better at certain tasks than they are, but also be aware of their own unique competencies and personal strengths.

The fact that therapees C3 and C5, who displayed maladjusted play behaviour, still found it difficult to name something they found likeable regarding themselves, could indicate the existence of fixed Gestalts. Joyce and Sills (2014:56) explain that fixed Gestalts are creative adjustments, developed during previous life experiences, that became habitual and inappropriate in the present moment.

The **implication** of fixed Gestalts is that they prevent the therapees from becoming truly aware of their awareness in the "here-and-now". It is therefore **recommended** that when fixed Gestalts persist post-intervention, the therapees continue with therapy to revisit certain developmental tasks and reassess old creative adjustments, assisting them in moving along the continuum of "modifications to contact". In this regard Dryden and Reeves (2014:188) posit that the greater the therapee's capacity to move along the "modifications of contact", the greater his/her capacity to creatively adjust to a variety of life situations, such as being bullied.

- ***Parents***

The parents noticed a change in the general demeanour of their children, also acknowledging the importance of accepting their uniqueness and embracing even small changes that occurred. This **implies** that **therapists** should discuss the expectations parents hold regarding the therapeutic intervention. By the therapist making the parents aware of the small changes she was noticing weekly, awareness was kindled regarding positive changes happening in their child's behaviour. It is important to keep in mind that

the therapist needs to support parents in holding realistic expectations regarding their child's abilities.

P2 noted the personal maturity she experienced, because she wanted to model to her child the skill of how to like himself. This emphasises the importance of making the parent part of the therapeutic process. The skills taught during therapy will have a deeper impact when parents reinforce these skills at home. The **implication** of this finding is that **parents** need to understand the importance of the skills the children are being taught during therapy. Although the child is the one receiving therapy, the parent can benefit just as much from being involved in the therapeutic process. The **recommendation** is that **therapists** should assist parents in setting realistic goals for their children, whilst explaining the importance of specific skills being taught during therapy. If parents understand the necessity of the skills being practised during therapy and support these skills, children witnessing their parents' approval of the new skills learned during therapy will be more prone to try out new behaviour linked to these skills.

- ***Teachers***

This study revealed that the teachers were unaware of the prevalence of different types of bully victims. Aggressive bully victims are not a new phenomenon, as noted by Vernberg and Briggs (2010:10). The teachers were not familiar with the distinction between aggressive and passive bully victims and the variances in reaction to being bullied associated with the different types of bully-victims. This became evident when T2 expressed that she had been a teacher for over 30 years and never witnessed the kind of behaviour displayed by the aggressive bully victim therapee C2.

The **implication** is that if **teachers** are unaware of differences in bully victims' reactions to being bullied, this can lead to bully victims experiencing rejection by their teachers (who are significant persons in the young child's life). Feeling rejected by their teachers could foster feelings of worthlessness, resulting in poor academic performance, which in turn could lead to feelings of incompetence – leading to low self-esteem development. It is **recommended** that **teachers** become knowledgeable about differences between aggressive- and passive bully-victims and what lies at root of the different ways in which children can react to being bullied. It is further recommended that teachers should attend sessions where an awareness of a child's body language and emotional well being is re-

awakened, including practical ideas on classroom management to limit opportunities for the bully to act, establishing a “buddy system”, role-play incidents to get peers to be “put in the shoes” of te victim, and ideas on how to authentically go about building self-esteem in learners who lack confidence.

Changes in the South African Basic Education Laws Amendment Act No 15 of 2011, limiting the type of punishment students may receive from teachers, may explain why one teacher (T2) was witnessing such aggressive behaviour for the first time. The amendments to the Act focus on the rights of children, but neglects to give clear guidance to teachers on how to discipline the students in the classroom.

Due to legislation teachers are not able to reprimand students the way they used to before. The **implication** is that learners display less respect for the **teacher** figure; or resulting in negative behaviour towards their teachers. Another **implication** of legislation as it stands is that **teachers** perceive themselves as being without authoritative power, left with very few effective options available to punish negative behaviour.

Teachers should be empowered with knowledge regarding disciplinary skills that may bring about positive change in classrooms. In this regard it is **recommended** that **schools** devise preventative bullying programmes, starting at individual classroom level and involving the learners in drawing up the rules and punishment for breaking those rules.

- **Synthesis**

The increase in global self-esteem of therapees influenced their behaviour at school and at home; indicating the ripple effect of changes occurring in one subsystem influencing other subsystems. (Berns, 2007:300). The **implication** of this is that behavioural changes occurring in one child can influence the class atmosphere, teacher perceptions as well as parental behaviour on different levels.

7.3.2 **Academic self-esteem**

- **Quantitative data**

Few changes regarding academic self-esteem occurred amongst the therapees post-intervention. The data revealed that the academic self-esteem of therapees remained the same, although two therapees showed a slight improvement.

The **implication** of the results is that the intervention programme can be advanced by identifying which elements regarding academic self-esteem the therapees feel they are lacking (if any), incorporating such elements into the therapeutic intervention. As noted, Marsh and Martin (2011:69) **recommend** that if **teachers** focused on increasing children's self-esteem, their academic performance would increase – resulting in a reciprocal effect. In this regard the researcher argues that if children experience an increase in academic performance, it would increase their self-efficacy (a believe in achieving a specific task). Since self-esteem is seen as a comprising the interrelated components of self-efficacy and self-respect, an increase in self-efficacy will most probably lead to an improved self-esteem.

Considering James' formula of self-esteem: Self-esteem $= \frac{Success}{Pretensions}$, the **implication** is that if children experienced an increase in success regarding academic achievement, as well as a reduction in pretentions (learning the necessary skills to be successful academically), they should experience an increase in academic self-esteem.

A **recommendation** in this regard would thus be that **teachers** focus on increasing children's academic self-efficacy by means of positive reinforcement. For example, giving praise to a child who shows improved performance, instead of reprimanding a child for not achieving well. As so-called test anxiety often plays a role in assessment outcomes, it is **recommended** that everything possible is done to put learners at ease and calm their nerves. In this regard research has shown that playing soft, soothing, music (without lyrics) could achieve just that, especially classical music, is considered to have such calming effect on most people creating a sense of contentment (Allen and Wood, 2012:54). Another calming exercise would be to practice breathing exercises before any assessment or taxing task. It is **recommended** that **teachers** explore means and ways to bring a sense of calm into their classrooms.

Furthermore, the researcher **recommends** that **teachers** increase children's self-respect, which is the other subsystem of self-esteem, by identifying the areas in which the child needs to develop in order to perform academically. For example: if a learner has a reading disability, the teacher should identify it and discuss the implications with parents, referring this child to the remedial teacher or educational psychologist. If this problem is addressed, an increase in competence will be experienced by the child, leading to an increase in academic performance and academic self-esteem.

- **Qualitative data**
  - *Therapees*

The voiced dislike in homework, schoolwork and teachers displayed the perceptions of the therapees regarding school as an academic institution. School and the learning experience were not seen as enjoyable. The **implication** of such a perception amongst children is that the way in which the school curriculum is presented, is lacking the element of fun and therefore children lack motivation to excel. The **recommendation** is that **teaching practices** should include an element of fun, enticing children to learn more enthusiastically in the classroom.

- ***Parents***

Parents, peers and teachers are considered as "significant others" to children in the middle childhood phase of development. Parents being significant others, implies that children value their parents' opinions. The **implication** is that if **academic achievement** is important to parents, they are in the position to motivate their child by helping the child to set academic goals. It is, however important that the parent-child relationship should not suffer due to the parents' unrealistic expectations. The therapist should be able to guide parents as to what level of academic performance is achievable, assisting in setting realistic goals. It is **recommended** that parents be guided to set realistic academic goals for their children and unconditionally accepting the child for what he/she is. If necessary the therapist can guide parents in their parenting style.

- ***Teachers***

The teachers' perceptions regarding the therapees' academic capabilities; the ability to identify areas in which therapees needed improvement such as languages (T2); and the support available to teachers to address the areas needing special attention, such as the availability of a remedial teacher; might encourage teachers to become more involved with their learners. Teachers with overcrowded classrooms find it extremely hard to adapt their teaching style to accommodate every child in the classroom. The **implication** of such a sence of despondency renders a teacher disempowered and demotivated when teachers feel they cannot cope, such a mindset will filter through to learners and unfortunately,

although all will suffer, learners with problems will have even more to lose. As overcrowded classrooms and lack of funding for e.g. appointing remedial teachers, are a fact of reality that will remain in the South African school scenario for much longer, it is **recommended** that **teachers** (with support of headmasters) adapt and explore creative ways and opportunities to improve teaching practices. Team teaching, group-work, involving a volunteer teacher-assistant, activities making use of worksheets, puzzles, games, making use of electronic devices such as tape recorders with ear phones, computer programmes are but a few ideas that could be implemented.

- **Synthesis**

It can be concluded that development in academic self-esteem is highly influenced by the perceptions, attitudes and classroom management style of the teacher that influence the learning atmosphere and willingness of children to perform better at school. It is **recommended** that **teachers** be supported from a macro-level, whereby government institutions provide adequate disciplinary measures for children behaving inappropriately at school; on a meso-level, by employing remedial teachers to address identified weaknesses in learners; and on a micro-level by allowing teachers opportunities to learn new teaching skills to allow them to adapt to the changing school environment and students in their class. If all the above were obtained, it is probable that an improvement in the academic self-esteem of all learners, but specifically for this study, of the therapees, might occur.

7.3.3 Social self-esteem and relationships

- **Quantitative data**

During the middle-childhood phase, children start to describe and evaluate themselves in relation to their academic competence, social skills, attractiveness, and other personal characteristics in comparison to their peers (Foster, Campbell and Twenge, 2003; Harris and Liebert, 1984:484). Friendships become lasting relationships, reflecting a preference for children like themselves (Harris and Liebert, 1984:314). The **implication** of this is a therapee perceiving him-/herself as less than his/her peers is scoring low on social self-esteem, highlighting the importance that the therapee rectifies these false beliefs to be

able to evaluate him-/herself accurately and determine which friends would best suit him/her.

The increase in social self-esteem as displayed by the therapees post-intervention, implies that the therapees perceived themselves as being more socially accepted by their peers, compared to their beliefs pre-intervention. Furthermore, the post-intervention perceptions of the therapees regarding themselves in a social setting indicated that they felt more accepted by peers and teachers and were expressing feelings of happiness and contentment.

It can therefore be concluded that the EAPT™ intervention was successful in increasing the social self-esteem of the therapees, but also assisted them in acquiring social skills to make friends.

- **Qualitative data**
  - ***Therapees***

Bullying being the main criterium in terms of which therapees were included in this study, steered the therapeutic intervention, as it was deemed important that the therapees gained mastery over bullies. The therapees voiced that the bullying had stopped, that they could apply the techniques learned during the therapy sessions and developed the necessary interpersonal skills to handle difficult situations occurring at and after school.

The ability to develop the necessary social skills aided the therapees in forming new friendships. The forming of new friendships was a side-effect of the transformation within therapees, due to improved social self-esteem. During the therapeutic intervention, it was never the focus to teach therapees skills to form new friendships but, as revealed by the data, the fostering of new friendships was deemed an important achievement by the therapees.

It may therefore be assumed that when therapees' social self-esteem improves, confidence is gained, leading to the ability to make new friends, laking social skills therefore have the **implication** that such a child may find it hard to establish lasting friendships. It can therefore be **recommended** that children lacking social skills could benefit from an intervention where the focus is on the improvement of social self-esteem.

- ***Parents***

All the parents supported changes in therapees' social interactions, both with the parents as well as with friends. The **implication** is that when the therapees gained the ability to look at an event from another's point of view (in this study - a horse), this skill was transferred to interpersonal relationships, which led to an advancement in social relationships. The intervention consisted of an exercise in which the therapees practised the skill of looking at something from the horse's point of view, considering if the activity would be enjoyable to the horse as well as the therapee - awakening awareness regarding differences and similarities between the therapee and another sentient being. Because no two people are exactly alike and no two moments in time are exactly the same (Tinsley *et al*., 2016:410), the ability to be aware of another person's viewpoint influenced the way the therapees interacted with significant others such as parents. It is **recommended** that **therapists** incorporate a behaviourally sound animal in the therapy setting to teach children social skills such as empathy, body language and assertiveness; as the immediate feedback the animal gives provides the opportunity to assist children in adjusting their behaviour and learning social skills that can assist them in improving their social self-esteem. It is also **recommended** that **parents** practice activities where the child is put in a position to consider why another is acting the way he/she does.

- ***Teachers***

The teachers agreed that social engagement amongst therapees was difficult to evaluate during classroom activities alone. This highlighted the importance of teacher involvement during break-times and during road trips and various other extracurricular activities when the therapees operated in a more relaxed and informal setting. It is often during these social settings that teachers have the opportunity to teach learners important social skills, such as how to share attention. It is **recommended** that **teachers** be involved with learners in less formal settings, such as accompanying them on road trips, utilising the opportunities that arise to teach the children social skills and enforce anti-bullying activities.

- **Synthesis**

The findings discussed above are supported by Mruk (2018:74) and Brown (1998), whom argues that children's self-esteem is derived from the degree to which they perceive themselves as regarded and valued by society. Cultural influences play a specific role in the development of children's self-esteem (Harter, 2012:283) as the values and standards specified by society form the base-line whereby parents, teachers and children measure themselves and each other, something specifically relevant to the therapees in this study.

The **implication** is that therapeutic interventions focusing on the improvement of social self-esteem should consider culturally specific norms to involve elements deemed important in the specific society in which therapy is taking place. In this study, the learning of body language, the ability to relate to other living beings, and acknowledging the other living-being's perspective, were deemed important in terms of the cultural norms of the society in which the therapees functioned. The **recommendation** is that **therapists** should determine the socially important aspects of the society in which therapy is taking place and involve these elements during therapy, to best assist children in improving social self-esteem.

7.3.4 Parental/home self-esteem

- **Quantitative data**

The statistical improvement recorded in this study regarding parental/home self-esteem implies that the therapees perceived themselves as having better quality interactions within the home and family unit, post therapy. This specific tested aspect, related to an improvement in feeling part of the home, feeling important at home, and feeling that his/her parents were interested in the things he/she did.

- **Qualitative data**
  - ***Therapees***

Sibling relationships were not the focus of the intervention, but some changes in sibling-relationships were noted. Bearing in mind that two of the seven therapees were only children, the parent-child relationship was of greater importance to the overall

parental/home self-esteem evaluation performed by therapees. It may therefore be concluded that a positive change in the parent-child relationship can improve sibling relationships, adding to the sense of belonging within the home system. It is **recommended** that if a parent-child relationship needs improvement, therapeutic intervention, such as attachment therapy or filial therapy, be employed to foster a stronger relationship.

- ***Parents***

The parents noticed the changes in family dynamics, based on an increase in parental/home self-esteem in the therapees. Some of the positive changes mentioned by the parents were an awakened awareness in the therapee regarding what was happening within the family unit, the ability to stand his ground, and becoming more self-reliant. Parents perceived these abilities as important within the functioning of the family unit. The **implication** is that if **the child** is perceived by the family as not being interested of what is happening within the family unit, this child can be excluded from family responsibilities and activities, resulting in the child becoming less involved in the family. It is therefore **recommendation** that **parents** should give children family responsibilities, such as feeding the house pet, to make them feel important and valued within the family.

- ***Teachers***

T2 noticed a change regarding the parent's interaction with the therapee. This indicates that self-esteem changes within the therapee could result in reciprocal changes in the parent.

For the school environment the **implication** of an improved relationship between child and parent, bodes well for motivated engagement with school activities as the parent shows more interest (and support) in the child. If it happens that the child is abused in any way and emotionally or physically insecure, such a child cannot perform academically. It is **recommended** that when a **teacher** observes an abusive parent-child relationship, such should be reported to the school counsellor or licenced social worker, who can then support the family as the child's safety should take priority.

- **Synthesis**

Changes in the therapees unleashed changes within the family dynamics. This **implies** that if one member of the family is involved in therapy, the entire family may benefit. In this regard, the importance of the relationship between parent and child cannot be overemphasised. This relationship is more important than academic performance or sport achievements, for if this relationship is well established and open, the child will have the opportunity to ask for assistance when confronted with difficult life situations happening, such as being bullied. It is therefore **recommended** that **therapists** evaluate the strength of the parent-child relationship, intervening if necessary, whilst continually supporting parents and children with skills to improve the relationship between them. As with social skills that can be improved, children can learn how to improve their relationship with their **parents**, due to relationships being reciprocal in nature; parents, on the other hand, can improve their parenting skills if they understand the justification for change.

7.3.5 General self-esteem

- **Quantitative data**

Although a non-significant increase in this section was noted, the data provided an indication that, from the onset of therapy, the majority of therapees held a realistic view of their abilities. This realistic self-assessment remained relatively stable until conclusion of the therapeutic process. Therapees should be encouraged to not create unrealistic expectations around their abilities, because this could set them up for failure. Experiencing failure in a task they deemed important, could be counterproductive when aiming to improve self-esteem.

Since this subscale referred to a therapee's perception on own worth, referring to Mruk's (2018:22) definition of self-esteem; whereby self-esteem rests upon the child experiencing competence and worthiness; if the child is set up for failure, he/she will experience feeling incompetent and worthless, resulting in a decrease in self-esteem. It can be concluded that EAPT™ was successful in increasing therapees' perception of being competent, but not necessarily worthy. Referring to Figure 1.1; the feeling of worth is linked to values and in the developing child's values are derived from significant others such as parents. Parents should foster appropriate values in their children. This **implies** that during therapy the **therapist** should determine if there is congruence between the professed values of the

child and his/her behaviour, assisting him/her if incongruence occurs, but also that the **therapist** should determine the values deemed important within a specific family before therapy commence. For these values serve as inner compass when choices have to be made regarding enacting behaviour (Chirkov, Ryan and Sheldon, 2010:111). It is therefore **recommended** that **therapists** incorporate age-appropriate activities that underscores the family values but is deemed challenging by the therapee, such as requesting the child to put a halter on the therapy horse (something the therapee has never done), whereby the child can experience feeling competent and worthy of respect whilst also assessing any incongruence occuring. This is something challenging, but achievable, provided the correct animal is involved in this activity.

- **Qualitative data**
  - ***Therapees:***

During therapy, the therapees tried out new behaviour. It was during experimenting with new skills that the therapees came to consider alternative behaviour possibilities. Every action creates a reaction. When the therapee reacted differently towards the bully (such as refusing to carry the bully's bag, voicing the refusal in a firm tone of voice without becoming aggressive), the bully's behaviour stopped.

During therapy, the therapee was challenged by the polarity of modifications to contact, whereby the goal was to integrate both polarities of the continuum to reach a balanced midpoint (Tinsley *et al.,* 2016:412). The therapee who reacted aggressively when bullied, was challenged by practising visualisations of his safe place, fostering calm and relaxed feelings, incorporating several sensory activities when practising the visualisation. By thinking of the bully and then visualising his safe place, being the two polarities, the balanced midpoint was reached, where he could think of the bully and react calmly when provoked.

The **implication** of practising new behaviour is that therapees who are given the opportunity to experiment with new behaviour (often unrelated to being bullied) and experience success, gain self-confidence. Experiencing success with new behaviour offers the opportunity to suggest alternative reactions to dealing with the bully. The **recommendation** is that the therapee should experience success when doing something

unfamiliar and unrelated to being bullied, as this successful experience may give rise to the therapee's increase in self-confidence and aptitude to address the bully appropriately.

- ***Parents***

The changes that the parents noticed in their children implies that the behavioural changes practised during therapy had been assimilated. The parents also noticed the therapees trying out new behaviour that was not practised during therapy, indicating that the therapees acquired the self-confidence to try out new behaviour not only relating to being bullied but to other facets of his/her life as well. It is **recommended** that **parents** reinforce the attempts of their children when trying out new behaviour to reinforce their newly acquired self-confidence. Various opportunities for trying out "new things" should be made available at home and at school.

- ***Teachers***

The fact that the teachers noticed more changes outside the classroom than during classroom activities might be explained by therapees exhibiting more behavioural changes in informal social settings, such as during break times (where the teachers were not present). The increase in social self-esteem can be linked to the trying out of new behaviour in social settings. It is **recommended** that **teachers** observe learners during break times, enforcing appropriate behaviour displayed by learners curbing the occurrence of bullying.

- **Synthesis**

Permanent behavioural changes were noticed by both the parents and teachers. When new behaviour was accommodated by the child, new cognitive schemes were formed, allowing changes in cognitive structures to occur to incorporate new information (such as alternative behaviour) from the environment as explained by Louw, Van Ede and Louw (2003:74). The **implication** is that positive emotions can lead to adaptive behaviours, cultivating upward emotional and behavioural cycles toward well-being in general (Mruk, 2018:234) and promoting the formulation of new cognitive schemes. The

recommendation is that **parents** and **teachers** should positively reinforce adaptive behaviours displayed by children such as praising the child in the attempt made to try out the new behaviour and highlighting the positive consequences of trying out new behaviour. Teachers can also reinforce new behaviour by praising the attempt of the child to try out new behaviour and not the result e.g. praising a child for being friendly towards a new child in the classroom. If children experience positive emotions associated with the adaptive behaviour, the new behaviour will become fixed and an increase in general self-esteem may occur.

7.4 THEME THREE: VALUE OF EAPT

7.4.1 Implications, recommendations and conclusions: EAPT™

In the preceding themes, correlations were drawn on how the EAPT™ process was implemented to facilitate changes in the self-esteem of bully victims. The discussion that follows explains the process of EAPT™, as experienced by the therapees, parents and teachers in this study.

- ***Therapees*:**

The relationship between therapist and therapee was more easily established via the common interest in the horse. A mutual "friend" in the therapy arena rendered the atmosphere friendly, while the emotional burden of being bullied was addressed.

Due to directive play therapy being used in the sessions, therapees C3 and C5, who displayed maladjusted play were persuaded to withdraw from being in a fantasy world and face real-world problems. By directing the play therapy sessions and limiting the available choices to therapees, they were obliged to work with real objects such as poles, hoola-hoops and ropes, building an obstacle course. The real-life activity prohibited living in a fantasy world populated with dinosaurs, dragons or cars.

During therapy, the Gestalt approach focuses greatly on the "here-and-now" experiences of therapees. By placing awareness on the therapees' figural existence, they became aware of what was in their foreground, demanding their immediate attention, but also what was in their background, as explained by Taylor (2014:56). Therapees were invited to

explore their feelings as projected onto the horse, without being judged or corrected by the equine specialist or therapist.

As discussed in Chapter Two, self-esteem consists of two interrelated components, named self-efficacy and self-respect (Branden, 1995:26) According to Maddux (2011:169) the child in the middle childhood developmental phase learns self-efficacious thinking by observing how he/she influences his/her surrounding environment.

Therapee C4 noted that it was “weird” the way the horse looked at him, without being laughed at or ridiculed. The therapist probed what “weird” means to him, and if he experienced people looking at him in a “weird” way. The horse, being a horse, was in fact displaying her own curious personality. The therapee projected his experiences onto the horse, providing the therapeutic opportunity to explore the everyday lived experiences of this therapee.

This is an example of how the incorporation of the horse, being a sentient being with own personality and interest, added to the therapeutic environment, providing opportunities for exploration and projection, often difficult in a traditional therapy room. This finding concurs with Trotter (2011:90), who states that the horse does not allow a child to display discrepancies between personal internal thoughts and external behaviours, without responding in some way.

The fact that the horse did not walk away from the therapee when he expressed a dislike in the way she was looking at him can be explained by Lac (2017:39), stating that the child experiences an awakening of awareness of how his/her presence influences the horse and how the transference of emotions can take place. The **implication** is that due to the therapee staring at the horse, the horse became more curious regarding the “weird” way in which the therapee was looking at her, thereby reinforcing the “weird” experience. Svencer (2011:17) concurs with this observation, stating that horses display body language with specific meaning when humans enter their world, while the human’s body language is also observed by the horse. The **recommendation** to **therapists** involving a live animal during therapy is to not correct the therapee regarding the displayed body language of the horse, but rather to explore the deeper meaning of the voiced projection by the therapee.

Due to the ability of horses to demonstrate emotions by shifts in their facial and bodily expressions (Ford, 2013:97), parallels can be drawn between human body language and

horse body language. This provides the opportunity to explore the display of different facial expressions by the therapee and how the horse voluntarily reacted towards the display of different human emotions. The reactions of the horse provided an amusing opportunity for the therapist to discuss the occurrence of different emotions in humans, and how these could be interpreted.

The **implication** is that the **therapist** should be well versed in animal body language to be able to interpret the body language displayed by the therapy animal. This is especially true for horses, which display subtle shifts in body language, that can easily go unnoticed by the untrained eye. It is **recommended** that **therapists** considering incorporating an animal in therapeutic work should receive rigorous training to establish if they can read the body language of that animal in “real time”. Therapists should be trained in every species of animals he/she would like to incorporate in therapy, for different animals display stress signals differently. Animals communicate a great deal via their body language and if the therapist cannot split his/her attention to be aware of the stress signals displayed by the therapy animal as well as the information provided by the child; it can become a safety hazard, as a stressed animal might react by biting or kicking.

The fact that the therapy horse became sick, also provided an opportunity for the therapist to model behaviour of being considerate about another being’s welfare. The therapees could observe that the therapist did not use the horse in therapy, but considered the horse to be a partner, taking into consideration that when sick, she would not be requested to work. Therapees in turn were given the opportunity to display their feelings regarding the horse, as well as other negative experiences they had or feared, such as when a parent gets sick, being afraid of the parent dying and so forth. It can therefore be assumed that everyday experiences and fears were explored, bringing it to the therapee’s foreground, without the therapist probing or forcing the therapee to reveal such intimate detail. The **implication** is that unforeseen circumstances related to the live animal can present opportunities for the therapy process to be swayed to address often supressed concerns; provided the **therapist** allows these supressed emotions to surface. The **recommendation** is that **therapists** should be perceived as trustworthy by children. This can be effortlessly accomplished with the incorporation of a live animal, whereby the therapist conveys information truthfully, such as when the animal is sick.

A common theme amongst all therapees during the last session, was their reluctance to end the therapy. It became evident that the therapees enjoyed being involved in the EAPT™ sessions and would prefer to continue. The **implication** is that because therapy was enjoyable, **therapees** had a positive connotation regarding therapy. If therapy is needed in future, these therapees would probably be keen to attend therapy sessions. The **recommendation** is that **therapists** should create a developmentally appropriate and fun therapeutic atmosphere when conducting therapy whilst working on specific therapy goals, as this light atmosphere could improve the therapeutic relationship and willingness of the child to attend therapy in furture.

- ***Parents***

The **secondary research question** asks: "To what extent do the parents of children who are bullied consider EAPT™ to be an effective therapeutic method in strengthening their children's perceived low self-esteem a way to handle bullying?" is answered in the following.

All the parents agreed that EAPT™ should be considered as an effective therapeutic method in strengthening their children's self-esteem and empowered them to handle bullying. The parents agreed that if the horse was not included, the therapy would not have been perceived as such a successful and enjoyable event.

Specific aspects they deemed important relating to the involvement of the horse were the physical movement during riding activities; being able to tell peers that he/she was going to the horses (not attending therapy); and being excited to attend therapy. Parent P6 noted that he did not know why the involvement of the horse worked but conceded that the exclusion of the horse would have diminished the efficacy of the therapeutic process.

These highlighted aspects concur with literature regarding the benefits of incorporating a horse in the therapeutic environment. Ward *et al.* (2013:2190) contend that during riding activities, children gain a sense of control, attention, focus, sensory management and communication. During the EAPT™ sessions, whilst therapees were engaging in riding activities, emphasis was placed on the therapee requesting the horse to do certain activities and not controlling the horse. To accomplish this, the use of a bit in the horse's mouth was not permitted, limiting the use of force on the horse. The **implication** of

purposefully allowing the horse to choose if she wanted to engage with the therapee provided the opportunity for the **therapist** to model appropriate social behaviour towards another sentient being. Bully victims experienced an asymmetrical power relationship with the bully, who was perceived as being powerful, leaving the victim feeling powerless. By allowing the horse, that is much bigger and powerful than the bully, to wilfully engage with the therapee, a sense of mastery was obtained. The **recommendation** is that children, who often feel forced to perform certain tasks, can experience feelings of being powerful when an animal wilfully engages with them. During therapeutic activities, when the child can choose the activity, it is important that the **therapist** highlights which activities the animal enjoys, because the animal will more readily engage in activities that are pleasurable, setting the child and animal up for success.

The therapist emphasised the importance of the relationship between horse and therapee, highlighting that force was not used in healthy relationships. The opportunity was then raised to explore alternative behaviour whereby the therapee could request the horse to do something. These behavioural changes were encouraged to be practiced when dealing with humans as well, whereby parents were requested to assist and support the therapee by encouraging the changes in behaviour when it occurs. It is **recommended** that **parents** be allowed to praise the child that accomplished a task with the therapy animal, without the use of force as this praise coming from a significant other in the child's life can act as enforcer of other behavioural changes occurring.

- ***Teachers***

The **secondary research question** was: "What are teachers' perceptions regarding behavioural changes in bullied children in the middle childhood phase after being exposed to EAPT™" follows.

On conclusion of the therapy, the teachers agreed that EAPT™ was an effective therapeutic modality regarding behavioural changes in bullied children during the middle childhood phase of development. It can be **implied** that the behavioural changes occurring in the therapees due to EAPT™ involvement led to behavioural changes towards peers. The principles of the child gaining a sense of mastery during therapy could be transferred to gaining control over the bully at school and an overall improvement in social relationships. It is therefore **recommended** that **teachers** become more involved when a

child receives therapy, as the teachers can provide valuable information regarding the child's demeanour amongst peers.

- **Synthesis**

The identification of maladaptive behaviour in the therapees steered the therapeutic intervention employed by the EAPT™ therapist. The results obtained with the ground-based activities **imply** that if the therapist employed only ground-based activities with the two therapees displaying maladaptive behaviour, better **global** self-esteem results might have been obtained. Further research regarding this finding is necessary before generalisations can be made. The **implication** is that maladaptive behaviour of therapees should be identified early during the therapeutic process, allowing **clinicians** to adjust the intervention timeously. It is **recommended** that ground-based activities be employed with children struggling with behavioural problems so that they will become more attuned to living in the 'here-and-now', which can lead to living more consciously.

EAPT™ was experienced as an effective therapeutic method by teachers and parents to increase the self-esteem of bullied victims. Parents revealed improved behaviour being displayed in the family circle. EAPT™ can therefore be **recommended** to increase the global self-esteem of bully victims during the middle childhood phase.

7.5 LIMITATIONS OF STUDY

A weakness in this study was the lack of a control group. The reason for not including a control group was that the research was conducted in a real-world riding-school setting, where individual therapy sessions were fitted in between regular riding lessons (so not to be obvious as being therapy), conducted by one therapist and one equine specialist. It is recognised that it would have added value to the study if these findings could be compared with a control group involved in another therapeutic modality not including animals; something that was not possible in this study.

The small sample size could be considered another weakness of this study. This study was purposefully narrowed to minimise variables whereby the efficacy of the therapeutic method could be researched. The researcher believes that this aim was achieved, even

given the small sample size used. It might also have been more valuable to purposefully select only one gender for this study. However, the inclusion of both genders indicates that EAPT™ can be viewed as an effective therapeutic method in increasing self-esteem in bully victims (both boys and girls).

The physical location of the therapy practice led to inclusion of only a specific population. Being situated in a rural town relying heavily on the support of the farming community, the on-going drought placed considerable strain on financial resources, limiting the number of referrals for therapy. Other limitations included the Department of Education (Free State) not allowing research to be conducted during the last school term and set time slots to include more therapees in this study. Due to all the above factors, these results may not be generalised to all bully-victims in the middle childhood phase of development situated in South Africa.

Another limitation is that the researcher was also the therapist who conducted the EAPT™ sessions. She was also the person who collected the data from parents and teachers via interviews. Although, her observations were correlated with those made by the Equine Specialist, the independent researcher and the participants (teachers, parents and therapees), bias cannot be totally excluded. In psychology research social desirability bias, (participants answering questions in such a way they think the researcher would prefer them to react) can play a role and can influence the results obtained in this study.

Regardless of the above limitations, the researcher is satisfied, that the goals of the research study were met and trust that this study will be viewed as adding to the body of knowledge of AAT in South Africa and spark interest for supporting research in EAPT™ as a subdivision of the evolving field of AAT in South Africa.

7.6 **RECOMMENDATIONS FOR FUTURE RESEARCH**

AAT is a rapidly evolving field, highlighting the need for more rigorous research to support research findings suggesting that AAT is an effective therapeutic modality. A more comprehensive study building upon this research's results would include participants from other provinces and, from various socio-economic groups, to gain a broader perspective regarding the influence of EAPT™ on the self-esteem of bully victims in South Africa.

Building upon the results obtained with children presenting with maladaptive play behaviour in this study, a study evaluating the efficacy of specific activities to achieve therapy goals during EAPT™ could be valuable to further EAPT™ as therapeutic modality. Such a study would provide insights to practitioners when performing directive play therapy using EAPT™.

The EAPT™ bully victim-program can be improved by including more activities to foster the values deemed important within the family structure, by focusing on incongruence occurring between displayed behaviour by the therapee and professed values. The increase in congruence between displayed behaviour and professed values can then lead to an increase in feelings of worthiness; leading to an increase of general self-esteem.

7.7 **CONCLUSION**

The three identified themes formed the basis for answering the research questions. The exploration of the lived experiences of therapees and the perceptions of both parents and teachers enriched the quantitative data obtained.

The research findings clearly show that EAPT™ is perceived as an effective therapeutic method to increase self-esteem in bully-victims during the middle childhood phase of development. The fact that this is the first documented study exploring the efficacy of EAPT™ indicates the lack in research regarding this therapeutic modality. The researcher is of the opinion that EAPT™ can also successfully be used in other types of trauma and other age groups.

Children are constantly removed from natural settings and inclined to be lured to engage with electronic media. This therapeutic intervention set the scene for awakening children's natural urge to engage with nature. The sensory experience of being with another sentient being that gives immediate, authentic feedback allows therapees to experiment with different behaviours in an emotionally safe place.

The purpose of this study was to explore the perceived effectiveness of a new therapeutic modality, acting ethically towards humans and the therapy animal by modelling appropriate behaviour and reaching specific therapeutic goals. I wish to encourage other researchers to explore this evolving field, whilst thanking the parents who entrust us as therapists with

their precious children, with reference to the following words by Evans (President, European Association for Gestalt therapy) (Ginger, 2018):

"*Live life fully, love generously, and become all that you can be"* – Evans.

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ADDENDA 1

NELSON MANDELA
UNIVERSITY

PO Box 77000, Nelson Mandela University, Port Elizabeth, 6031, South Africa mandela.ac.za

Chairperson: Research Ethics Committee (Human)
Tel: +27 (0)41 504 2235
Charmain.Cilliers@mandela.ac.za

Ref: [H15-EDU-ERE-033 / Approval]

Contact person: Mrs U Spies

17 August 2017

Dr L Greyling
Nelson Mandela University
Faculty of Education
South Campus

Dear Dr Greyling

PERCEPTIONS ON THE EFFECTIVENESS OF EQUINE THERAPY IN BULLYING FROM THE GESTALT PERSPECTIVE

PRP: Dr L Greyling
PI: Ms M van Loggerenberg

Your above-entitled application served at the Research Ethics Committee (Human) for approval.

The ethics clearance reference number is **H15-EDU-ERE-033** and is valid for three years. Please inform the REC-H, via your faculty representative, if any changes (particularly in the methodology) occur during this time. An annual affirmation to the effect that the protocols in use are still those for which approval was granted, will be required from you. You will be reminded timeously of this responsibility, and will receive the necessary documentation well in advance of any deadline.

We wish you well with the project.

Yours sincerely

CB Cilliers

Prof C Cilliers
Chairperson: Research Ethics Committee (Human)

cc: Department of Research Capacity Development
Faculty Officer: Education

ADDENDA 2.1

L&M Therapeutic Horse-riding Centre
Farm Utrecht
Bultfontein
9670

_____

Mrs. _____
Bultfontein
9670

Dear Parent

INVITATION TO PARTICIPATE IN A RESEARCH PROJECT

I am a student at NMU studying for a Doctoral degree in Educational Psychology. A requirement for this degree is to do research and prepare a thesis for submission. The focus of this study deals with the effectiveness of Equine Therapy in children who are being bullied. Data gathering is planned to take place between _____ and _____

I am inviting you and your child to form part of this research project. You will be asked to keep a diary of activities and behaviour of your child whom you enrolled with us for therapy due to your child presenting with low self-esteem. Keeping of the diary is only for the duration your child forms part of the therapeutic program.

The research will be subjected to the Principals as prescribed by NMMU that include the following:

- Parents and their children will be invited to participate in the research but are under no obligation to do so. If you choose at any time to withdraw from the study, you may do so without fear of reprisal as your child may continue with therapy as usual.
- All information will be dealt with in strict confidentiality and no person will be identified in the written report. Participants will be referred to in code names that will only be known to the researcher herself.
- Your child's class teacher will also be invited to be part of the study and keep notes on the child's activities and relationships at school. Participating teachers will be asked to undertake to keep all information related to the study confidential
- Data gathered will be offered for verification to participants before completion of the report.
- No disruption of normal work procedures will occur as interviews will take place at times convenient to the participants.

More information may be obtained from contacting me at moniquevanloggerenberg77@gmail.com OR 0832712877. If you agree to participate in this research project please complete the attached letter of consent and return to me at the e-mail provided.

Kind Regards

Monique van Loggerenberg
Student number: 214367266

I (Full names) …… Parent/Guardian of …… hereby agree to take part in the research project of Mrs. Monique van Loggerenberg. I am aware that I have to keep a diary of my child's behaviour during the period that my child forms part of this research and that the class teacher will be asked to do the same. I grant permission that conversations between Mrs. van Loggerenberg and my child or interviews with me as the parent may be recorded for research purposes. I understand that I and my child may, without any reprisal, discontinue taking part in the research at any time whilst still making use of the therapy sessions.

_____ _____ _____
Full names Signature Date

ADDENDA 2.2

L&M Therapeutic Horse-riding Centre
Farm Utrecht
Bultfontein
9670

_____

Mrs. _____

Dear Teacher

INVITATION TO PARTICIPATE IN A RESEARCH PROJECT

I am a student at Nelson Mandela University studying for a Doctoral degree in Educational Psychology. A requirement for this degree is to do research and prepare a thesis for submission. The focus of this study deals with the effectiveness of Equine Therapy in children who are being bullied. Data gathering is planned to take place between _____ and _____ but will not continue beyond the third term.

I am inviting you to form part of this research project. You will be required to keep a reflective journal detailing your observations of activities and behaviour of a child in your classroom who was identified for therapy due to being bullied. This is for the duration that the child forms part of the therapeutic program but will not carry on beyond the end of the third term. In addition you will be required to participate in 2 interviews, one before therapy starts and the second after completion of the child's therapy

The research will be subject to the Ethical Principals as prescribed by NMMU that include the following:

- You are invited to participate voluntary. You are under no obligation to participate and may at any stage choose to withdraw from the study without fear of reprisal.
- All information will be dealt with in strict confidentiality and you or the learner will not be identified in any way in the written report. Participants will be referred to in code names with real identities only known to the researcher herself. You will need to agree to keep information related to this research confidential.
- Data gathered will be offered for verification to you before completion of the report.
- No disruption of normal work procedures will happen as interviews will take place at times convenient to you.

More information may be obtained from contacting me at moniquevanloggerenberg77@gmail.com or 0832712877.

If you agree to assist in this research project please complete the attached letter of consent and return to me at the e-mail address above.

Kind Regards

Monique van Loggerenberg
Student number: 214367266

I (Full names) …… Teacher of …… hereby agrees to take part in the research project of Mrs Monique van Loggerenberg. I am aware that I have to sit for two interviews and keep a reflective journal during the period that a child in my class forms part of this research. I also grant permission that conversations between me and Mrs van Loggerenberg may be recorded for research purposes and undertake not to make known to outsiders the child's name.

_____	_____	_____
Full names	Signature	Date

ADDENDA 2.3

L&M Therapeutic Horse riding Centre
Farm Utrecht
Bultfontein
9670

_____

Mr CBD Bredenkamp
Bultfontein
9670

Dear Mr Bredenkamp

REQUEST TO CONDUCT RESEARCH

I am a student at NMU studying for a Doctoral degree in Educational Psychology. A requirement for this degree is to do research and prepare a thesis for submission. The focus of this study deals with the effectiveness of Equine Therapy in children that are being bullied. Data gathering is planned to take place between _____ and _____ 2017.

The research will be subjected to the Principals as prescribed by NMMU that include the following:

- Parents, children and teachers will be invited to participate but will be under no obligation to do so. Participants may withdraw from the research at any time without fear of reprisal and may continue with therapy as usual.
- Data gathered will be offered for verification to participants before completion of the report.
- No disruption of normal work procedures will occur.

- More information may be obtained by contacting me at moniquevanloggerenberg77@gmail.com OR at 0832712877.

If you agree to assist in this research project please complete the attached letter of consent and return to me at the e-mail provided.

Kind Regards

Monique van Loggerenberg
Student number: 214367266

I (Full names) …… hereby give permission that Mrs. Monique van Loggerenberg may conduct the research project at my private riding school. I understand that I may withdraw my permission at any time.

_____ _____ _____

Full names Signature Date

ADDENDA 2:4

L&M Therapeutic Horseriding Centre
Farm; Utrecht
Bultfontein
9670

_____

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_____

Liewe maatjie

Toestemming dat ons geselsies opgeneem mag word:

Tannie is besig om ‘n bietjie slimmer te word. As ‘n mens wil slim word moet ‘n mens mos leer. Ek probeer leer of ons perd jou help as maatjies jou boelie. Sal dit reg wees as tannie ons geselsies op band opneem sodat ek later weer lekker daarna kan luister? Mamma en Pappa het gesê jy is so slim, dat jy self kan besluit of dit reg is met jou en as jy op enige tyd voel dat jy dit nie meer wil doen nie, sal tannie dit so aanvaar.

Alles wat ons vir mekaar sê bly nog steeds net tussen ons en niemand anders sal weet dat dit jou stem op die bandopname is nie. Tannie gee vir jou jou eie spesiale band, en net ek weet wie se band is wie s’n. Jou naam word nie eers op die band geskryf nie.

Sal dit reg wees met jou? As jy hartseer word of ongemaklik voel om oor die geboelie te praat, mag jy maar stilbly. Onthou dat jy ook enige tyd mag ophou om hier te kom kuier as jy nie meer daarvan hou nie,

Groete

Tannie Monique van Loggerenberg

Studente nommer: 214367266

Ek gee toestemming dat tannie ons geselsies op band mag opneem en ek sal vir tannie sê wanneer ek nie gelukkig is nie of ongemaklik voel.

Naam: …… Datum: ……..

ADDENDA 2.5

L&M Therapeutic Horseriding Centre
Farm Utrecht
Bultfontein
9670

_____

Mr. ……
……..
……..
……

Dear Principal

INVITATION TO PARTICIPATE AND CONDUCT RESEARCH AT L&M THERAPEUTIC HORSERIDING CENTRE.

I am a student at NMU studying for a Doctoral degree in Educational Psychology. A requirement for this degree is to do research and prepare a thesis for submission. The focus of this study deals with the effectiveness of Equine Therapy in children that are being bullied. Data gathering is planned to take place between June 2017 till October 2017 and resume in January 2018 till September 2018.

I am inviting you and your school to form part of this research project.

The research will be subjected to the Ethical Principals as prescribed by NMMU that include the following:

- Individuals will be invited to participate and will be under no obligation to join in or continue once joined.
- All information will be dealt with in strict confidentiality and no person will be identified in any way. Participants will be referred to in code names that will only be known to the researcher.
- Data gathered will be offered for verification to participants before completion of the report.
- No disruption of normal work procedures will happen as interviews will take place at times convenient to the participants.

More information may be obtained from contacting me at moniquevanloggerenberg77@gmail.com . Or 0832712877.

Kind Regards

Monique van Loggerenberg
Student number: 214367266

I (Full names) …… Principal of …… hereby agree to take part in the research project of Mrs. Monique van Loggerenberg. I will act as gate keeper for this research project. I will designate a teacher to work with Ms van Loggerenberg when a child is identified as being bullied. I also grant permission that conversations between Mrs. Monique van Loggerenberg and myself, may be recorded for research purposes.

_____ _____ _____
Full names Signature Date

ADDENDA 2.6

Enquiries: KK Motshumi
Ref: Research Permission: M van Loggerenberg
Tel. 051 404 9283 / 9221 / 079 503 4943
Email: K.Motshumi@fseducation.gov.za

education
Department of Education
FREE STATE PROVINCE

M van Loggerenberg
PO Box 6
Bultfontein, 9670

083 271 2877

Dear Mrs van Loggerenberg

APPROVAL TO CONDUCT RESEARCH IN THE FREE STATE DEPARTMENT OF EDUCATION

1. This letter serves as an acknowledgement of receipt of your request to conduct research in the Free State Department of Education.

   Topic: Perceptions on the effectiveness of Equine therapy in bullying from the Gestalt perspective.

   Schools involved: Bultfontein High and Nelsdrift Primary school in Lejweleputswa District.

   Target Population: 20 Primary school children between Grade 2 – 8 aged 8-14, both male and females. Teachers of children bullied.

   Period of research: From the date of signature of this letter until 30 September 2017. Please note the department does not allow any research to be conducted during the fourth term (quarter) of the academic year.

2. Should you fall behind your schedule by three months to complete your research project in the approved period, you will need to apply for an extension.
3. The approval is subject to the following conditions:
   - 3.1 The collection of data should not interfere with the normal tuition time or teaching process.
   - 3.2 A bound copy of the research document or a CD, should be submitted to the Free State Department of Education, Room 319, 3rd Floor, Old CNA Building, Charlotte Maxeke Street, Bloemfontein.
   - 3.3 You will be expected, on completion of your research study to make a presentation to the relevant stakeholders in the Department.
   - 3.4 The attached ethics documents must be adhered to in the discourse of your study in our department.
4. Please note that costs relating to all the conditions mentioned above are your own responsibility.

Yours sincerely

DR JEM SEKOLANYANE
CHIEF FINANCIAL OFFICER

DATE: 22/06/2017

ADDENDA 3

Observation protocol: Parent Parent name

Type of behaviour	Date(s) and circumstances during observation/ explanatory notes
Aggressive behaviour	
Submissive behaviour	
Appearing fearful (e.g. to attend school)	
Appearing weepy (tearful)	
Subdued more than normal/ seems secretive	
Loud and being hyper more than normal	
School work deteriorating	
Disturbed sleeping patterns/ bed wetting/ grinding of teeth	
Socialization patterns	
Other	

Observation protocol: Teacher Code name of child

Type of behaviour	Date(s) and circumstances during observation/ explanatory notes
Aggressive behaviour	
Submissive behaviour	
Appearing fearful	
Appearing weepy (tearful)	
Subdued more than normal	
School work deteriorating	
Socialization patterns	
Absenteeism	
Other	

ADDENDA 4

Semi-structured interview protocol: Parent(s).

Before therapy starts:

1. Why did you decide to enrol your child at the riding school?
   Probing questions:
   - What are your concerns?
   - On what do you base your concerns?
   - What are your expectations?
2. Is there anything you consider important for me to know about that you would wish to add?

After therapy has been concluded:

3. Do you think EAPT has been beneficial to your child? Yes/No
   Probing questions:
   - If YES; In what way(s) did your child gain from the therapy sessions?
   - If NO, why do you think this is the case?
   - Did you notice any changed patterns in behaviour?
4. Is there anything you consider important for me to know about that you would wish to add or change?

Semi-structured interview protocol: Teacher(s).

Before therapy starts:

1. Why did you decide to refer this child to the riding school?
   Probing questions
   - What are your concerns?
   - On what do you base your concerns?
   - What are your expectations on the sessions at the riding school?
2. Is there anything you consider important for me to know that you would like to add?

After therapy has been concluded:

3. Do you think EAPT has been beneficial to the child? Yes/No
   Probing questions:
   - If YES; In what way(s) did the child gain from the therapy sessions?
   - If NO, why do you think this is the case?
   - Did you notice any changed patterns in behaviour?
   - Explain
4. Is there anything you consider important for me to know that you would like to add or change?