

**GUIDELINES AND APPLICATION TO A  
CLINICAL PSYCHO-THERAPEUTIC  
INTERVENTION FOR STREET-CHILDREN  
AND CHILDREN AT RISK.**



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THE GROUP PSYCHOTHERAPEUTIC EFFECTS OF HUMAN MODELLING  
PSYCHOTHERAPY ON THE SELF-ESTEEM OF STREET CHILDREN  
IDENTIFIED AS HAVING LOW SELF-ESTEEM

BY

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**DECLARATION**

I declare that this thesis in Clinical Psychology in the Department of Psychology at the University of the North West has not been previously been submitted by me for a degree at this or any other University, that it is my own work in design and execution and that all material contained herein has been duly acknowledged.

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SUMMARY

The purpose of this pilot study was to evaluate the effectiveness of a highly specialized psychotherapeutic intervention on the self-esteem of Black and Coloured street children in Southern Africa.

The literature review emphasized the following: (a) a paucity of research on psychotherapy for street children and (b) a paucity of research into the self-esteem of Black and Coloured street children. Following the literature review a number of hypotheses were tested among street children.

The experimental sample comprised of 16 adolescent street children residing at a second phase shelter. They ranged in age from 11 to 16 years. After being pretested on the self-esteem measures (that is, the SEI and the DAP), the sample was divided into an experimental ( $n = 6$ ) and control group ( $n = 10$ ). The experimental group was exposed to Human Modelling psychotherapy and the control group to a self-esteem enhancing programme. Human Modelling psychotherapy was first implemented for a period of 3 weeks and following an interruption of 3 months was again implemented as a marathon follow-up group for 4 days. Multiple comparisons were made between the groups as well as within the experimental group, following post-testing and postpost-testing.

A repeated measures pretest post-test design with a no-treatment control group was utilized. This design was employed to assess the effectiveness of the treatment within

the experimental group as well as between groups. Statistical comparisons between the two groups were done using the Mann-Whitney U test. The data from the repeated measures was scored, coded and analyzed using the BMPD statistical package.

From a statistical perspective, the study indicates a poor outcome on all areas of self-esteem. This includes academic, social, general and personal self-esteem.

The major findings are summarized as follows:

- (i) No significant differences were provided in terms of global self-esteem and its various dimensions.
- (ii) A significant difference between the pre-, post-, and postpost total SEI scores within the experimental group was found.
- (iii) Positive trends were evident in the experimental group on all four areas of self-esteem - social, academic, general and personal.

This strongly suggests that the treatment had the desired effect. However, due to the small sample size, the results should be interpreted with caution which seriously limits the generalizability of this study.

Qualitatively, Human Modelling psychotherapy can be viewed as a process which facilitates the development of insight and creative thought which can be used cross-culturally. The empirical results strongly suggest that this form of therapy can be of therapeutic value to street children.

Human Modelling in a group format has tremendous therapeutic potential in respect of a higher degree of personal integration, however it becomes difficult to describe these subjective experiences objectively and to pin them down statistically.

In conclusion, this form of psychotherapy could have the potential of making a significant impact on community orientated clinical psychology in Southern Africa.

## CHAPTER 1

### INTRODUCTION

It is a well known fact that a percentage of children all over the world are forced to turn to the streets in an attempt to solve problems arising from the social structures of which they are a part. Street children are a phenomenon which is currently most prominent in Third World countries. The street is used (irregularly or permanently) in various ways by the child on the street.

Swart (1990a) in Schurink (1993) states that the exact number of children on the streets and of the streets of South Africa, is unknown. Estimations of street children in this country vary between 6276 to 9390 (3 out of every 1000 South African children). According to Burman and Reynolds (1986) large pockets if not the entire South African society are caught up in the vicious circle of material want and deprivation. An overall assessment of poverty in Southern Africa shows that the survival and development of the majority of children are jeopardized by poor quality of life interpolated by malnutrition, preventable diseases, high levels of mortality, overcrowding and illiteracy.

Researchers on the phenomenon of street children commonly differentiate between children on the street and children of the street. Children on the street constitute the largest group (approximately 60%) and work as beggars, peddlers, etcetera. They usually contribute towards the financial support of their families. Children of the street

(approximately 30%) usually have little or no contact with their families. Most street children commonly found in cities and streets either leave their homes because of deprivation and/or other problems to find fulfillment or live a desired life away from their families. These children's lives are shadowed by factors such as illiteracy, little or no schooling, sexual exploitation, physical abuse, delinquency, neglect, poverty, child labour, criminal activities, poor socialization and begging. According to a report by the United Nations Children's Fund (UNICEF, 1987) the following situations are characteristic of the street child's life: Survival by means of inter alia vagrancy, prostitution, begging, drug abuse and trafficking; subjection to social, sexual and psychological abuse; advanced maturity and the development of a passive, apathetic or aggressive attitude; replacement of the family by a social gang. It seems evident from the literature that the phenomenon of street children will increase at the same pace as urbanization, family disintegration, housing shortages and unemployment.

Most street children seem to be in need of food, clothing and shelter, and basic services such as medical care and literacy.

Definitions of street children vary, amongst others in terms of how specific and how general they define the phenomenon - some state very specific criteria regarding the children and their lifestyles, while others include a bigger

group of children, with a wider range of, or more general characteristics. Definitions also sometimes differ from one area/country to another as street children differ in terms of certain aspects, for example, characteristics and lifestyle.

The majority of definitions of street children, however, have one or more of the following three aspects in common:

(1) a brief explanation for them being on the streets, (2) some reference to age or phase of life, and (3) mention about the nature of their lifestyle ( South African National Council for Child and Family Welfare, 1993).

For the purpose of this study, however, the following definition appears to be appropriate:

" A street child or street youth is any girl or boy who has not reached adulthood, for whom the street (in the widest sense of the word, including unoccupied dwellings, wastelands, etc.) has become his or her habitual abode and/or sources of livelihood, and who is inadequately protected, supervised or directed by responsible adult" ((Inter-NGO, 1983, p. 2).

Given the nature and extent of the problem, the psychological and developmental implications of the street child phenomenon in South Africa needs to be more closely examined (Donald & Kruger, 1994).

According to Resener (1988) living on the streets can contribute to a gradual loss of particular traits and interests, making it difficult to differentiate between a street child and a mentally ill child. As a result of this, a child's self-esteem, which plays a prominent role in a

child's life becomes affected. As cited by Thomas (1994) more assistance is required in the form of expert psychotherapeutic counselling which will help street children overcome the blocks in their personalities resulting from the trauma and cruelty experienced from an early age. There is a gap in the research to date, since the need for the investigation of secondary problems experienced by this population group has only been realized recently. Mako (1992) addressed the issue by looking at the self-esteem and the quality of interpersonal relationships of street children in South African, North Western region. From this study it was concluded that "street children have a lower self-esteem and poorer quality of interpersonal relationships than the comparison group" (p. 65).

Several studies have been conducted regarding the self-esteem, life styles and inter-relationships of street children, for example Mako (1992), Milazi (1990) and Jacobs (1994). Also several literature sources refer to issues of self-actualization, self-concept, and self-esteem needs as secondary issues which should be addressed in this population (Donald & Kruger, 1994; Cemane, 1990; Thomas, 1994 Aptekar, 1989; Cerrans, 1992).

The concept of the self has been examined from many theoretical frameworks, leading to the coining of various related concepts. Coopersmith (1967) defines self-esteem as the evaluation which the individual makes and customarily

maintains with regard to himself: it expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful and worthy. It is a subjective experience which the individual conveys to others by verbal reports and other overt expressive behaviour. Ziller (1973) proposed that self-esteem is associated with the consistency of the person's response to his environment.

Maslow (1970) says that self-esteem is a feeling of importance, being accepted by society, being respected, having confidence in oneself, being regarded and recognized by others, having a feeling of competence as well as a need for achievement.

Bearing in mind that street children are in fact very vulnerable individuals and that very few of them have had the opportunity to resolve successfully the first crisis in Erickson's stages of development (acquiring a basic sense of trust) therapy becomes indispensable to change their meaning of life and themselves (Van Niekerk, 1986) in their very unpredictable world, where they are preyed upon for their sexual services, chased away by shopkeepers, and regarded as deviant and undesirable by residents in the community (Van Niekerk, 1990).

The study performed by Mako (1992), refers to Maslow's (1970) contention that, though the question of self-esteem is important for one to be fully actualized, the first two needs, i.e., the physiological and safety needs must be

gratified first. It is against this background that street children's self-esteem is low because they have inadequate food, shelter and safety. They have a low need for approval, they do not have a high need to achieve or a high need for competence which all refer to a self-esteem need.

The problem addressed in this study is the investigation of a promising therapeutic method, which is also time and cost effective, to enable children to confront and express their difficulties and to hopefully develop self confidence and their self-esteem.

In this study the use of Human Modelling as a therapeutic technique is explored, with particular emphasis on its effects on self-esteem. Human Modelling psychotherapy was originated by Coetzee in 1969 (Coetzee, 1974). It was originally developed as a technique to overcome 'deadlocks' in individual therapy, but has since evolved into a fully fledged psychotherapy with added diagnostic and evaluative qualities (Coetzee, 1975, 1976 a & b). It is currently used in groups as well as on an individual basis. Butler (1979) made an attempt to overcome the difficulty of defining Human Modelling and explains it as follows:

"Human modelling could be described as being partially task-orientated, more concrete, and as providing an indirect way of communication which could contribute to the therapeutic process in that it could provide more stimulation, involvement in the here-and-now, and, initially a less threatening way of communication" (p. 3).

The technique of 'making a person' draws heavily on the person's ability to make use of his\her imaginal resources and can initially elicit feelings of anxiety and even of failure (Coetzee, 1974) having to - on a preconscious level - face those unintegrated aspects of the self, the client's involvement with the modelled person offers the opportunity to create something to be proud of and about which to feel satisfied. These feelings of pride, responsibility and even of enhanced self-esteem, strengthen the client's feelings of security and safety (Muller, 1975). The patient is able to look at himself from a new angle, as an individual with creative ability which can be channeled into the process of becoming a well-intergrated person (Heystek, 1979).

Human Modelling research has been done with children and has been found to be effective with children of eight years and older. Results indicate a significant improvement in self-esteem where Human Modelling was used in 45 minute sessions twice a week over a period of three months (Coetzee, 1976). These results are confirmed by Meyer (1976).

Human Modelling can prove a useful technique in attempting to increase street children's ideas and competencies about themselves. It is within the background outlined above that the present study was conducted. In response to the need for finding a relevant psychotherapeutic intervention specifically for raising the self-esteem of South African black and coloured street children, it is to

this question that the present study was addressed. The general aim was to investigate the use of Human Modelling group psychotherapy on street children identified as having low self-esteem.

In chapter 2 theoretical background of self-esteem and street children is discussed. An exploration of developmental implications, especially on self-esteem, and the influence of street life on the self-esteem of the street child is provided.

Chapter 3 describes the theoretical considerations on Human Modelling and review of research conducted in this area. This chapter also contains the process of Human Modelling both on a group and individual basis.

Chapter 4 delineates the specific problem being investigated and the general aims for the study are stated. The methods employed in conducting the study and analyzing results are presented in chapter 5. The results are presented and discussed in chapter 6 and chapter 7, respectively. The limitations and implications of the study and suggestions for further research are also addressed in chapter 7.

## CHAPTER 2

### THE SELF ESTEEM OF STREET CHILDREN

This chapter will focus on both the theoretical background of street children and on the theoretical background of self-esteem. The review of the theoretical background will include a discussion of the definition of the concepts, an exploration of developmental implications especially on self-esteem, and the influence of street life on the self esteem of the street child.

#### 2.1 Street Children

Street children, the offspring of today's urban realities world-wide, represent one of our global family's most serious, and most rapidly growing social challenges.

Since the early 1900s the issue of homeless and destitute children in South Africa has attracted public attention intermittently. Hansson (1991) noted that prior to the eighties "street children" only twice constituted a focus for public concern. Firstly they were mentioned as a distinct social phenomenon in 1917 in a report that was published by the Society for the Protection of Child Life and then again in the late fifties (Peacock, 1990).

Although the first large scale investigation of street children was started in 1984 (Scharf, Powell & Thomas, 1986), it was not until late in the decade that street children throughout the country began to attract the systematic attention of researchers, the press and social service workers.

In 1987, the United Nations Children's Fund (UNICEF) estimated that one in every five children in developing countries lives in extremely deprived and difficult circumstances. Between 50 and 100 million of these boys and girls worldwide were living on the streets. No country, and virtually no city anywhere in the world today escape the presence of so-called "street children." Their existence reflects upon each society, as well as upon the global world order in general, a mirror image of international social health and well-being (Tacon, 1991). The international street children phenomenon serves as a barometer of the caring, concern and social consciousness towards our fellow men (Le Roux, 1992).

### **2.1.1 Definition and Discussion of the Concept**

A study of the relevant literature reveals a number of attempts at defining street children. A definition which was formulated by the Inter-Non-Governmental Organization (Inter-NGO) in Switzerland during 1983 reads:

" A street child or street youth is any girl or boy who has not reached adulthood, for whom the street (in the widest sense of the word, including unoccupied dwellings, wastelands, etc.) has become his or her habitual abode and/or sources of livelihood, and who is inadequately protected, supervised or directed by responsible adult" (p. 2).

Richter (1988a), defines street children as "those who have abandoned (or have been abandoned by) their families, schools and immediate communities, before they are 16 years of age, and drifted into a nomadic street life". (p.12)

According to Agnelli (1986), so little is understood about these children that for many the term "street children" only conjures up images of carefree youth. For others, they are at best, a nuisance; kids who should be locked up for their own good when they 'get into trouble'.

It is important to take cognizance of the differences between children on and children of the street and between throwaways and runaways. Richter (1988a) explains the difference between children of and children on the street as follows:

" By 'children of the street' (we)... refer to homeless children who live on the street. It is this condition, I believe, we all mean to indicate when we refer to street children in South Africa" (p.7).

According to Konanc (1989), this group of children can be defined as children who spend twenty-four hours a day on the street and who have permanently left their families either by force or by their own decision. Usually these children have completely abandoned and rejected their families. These children live in a peer group that serves as a substitute family. Reasons for being a child of the street may be poverty, maltreatment at home, alcoholic parents, single parent households or escape from an anti-child home or environment situation.

On the other hand children on the street refer to children who go into urban areas to earn or beg money and who then return home. These children contribute all or most of their earnings to their families. Importantly, children on the

street are attached to, and integrally involved with, their families. These children are, according to Richter (1988a) ... "a response to the problem of poverty, unemployment, and marginalization which affect their families" (p.7).

In order to present a meaningful definition of the concept street children one has to distinguish between various categories of street children (Le Roux, 1992). Adams, Gulotta and Clancy (1985), distinguishes between three groups of street children: (a) children who flee from home because of family conflict, bad social relationships and alienation; (b) children who are rejected by their parents or forced to leave home; and (c) children who are the products of rejection by society.

Defining a problem or phenomena is far more complex than it may seem at first. Apart from certain facts, a definition also includes perceptions and/or attitudes of individuals and groups, for example professionals, communities or societies. Aptekar's (1988) definition of street children illustrates the complexity involved in defining street children.

" There are many street children and many variations in where they live, what they do and what kind of skills or problems they have. What characterizes this diverse group of children, is that they live in a society that has allocated certain rights and privileges to childhood" (pp. 45-46).

Above all else, these children are, in one way or another, outside the accepted role of childhood. One very salient fact, is that being a street child has only partially to do with the children's characteristics. How they are perceived and consequently treated by the society in which they live, also contribute to defining each of them. The interaction between society and the street child also forms a great part of the definition of street children. Street children cannot be defined solely by characteristics, because they are often shared with other children. Against this background, street children can be defined as " an aberration of childhood in a particular society with a particular point of view about childhood....this cannot be really comprehended until we can understand the interactions between the children and the society in which they live" (Aptekar, 1988 p. 45, 46). Street children can thus not be studied or considered in isolation from the community or society of which they form a part.

The following descriptions of street children illustrate the diversity and ultimate complexity of arriving at a unitary definition of the concept:

"Street children : Homeless youngsters who roam the streets by day and sleep in culverts, empty buildings and vacant lots at night" (Drake, 1989, p. 14).

"Street children comprise a group of poorly socialized children, failing to develop commitments and attachments within society" (Cemane, 1990, p. 2).

"The term street child refers more specifically to children of the streets. These children come from homes where there is violence, overcrowding, drug and alcohol abuse or from communities divided by political forces into war zones. Many have been abused and hope to find a better life in the city" (Bernstein & Grey, 1991, p. 51-52).

"...throwaways and runaways, children whom families and communities have failed" (Richter, 1988 p. 13).

"...a byproduct of a community that has been exposed to industrialization and urbanization without the support of a firm social service infrastructure" (Loening, 1988 in Bernstein, et. al., 1991, p. 52).



"Strollers is the name used by street children to describe themselves in Cape Town (South Africa). They are mainly 'coloured' or of mixed racial descent. 'Malunde' and 'omalalapayipi' are Zulu words meaning 'those of the street', or 'those who sleep in the (stormwater) pipes". These terms are used by Johannesburg (South Africa) street children (mainly of African racial descent) to describe themselves" (Richter, 1989, p. 1).

It would appear that whatever the definition of this multidimensional concept is, all descriptions contain a number of common elements. These children are trying to escape an anti-child culture or have fled unbearable circumstances at home or in their immediate environment. They feel they can no longer trust themselves in society's hands. Therefore they have undertaken to manage their lives and futures on their own and retain total control of their lives. They are vulnerable to exploitation as most of these children have left chaotic family environments which involved violence, abuse, alcoholism and alienation.

According to Nye and Edelbrock (1980) and Richter (1989), a description of street children would not be satisfactorily represented without distinguishing between runaways and throwaways. Runaways are described as children who voluntarily leave home without parental permission. Throwaways are children who leave home because their parents have actually encouraged them to leave, have abandoned them, or have subjected them to intolerable levels of abuse or neglect.

In summary, it has been found that street children are a growing social challenge, both in South Africa and internationally. In South Africa the first large scale investigation was initiated in 1984 and it was found that various factors contributed to the street children phenomenon. However, trying to define the concept of street children is a complex task, as there are many street children

and many variations of where they live, what they do and what kinds of skills they have. A variety of definitions are provided in the literature on street children. This adds to the multidimensionality of the concept. A distinction is also made between children on the street and children of the street as well as between runaways and throwaways. All descriptions, however, include common elements.

### **2.1.2 Characteristics, Circumstances and Problems related to Street Children**

The reasons why children take to the streets, as mentioned before, are complex and they take on various forms. Generally, a distinction can be made between push and pull factors. Poverty, unemployment, overcrowding, child abuse, family disintegration, alcohol abuse by parents, failure at school, the collapse of alternative care facilities and family violence are examples of push factors. The desire to earn money, to contribute to family income and to roam the streets can be seen as pull factors (Schurink, 1994).

Le Roux (1992) has summarized the most common characteristics of, and causes for the phenomenon of children taking to the streets. Street children as a group represent an exceptional companionship system, replacing the family as a source of emotional and economic support. With this group protection, support, companionship, and solidarity are offered which results in a strong loyalty code developing among themselves. They seem younger and smaller than their chronological age, due to acute and chronic malnutrition, but

there is something mature beyond their years in their furtive, hunted expressions; a devil-may-care attitude towards the world. These children usually speak a street lexicon, which gives them a special identity. Because of the predominant important role the group plays, street children are inclined to gangsterism. They fear brutality, disease and disablement, the police and also fear being left alone and being unloved; they desire respect and to become someone.

Street children tend to see themselves as "nice" people with bad behaviour: the ones everybody love to hate. Often they are guilty of anti-social behaviour or self-destructiveness. The consumption of drugs serves as a temporary escape from the unbearable reality. The use of intoxicants such as the inhalation of glue, petrol, benzine and thinners is widespread. Therefore, these children often have no sense of time, distance and reality. Street children usually come from matriarchal families and suffer parental rejection and physical hardships. They have no positive father figure, are reluctant to trust adults and find authority and control from outside irksome. Street children show highly entrepreneurial skills: they are engaging and persuasive in the selling of products and services for their personal survival. Sexually abused street children often turn to prostitution (girls) or violence such as rape (boys). There is an alarming acceptance of male violence by girls among street children.

Often street children are maladjusted, juvenile delinquents, school drop-outs, highly impulsive, distrustful and manipulative of adults. They also show a reluctance to disclose their true life stories and put a high premium on personal freedom; they are living by their wits and tell incredible stories to enhance begging and impress strangers.

Cockburn (1991) adds to these characteristics by stating that these children have a greater internal locus of control, lower self-esteem, place a high value on personal freedom, are resistant to control, and adhere to conventional morality.

The contradictions inherent in 'greater internal locus of control' and 'low self-esteem' can possibly be explained by or are perhaps related to negative adult interpretations of their lifestyle and hostile, condemnatory responses from others. The actions and characteristics of street children are construed in negative terms by most people around them, which could be readily incorporated by the children as self-derogation and contribute to them feeling despicable (Scharf; Swart; Laosa in Cockburn, 1991).

These dirty and totally neglected children are often condemned by the indifference of others, struggle to survive and have a low self-esteem as a result of their negative experiences with a harsh anti-child environment.

Push and pull factors contribute to children taking to the streets. The family system, which is often one of the main reasons for leaving the home, is replaced by other

street children, which in turn provide an exceptional companionship system. Common characteristics are identified, both negative and positive highlighting aspects of their lifestyle. Finally, these negative characteristics, which have been identified in this section, lead to a lower self-esteem.

In the following section self-esteem will be discussed.

## **2.2 Self - Esteem**

The importance of self-esteem has consistently been appreciated by those who work with children (Pope & McHale, 1988). One of the more significant areas of agreement between theorists, who often differ, is that self has an important function in the process that is personality development.

Before 1940 and more recently in the fifties and sixties, there was a strong interest in the self-concept amongst professionals and researchers alike. It is clear that interest in the self has returned (Gurney, 1980). The term "low self-image" is repeatedly used on television, particularly in American films and serials. Furthermore, it appears that research in the UK on various projects concerned with health education has taken great interest in self-esteem as a part of the concern for the whole child.

For the purpose of this study the current researcher will approach this section by placing emphasis on theories of self-esteem, developmental concerns regarding self-esteem, and finally, make a conclusion about the self-esteem of

street children in particular.

### 2.2.1 Definition and Discussion of the Self-Esteem Concept

It has been widely published that one can become confused when thinking about children's self-esteem. The language used can be unclear, with "self-esteem" and the term "self-concept" often used interchangeably. The cause and effect dynamics are difficult to understand. Many questions emerge, such as, 'does low self-esteem cause other problems in the children's lives, or do these problems themselves contribute to a shaky sense of self worth?' (Pope & McHale, 1988, p. 1).

A widely used definition of self-esteem in the literature reads as follows:

" Self-esteem can be described as the evaluation that the individual makes and customarily maintains with regard to himself; it expresses an attitude of approval or disapproval and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy" (Coopersmith, 1967, p. 4).

According to Pope and Mchale (1988), self-esteem is an evaluation of the information contained in the self-concept, and is derived from a child's feeling about all the things he is. Therefore one can deduce that an individual's self-esteem is based upon a combination of objective information about oneself and subjective evaluation of that information.

According to Howcroft (1986), many doctoral and masters studies completed in South Africa have revealed a paucity of

significant empirical results due to an inability to operationalize self-esteem and self-concept and to utilize valid measurement techniques.

Shavelson, Hubner, and Stanton (in Fleming & Watts, 1980) attempts to distinguish between the two concepts by noting that "self-esteem with its evaluative core, can be seen as one of the facets of self-concept." However, Horrocks and Jackson (in Jacobs & Vrey, 1982) virtually equate self-concept with self-esteem.

In summary, even though it has been found that self-esteem is difficult to operationalize, there is agreement that self-esteem is regarded as a facet of the self-concept. Also the most widely used definition of self-esteem is that of Coopersmith (1967) which, among other theorists on the subject, will be explored in the next section.

### **2.2.2 Self-Esteem Theories**

The earliest recorded thinking on the self can be traced to Greek writing such as that by Aristotle, who distinguished between the physical and non-physical aspects of the human being. One of the nonphysical aspects he explored was the concept of "soul", which has much in common with the later concept of "self" (Gergen, 1971).

William James (1890) was the first psychologist to elaborate on the self-concept. He saw self-concept as being the stream of thought in which the "I" as knower looks upon the "Me" as known. James discriminated between the Material

Me, the Social Me, and the Spiritual Me. The Material Me included a person's body, home, family and physical possessions. The Social Me referred to a person's status or reputation in the eyes of others; and the Spiritual Me to a person's awareness of his own thoughts and feelings. A person's success at achieving his personal goals would influence his level of self-esteem.

It is noted in Wells (1976) that the work of Rosenberg, Coopersmith and (to a lesser extent) Ziller represent explicit attempts to develop theories of self-esteem based upon empirical studies of self-esteem and its correlates.

Rosenberg and Coopersmith represent a unified and concise theoretical perspective. Maslow (1967) also contributed significantly to the understanding of self-esteem. The theories of Rosenberg, Coopersmith and Maslow will be outlined in the following section.

#### (a) Rosenberg's Theory

Rosenberg (1965) tends to explain his theory from a more sociological perspective as opposed to specifically concentrating upon the dynamics of the development of a positive self-image during adolescence. Rosenberg (1964, 1965) also focused his work upon finding ways of explaining group differences in self-esteem, such as adolescent black/white differences. Rosenberg approached his research on attitudes, where the individual's attitude is used as a pivotal concept to which the antecedent, consequent, and structural aspects of both social and personal behaviour can

be related via the concept of reference groups.

Rosenberg views self-esteem as being evaluative, thus people tend to hold attitudes about all sorts of objects, the self being just one. He does state, however, that there are probably quantitative differences between self-attitudes and attitudes about other things.

Self-image, according to Rosenberg is a global property of the personality. All self-attitudes have an evaluative dimension which produces a "self estimation" of the attitude object.

His research on high and low self-esteem suggests that people with high or low self-esteem have certain characteristics. Those individuals with high self-esteem are more able to interact with others. People with low self-esteem have greater difficulty and hesitation in social interaction and tend to have lower aspirations and expectations for success than those with high self-esteem.

Rosenberg cites the effect of the individual's social context that plays a major role in the development of high or low self-esteem. Negative evaluations and the availability of supportive reference groups have direct bearing on one's self-esteem.

(b) Coopersmith's Theory

The work of Coopersmith (1959, 1967) represents a clearly defined attempt to measure self-esteem in context, the two major contexts of apparent relevance being the home and the school.

"It is from a person's actions and relative position within (his) frame of reference that he comes to believe that he is a success or failure - since all capabilities and performances are viewed from such a personal context we must know for example, conditions and standards within a given classroom, groups of professionals, or a family before making any conclusion about any individual's feelings of worthiness" (Coopersmith, 1967, p. 20)

Self-esteem is far more complex than most theories on the subject. According to Coopersmith's theory self-esteem has two parts which include the subjective expression (the individuals self-perception and self-description) and the behavioural expression (behavioural manifestations of the individuals self-esteem) which are available to outside observers.

Coopersmith focuses on the processual characteristics by which various social phenomena become personally relevant to the self-evaluation process.

In developmental terms, a child internalizes a view of himself from his parents (or the most influential parent) which is relatively enduring.

Looking at a variety of retrospective family and school information, Coopersmith concludes that while there are no distinct family patterns which differentiate high and low self-esteem children, three conditions seem to be strongly conducive to the development of higher self-esteem levels.

- 1) The acceptance of the children by the parents.
- 2) Enforcement of clearly defined limits for the children by

the parents.

- 3) Respect for individual initiative and latitude within these limits by the parents (Coopersmith, 1967).

Richter (1989) illustrates the relationship between self-esteem and parental influence by citing an example of one 14-year old boy with a confirmed history of child abuse who responded to Picture 7 of the Michigan Picture Test (Andrew, Hartwell, Hutt & Walton, 1953) with the following account:

"These children have left home with sore hearts. Maybe they were beaten. They remind me of my mother when I was still small, when she said she want to chop me with an axe. She said she hates me, it will be better to chop off my head" (Richter, 1989, p. 7).



The daily experience of negative adult interpretations of their lifestyle and hostile, condemnatory responses makes it extremely difficult for street children to retain a healthy sense of self-esteem (Scharf et al., 1986 and Swart, 1988a). Most people around the street child construe his actions and characteristics in negative terms which could be readily incorporated by the child as self-derogation (Laosa, 1979).

Additionally damaging is the fact that the negative appraisals of the children by the public are predominantly attributions of stable and incorrigible negative personal qualities (for example, "bad", "naughty") rather than concessions to temporary or situational conditions (for example, "working children", "dirty because there is no place on the street for children to wash themselves or their

clothes").

In summary, Coopersmith names three conditions to be fulfilled by the family for the child to build up a higher self-esteem. Studies on street children which are outlined above, however, have illustrated that such children do not have acceptance from their parents or the outside world, have no clear defined limits set for them by their parents or they do not receive respect from the general public in order to build a higher self-esteem.

(c) Maslow's Theory

By employing Maslow's theory of self-esteem as a theoretical foundation, it is important to mention other needs and see where self-esteem needs are placed in the whole move towards self-actualization in his hierarchy of needs. These needs are: (a) physiological needs; (b) safety needs; (c) belonging needs; (d) esteem needs which refer to a need to achieve, to be competent, gain approval and recognition; (e) aesthetic needs; which include symmetry, order and beauty; and lastly, (f) self-actualizing needs.

Maslow (1967) states that all people in our society (with a few pathological exceptions) have a need or desire for a stable, firmly based, usually high evaluation of themselves, for self respect or self-esteem, and for esteem for others. Maslow further contends that these needs may be classified into subsidiary sets. These are, the desire for strength, for achievement, for adequacy, for mastery and competence, for confidence in the face of the world, and for

independence and freedom. There is also the desire for reputation and prestige (defining it as esteem or respect from other people), status, fame, and glory, dominance, recognition, attention, importance, dignity or appreciation.

Maslow (1970) concurs with Allport (1955) that satisfaction of all self-esteem needs lead to feelings of self-confidence, worth, strength, capability and adequacy, of being useful and necessary in the world. He further mentions that thwarting of these needs produces feelings of inferiority, of weakness, and of helplessness. These feelings in turn give rise to either basic discouragement or else compensatory or neurotic tendencies.

Maddi (1989) concedes that the self-esteem needs play a vital role in a person's personal fulfillment. According to Maddi (1989), Maslow (1967, 1968 and 1970) is in agreement with Rogers (1961) and Goldstein (1939), that the individual has a core tendency to push toward actualization of inherent potentialities which uncompromisingly find its roots in the gratification of self-esteem needs.

When one regards Maslow's subsidiary needs, which become important in satisfying self-esteem needs, street children are at a distinct disadvantage in fulfilling these needs. That is, if self-esteem depends on such aspects as achievement, mastery and competence, reputation and respect from other people, street children are faced with a difficult task. In this regard UNICEF (1986) reports that negative social judgements about the appearance, lifestyle and actions of

street children erode their self-esteem. Street children find it difficult to fulfill their self-esteem needs as they struggle to gain respect from the general public. This is supported by the significant correlative relationships between low perceived self-esteem and emotional resilience, on the one hand and length of time spent on the streets. That is, a longer time spent on the streets was found to be statistically associated with lower levels of perceived self-worth and with lower levels of perceived emotional resilience. A deduction is made that the longer children are exposed to a degrading reflection of themselves, the more likely they are to incorporate negative attributes of themselves into their self-esteem.

While the present study concerns itself primarily with the self-esteem of street children, the present investigator acknowledges the importance of self-perception and cognition, body image and the social self in the development of global self-esteem. The following section will briefly highlight some aspects thereof.

### **2.2.3 Dimensions of the Self**

#### **(a) Self-perception and Cognition**

Fundamental to determining what an individual knows, wants, and does are some basic assumptions that the individual makes about him/herself and his/her world and the relationship between the two. These assumptions make up a frame of reference, or cognitive map - or guide, one might say, through the complexities of living. This map includes

the individual's view of what he is, what he might become and what is important to him. This is what is known as the self-identity: what is known and what is believed, what is held dear and what is revered. It is also the source of many of the vulnerabilities, many of which can predispose the individual to abnormal behaviour (Carson, et al., 1988).

The cognitive self refers to the knowledge a person has about himself. It involves being able to describe the self as different from others, in terms of personal characteristics, roles, possessions and goals (Cronje, 1984). This aspect of the self is related to cognitive development, which occurs gradually as the individual becomes more aware of and gains greater meaning from objects and events in his environment (Samuals, 1977).

Street children with inadequate self-esteem frequently perceive themselves as failures, bad or helpless. On contact with an adult they may do all in their power to be seen as badly as they see themselves. If one agrees with this self-image then they can employ the cop out "This is the way I am, therefore I can't or won't have to change" (Keating, 1992, p. 11).

(b) Body Image

Body image refers to that aspect of the self which pertains to attitudes and experiences involving the body (Vrey, 1974). It involves an estimation and evaluation of the physical body in terms of social norms and feedback

obtained from others (Burns, 1979). This internalized mental image of the physical self is not always an accurate reflection of reality. Research has shown that people who have negative feelings about their bodies are likely to feel negatively about themselves as total people as well (Samuals, 1977). During adolescence especially, perceived physical attributes or faults have considerable effect on the development of an individual's overall self-concept (Turner & Helms, 1983).

While there is a paucity of research on the body image of street children, Lewis (1993) has noted that the physical appearance of street children is strongly associated with the way they perceive their own bodies. The boys are dirty, poorly clad, ill shod, scratched and bruised; their teeth are usually in an appalling condition and they frequently suffer from toothache. Skin sores, scabies, lice and worms are the most common medical problems.

The boys are undersized for their age, due to poor nutrition in their early years, and probably also due to their lifestyle on the street. Most of the children also have healed head injuries usually sustained in a fight on the street with other boys or in an accident. Depression is common (and is associated with low self-esteem and lack of confidence) which can be aggravated by drug use.

(c) Social Self

The social self refers to the way the individual sees his status and role in society (Kagan, 1978). This aspect of

the self is based on feedback from significant others in an individual's life (parents, siblings, teachers, peers) and consists of internalized expectations and attitudes regarding a person's role and status (Samuals, 1977). Gergen (1971) described how an individual's self-feelings are influenced by which social role or status is of major importance at a particular time. During adolescence for example, the peer group emerges as a major source of feedback, and thereby reference point for the social self.

According to Cemane (1990) the peer group has a marked influence on the social development of a child. The child's decision to leave home is usually the culmination of a series of events leading to his disengagement from a family. This period of uncertainty and anxiety leave an emotional vacuum most easily filled by his peer group or friends and he turns to them for support. Peer group acceptance, support and guidance become a source of solace and emotional support.

Street children often form peer groups that are indifferent to society because they have no hope of achieving success or carving a niche for themselves. Consequently they channel their goals in other directions. This is confirmed by Lewis (1993) who states that street children use drugs (thinners, glue, benzine, dagga), they beg, walk around in groups and can be a nuisance outside shops, and at traffic lights at peak hours. Street children are independent and it was found that they take risks without thinking of the consequences. This includes uncontrolled, impulsive and

opportunistic behaviour.

Coleman (1980) quotes Conger (1971) in his discussion of the role of the peer group. Conger believes that where the family background is inadequate a vacuum exists. The child turns to friends of the same age who are living in the same circumstances. The vulnerable child, lacking self-confidence and needing acceptance and appreciation is almost bound to become a victim of group pressure. The child who lacks social and emotional stability is inclined to associate with an identifiable group. Usually the world of this group differs from the world of children under parental guidance and also from the world of adults.

According to Bronson (1974), the world of the child's peers exerts an influence on the individual throughout his or her entire life, providing the images and experiences incorporated into his perception of life. Joining a peer group presupposes support for the group's norms and values.

It was found, as reported in a previous section, that the peer group replaces the family system for street children.

### **2.3 Developmental Implications**

Given the extent of the problem of street children, a major concern must be with the development of such children (Donald & Swart-Kruger, 1994).

According to Cockburn (1991) "rehabilitation and resocialization programmes are geared towards our notion of childhood and what is appropriate in developmental terms" (p.

12). Cockburn (1991) further contends that this notion should be challenged and that at the outset when attempting to "mainstream" these children, they may be infantilized, blunting their survival skills and holding up to them a middle class notion of the values and lifestyles many of us believe to be appropriate for children. In many ways street children are functional adults.

Does street life prejudice their development - and if so, in what ways? Existing research on street children in South Africa is not extensive. Part of the reason for this is that the fluid, unpredictable and evasive lifestyle of street children creates particular problems for reliable and sustained data collection (Cockburn, 1988a; Swart-Kruger & Donald, 1994). Nevertheless from the information that does exist, it is possible to generate some tentative hypotheses around questions that have been posed. It appears that research indicates a pervasive paradox. On the one hand there is evidence of developmental risk and vulnerability across physical, emotional, social and cognitive/educational areas of development. Furthermore there is equal evidence of resourcefulness, adaptability and coping in these areas. In order to understand this paradox the evidence needs to be reviewed more systematically. Therefore, the present investigator will focus on the physical development, emotional development, cognitive and educational development and social development of street children and how these aspects of development contribute to their global self-

esteem.

a) Physical Development

The major physical developmental risks and sources of vulnerability to which street children may be exposed relate to shelter, safety, nutrition and specific health risks associated with untreated illnesses and injuries, glue sniffing and sexual activities. In particular, physical exposure to cold and damp due to lack of shelter and insufficient protective clothing, vulnerability to pedestrian traffic accidents and exposure to violence and physical abuse by gangs, criminal elements, other adult street dwellers and, not infrequently the police themselves have all been identified as common physical risks (Scharf, et. al., 1986; 1988; Gebers, 1990; Cockburn, 1991a).

Although groups of street children have been clearly distinguished from gangs in their dynamics and social structure (Scharf, et.al., 1986; Swart, 1988a), the role of the group is significant in terms of physical survival in so far as resource sharing, information sharing and, at times, group protection against violence, robbery, or police harassment are concerned (Swart-Kruger & Donald, 1994).

Since street children are afraid to lose their anonymity and to find themselves in the hands of authorities, most illnesses are kept to themselves and group members are frequently the only source of support and care during such crises (Gebers, 1990; Richter, 1990, Swart, 1990a). In terms of physical development it appears that street children are a

vulnerable population group to severe risks. Some children are able to cope using their natural instincts and survival skills. What is significant is that on a physical level at least, these strategies are felt to yield a better life than the one that has been left behind. Risks to physical development are long term and that while the children's adaptations and coping strategies might on the whole be effective as short term coping strategies, the long term risks remain.

**b) Emotional Development**

The greatest emotional risk to which most street children are exposed to is the loss or lack of an adequate relationship with an adult caregiver. In terms of attachment theory (Bowlby, 1988) and the developmental effects on basic emotional security, trust, identification and psychological nurturance, this loss/lack has profound implications. Ironically, what is frequently reported by street children is that the loss/lack of such a relationship in their prestreet existence is an important precipitating factor in the choice or forced acceptance of street life. Cockburn (1991a) has reported exceptionally high levels of physical (50%) and sexual (17%) abuse in the families of origin of a sample of street children. Reliable research evidence of the negative effects of all of this on emotional stability is, at this stage, limited. According to Richter (1988a) street children have a higher than normal rate of enuresis, regressive

behaviours, anxiety and depression in a study done in Johannesburg. From the perspective of the DSM-IV, (APA, 1994) the behaviour of street children is most commonly typical of the aggressive, undersocialized conduct disorder but that "depressed, anxious, worried, shy and inadequate behaviour", is also commonly apparent (Giles, 1988, p. 141). Despite the widespread reporting of loss/lack of emotional support from adult caregivers in their homes of origin, not all street children have relinquished links with their homes. Whether this is adaptive or not, is not clear. Richter's (1988a) study indicates that those children who have retained some link with their family showed more signs of emotional disturbance than those who have broken off completely.

Although the role of the street group in terms of physical survival is relatively clear, the role it may have in terms of developmentally significant emotional support is less certain. Despite the popular notion that the group becomes the street child's substitute 'family' in the sense that it helps to provide some survival needs as well as some degree of protection, companionship and support, the analogy is misleading as relationships within a street group are by nature erratic, temporary and constituted at a fundamentally different emotional level to those of adults and children within a family.

#### c) Social Development

In terms of social identity formation, street children are particularly vulnerable to a range of negative

attributions. The most powerful of these is likely to be the position of 'social reject' to which, inevitably, they are relegated. Thus street children are socially marginalised and rejected by almost all sections of the community. This is manifest in their harassment by the police, the frequency of their physical and sexual molestation and the inadequacy of care provided by state welfare structures. Under these conditions the development of any positive sense of social identity and self-worth is put at great risk and it is not surprising that self-esteem among street children is commonly reported to be low and self-deprecatory (Cockburn, 1991b; Richter, 1991; Swart-Kruger & Richter in press). Added to this, the opportunistic life style and dependence on evasion and deceit as necessary strategies in order to survive in a predominantly hostile adult environment (Cockburn, 1988a) are likely to make for essentially 'victim-oriented' identity.

#### **d) Cognitive and Educational Development**

The area of most concern in terms of the cognitive development of street children is that which flows from the common activity of 'glue sniffing'. Allison and Jerrom (1984) for instance, have shown that the cognitive performance of children who chronically inhale solvent fumes is significantly affected. Locally, the effects of glue sniffing on motor-coordination and spatial orientation have been reported by Jansen, Richter, Griesel and Joubert (1990). Richter (1988a) demonstrated that most of a sample of street children studied would be likely to experience difficulties

on re-entry to school in scholastic tasks requiring spatial orientation and verbal comprehension.

Despite these it should not be assumed that because most street children are not at school - formal or non-formal - that they are neither cognitively challenged nor developing useful skills. Aptekar (1989) has argued that street life challenges children to develop those very skills that will be useful in an urban economy where few wage earning opportunities are available. Street children thus develop useful, if non-standard, numerical analytical skills (Saxe, 1988) and computational abilities (Richter, 1988c; Swart-Kruger, in press). Richter (1988a) also demonstrated that, despite other scholastic shortcomings, the majority of street children had developed more than adequate general problem-solving skills. On the other hand, this type of argument has been countered by Glauser (Espinola et. al., 1987) who maintains that the skills learned are effective only for survival on the street and that, in particular, the independence that has been learned has been forced rather than chosen and is therefore fragile and not easily transferred to other situations - as is supported in the evidence around emotional development.

There is considerable evidence of risk and vulnerability, particularly in the longer term, across a number of key developmental dimensions. In counter-balance to this there is also evidence of coping and adaptation under the most difficult of circumstances. In the broadest terms

it must be concluded, despite the paradox, that street life generally does create a context of high developmental risk and vulnerability.

Agnelli (1986) states that the street child becomes the street youth very quickly. The two are virtually indistinguishable. In practice, as soon as the youngster has to fend for himself, or herself alone, the street eliminates childhood. Many working street children help their families cope with problems that are part of the adult world. They are thrown into the deep end of life prematurely.

The present researcher focuses mainly on the adolescent age group for this study. This section will therefore provide an overview about what the literature reports about adolescence in general and then to look at how the adolescent street child differs from literary descriptions.

#### 2.4 Adolescence

Adolescence is an important life stage involving increased conflict as well as opportunities for growth towards maturity (Van der Riet, 1985). During this period, individuals have a much more sophisticated view of what sense of one's self encompasses than younger children do. While the self-descriptions of younger children tend to centre on concrete characteristics, those of adolescents are likely to be more abstract and to include psychological characteristics, interpersonal relationships, self-evaluations, and conflicting feelings (Harter, 1982; Hill &

Palmquist, 1978; Montemayor & Eisen, 1977; Selman, 1980).

Tessman (1978) described adolescence as a period when renewed opportunities for inner growth can allow a positive reworking of negative childhood identifications and ways of interacting.

One of the central processes of adolescence is identity formation, which involves a striving toward the establishment of a meaningful sense of self.

Erikson's (1967) fifth stage of psychosocial development is often referred to as "the search for identity." He described the adolescent's main tasks as being the formation of an integrated, acceptable personal identity as well as of establishing mutually satisfying personal relationships.

Adolescence is typically characterized by an intense self-examination as well as an interest in interpersonal relationships with adolescents being highly influenced by the feedback they receive from significant others. Jones (1980) noted that adolescent's self-esteem is related to the degree to which they experience a sense of significance, in terms of being important to and cared for by others, as well as a sense of competence and power.

Erikson (1963) favoured the point of view that the stressors and strains of adolescence cause most teenagers to doubt themselves and their competencies, thereby undermining their self-esteem. Erikson argues that young adolescents are likely to experience at least some erosion of self-esteem as they begin to seek stable identity, but the portrayal of

adolescence as a period of personal stress and eroding self-esteem seems to characterize only a small minority of people - primarily those who experience many life changes (for example, a change in schools, changing body images, onset of dating, a disruption of family life) all at once (Simmons, et al., 1987).

For many young people, in or out of home, there is little time to gradually complete the developmental tasks of adolescence. Some have had to be parents to their own parents and even siblings, due to such factors as death of a parent, parents' need to work long hours, parental drug dependence, illness or imprisonment. Others need to adopt a parenting role following teenage pregnancy. These young people have lost their childhood and adolescence, and have had to adapt to adult roles while still in the process of growth and development. Using drugs, possibly as an attempt to cope with their lives and stress, can further impede development. This can be described as a maturational-developmental lag, and it can be related to deficits in the development of formal-operational thinking, that is, a capacity to engage in role reversal, empathic communication and to progress beyond the concrete thinking of younger children.

According to Howcroft (1986) the family is the child's most important socializing agent. Children acquire their values, expectations and patterns of behaviour from their families. The family provides the child with all the

initial indications as to whether he is loved or not, accepted or not, a failure or a success.

In normal family life, the shock of adolescence is cushioned, allowing a gradual emergence into society. When this function is lacking, youngsters cannot get their bearings and are vulnerable to their first influence they meet outside. While perhaps making survival easier, the teenage years bring their own emotional and social problems, including a harder attitude on the part of public opinion (Agnelli, 1986).

Adolescents living on the street or who are of the street are at a distinct disadvantage concerning their self-esteem development. Infectious diseases common among street children may result in retardation of growth, delayed puberty, skin diseases and bone deformity. These events can significantly influence self image and also require recognition (World Health Organization, 1993). Their early experiences within their families were mostly negative; being exposed to neglect, an unstable environment, marital discord, physical abuse, parental rejection or indifference and eventual family break-up. These children have therefore minimal experience of parental love, affection, acceptance, respect, support, interest or environmental security necessary for the development of positive self-feelings. The feedback they have received from significant others has been mainly negative. The poor parent-child relationship results in exposure to negative modelling behaviour and

identification opportunities.

Jayes (1985) mentions that street children do not have a clear life script. Their sense of self is operating at its lowest ebb because their life scripts are dissolved. It is important to note that social and cultural factors play an extensive role in the development of the self-esteem. Self-esteem is directly related to the psychological environment, that is the sum total of stimulation that has impinged upon the individual since conception to the present time, as noted by Richter (1988). According to Richter (1988) most stimulation comes to adolescent children from direct contact with others. These stimulating experiences enable the child to develop a way of viewing his world, a frame of reference which is imprinted indelibly in him.

One of the greatest difficulties of a street child is to retain his own identity (Tyala, 1988). Erikson (1968) contends that the problem is that of identity confusion, therefore little positive self-esteem can be expected from anyone with no proper identity of his own.

Richter (1988) contends that children form positive relationships with many people, they share and cooperate, converse and smile with each other and in general show at least evidence of empathy and mutual understanding. Street children generally lack much positive relationships which will impact negatively on their self-esteem. Swart (1990)

suggests that only when street children get in other people's way, only then are they regarded negatively. It is

this negative regard from members of the public that causes them to develop a negative self-esteem.

In summary it can be said that the street child phenomenon is not new and it occurs worldwide. In this chapter a working definition has been provided of street children, namely, "...street children are those who have abandoned (or have been abandoned by) their homes, schools and immediate communities, before they are sixteen years of age, i.e, they have not reached adulthood yet, for whom the street has become her or his habitual abode and/or sources of livelihood, and who is inadequately protected, supervised or directed by responsible adults" (Swart, 1987; Cockburn, 1991).

The literature identifies a number of characteristics of street children, both psychological and motivational. They abuse solvents, have a high level of impulsivity, are distrustful and manipulative of adults, flee in the face of problems. There is a greater level of internal locus of control among street children. They suffer from low self-esteem, place value on personal freedom and are reluctant to disclose true life stories

According to the literature reviewed street children possess common personality traits and ways of dealing with problems (Cockburn, Keen & Giles, 1987). To all pressures, the street child's characteristic response is one of evasion, they do not choose (or possibly feel they cannot win) any confrontation with adults, authorities or peers, they choose

to move away, opt out, escape from unacceptable situations and relationships. These children are undoubtedly in considerable pain, their unwillingness to talk about themselves, their lifestyles are organized to avoid recognition of their pain and rejection, their isolation and the lack of a primary caretaker.

Most street children probably fall within the conduct disordered and antisocial personality. The more subtle signs to look for include impulsive acts, running away from problems, low trust levels, an overdeveloped sense of autonomy or independence, manipulative of people and situations, poor judgement, the need for immediate gratification and overuse of denial and projection as a defense mechanism as well as regression and repression, poor insight, poor reality testing, a failure to register anxiety appropriately and in the more severe cases a need to seek revenge for real or imagined wrongs (Lewis, 1993).

In addition, Coopersmith's theory of self-esteem has been delineated as the theory of choice when studying the self-esteem of street children. Coopersmith's theory is based on the fact that the child internalizes a view of himself from his parents which is relatively longlasting. Literature on street children supports this notion (Richter, 1989).

It has also been shown that contradictions inherent in greater internal locus of control and low self-esteem are perhaps related to negative adult interpretations of their

lifestyle, and hostile condemnatory responses from others (Scharf, 1986; Swart, 1988). Most people around the street child, construe his actions and characteristics in negative terms, which could be readily incorporated by the child as self-derogation (Laosa, 1979). He feels effective but despicable.

Street children appear younger and smaller than their chronological age. They do not conform to the literary descriptions of developmental stages and tasks, as it was found that they become functional adults once they opt for street life (Agnelli, 1986).

The current study attempted to address the problem of a secondary, psychological problem experienced by street children, namely that of negative self-esteem.

The primary aim of the present study was to employ a specific therapeutic method of intervention which has been proven "to enhance self-esteem, reduce anxiety and opens new future perspectives" (Coetzee & Coetzee, 1986; p.12) for these children. The following chapter will explore the use of Human Modelling Psychotherapy as a therapeutic technique, with particular emphasis on its effects on self-esteem.

## CHAPTER 3

### HUMAN MODELLING PSYCHOTHERAPY

In the most recent research on street children, for example that of Swart (1990), Cockburn (1991) and Mako (1992), it is offered that there are significant indications of low levels of self-esteem experienced in this population group. This is seen as forming part of the secondary psychological problems experienced by street children. As a result Mako (1992) suggested that mental health workers should design programmes in the direction of addressing these secondary psychological problems.

The current researcher intended, therefore, to address the problem of low self-esteem in street children in terms of the application of a time and cost-effective and promising therapeutic method, namely that of Human Modelling.

The discussion in this chapter will be presented in three sections, focussing on the historical development and theoretical considerations on Human Modelling, the process of Human Modelling Psychotherapy and finally previous research that has been conducted employing Human Modelling Psychotherapy.

#### **3.1 Brief Historical Overview of the Development of Human Modelling**

Human Modelling psychotherapy was originated by Coetzee & Coetzee (1969). It was originally developed as a technique to overcome 'deadlocks' in individual therapy, but has since evolved into a fully fledged psychotherapy with added

diagnostic and evaluative qualities (Coetzee, 1975; 1976a & b). It is currently used in groups as well as on an individual basis. Butler (1979) made an attempt to overcome the difficulty of defining Human Modelling and explains it as follows:

"Human Modelling could be described as being partially task-orientated, more concrete, and as providing an indirect way of communication which would contribute to the therapeutic process in that it could provide more stimulation, involvement in the here-and-now, and, initially a less threatening way of communication." (p. 3)

Coetzee and Coetzee (1986) provides a contrary view of Human Modelling by describing it as providing an alternative form of communication. Du Toit (1983, 1984) describes Human Modelling as an insight therapy with the emphasis on experiencing. Grounded in the theory of Sullivan (1953), Coetzee (1974, 1976 (b)) initially viewed all maladjusted behaviour originating within an interpersonal context. During Human Modelling, interpersonal relationships are experienced on a new basis of involvement. As a result the self-concept and security of the patient can come to the fore quite strongly and must be increased (Coetzee, 1976b).

In a later book, Coetzee's (1986) emphasis shifted to focus on the importance of creativity and multidimensionality of which the interpersonal sphere forms a part. The idea of the multidimensionality of human existence and the need for integration were, however, already germinally present in the preface to Coetzee's doctoral thesis (1974). He states that

the Modelled Person is the way in which the client realizes his existence. The client's involvement with the Modelled Person offers the opportunity to create something to be proud of and about which to feel satisfied. These feelings of pride, responsibility and even of enhanced self-concept, strengthen the client's feelings of security and safety (Muller, 1975).

### **3.2 Theoretical Considerations**

According to Coetzee & Coetzee (1969) the client makes a person which is known as the "Modelled Person". The Modelled Person is the start of the creative process on a concrete level.

Most psychological theories pertaining to an individual may be understood in terms of the conceptualization and underlying dynamics of the "Modelled Person".

Coetzee and Coetzee (1986) maintains that "the Human Modelling creative process can for instance be presented within a psychoanalytic orientation (Langs 1979, p.6). Furthermore a client centred approach, humanistic psychology, gestalt therapy, interactional and transactional analysis can incorporate the Modelled Person and its interpretations."

The Modelled Person touches the boundary between experiences which, to the client, are aware as well as experiences which are unaware. In the creative process of Human Modelling psychotherapy the individual will often discover specific parts of their own personal existence formerly unknown. In the Human Modelling psychotherapy

process the individual often discovers certain elements of their own personal existence. Interpersonally the nature of the relationship between the psychotherapist and client changes during Human Modelling psychotherapy.

The research and creativity is vast and efforts have been made by different schools of thought, both to formulate a theory of creativity and to explore the psychodynamics of the creative person.

### **3.2.1 The fulfillment model of creativity**

According to Steyn, (1974) creativity is seen as a higher mode of self-expression, or a means of self-actualization. Maslow contends that creativity is the heritage of every human being, and that it is in fact the realization of the individuals "humanness" (Maslow 1972; 1968).

People seem resistant to finding out about their own creativity as they are afraid. Maslow distinguishes between two different types of creativity namely "special talent creativity" and "self-actualizing creativity". Special talent creativity is active and fully under the individual's control. The accent is on the creative person's products (Maslow 1968). Maslow's later work refers to this as "secondary creativeness" (Maslow 1972).

The accent in Human Modelling psychotherapy is similar as it relies on the Human Modelling i.e. the Modelled Person which allows creativity during the therapeutic process.

Maslow also uses the term "primary creativeness" and

agrees with the psychoanalysts to the extent of regarding this type of creativity as a voluntary regression to the use of primary process thought (1972), this requiring passive acceptance and a childlike attitude of wonder and openness to perception (Maslow 1968). Maslow suggests that the phenomena to which he refers as "peak experiences" are closely related to creativity and self actualization (Maslow 1968:97) and further characteristics of this process are total absorption in the perception or task (loss of ego), a narrow focussing of consciousness, a sense of timelessness and spacelessness which amounts almost to a fusion of the individual with his world at that moment (1972). Carl Rogers (1959) views

creativity as self-fulfillment. Rogers believes that three conditions are necessary to creativity. The first condition is openness to experience which implies a relative absence of defenses. The second condition is an internal locus of evaluation. Research indicates that this has been empirically supported by Cohen and Oden (1974) they found a positive correlation between internal locus of evaluation and creativity for girls, although the correlation they obtained for boys was not as high. The third condition is an ability to toy with elements and concepts (1959).

Correlates of creativity found by Rogers were selectivity (the individual is able to direct himself towards self-expression), the anxiety of being alone, and the desire to communicate. Rogers gives his definition of the creative

process as "...the emergence in action of a 'novel relational product, growing out of the uniqueness of the individual on the one hand', and the materials, events, people, or circumstances of his life on the other" (Rogers, 1970; p.139). According to Rogers, the conditions necessary to the nurture of creativity are the absence of external evaluation, psychological freedom and the lack of any "conditions of worth" (Rogers, 1959).

Coetzee and Coetzee (1986) conceptualize creativity and destructivity as aspects of the same process. This creative process is an essential aspect of Human Modelling psychotherapy.

According to Coetzee and Coetzee (1986)

"Creativity and destructivity are one process, they can not be separated from each other, and complement each other. It is impossible to create the new without simultaneously destroying the old. According to Coetzee 1986 "the creative act is not a static occurrence, but the start of a dynamic process." (p.40)

Davies (1983) describes the contribution of Prigogine. Prigogine's work demonstrates that many systems spontaneously organize themselves if they are forced away from thermodynamic equilibrium. This spontaneous organization is described by Coetzee and Coetzee (1986) as evidence of procreativity. In this instance Coetzee argues that

"...this universe of oscillating energies is continuously creating itself (procreativity) by means of a complex description of

the reciprocal cause-effect process." (p.41)

Coetzee and Coetzee (1986) focussed their explanation of creativity on Isaac Newton's statement, that for every action there is an equal but opposite reaction which according to Coetzee is very applicable creativity. Coetzee contends that the opposite reaction to creativity is destructivity. The process of creativity, and the different concept of procreativity as a dynamic process provides the rationale for the process of Human Modelling Psychotherapy.

The Human Modelling instructions are like the external catalyst which activates the process of creativity and destructivity. Thus the start of Human Modelling Psychotherapy gives rise to creativity which is a dynamic process where regeneration and recreation occur.

The diverse use of imagination in classical and neo-Freudian psychoanalysis, in the newer European guided day dream psychotherapies such as "Desoille's Le Rêve Dirige", in various behaviour modification techniques, seem to provide as a basis for linking the heterogeneous approaches that characterize modern psychotherapy.

A closer analysis of how human imagination is employed, of the modalities through which it finds expression, and of its relationships to other human capacities may provide us with a common basis for understanding what various psychotherapies have in common with respect not only to technique, but also to its objectives (Coetzee & Coetzee, 1986).

### 3.2.2 A New Reality

Coetzee and Coetzee (1986) maintains that through Human Modelling psychotherapy previous dimensions unknown to an individual are discovered and the nature of this new reality is postulated in the form of seven hypotheses. This also explains the exact nature of the paradigm shift.

#### 1) The "inside" becomes the "outside"

According to Coetzee and Coetzee (1986) the personality of the individual has traditionally been regarded as being inside the human body. When the individual makes the Modelled Person he/she realizes that the personal life pattern (PLP) and the individual's personality is outside the body.

In other words the client has the opportunity of looking from the outside towards the inside which can be measured and confronted. Coetzee and Coetzee (1986) further states that

"..as soon as the individual (patient) makes] a modelled person according to the Human Modelling instructions, he realizes his PLP (and personality) outside his body." (p.67)

#### 2) Specialist knowledge becomes common knowledge

The psychotherapist as specialist, can look at the modelled person (the PLP personality) of the patient, but the patient himself can also look at it. In this instance

Coetzee and Coetzee (1986) states that

"...the special knowledge of what the concept personality is has now to a certain extent, become common knowledge open to the patient and anyone who might look at it." (p.68)

### 3) All people are equal

In this regard Coetzee and Coetzee (1986) argues that the psychotherapeutic relationship is far more equal between psychotherapist and client for the following reasons:

- (a) the patient becomes aware (through the modelled person of his own plight
- (b) accepts a shared responsibility for it;
- (c) starts to act in order to alleviate this plight.

### 4) All people are mechanized

Coetzee and Coetzee (1986) points out that Human Modelling does transcend certain tendencies in the new reality. Coetzee and Coetzee (1986) writes about modern man in the following way:

"People have become dehumanized and patternized. Thought patternization and behavior patternization are prevalent in our mechanized society today." (p.68)

### 5) A new objective realism

In contrast to the intrapsychic conceptualization of personality, a new objective realism, the PLP, the "personality", the Modelled Person, has now been created, not only outside the human body, but also in a very concrete form, by means of the written as well as the visual presentation.

6) Barriers are lifted

When the inside becomes the outside, when people become more equal, more mechanized, when the secret inner knowledge of the everyday man in the street, then it is logical that the old barriers must have been lifted in order to let newness enter.

7) Dimensionality becomes multidimensionality

Dimensionality in terms of lived space, in terms of psychological space, is always multidimensional and should be distinguished from the one, two and three dimensionality of geometrical space. In lived space, more dimensions have appeared. The Modelled Person can therefore be realized in the specific dimension pertaining to the patient when he is busy with the Human Modelling Process (Coetzee & Coetzee, 1986).

According to Coetzee and Coetzee (1986) there are four factors found in all man made objects: (1) a structural factor, (2) a functional factor (3) a general factor, and (4) a specific factor.

During Human Modelling Psychotherapy it is of the utmost importance to overcome the problems which could be in terms of structure, function and process of the Modelled Person, and to strengthen the positive resources of the patient. In order to do this, it is necessary to know whether we are dealing with structural problems or mainly functional problems. These two kinds of problems can never be totally

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isolated from each other, because, just as in the case of environment and heredity, or evaluation and treatment, they are always complementary and part of the same phenomenon (Coetzee & Coetzee, 1986).

The **Structural Factor** encompasses the visual presentation of the Modelled Person. It is the material from which the Modelled Person has been made, as well as the way in which the body of the Modelled Person is realized. It constitutes the basic pattern or blueprint, the essence that the Modelled Person is being made of.

The structural factor comes strongly to the fore in structural problems, which are mainly problems with regard to the content or embodiment of the Modelled Person. Structural problems often indicate a break with reality. No successful fusion between reality and imagination takes place. The Modelled Person is not a real person.

Structural problems are overcome by asking the patient, after the Modelled Person has been discussed, to make another (modelled) person who is different from the first one, and who is more of a "real person" than the first one. This enables the patient to "wash away" the disintegrative, alien, psychotic elements in his/her life by means of progressive approximation, whereby the integrative elements, the synthetic aspects of the creative process eliminate the disintegrative, destructive, alienated elements.

The **Functional factor** is that which comes to the fore with regard to the movement or relation between the Modelled

Person and others, and between the Modelled person and his world. It includes all the elements which are working, practical, operable and useful, in other words how a person relates to people around him and fits into the systems and his environment. Functional problems are more of a quantitative than a qualitative nature. Functional problems therefore do not affect the total "personality structure" or total existence of the patient. They affect the individual's functioning in interpersonal relationships, his psychodynamics, attitudes, and day-to-day problems. The Modelled Person with functional problems has to be treated by going through phases 1 and 2 of the Human Modelling Psychotherapeutic process (Coetzee & Coetzee, 1986).

The **General Factor** is that which identifies the object(s) as man-made, even just by looking at the object(s). It is usually, though not necessarily, an aggregate of specific factors and has a strong social implication.

The **Specific Factor** is that which identifies the object(s) even just by looking at the object(s) so specifically, that it could only have been made by one specific individual and by no other.

These four interwoven factors, that is the structural, functional, general and specific factors, are important and it is necessary to discuss them further.

When a patient makes a Modelled Person, he looks for or selects the material to be used in the visual presentation. He then takes the material and with his hands makes or builds

the Modelled Person. This same process, namely looking for (raw) material, then using it to make or build an object or structure, is found in every man-made structure, for instance, the first man made tool, clothes, houses, cars, etcetera.

The general factor also has an important social implication. In Human Modelling psychotherapy, the general factor comes to the fore especially in Human Modelling group and family psychotherapy. The social system, norms and contacts of the patient are represented by the general factor.

Thus the general factor also includes (1) the social aspects (2) the objective world or reality against which the imagination, the specific factor, the private world of the individual, has to be tested. In Human Modelling the specific factor always has to be tested against the general factor, in order to evaluate whether the Modelled Person is a real person, and whether the individual patient (specific factor) is in contact with reality (general factor).

As far as Human Modelling is concerned, it can be stated that a structural factor, a functional factor, a general factor, and a specific factor will always be interrelated and present in every Modelled Person (Coetzee & Coetzee, 1986).

### Dimensionality

Another aspect of Human Modelling psychotherapy is that of dimensionality. Research indicates that clients often

make three-dimensional Modelled Person. This would mean that they make the Modelled Person with various materials. some clients will reproduce a Modelled Person on a two-dimensional level, for example painting or drawing. Well integrated individuals will often produce a two-dimensional Modelled Person, whereas individuals with disintegrative personality structures sometimes make a three-dimensional Modelled Person.

Coetzee and Coetzee (1986) distinguish dimensionality in three ways. He firstly makes a distinction in terms of geometrical and psychological space. Here dimensionality is used as a function which is in one sense a part of the creative process, as part of the dynamic, almost unnoticeable changing process, the space in which tension accumulates. Coetzee goes on to liken or compare this like steam inside a cooker, as the steam heats this causes pressure which becomes so great that it bursts open, leading up to the explosive creative act.

The second concept of dimensionality according to Coetzee's theory is when the inside becomes the outside. The personality of the individual has been previously restricted to the inside of the body. When the personality is realized outside the body by means of the Modelled Person, it becomes multidimensional, as the psychological dimensions in the Modelled Person are realized in the creative process.

The third concept of dimensionality according to Coetzee and Coetzee (1986) refers to the angle of approach. This

understanding of dimensionality refers to or implies movement.

### **3.3 The Process of Human Modelling Psychotherapy**

According to Coetzee and Coetzee (1986) the three phases of Human Modelling psychotherapy are as follows:

#### **3.3.1 Phase 1**

The therapist asks the client to make a person with its own identity, life experiences, problems and future expectations. The person made by the client is called the Modelled Person and is treated as if it is a real person. The client introduces the Modelled Person to the therapist and then introduces and then helps the Modelled Person which he created, to overcome his problems and to strengthen his positive resources. In cases where the problems are insurmountable or where the Modelled Person cannot be regarded as a real person (when the client introduces a mythological figure for example) the therapist asks the patient to make another Modelled Person with other characteristics and problems.

During phase one a therapeutic programme is worked out by the therapist for every Modelled Person. This programme is then worked through by the client during phase two. In his preparation the therapist would have already analyzed the child's real problematic situation and would therefore be in a position to identify projections and concomitant symbols (Olivier, in Van Niekerk, 1986).

The first responsibility lies with the child to resolve

the problems of his Modelled Person. Similar to the guided fantasy encounter (Rochkind & Conn, 1973), he is given the opportunity to participate in his own treatment as active agent, accepting full responsibility for that which he knows but which previously has not been able to verbalize and acknowledge.

The therapist accepts all the child's suggestions, regardless of the acceptability or applicability of the plan. The child is however, led to discover what will happen if the Modelled Person were to employ the solution. Alternative solutions are then explored. In being able to resolve a problematic situation, the child experiences a strong sense of internal locus of control and self-concept is enhanced (Olivier in Van Niekerk, 1986).

### 3.3.2 Phase 2

The client 'becomes' the Modelled Person. The client - in the identity of the Modelled Person - has to function on a realistic way. Should he be unsuccessful, he is helped by the therapist. Before terminating each session, the client has to revert back to his true identity.

It is the therapists duty to ensure that: all problems of the Modelled Person be successfully overcome/worked through or accepted in a realistic way and the positive resources have been strengthened before Human Modelling can be terminated.

### 3.3.3 Phase 3

Phase one and two are to be repeated if necessary until

all the client's problems are resolved and the positive resources have been strengthened.

### **3.4 Areas of application of Human Modelling**

Human Modelling is used clinically for evaluation, psychodiagnosis, problem analysis, treatment and the evaluation of readiness for termination of therapy in both individual and group context. It has been used with children older than eight, adolescents, adults, marital couples, families, the aged, the blind, deaf, stutterers, etcetera.

Psychotherapeutic indicators (Coetzee, 1974; 1986) are the following

- (i) A relatively sound individual (psychologically speaking) who wants to utilize his fullest potential. Research over the past eighteen years shows (Greeff, 1981) that Human Modelling improves self-concept, decreases anxiety while offering a new perspective of the future.
- (ii) Neurosis
- (iii) Personality Disorder, provided that the client is willing to change.
- (iv) Well screened psychiatric patients who have the potential for rehabilitation.
- (v) Disturbance of body concept (obesity, anorexia nervosa, amputations, paraplegia, deafness, the blind).

(vi) Communication difficulties (emotional, interpersonal, marital problems and stutterers)

(vii) Poor self-concept

According to Olivier (in Van Niekerk, 1986), Human Modelling complements play therapy and drama therapy, while being especially effective when used with children exhibiting:

- (i) Poor self-concept
- (ii) Poor interpersonal relationships
- (iii) Sibling rivalry
- (iv) Aggressiveness
- (v) Withdrawal
- (vi) Anorexia Nervosa
- (vii) School Phobia
- (viii) Family upheaval
- (ix) Family crisis subsequent to death or divorce, sexual abuse, placement in foster care, hospitalization.

Contra-indications for use with children (Olivier in Van Niekerk, 1986) are:

- (i) acute anxiety
- (ii) psychosis
- (iii) poor intellectual potential
- (iv) poor language ability
- (v) Very young children
- (vi) Serious emotional ability which may force the child to remain on a very concrete level.

### 3.5 Previous Research

In their published document, Coetzee and Coetzee (1986), fail to make mention of empirical research in the area of Human Modelling. In an unpublished document (1985) he reports that research that has been undertaken by himself, research that he has done to assist others and that has been undertaken by students, cover the period between 1969 and 1980.

Clinical evidence as well as research and experimental data indicate that Human Modelling leads to positive changes in the lives of clients, enabling them to function on a higher level than before. Areas of research that have been covered, include individual therapy, inpatients, outpatients, marital therapy, family therapy and heterogeneous groups.

Muller (1975) examined the logopedic worth of Human Modelling when used as a psychodiagnostic method with stutterers. The subject pool included four men and a woman between the ages of 17 and 20 years. The resultant effects of the study were summarized as follows: especially the men expressed a need to control and to have more prominence; the Modelled Persons of all the men were two-dimensional, flat and not finished off at the back, possibly an indication that the dimension of the personality could be hidden or absent due to their not wanting to reveal that part; the fact that the Modelled Persons had no usable hands and ears could be indicative of a contact problem within the interpersonal context; the mouths of the Modelled Persons on the other hand, were very big and abnormal. This may emphasize the

subjects awareness of their speech handicap, while possibly reflecting a body-image disturbance due to and related to an area of deficit.

Butler (1979) studied the viability of Human Modelling group psychotherapy with psychiatric patients. According to Butler's research there was indications that Human Modelling psychotherapy is applicable to a fairly wide range of psychiatric patients as regards such factors as interactional style, and socio-economic and intellectual station in life. The viability of Human Modelling group psychotherapy with psychiatric patients measures reflecting changes in self-concept and observable behaviour were applied at the pre-therapy and post-therapy conditions to a control group of the Yalom (1975) format and a Human Modelling group. The results show a significant positive change in self-concept to the same extent in both groups. Measures of observable behaviour show no positive changes in either group over the therapy period. It is notable that group attrition was lower in the Human Modelling psychotherapy is applicable to a fairly wide range of psychiatric patients as regards such factors as interactional style, and socio-economic and intellectual station in life.

Human Modelling research has also been done with children. According to Greeff (1981) five heterogeneous Human Modelling groups for outpatients were held during the period 1972 to 1975. Post-therapeutic test results were as follows:

- (i) Their average Weschler total score improved by 15,3 scale points.
- (ii) The average non-verbal scaled scores also improved by more than 10 scale points. Thus inherent intellectual potential was uncovered by Human Modelling and functional intelligence also improved. In addition, according to Greeff (1981), the smaller difference between verbal and non-verbal scores indicated a growth towards health and integration.
- (iii) The Roschach protocols showed a growth towards empathy and impulse control. Ego-defenses and affectional needs had also increased.
- (iv) The TAT indicated an improvement in self-concept, diminished anxiety and a strengthening of congruence.
- (v) On the MMPI after seven months after termination, group members were more honest and less defensive, while depression, hysteria, and hypochondriasis and paranoia scales were lower.

Odendal (1984) discusses three cases chosen out of 64 therapies done with pubescents in the preceding six years. He applied Human Modelling in a modified form, asking the client to make two Modelled Persons of different gender and who do not know each other. The client is told that he will become the one person and that the therapist will become the other. According to Odendal (1984) this form of therapy overcomes the problems associated with early adolescents. Adolescents become more communicative on his imaginary stage,

he learns to cope with his normal impatience, he is forced to work through passive aggression in a rational way, normal paranoia is neutralized and therapy is not terminated prematurely.

In investigating whether the self-concepts of blind children are indeed negatively influenced by their handicap, Odendal, et.al. (1985) made use of Human Modelling as diagnostic instrument. Distortion in body-image was found throughout. Individual case studies demonstrated how the children's pre-occupation with their handicap strained interpersonal contact, while also contributing to emotional dependency and frustration. It was found that the blind child's isolation on an emotional and activity level, deepens uncertainty and anxiety. Anxiety in turn depresses the child's ability to respond according to his innate potential, while the insecurity seemingly leads to a poor self-concept. The researchers do, however, caution that the findings cannot be summarily be generalized to the total blind population. Among the subjects, blindness was only a contributory factor in the formation of self-concept.

De Villiers (1989) researched the effect of Human Modelling Psychotherapy on the self-concept and interactional style of children with visual-spatial difficulties. The subjects ranged in age from 8 to 11 years. De Villiers found that even though there was no statistically significant improvement in the self-concept of the children in either of the two experimental groups after Human Modelling group

therapy, there was, however, a clear, positive trend, indicating positive individual change. Furthermore, the visual-spatial functioning of both groups improved significantly. In terms of interactional style, the children became more carefree, venturesome and eager to meet other people. This study indicated that Human Modelling group therapy can effectively improve the visual spatial ability of 8 to 11 year olds, while it can also strengthen self-concept and alter interactional style.

Malan (1991) conducted a study on the effectiveness of a Human Modelling enrichment programme. The aim of the study was to investigate empirically the effectiveness of a Human Modelling enrichment programme among Afrikaans speaking undergraduate students. A programme, in the format of a weekend workshop, was constructed and its effects quantitatively evaluated in terms of the following dependant variables: positive mental health, purpose in life, self-esteem anxiety and certain dimensions of interpersonal functioning. It was hypothesized that after completion of the programme, the experimental group would achieve scores that significantly differed from those of the control group, in the following directions: A heightened sense of purpose in life, increased scores on dimensions of positive mental health, increased self -esteem, decreased anxiety levels, and increased scores on dimensions of interpersonal functioning. The final conclusion was that the study failed to demonstrate empirically the previously documented impact of Human

Modelling enrichment on the dependent variables. As it was methodologically more sound than many previous studies of the subject, in that a control group was included, the results cast preliminary doubt on the construct validity of the concept of Human Modelling enrichment for the particular study population.

Veldsman (1992) completed a study on Human Modelling as therapeutic aid to adolescents with an unfavourable bodily concept, where the unfavourable bodily concept has a problematic effect of the self-actualization of the adolescent. The adolescent finds himself in a phase of life which is characterized by radical bodily, affective and cognitive changes. Human Modelling is suited to this phase of cognitive and affective development of the adolescent, who finds it increasingly possible to understand reality in terms of intellectual symbols. By objectively becoming the Modelled Person, thus distancing himself from his own world, problems, shortcomings and assets, he can give structure to this existence and arrive at conclusions and solutions to his problems. This tendency to fantasize and the acute self-consciousness of the adolescent, make Human Modelling outstandingly suitable for therapeutic intervention. The meaning of bodily awareness, the adolescent's experience thereof and the impact it has on his self actualization are fully outlined in Veldsman's (1992) study. Veldsman describes Human Modelling as a therapeutically sound technique and it is concluded that Human Modelling as a

therapeutic technique holds much promise.

### 3.6 Conclusion

Human modelling is multi-dimensional and holistic in its approach. Since a multiplicity of modalities from various disciplines such as clinical psychology, psychotherapy, psychiatry, art, literature, architecture and archeology can be found in condensed form in Human Modelling, clinicians can regardless of their own theoretical framework find a link or connection with Human Modelling. The creative process of Human Modelling can be approached from a psychoanalytic orientation but also from a humanistic, gestalt, interactional or transactional framework. Human Modelling Psychotherapy thus seems to provide a climate in which the patient can explore his feelings through a concrete medium. The client can avail themselves of the opportunity to engage in indirect communication about him/herself while this has not been explicitly stated to him/her. Therefore the client believes him/herself to be talking about somebody else which decreases the threat of emotional exposure. The client also has an investment in the therapeutic process as the role of quasi-therapist.

Human Modelling whilst defying attempts at classification contains many elements of diverse therapeutic approaches as it is not purely art or image therapy and yet creativity and imagery are present. Its multi-dimensional nature may therefore facilitate integration and transfer of gains to other areas of functioning. Human Modelling is task

orientated as the client in therapy has to make a concrete model (the Modelled Person) This form of psychotherapy provides an indirect way of communicating which not only provides more stimulation but operates in the here and now. The client is able to grow and develop into new dimensions that were previously unknown to them. Human Modelling Psychotherapy involves a paradigm shift where the inside becomes the outside. The client has the opportunity of looking from the outside towards the inside which can be analyzed by both client and psychotherapist. During the therapeutic process the patient shares responsibility for finding solutions to the problems that the Modelled Person is confronted with. Previous barriers which could not be lifted using other forms of psychotherapy are lifted. In making the PLP, four factors which are of special importance are structural;functional;general and specific factors. Lastly this form of psychotherapy is time and cost effective which could be implemented in the many disadvantaged communities in South Africa.

## CHAPTER 4

### THE PROBLEM

The problem of street children was aptly stated by Agnelli (1986). She wrote:

"An immense problem, with dramatic and unpredictable consequences, is emerging in the world: Millions of 'street children' who live alone, undernourished since birth; who are denied affection, education and help; who live without love. Children who survive by expedients, by theft and by violence. Children who coalesce into gangs and re-invent family; a structure they have never known; a security that always eluded them. Children who are used unscrupulously by others; mistreated, imprisoned, even eliminated. Children whom the world tries to forget or ignore. Children who see grown-ups as their enemies. Children nobody smiles to, nobody cuddles, nobody protects, nobody comforts. Tomorrow they will be men and women. As the big cities grow, so will the number of street children. So will deprivation which begets violence. Both developed and developing countries face the problem without adequately addressing it. The street is the common heritage of millions even before they are tainted by drugs, prostitution and crime. We seek for these children the right to live a life worth living" (pp.11-12).

The above mentioned passage sets the scene for the growing problem confronted by this study . When the problem of street children first became evident, little was done to relieve these children's plight. In chapter 1, it has been emphasized that during the past decade there has been a growing global appreciation for the importance of meeting children's physical, mental and emotional needs and the recognition that children's basic needs should be given the highest priority in the allocation of resources in bad as

well good times.

According to Schurink (1993), none of the countries experiencing the phenomenon of street children has found the perfect solution yet and although there is no blueprint for what should be done "there are some important principles in working with street children " (Keen, 1990, p.3).

The phenomenon suggests concentrating on prevention rather than cure (Agnelli, 1986). Numbers of studies have been conducted into the phenomenological world of street children which indicate that most of these children generally suffer from low self-esteem.

In chapter 2 past studies on the self-esteem of street children have been highlighted especially that of Mako (1992) with regard to the psychological issues of street children. There is a lack of research done in this area, since the need for the investigation of secondary problems experienced by this population group has only been realized recently. For example, Mako (1992) addressed the issue by looking at the self-esteem and the quality of interpersonal relationships of street children of the North Western region. From this study it was concluded that "street children have a lower self-esteem and poorer quality of interpersonal relationships than the comparison group" (Mako, 1992, p.65).

Chapter 2 also provided a working definition of street children and the variations in the concept. Theories of self-esteem have been explored. In this regard the present study adopted Coopersmith's (1967) definition of self-esteem,

namely that "self-esteem can be described as the evaluation that the individual makes and customarily maintains with regard to himself; it expresses an attitude of approval or disapproval and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy (p.4).

The general aim of the present study is to obtain information pertaining to the level of street childrens' self-esteem and to implement a psychotherapeutic model in an attempt to improve self-esteem. As is said by Thomas (1994), more assistance is required in the form of expert psychotherapeutic counselling which will help the street children overcome the 'blocks' in their personalities resulting from the trauma and cruelty experienced at an early age. In Chapter 3 the use of Human Modelling group psychotherapy was comprehensively discussed. From the discussion of the literature in chapter 3 it was clear that this form of psychotherapy does enhance the self-esteem of children (Coetzee & Coetzee, 1986; De Villiers, 1989). Human Modelling is described as a promising therapeutic method, which is also time and cost effective and enables children to confront and express their difficulties and to hopefully develop self confidence and their self-esteem.

Against this background, the general aim of the present study was to investigate the effect of Human Modelling group psychotherapy on the self-esteem of street children identified as having low self-esteem.

#### **4.1 General Proposition**

The general proposition from which the specific null hypotheses were derived is that there will be a significant improvement in self-esteem in the experimental group after participation in Human Modelling group psychotherapy.

#### **4.2 Specific Hypotheses**

##### **Hypothesis 1**

Null Hypothesis 1: There will be a nonsignificant difference between the total self-esteem scores of the control and comparison groups.

Alternative Hypothesis 1: There will be a significant difference between the total self-esteem scores of the control and experimental groups.

##### **Hypothesis 2**

Null Hypothesis 2: There will be a nonsignificant difference between the General Self-Esteem scores of the experimental and control group.

Alternative Hypothesis 2: There will be a significant difference between the General Self-Esteem scores of the experimental and control group.

##### **Hypothesis 3**

Null Hypothesis 3: There will be a nonsignificant difference between the Social Self-Esteem scores of the experimental and control group.

Alternative Hypothesis 3: There will be a significant difference between the Social Self-Esteem scores of the experimental and control group.

**Hypothesis 4**

**Null Hypothesis 4:** There will be a nonsignificant difference between the Academic Self-Esteem scores of the experimental and control group.

**Alternative Hypothesis 4:** There will be a significant difference between the Academic Self-Esteem scores of the experimental and control group.

**Hypothesis 5**

**Null Hypothesis 5:** There will be a nonsignificant difference between the Personal Self-Esteem scores of the experimental and control group.

**Alternative Hypothesis 5:** There will be a significant difference between the Personal Self-Esteem scores of the experimental and control group.

**Hypothesis 6**

**Null Hypothesis 6:** There will be a nonsignificant difference between the DAP scores of the experimental and control group.

**Alternative Hypothesis 6:** There will be a significant difference between the DAP scores of the experimental and control group.

**Hypothesis 7**

**Null Hypothesis 7:** There will be a nonsignificant difference between the pre, post and postpost SEI scores within the experimental group.

**Alternative Hypothesis 7:** There will be a significant difference between the pre, post and postpost SEI scores within the experimental group.

**Hypothesis 8**

Null Hypothesis 8: There will be a nonsignificant difference between the pre, post and postpost SEI General scores within the experimental group.

Alternative Hypothesis 8: There will be a significant difference between the pre, post and postpost SEI General scores within the experimental group.

**Hypothesis 9**

Null Hypothesis 9: There will be a nonsignificant difference between the pre, post and postpost SEI Social scores within the experimental group.

Alternative Hypothesis 9: There will be a significant difference between the pre, post and postpost SEI Social scores within the experimental group.

**Hypothesis 10**

Null Hypothesis 10: There will be a nonsignificant difference between the pre, post and postpost SEI Academic scores within the experimental group.

Alternative Hypothesis 10: There will be a significant difference between the pre, post and postpost SEI Academic scores within the experimental group.

**Hypothesis 11**

Null Hypothesis 11: There will be a nonsignificant difference between the pre, post and postpost SEI Personal scores within the experimental group.



Alternative Hypothesis 11: There will be a significant difference between the pre, post and postpost SEI Personal scores within the experimental group.

**Hypothesis 12**

Null Hypothesis 12: There will be a nonsignificant difference between the pre, post and postpost DAP scores within the experimental group.

Alternative Hypothesis 12: There will be a significant difference between the pre, post and postpost DAP scores within the experimental group.

## CHAPTER 5

### METHODOLOGY

In this chapter the research design for the study is described and the methods of data collection are detailed, involving the measuring instruments used, the participants, the sample, experimental and control groups and duration of the investigation. Finally, the method of statistical analysis to assess the effectiveness of the treatment, is also provided.

#### 5.1 Research Design

The design of the present investigation may be described as an experimental design, specifically a repeated measures pretest post-test design with a no treatment control group. An experimental design was employed to fulfill the aims of the study. It is an experimental design because there is a direct manipulation of an independent variable, Human Modelling psychotherapy, to reveal its effects on the dependent variable (self esteem) and because the subjects are randomly assigned to groups. Experimental designs are useful when we want to infer cause and effect relationships (Cozby, 1986; Reaves, 1992; Singleton, Straits, Straits, 1993).

A repeated measures design is employed to assess the effectiveness of the treatment within the experimental group and a between subjects design is used to assess the effectiveness of the programme by making statistical comparisons between the two groups.

The following diagram illustrates the design:

		pretest	treat	post	treat	postpost
Experimental group		O1	X1	O2	X2	O3
	R					
Control group		O1		O2		

The **R** which stands for randomization, indicates that the participants in both the experimental and control group were selected from a common subject pool and were assigned to one of these groups on a random basis. The above diagram indicates that the experimental group and control group were pretested, the experimental group was then exposed to a treatment, then both groups were given a post-test. The experimental group was given another treatment and was post-tested again.

General problems which may arise when using a repeated measures pretest posttest design without a control group and which could be seen as potential disadvantages are the following:

#### 5.1.1 Order effects

This is the effect which the order of introducing the various treatments may have on the dependent variable (i.e. self-esteem) (Cozby, 1986; Reaves, 1992). Since only one treatment programme was used in this study, this potential disadvantage did not apply. Counterbalancing was therefore unnecessary.

#### 5.1.2 Carry over effects

Carry over effects, which occur when the effects of one treatment are still present when the next treatment is given

(Cozby, 1986; Reaves, 1992), did play a role in this study as the period between post-test and postpost-test involved a treatment programme.

#### 5.1.3 Demand characteristics

The particular cues in an experimental situation that communicate to subjects what is expected and what the experimenter hopes to find are called demand characteristics (Orne, 1962, 1969 in Singleton, Straits & Straits, 1993).

As the subjects were exposed to three test sessions in the repeated measures design, there was a strong possibility that they may have picked up cues as to what was expected of them. Performance on the self-esteem measure used could have improved by the knowledge subjects gained from previous testing. In order to control for this, subjects were, however, requested to fill in the questionnaire as honestly as possible, while the experimenter's observations of the subjects' behaviour in the group and the diagnostic information received from the Modelled Person served as controls.

#### 5.1.4 Maturation

By this is meant any psychological or physical changes taking place within subjects that occur with the passing of time regardless of the experimental manipulation (Singleton, et al., 1993). Since the group programme only ran for three weeks (repeated treatment after 2 months) this time period would not allow for much maturation to take place.

Maturation was therefore not seriously regarded as a

potential confounding variable in this study.

All of the extraneous variables as mentioned above were controlled for by the presence of a control group. Therefore these extraneous variables will exert the same influence on both groups, and any differences in scores can be attributed to the independent variable.

**Table 1**

**Mann-Whitney statistics for pre-test scores on total SEI**

	Rank Sum	U	p	S/NS
Exp	50.0	29.00	.91	NS
Cont	86.0			

U = Mann-Whitney U statistic value S = Significant (p < 0.05)  
NS = Nonsignificant

There is a non-significant difference between the experimental and control group on total SEI scores.

**Table 2**

**Mann-Whitney statistics for pre-test scores on SEI general subscale.**

	Rank Sum	U	p	S/NS
Exp	50.5	33.5	.69	NS
Cont	81.5			

U = Mann-Whitney U statistic value S = Significant (p < 0.05)  
NS = Nonsignificant

There is a non-significant difference between the experimental and control group on pre-test scores for the general subscale of the SEI.

**Table 3**

**Mann-Whitney statistics for pre-test scores on SEI social subscale.**

	Rank Sum	U	p	S/NS
Exp	50.5	29.5	.95	NS
Cont	85.5			

U = Mann-Whitney U statistic value S = Significant (p < 0.05)  
NS = Nonsignificant

There is a nonsignificant difference between the experimental and control group on pre-test scores for the social subscale of the SEI.

**Table 4**

**Mann-Whitney statistics for pre-test scores on SEI academic subscale.**

	Rank Sum	U	p	S/NS
Exp	36.0	15.0	.09	NS
Cont	100.0			

U = Mann-Whitney U statistic value S = Significant (p < 0.05)  
NS = Nonsignificant

There is a nonsignificant difference between the experimental and control group on pretest scores for the

academic subscale of the SEI.

**Table 5**

**Mann-Whitney statistics for pre-test scores on SEI personal subscale.**

	Rank Sum	U	p	S/NS
Exp	54.5	33.5	.68	NS
Cont	81.5			

U = Mann-Whitney U statistic value S = Significant (p < 0.05)  
NS = Nonsignificant

There is a nonsignificant difference between the experimental and control group on pretest scores for the personal subscale of the SEI.

**Table 6**

**Mann-Whitney statistics for pretest scores on the DAP.**

	Rank Sum	U	p	S/NS
Exp	50.5	29.5	.96	NS
Cont	85.5			

U = Mann-Whitney U statistic value S = Significant (p < 0.05)  
NS = Nonsignificant

There is a nonsignificant difference between the experimental and control on pretest scores for the Draw-A-Person test. The above tables tell us that there were

nonsignificant differences between the experimental and control groups on all the pre-experimental measures. These results should read with caution because of the small sample

size which makes the use of inferential statistics unstable. These statistics tell us that the groups are equivalent on the pre-test measures, which allows us to compare their post-test scores with confidence.

## 5.2 Subjects

It was decided to use a second phase street children's shelter in the Port Elizabeth suburb of Gelvandale as the source of the subject pool. This institution caters for Black and Coloured, Xhosa and Afrikaans speaking street boys within the age range of ten to sixteen- years old. The nonprobability convenience sampling method was used to recruit the sample for this study. Nonprobability sampling techniques do not provide every member of the population an equal probability of being selected for the sample. Nonprobability samples are generally not representative and cannot safely be used to generalize to the entire population (Reaves, 1992). Convenience sampling is easy, quick and inexpensive. However, there is no way of determining to whom other than the sample itself, the results apply (Singleton, et al., 1993). Since it was beyond the scope of this present study to obtain a sample that was truly representative of the entire South African street children population, the generalizability of the results of the present study could be seriously questioned.

Subjects were assigned to groups by employing the random assignment method. The experimental sample comprised of 16 children which was divided into the experimental and control

group. The experimental group consisted of 6 boys, while the control group consisted of 10 boys. The group as a whole had a mean age of 14.06 years (n=16). The mean age for the experimental group was 13.83 years (n=6). The mean age for the control group was 14.2 years (n=10). Within the experimental group there were 4 Coloured boys and 2 Black boys all of whom could speak and understand Afrikaans fluently. The groups were not balanced in terms of the number of subjects assigned to each group due to various practical reasons, such as financial implications, transportation of children to the clinic, size of the venue and the video recording facilities were limited to a specific circumference.

One of the subjects dropped out and did not take part in the second experimental group, reducing the number to five for the posttest measures.

### **5.3 Measuring Instruments**

The two measures used in this study are the Draw-a-Person Test (DAP) and Battle's Culture-Free Self-Esteem Inventory (SEI). These tests were selected because of their strong psychometric properties and will be discussed comprehensively in this section. The Self-Esteem Inventory was translated into Afrikaans by a registered Intern Psychologist and consequently approved by the Head of Languages (HSRC). These tests were administered by the present researcher and the Community Projects Manager for the Child and Family Welfare in Port Elizabeth.

### 5.3.1 Battle's Culture-Free Self-Esteem Inventory (SEI)

The Culture-Free SEI Form B for children was utilized in the present study.

Based on Coopersmith's Self-esteem Inventories (Coopersmith, 1967/1981), the Culture-Free Self-Esteem Inventories (SEI) for children and adults are self report scales which were developed by Battle in 1981. The scales, which are intended to measure an individual's perception of self, have been proven to be of value in providing greater insights into the client's subjective feelings.

The Culture-Free SEI (Battle, 1981) can be used by psychologists, psychiatrists, counselors and teachers as a screening device to identify individuals who may be in need of psychological assistance. The SEI is designed to measure evaluative attitudes toward the self in relation to school, family, peers, and general social activities.

Battle's (1981) definition of self-esteem reads:

"Self-esteem, as measured by the culture-free SEI for children and adults, refers to the perception the individual possesses of his own worth. An individual's perception of self develops gradually and becomes more differentiated as he matures and interacts with significant others. Perception of self-worth, once established tends to be fairly stable and resistant to change" (p.14).

While Battle (1981) recommends the use of form AD (a 40 item scale) for individuals in high school through adulthood, the present investigator chose the more comprehensive SEI form B (30 items) for children due to the following reasons:

the greater concreteness of the contents of the items and the format of the items (the use of "I" rather than "you").

**Description:**

Form B includes the following five subscales and contains 30 items, five of the items comprise the lie scale: General Self-Esteem items, Social/peer-related self-esteem items, academics/school related self-esteem items, parents/home related self-esteem items, and lie items (which indicate defensiveness). The instrument without the lie scale contains 25 items, intended to measure an individual's perception in four areas. The items in form B are divided into two groups. Those which indicated high self-esteem, and those which indicate low self-esteem. The individual checks each item either "yes" or "no".

**Standardization:**

The Culture-Free SEI inventory for children was standardized on boys and girls in grades 3 through 9, but has been used successfully to assess senior high school pupils.

**Reliability:**

Test-Retest Reliability: One hundred ten boys and girls enrolled in grades three through six participated in the initial test-retest reliability study Form B. Findings of inspections of the data presented indicates that the correlations for the 110 subjects ranged from .79 to .92. Subscale correlations for the group ranged from .49 to .80. Correlations between Form B and the original Form A is indicated for the total sample as .86. The values for

five and -six subjects were .89 and .80 respectively.

## **Validity**

### Content Validity

Content validity was built into the Culture-Free SEI by (1) developing a construct definition of self-esteem, and (2) by writing items intended to cover all areas of the construct. The construct definition is as follows:

"Self-esteem, as measured by the Culture-Free SEI for Children and Adults, refers to the perception the individual possesses of his own worth. An individual's perception of self develops gradually and becomes more differentiated as he matures and interacts with significant others. Perception of self-worth, once established, tends to be fairly stable and resistant to change" (Battle, 1981, p.14).

The 60 items of the Culture Free SEI for Children are the most discriminating ones from a pool of 150. Factor analysis indicates that the items in the scale possess acceptable internal consistency.

### Concurrent Validity

In 1976 a comparative study was conducted on the Culture-Free SEI for Children and Stanley Coopersmith's (1967) Self-Esteem Inventory. Findings of the study reveal that the two instruments were significant for all grade levels and when female and males scores were compared. Correlations for the total sample ranged from .71 to .80; values for boys ranged from .72 to .84; for girls from .66 to .91. The Culture-Free SEI also correlates favourable with other measures of personality, including A.T. Beck's Depression Inventory (Battle 1977b, 1980a) and the Minnesota Multiphasic Personality Inventory (MMPI) (Battle 1980a).

### **Scoring and Interpretation**

Scores of the Culture-Free SEI for Children and Adults are derived by totalling the number of items checked which indicate high self-esteem, excluding the lie scale items. A separate score may be computed by totalling the number of items checked correctly in a lie scale. Thus the total possible score for Form B is 25 and the highest possible lie score is 5. Analysis of each subscale tends to provide additional information which may not readily be revealed in inspection of the total score only.

Self-esteem classifications are provided by Battle (1981, p.54), but it is important to note, however, that these limits do not necessarily conform to universally accepted classifications. Table 7 for Form B is presented below.

Table 7Form B Classification of Scores

Elementary	
Score	Classification
26+	Very High
21-25	High
14-20	Intermediate
10-13	Low
9-	Very Low
Junior High	
27+	Very High
23-26	High
16-22	Intermediate
13-15	Low
12-	Very Low

(Battle, 1981, p.54).

5.3.2 The Draw-A-Person Test

The Draw-a-Person test, designed by Florence Goodenough in 1926 was the first published drawing test to assess children's intelligence. The child was simply told to draw a person and was given a pencil and a sheet of blank paper on which to execute the task. Goodenough foresaw further development for the use of drawings to study personality. The test continue to enjoy widespread use. From the original purpose of estimating intelligence it has become popular as a method of inferring personality characteristics. Harris (1972) in his review of the DAP contends that "the drawings must tell something about the individual's interests, preoccupations and perhaps unconscious dynamics" (p.558).

**Administration:**

The administration of the DAP is deceptively simple. All that is required is a pencil, paper and a rubber. These

are placed within easy reach of the subject so that he may select a sheet of paper, place it, and use it as he desires. He is told "Please draw a picture of a person." No further instructions need be given, as the purpose is to provide the subject with as nearly as unstructured situation as is possible. Questions raised by the subject are answered: "That is up to you. You may do as you like."

The DAP is based on the assumption that an individual will be forced to structure this relatively unstructured situation in accordance with his basic, typical, and unique personality dynamics, revealing essential data about himself through his approach to the task of drawing a person. It also is assumed that in his drawing of a person he will present some degree of his self-image and his ideal self image.

**Reliability:**

It is noted that although projective techniques are not as empirically valuable as measures such as rating scales, there is a growing body of research which indicates slow increases in the consensual and empirical validity of projective drawings (Ogdon, 1975 in Brownlee, 1990).

There are several factors which make assessing the reliability of projective drawings difficult. First of all, there is generally a lack of objectivity in scoring procedures. This stems from the fact that the drawings themselves are highly rich and complex sources of information. Thus they are difficult to place into specific

quantitative categories and lend themselves more to global qualitative interpretation. Finally there is considerable variation between the one drawing and the next. Because of this wide variability, retest reliability is all but impossible to determine.

There has been some attempts to establish the extent of interscorer reliability. For example, Cassel, Johnson and Burns (1958) found that the reliability for diagnostic category was only .33. These modest correlations can be attributed primarily to the necessarily vague and unclear definitions of the signs used for scoring.

According to Anastasi (1988) the reliability of the Goodenough-Harris drawing test has been repeatedly investigated by a variety of procedures. In one carefully controlled study administered to 386 third and fourth grade school children, the re-test correlation after one week interval was .68, and split-half reliability was .89. Rescoring of the identical drawings by a different scorer yielded a scorer reliability of .90, and rescoring by the same scorer correlated .94. Dunn (1967) and D.B. Harris (1963) have yielded similar results.

### **Validity**

The usual of method of interpreting objective drawings is by means of signs. For example, a figure which is drawn with arms folded and body turned away is often believed to indicate guardedness and psychological inaccessibility, likewise a small shrunken figure suggests a shrunken ego.

Generally, assumptions about these sign interpretations are made with little concern for the actual validity. Roback (1968) contends that there are few available data to support such sign approaches. There is even evidence that persons will continue to interpret projective drawings based on isomorphy and folklore (Chapman & Chapman , 1967).

Rather than emphasizing a sign approach, many clinicians have stressed the utility of an approach which is more global and integrates the various aspects of each drawing. Using such an approach, trained clinicians seem to have some ability to differentiate between clinical groups (Swenson, 1968).

In spite of these limitations, clinicians continue to use these procedures as a means of assessing and aid in treating individuals. Drawings provide minimal external structure for the individual and thus allow an opportunity for a person to express himself with the least amount of influence from the task presented. The current literature should be viewed as containing only general guidelines for understanding and analyzing drawings, and that the interpretations of drawing tests should be viewed with caution.

#### 5.4 Procedure

The Director of Child and Family Welfare in Port Elizabeth was approached by the author with the request to run a psychotherapeutic programme with street children as part of a research project. Having obtained the permission,

the Director requested that the author sign indemnity forms for transportation of the children to Vista University 's psychology clinic, where the therapy groups were conducted. The author was also provided with the background histories of each child to participate in the study. Due to the nature of the phenomenon of street children the information received was limited.

Contact was made with a registered clinical psychologist who has had experience in Human Modelling Psychotherapy, to act as both co-therapist and therapist, in the absence of the author should the need arise for further therapy using this particular model.

The pretesting of the sample was conducted at the second phase shelter, and was administered on a group basis. It was considered the best venue, because it allowed the children to remain in a familiar environment. For practical reasons the investigator tested the subjects himself. Previous research has found this to be an acceptable procedure which does not bias the results to too great an extent ( Thomas, Chissom, Stewart & Shelley, 1975; Gorman, 1983). Administration procedures for the DAP and SEI were followed according to how it is set out in the respective instruction manuals.

Subjects were randomly assigned to the experimental and control groups and two days elapsed before the Human Modelling therapeutic intervention was introduced to the experimental group. Both the experimental and control group each met 3 times weekly for a period of three weeks, each

session lasting one and a half hours. The control group received the same amount of therapeutic sessions as the experimental group, but these were in the form of self-enhancement games. The first group session was used as a warm-up exercise to help the children get to know each other and the therapists. The children's expectations of the group were then shared followed by an explanation of the written instructions for making the modelled person at home (see Appendix A for the Human Modelling instructions).

Upon completion of the therapeutic programme, posttesting was conducted immediately after (i.e., one day).

The second treatment intervention was introduced to the same experimental group after a period of two months. This second intervention took the form of a marathon group, lasting fifteen hours (3 days). Postpost testing was conducted immediately afterwards using the same psychometric measures as mentioned above.

Data obtained from the repeated measures was scored, coded and analyzed using the BMDP statistical package.

### 5.5 Statistical Analysis

In order to assess the effectiveness of the treatments on the experimental group numerous statistical techniques were used to analyze the trends in the data. Initially descriptive statistics, such as means and standard deviations are presented in order to summarize the results that were obtained at various stages of the research process. Due to the small sample size, it was necessary to use non-parametric

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statistics, which make no assumptions about the distribution of scores. The non-parametric equivalents of the two sample independent  $t$  - tests, the Mann-Whitney was used to test for differences between the experimental and control group on the pre-test and the posttest scores (Cozby, 1986; Reaves, 1992; Singleton, Straits, Straits, 1993).

The Friedman analysis of variance test was used to test for differences within the experimental group on pre, post and postpost scores on the various measures. If the Friedman statistic was found to be significant post hoc Wilcoxon's (non-parametric equivalent of the dependent  $t$  -test) were calculated in order to locate the source of difference. Furthermore difference (or gain) scores were calculated and subjected to the above tests in order to further clarify the trends in the results.

Finally, descriptive statistics are once again provided in order to give the reader an indication of the number of participants who made positive, negative or no gains across the treatments.

In order to correct for the possibility of finding significant results as a result of conducting multiple Wilcoxon's, Bonferroni test was calculated where appropriate. To conduct a Bonferroni in this study the criterion was divided by the number of possible comparisons and the resulting probability value was employed.

## CHAPTER 6

### RESULTS

In this chapter, the results of the study are presented. The general aim of the study represents an attempt to raise the self-esteem of South African Black and Coloured street children. Specifically, the study set out to assess the group therapeutic effects of Human Modelling psychotherapy on the self-esteem of street children. The general postulate from which the specific null hypothesis was derived was as follows: There will be a significant improvement in self-esteem in the experimental group after participating in Human Modelling psychotherapy. Specific null hypotheses were stated in Chapter 4 to empirically investigate this postulate.

Throughout the chapter the presentation format for self-esteem follows a consistent pattern (that is, general, social, academic and personal self-esteem).

#### **6.1 Performance on the Self-Esteem Inventory (SEI)**

In this section of the chapter the performance of the 16 black and coloured street children on the SEI will be described. Firstly the performance on each of the four subscales, namely General, Social, Academic and Personal will be described. Secondly, the performance of the street children on the various measures were compared in order to establish whether or not there were significant differences between the experimental and control group and within the experimental and control group.

### 6.1.1 Descriptive statistics on the total sample

This section will include descriptive statistics for the total sample on their performance on the DAP and SEI. A breakdown will be provided of both the experimental and control group, that is, means and standard deviations for the pretest, posttest and post-post test scores on the total SEI score, SEI subscale scores and DAP scores are indicated.

**Table 8**

**Prestest and post-test means and standard deviations for total group**

	Pretest		Post-test	
	x	sd	x	sd
SEI TOT	12.25	3.34	13.56	3.58
SEI GEN	3.50	1.50	3.44	1.50
SEI SOC	2.75	1.00	3.00	1.32
SEI ACA	1.56	1.03	2.38	1.09
SEI PER	.88	1.15	1.44	1.55
DAP	39.31	12.32	42.12	9.97

According to table 8 the total sample of street children on pretest and post test scores indicate the following: Battle (1982) reports that males (n=145) obtained a mean score of 19.77 and a standard deviation of 4.65 on the total self-esteem. Thus street children in this study obtained a lower mean score (12.25) and a standard deviation of 3.34 on the pretest and a mean score of 13.56 and a standard deviation of 3.58 on the post-test.

On the four subscales the sample for this study (n=16) scored lower mean scores and standard deviations as compared to Battle's (1982) standardized sample.

The highest mean score for the total sample both on pretest and post-test scores were obtained on the total self-esteem, but improved after the treatment. The lowest mean score was obtained on the personal self-esteem subscale but improved after the treatment intervention.

**Table 9**

**Pretest, post-test and postpost means and standard deviations for the experimental group**

	Pretest		post-test		postpost	
	x	sd	x	sd	x	sd
SEI TOT	12.17	4.36	15.17	2.93	18.40	2.61
SEI GEN	3.67	1.75	4.00	1.79	7.00	1.00
SEI SOC	2.83	1.17	3.50	1.22	4.20	.84
SEI ACA	1.00	.89	2.50	.84	2.80	.84
SEI PER	1.17	1.47	1.83	1.83	1.40	.89
DAP	39.67	12.36	44.50	10.82	44.80	12.34

According to table 9, the highest mean score on the pretest for the experimental group was on the total self-esteem, that is 12.17 with a standard deviation of 4.36. This mean score improved after the first and second treatment. The lowest mean score for the experimental group was on the personal self-esteem, which improved slightly after the first and second treatment. Mean scores on the DAP

for the experimental group also improved from 39.67 to 44.50 after the first treatment and continued to improve after the second treatment to 44.80.

**Table 10**

**Pre-test and post-test means and standard deviations for the control group**

	Pretest		Post-test	
	x	sd	x	sd
SEI TOT	12.30	2.83	12.60	3.72
SEI GEN	3.40	1.43	3.10	1.23
SEI SOC	2.70	.95	2.70	1.34
SEI ACA	1.90	.99	2.30	1.25
SEI PER	0.70	0.95	1.20	1.40
DAP	39.10	12.96	40.8	9.75

According to table 10, the control group obtained the highest mean score on the total self-esteem and the lowest mean score on personal self-esteem. There was also a very slight improvement after being exposed to the self-enhancement game playing treatment.

**Null Hypothesis 1:**

There will be a nonsignificant difference between the total self-esteem scores of the control and comparison groups.

**Alternative Hypothesis 1:**

There will be a significant difference between the total self-esteem scores of the control and experimental groups.

The following tables represents the results of the stated hypotheses above:

**Table 11**

**Mann-Whitney statistics for post-test scores on total SEI**

	Rank Sum	U	p	S/NS
Exp	63.5	42.5	0.17	NS
Cont	72.5			

U = Mann-Whitney U statistics value S = Significant (p < 0.05) NS = Nonsignificant

There is a nonsignificant difference between the experimental and control group total SEI posttest scores.

**Null Hypothesis 2:**

There will be a nonsignificant difference between the General Self-Esteem scores of the experimental and control group.

**Alternative Hypothesis 2:**

There will be a significant difference between the General Self-Esteem scores of the experimental and control group.

**Table 12**

**Mann-Whitney statistics on the SEI General Subscale**

	Rank Sum	U	p	S/NS
Exp	59.0	38.00	0.37	NS
Cont	77.0			

U = Mann-Whitney statistics value S = Significant (p < 0.05) NS = Nonsignificant

There is a nonsignificant difference between the

experimental and control group on posttest scores for the General Subscale of the SEI.

**Null Hypothesis 3:**

There will be a nonsignificant difference between the Social Self-Esteem scores of the experimental and control group.

**Alternative Hypothesis 3:**

There will be a significant difference between the Social Self-Esteem scores of the experimental and control group.

**Table 13**

**Mann-Whitney Statistics for posttest scores on the SEI Social Subscale**

	Rank Sum	U	p	S/NS
Exp	61.5	40.5	.24	NS
Cont	74.5			

U = Mann-Whitney U statistics value S = Significant ( $p < 0.05$ ) NS = Nonsignificant

There is a nonsignificant difference between the experimental and control group on post-test scores for the social subscale of the SEI.

**Null Hypothesis 4:**

There will be a nonsignificant difference between the Academic Self-Esteem scores of the experimental and control group.

**Alternative Hypothesis 4:**

There will be a significant difference between the Academic Self-Esteem scores of the experimental and control group.

**Table 14****Mann Whitney statistics for post-test scores on SEI Academic Subscale.**

	Rank Sum	U	p	S/NS
Exp	54.5	33.5	.69	NS
Cont	81.5			

U = Mann-Whitney U statistics value S = significant (p < 0.05) NS = Nonsignificant

There is a nonsignificant difference between the experimental and control group on post-test scores for the academic subscale of the SEI.

**Null Hypothesis 5:**

There will be a nonsignificant difference between the Personal Self-Esteem scores of the experimental and control group.

**Alternative Hypothesis 5:**

There will be a significant difference between the Personal Self-Esteem scores of the experimental and control group.

**Table 15****Mann-Whitney statistics for post-test scores on SEI Personal Subscale.**

	Rank Sum	U	p	S/NS
Exp	58.0	37.0	.43	NS
Cont	78.0			

U = Mann-Whitney U statistics value S = significant ( $p < 0.05$ ) NS = Nonsignificant

There is a non-significant difference between the experimental and control group on post-test scores for the personal subscale of the SEI.

**Null Hypothesis 6:**

There will be a nonsignificant difference between the DAP scores of the experimental and control group.

**Alternative Hypothesis 6:**

There will be a significant difference between the DAP scores of the experimental and control group.

**Table 16****Mann-Whitney statistics for post-test scores for DAP.**

	Rank Sum	U	p	S/NS
Exp	58.0	37.0	.45	NS
Cont	78.0			

U = Mann-Whitney U statistics value S = significant ( $p < 0.05$ ) NS = Nonsignificant

There is a nonsignificant difference between the experimental and control group on post-test scores for the Draw-A-Person test.

The above tables tell us that there were nonsignificant differences between the experimental and control group on the post-experimental measures. This is suggesting that the treatment did not have the desired effect. However, these results should be read with caution, because it is difficult to obtain significant results with such a small sample size.

**Null Hypothesis 7:**

There will be a nonsignificant difference between the pre, post and postpost SEI scores within the experimental group.

**Alternative Hypothesis 7:**

There will be a significant difference between the pre, post and postpost SEI scores within the experimental group.

**Table 17**

**Friedman statistics for pre, post, and postpost SEI total scores**

	Rank Sum	df	Xr	p	S/NS
Pre sei	5.0	2	6.50	.04	S
pos sei	7.0				
fol sei	12.0				

df = degrees of freedom Xr = Friedman statistic value S = Significant ( $p < 0.05$ ) NS = Nonsignificant

The above table tells us that there is a significant difference between the pre, post, and postpost total SEI scores within the experimental group. It does not tell us where the difference is. The post hoc Wilcoxon statistics which follow will provide this information.

**Null Hypothesis 8:**

There will be a nonsignificant difference between the pre, post and postpost SEI General scores within the experimental group.

**Alternative Hypothesis 8:**

There will be a significant difference between the pre, post and postpost SEI General scores within the experimental group.

**Table 18****Friedman Statistics for pre, post, and postpost SEI General scores**

	Rank Sum	df	Xr	p	S/NS
Pre gen	6.0	2	6.00	.05	S
pos gen	6.0				
fol gen	12.0				

df = degrees of freedom Xr = Friedman statistic value S = Significant (p < 0.05) NS = Nonsignificant

This table tell us that there is a significant difference between the pre, post, and postpost scores on the general subscale of the SEI, within the experimental group.

**Null Hypothesis 9:**

There will be a nonsignificant difference between the pre, post and postpost SEI Social scores within the experimental group.

**Alternative Hypothesis 9:**

There will be a significant difference between the pre,

post and postpost SEI Social scores within the experimental group.

**Table 19**

**Friedman Statistics for pre, post, and postpost SEI Social Scores**

	Rank Sum	df	Xr	p	S/NS
Pre soc	7.0	2	1.5	.47	NS
pos soc	7.0				
fol gen	10.0				

df = degrees of freedom Xr = Friedman statistic value S = Significant (p < 0.05) NS = Nonsignificant

This table tells us that there is a nonsignificant difference between the pre, post, and postpost test scores on the social subscale of the SEI, within the experimental group.

**Null Hypothesis 10:**

There will be a nonsignificant difference between the pre, post and postpost SEI Academic scores within the experimental group.

**Alternative Hypothesis 10:**

There will be a significant difference between the pre, post and postpost SEI Academic scores within the experimental group.

Table 20Friedman Statistics for pre, post, and postpost SEI Academic Scores

	Rank Sum	df	Xr	p	S/NS
Pre aca	4.5	2	4.63	.10	NS
pos aca	10.0				
fol gen	9.5				

df = degrees of freedom Xr = Friedman statistic value S = Significant (p < 0.05) NS = Nonsignificant

This table tells us that there is not a significant difference between the pre, post and postpost scores on the academic subscale of the SEI within the experimental group.

Null Hypothesis 11:

There will be a nonsignificant difference between the pre, post and postpost SEI Personal scores within the experimental group.

Alternative Hypothesis 11:

There will be a significant difference between the pre, post and postpost SEI Personal scores within the experimental group.

**Table 21****Friedman Statistics for pre, post, and postpost SEI Personal Scores**

	Rank Sum	df	Xr	p	S/NS
Pre per	7.5	2	.88	.65	NS
pos per	7.0				
fol per	9.5				

df = degrees of freedom Xr = Friedman statistic value S = Significant (p < 0.05) NS = Nonsignificant

This table tells us that there is a nonsignificant difference between the pre, post, and postpost scores on the personal subscale within the experimental group.

In summary, even though alternative hypothesis 2 can be accepted due to the significant difference in the total scores of the SEI, it appears that, upon further investigation, that the difference is only found in general self-esteem, whereas there is no difference in social, academic and personal self-esteem of subjects within the experimental group.

**Null Hypothesis 12:**

There will be a nonsignificant difference between the pre, post and postpost DAP scores within the experimental group.

**Alternative Hypothesis 12:**

There will be a significant difference between the pre, post and postpost DAP scores within the experimental group.



**Table 22****Friedman Statistics for pre, post, postpost DAP total scores.**

	Rank Sum	df	Xr	p	S/NS
Pre DAP	5.5	2	3.88	.14	NS
pos DAP	7.5				
fol DAP	11.0				

df = degrees of freedom Xr = Friedman statistic value S = Significant (p < 0.05) NS = Nonsignificant

This table tells us that there is a nonsignificant difference between the pre, post and postpost scores on the Draw-A-Person, within the experimental group.

Due to the fact that numerous comparisons are made it is necessary to use the Benferroni correction test in order to reduce the possibility of committing a Type I error. The significance level is divided by the number of comparisons. In order for the results to be significant the **p** value will have to be less than 0.017.

**Table 23****Post hoc Wilcoxon's Statistics for pre - vs post SEI total scores**

T	p	S/NS
1.50	.38	NS

T = Wilcoxon statistic value S = Significant (p < 0.017) NS = nonsignificant

This table tells us that there is a nonsignificant difference between the pre- and post-test total SEI scores

within the experimental group.

**Table 24**

**Post hoc Wilcoxon Statistics for post vs postpost SEI total scores**

T	p	S/NS
0.00	.13	NS

T = Wilcoxon statistic value S = Significant (p < 0.017) NS = nonsignificant

This table tells us that there is a nonsignificant difference between the post and the postpost total SEI scores within the experimental group.

**Table 25**

**Post hoc Wilcoxon Statistics for pre - vs postpost SEI total scores**

T	p	S/NS
0.00	.13	NS

T = Wilcoxon statistic value S = Significant (p < 0.017) NS = nonsignificant

The above table indicates that there is a nonsignificant difference between the pre and postpost total SEI scores within the experimental group.

The above three tables are the post hoc Wilcoxon's on the Friedman statistic between the pre, post, and postpost total SEI scores. Theoretically there should be at least one significant result, but again due to the small sample size, the statistics are unstable, which makes it difficult to

obtain significant results.

**Table 26**

**Post hoc Wilcoxon Statistics for pre vs post SEI General**

**Scores**

T	p	S/NS
1.50	1.0	NS

T = Wilcoxon statistic value S = Significant (p < 0.017) NS = nonsignificant

The table above tells us that there is a non significant difference between the pre- and post general SEI scores within the experimental group.

**Table 27**

**Post hoc Wilcoxon statistics for post vs postpost SEI General**

**Scores**

T	p	S/NS
1.00	.13	NS

T = Wilcoxon statistic value S = Significant (p < 0.017) NS = nonsignificant

The above table tells us that there is a nonsignificant difference between the post and postpost general SEI scores within the experimental group.

**Table 28**

**Post hoc Wilcoxon Statistics for pre vs postpost SEI General**

**Scores**

T	p	S/NS
1.00	.13	NS

T = Wilcoxon statistic value S = Significant ( $p < 0.017$ ) NS = nonsignificant

This table tells us that there is a nonsignificant difference between the pre- and postpost general SEI scores within the experimental group.

The above three tables are the post hoc Wilcoxon's on the Friedman statistics between the pre, post and postpost General SEI scores. Theoretically there should be at least one significant result here, but due to the small sample size the statistics are unstable, which makes it difficult to obtain significant results.

Due to the fact that no significant results were initially found, it was decided to calculate the difference in scores. The post test score was subtracted from the pretest score which gave an indication of how much change there has been between the two scores. Post post follow-up score was also subtracted from the post score to get an indication of the amount of change there has been after the second treatment.

**Table 29**

Means and standard deviations for mean gain scores in the experimental group.

	mean gain 1		mean gain 2		mean gain 3	
	x	sd	x	sd	x	sd
SEI TOT	1.50	2.38	4.00	.71	6.00	2.88
SEI GEN	0.00	.82	3.00	1.22	3.40	1.14
SEI SOC	.25	1.25	.80	1.30	1.40	1.34
SEI ACA	1.50	.58	.40	1.14	1.60	.89
SEI PER	-0.25	1.25	.20	.84	.60	1.14
DAP	3.50	5.10	1.40	7.96	5.2	7.56

mean gain 1 = post - pre  
 mean gain 2 = postpost - post  
 mean gain 3 = postpost - pre

As can be seen from the above table there is a tendency for the gain scores on the various measures to increase.

There are no significant differences between the gain scores on all the measures within the experimental group , therefore, post hoc Wilcoxon's will not be reported in this study. The mean gains tend to increase even though there is no statistical difference between mean gains.

In this regard it is important to discuss the practical significance of the study rather than the statistical significance. As was mentioned in a previous section, due to the small sample size this kind of result is to be expected.

Table 30

Means and Standard deviations for mean gain 1 scores for the Experimental group and the Control group.

	Exper		Control	
	mean gain 1		mean gain 1	
	x	sd	x	sd
SEI TOT	1.50	2.38	.30	1.83
SEI GEN	0.00	0.82	-.30	1.25
SEI SOC	.25	1.26	0.00	.94
SEI ACA	1.50	.58	.40	.97
SEI PER	-0.25	1.26	.50	1.18
DAP	3.50	5.10	1.70	9.65

On the whole the experimental group made larger gains than the control group even though they are not statistically significant.

Due to the fact that nonsignificant results were expected due to the small sample size, it was decided to provide more descriptive statistics in order to try and provide support for the treatments. The tables below give the reader an indication of how many of the subjects actually improved on their pretest scores and their posttest scores. As can be seen, most of the subjects improved their scores, while fewer stayed the same or scored less on the post-tests.

**Table 31****Pre to post frequency of change for the experimental group****(n=6)**

	Positive	No change	Negative
SEI TOT	5	0	1
SEI GEN	2	3	1
SEI SOC	3	2	1
SEI ACA	5	1	0
SEI PER	3	2	1
DAP	4	1	1

The majority of the participants made positive gains on all the measures except on the social scale where the majority made no change.

**Table 32****Post to postpost frequency of change for experimental group****(n=5)**

	Positive	No change	Negative
SEI TOT	5	0	0
SEI GEN	5	0	0
SEI SOC	2	3	0
SEI ACA	2	2	1
SEI PER	2	2	1
DAP	3	0	2

The majority of the participants made positive gains on all the measures except on the social scale where the

majority made no change. An equal number of participants made positive or no changes on the academic and personal subscale.

**Table 33**

**Pre to postpost frequency of change for experimental group (n=5)**

	Positive	No change	Negative
SEI TOT	5	0	0
SEI GEN	5	0	0
SEI SOC	3	2	0
SEI ACA	4	1	0
SEI PER	3	1	1
DAP	4	0	1

The majority of participants made positive gains on all the measures.

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**Table 34**

**Pre to post frequency of change for control group (n=10)**

	Positive	No change	Negative
SEI TOT	3	5	2
SEI GEN	3	3	4
SEI SOC	1	8	1
SEI ACA	5	3	2
SEI PER	3	6	1
DAP	5	0	5

This table indicates that the majority of participants

made no gains or actual negative gains.

## CHAPTER 7

### DISCUSSION

For the usual highly motivated researcher the nonconfirmation of a cherished hypothesis is actively painful if the quality of our science is one in which there are available more wrong responses than correct ones, we may anticipate that most experiments will be disappointing. We must expand our student's vow of poverty to include not only the willingness to accept the poverty of finances, but also the poverty of experimental results.

(Campbell and Stanley, 1969, p.3)

A dire need exists in South Africa for a valid, reliable group psychotherapeutic intervention for street children. According to an extensive literature review it has become apparent that the current trend in terms of work with street children is to take care of their basic physiological needs, that is food, shelter and clothing as well as rehabilitation programmes. It has, however, been found that street children also suffer from secondary psychological problems emanating from their primary difficulties. One of these problems have been found to be a low level of self-esteem.

In view of the above, the principal objective of the present study was to examine the effectiveness of a group psychotherapeutic intervention on the low self-esteem of street children. Specifically Human Modelling was chosen for its therapeutic benefits as was discussed extensively in chapter 3. To reach this objective, the following was done:

- (i) A sample of adolescent street children (n=16) was divided into an experimental and control group.
- (ii) After being pretested on the self-esteem measures, only

the experimental group was exposed to the psychotherapeutic intervention, firstly for a period of 3 weeks, and secondly, after a three month break, a follow-up marathon group lasting 3 days.

- (iii) The control group was exposed to self-enhancement games for the same period of time as the experimental group received their treatment.
- (iv) After post-testing and postpost testing multiple comparisons were made both between the groups as well as within the experimental group.

From a statistical perspective, the experimental results are indeed poor. The present investigation, however, was not designed to confirm a cherished hypothesis. In this chapter the statistical results of the study, already presented in chapter 6, will be interpreted and integrated with the literary and theoretical findings of the study. The discussion will be presented in the order of the hypotheses of the study. Included in this discussion are the limitations of the study and suggestions for future research.

The findings related to each hypothesis will now be individually discussed.

Research hypotheses 1 to 6 stated that there will be a statistically significant difference between the total self-esteem scores of the control and comparison groups as well as on the various subscales.

The self-esteem scores for the experimental and control group are presented in tables 11 to 16, which indicates

nonsignificant differences between the two groups' total SEI posttest scores and the scores on the various subscales.

These results indicate that there are no significant differences in global self-esteem and its various dimensions. This implies that the first psychotherapeutic treatment did not have the desired effect on the experimental group as was expected. The overall measures of the SEI and the projective DAP did not support these hypotheses.

However, there are also many studies in which expected changes in self-esteem have failed to materialize. Wiley (1979) points out that the most impressive overall finding in studies relating self-esteem to other variables is the widespread occurrence of null or weak findings. Wiley (1979) attributes this to methodological inadequacies inherent in self-esteem scales. Calsyn, Quicke and Harris (1980) contend that it is possible that to change the self-esteem it may be necessary to focus specifically on exercises aiming at self-enhancement rather than expecting such change as a primary result of a more general intervention programme. Another possible reason given for the failure to produce statistically significant changes in self-esteem, is the short duration of the study. Fitts (1972) agrees with this that either a lengthy time period or highly significant experiences or both of these factors together, are necessary to produce significant changes in self-esteem. The implications of this finding are that a longer intervention period may be necessary if changes in self-esteem are a goal.

Cross-cultural issues may also have affected the measurement of self-esteem in this study. The tests used were not designed for the cultural group (street children), and idiomatic language and conceptual issues may have affected validity. Clark (1984) cites Zirkel (1971) who demonstrated that there can be a lack of validity in using the same tests across different cultural groups. Clark states that specific criteria relating to the fundamental characteristics of the group being studied are necessary for test construction.

In terms of the non-significant difference between the groups on the academic self-esteem dimension, Schurink (1993) reports that street children mainly leave school during or after the completion of standard one or two (at the age of twelve) or do not attend school at all. Consequently they are illiterate. Concomitant with their low level of education they easily lose the skills required in the school context. It may be argued that by the time these children are placed back into mainstream schooling, they are older but at a lower standard of intellectual development, and can consequently not perform at the same rate as their classmates. Their academic performance as compared to their classmates can lower their self-esteem in this area even further. This is supported by Gurney (1980) as he points out that the preoccupation of many schools with academic performance places a heavy emphasis on this aspect of school work, making it increasingly difficult for children to

compensate by themselves for academic failure. Academic achievement increasingly becomes a salient part of the self-concept and a crucial factor in influencing self-esteem. School can then become an unhelpful environment for children with special needs. In many cases they will become increasingly demoralized by failure, their academic self-esteem will suffer and with it their general self-esteem or overall feeling of worth. Despite a widespread belief that enhancing self-esteem will also serve to improve academic performance, evidence in this study does not support this view. It would appear that street children would need remedial intervention as well as psychotherapeutic intervention to raise their academic self-esteem. Various research findings provide evidence that effective remedial help will enhance self-esteem (Coley, 1973; McCormick and Williams, 1974).

In conclusion, no significant differences were produced in terms of global self-esteem and its dimensions. The implication of this finding suggests that street children need remedial teaching intervention coupled with longer sessions of psychotherapeutic intervention in order to raise the specific dimensions of self-esteem.

Research hypothesis 7 to 12 tested the relationship between the pre, post and postpost SEI scores and its various subscales, within the experimental group. The results of these hypotheses can be found in tables 17 to 22. Post hoc Wilcoxon's statistics were employed to help the investigator

determine exactly where the difference was. Even though no significant differences were found in the social, personal, academic self-esteem subscales of the SEI and the DAP within the experimental group, a significant difference between the pre, post, and postpost total SEI scores within the experimental group was found to exist. Specifically, the difference was found between the pre, post, and postpost scores on the general subscale of the SEI, within the experimental group. A tentative assumption can be made that, because the experimental group was exposed to a follow up treatment and the control group not, it was more likely for the experimental group to make therapeutic gains and show significant changes between group members, in general self-esteem. This supports the validity of the therapeutic method used. The reasons why these street children did not show statistically significant differences in other areas of self-esteem, that is, social, academic, personal, could be investigated further in future research.

### **7.1 Self-Esteem**

The analysis of changes in self-esteem scores showed no statistically significant difference between the pre, post and postpost test scores in either of the two groups. There was a slight tendency in the experimental group toward improved self-esteem, while there was no evident changes in the control group members. The statistically significant difference between the pre, post, and postpost total SEI scores within the experimental group was also found to exist.

More specifically, this difference was found between the pre, post, and postpost scores on the general subscale of the SEI, within the experimental group. This is an interesting finding, since there was no difference in general self-esteem between the experimental and control group, but rather differences were revealed between subjects within the experimental group. This result could be due to the fact that the experimental group was exposed to a follow up treatment in psychotherapeutic intervention and the integration of these therapeutic gains could possibly be an influencing factor in the change of general self-esteem. The control group, however, did not receive a follow up self-enhancement programme.

The difficulty in changing self-esteem is pointed out by Coopersmith (1967) and Brockner (1979) demonstrating that self-esteem is resistant to change. In Van der Riet's (1985) study, some changes in self-esteem did occur in adolescence as a result of a therapeutic group programme, but these were only demonstrated after six weeks had elapsed since the end of the programme. Similarly, in this study, three months elapsed before follow-up intervention took place.

However, positive trends were seen in both groups with the self-esteem of group members being on average more positive after the psychotherapeutic intervention and self-enhancement games. This result adds to the usefulness and validity to the therapeutic technique that was employed in this study as an effective tool to improve the self-esteem of

street children. As was mentioned in chapter 5 and 6, however, this result can be seriously questioned as the sample is not representative of the entire South African population of street children and the small sample size makes generalizability difficult.

## 7.2 Clinical Analysis

A conservative evaluation of the treatment effects, based upon: (a) the programme director, (b) the principal therapist's clinical evaluation and (c) feedback from subjects themselves suggests a positive outcome.

The clinical analysis indicated that different subjects changed on different variables. No experimental group subject showed a markedly negative movement on any measures. This is an important consideration as this would indicate the programme was unlikely to have any negative effects. This means that the programme can be offered in future with the assurance that it can help to improve self-esteem, and will not in itself cause any major difficulties.

The experimental group subjects' subjective evaluation of the programme was very positive. All subjects volunteered spontaneous, enthusiastic feedback about their own group experience, and believed that the programme to have been beneficial.

In summary, the two measures reflected positive change, that is, moving toward an improved self-esteem. The fact that these positive changes occurred support the general hypothesis that there will be an improvement in self-esteem

in the experimental group after participating in Human Modelling psychotherapy. The positive effects of the programme were perhaps due to the fact that it filled some of the needs left by the absence of the family system for these children. The precise effects of the programme would have to be researched in order to clarify the nature of the relationship between Human Modelling psychotherapy and self-esteem.

### **7.3 Limitations and Implications for future research**

This study had some unavoidable limitations. As mentioned in chapter 5 a small sample size limits the extent to which results can be generalized to the general population. However, the problems and difficulties which are encountered by street children are fairly universal. Thus a group of street children with similar characteristics to the sample group could be expected to respond in a similar manner to the programme. It is suggested that the study be replicated with a larger sample size. The sample should be more representative of a wider age range. Correlations could be made for different age groups.

This was a pilot study and future research could include a second experimental group to validate the findings of the first group. It would be valuable to include a control group so the effect of the treatment can be determined exactly.

Although the measuring instruments selected for this study were the most suitable ones available, they may not have been sensitive enough to detect minor changes.

Furthermore, the Self-Esteem Inventory may have been too broad in the characteristics it measured. However, a more specialized instrument could not be found, and would need to be developed or adapted for street children. The following factors should inter alia be considered: the reliability of the measures, the availability of South African norms, more specific measures with respect to the variables being investigated, the availability of the measures published in Afrikaans and Xhosa.

It is possible that the changes that did occur during the programme would have been greater if the programme had been longer, for example, the tendency towards improved self-esteem may have been beginning of a change which needed a longer period of therapy to consolidate.

Several potentially fruitful areas of research emerged from this study. It would be useful to explore the particular aspects of the therapeutic programme which were responsible for change using a larger, more representative sample. This can be done by including several different groups and exposing them to different types of treatment.

Secondly, the video recordings which were done on the Human Modelling group therapy sessions could be utilized for training purposes of students wishing to conduct further therapeutic work with street children.

Thirdly, replication of this study could be conducted at phase one and phase two shelters, not only in the Port Elizabeth area, but also at larger centres elsewhere in South

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Africa.

Future studies could also concentrate on whether street children's improved self-esteem extend to other areas of their life, for example, academic performance or interpersonal relationships with "non-street children".

In conclusion the present study should be viewed as a pilot study and its conclusions must be regarded as tentative. The group programme introduced in the present study is a contribution to the fast-growing field of street children. By providing much needed support, it may have filled a gap in the existing rehabilitation programmes for street children. This programme also provides' a facilitating for realizing the potential for growth and alternative ways of thinking with regards to the street children's phenomenological world.

In summary, in this chapter the statistical results of the empirical study were integrated with the theoretical findings of the study, with special emphasis on areas of change in self-esteem. Possible explanations were offered for both expected and unexpected aspects of these empirical results.

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APPENDIX A:

HUMAN MODELLING INSTRUCTIONS

### HUMAN MODELLING INSTRUCTIONS

I would like you to make a person for me. You have the power to make any person, irrespective of what kind of person it will be, as long as this person could be a real person, and as long as you do not intentionally use any elements, qualities or circumstances of any real or imaginary person, for example James Bond or Sherlock Holmes. You decide the name, age, sex, occupation, social background and all possible personal data of this person. This person must have an own identity, own life experiences, own problems, a past and possible future expectations. You should feel completely free to make the person according to your own reference, just as you want to, as long as this person always remains a human being. The person I would like you to create should be presented in two ways namely on a visual level as well as in the written word.

As far as the visual presentation is concerned you may use any material for example, paper mache, clay soap, nails, wood, iron, copper, felt, pottery, embroidery, battick work, or any combination of materials. Anything is permissible, provided that the person always remains a human being.

I would also like you to write down all the particulars of the person, the person's psyche as it were, and afterwards present this person to me together with the visual presentation of this person. The introduction in written word is just as important as the visual presentation.

I would like you to build this person yourself completely from little or nothing, without any help from anyone else, and without discussing this person with anybody before you have introduced the person to me, and we have finalized everything.

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APPENDIX B:

THE PROCESS OF HUMAN MODELLING GROUP PSYCHOTHERAPY  
(as followed in this study)

Process of Human Modelling Psychotherapy

- Session 1 - Introduction of members  
Getting to know each other -warm up  
exercise  
Human Modelling Instructions
- Session 2 & 3 - Introduction of Modelled Persons
- Session 4 & 5 - In-depth discussion of the Modelled  
Persons  
Identification of the interactional  
style, systems and problem areas of the  
Modelled Person.  
'Homework': to write down the possible  
solutions/actions to be taken in order to  
alleviate/accept/live with the problems  
of the Modelled Person.
- Session 6 - Clients report back individually on  
homework and the group discusses it. The  
following order is employed: the  
individual client, the group, the  
therapist. Under these conditions a  
therapeutic programme is worked out for  
each Modelled Person.

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Session 7

- Become the Modelled Person

Getting to know each other in the

identities of the Modelled Persons

Solving the problems in the identity of

the Modelled Persons in this order:

patient, group, therapist

Reverting back to own identity.

APPENDIX C  
CASE STUDIES

### Case Study 1: Rudi

(The name has been changed to ensure confidentiality)

#### 1. Background

This case study, from the experimental group, concerns a coloured male street child, aged 14 years and 3 months, who will be referred to as Rudi. According to the director of the Child and Family Welfare, Rudi was a street child for the following reasons: (a) Rudi's mother is a single parent whose life situation is characterized by prostitution, alcohol and tuberculosis, (b) she is emotionally unstable and was never able to provide Rudi with warmth and caring, which resulted in him entering the world of the street, (c) the father's desertion and untraceability, (d) the physical and psychological neglect of the family.

The director of Child and Family Welfare, Port Elizabeth, was only able to offer limited information about the psychosocial development, emotional development and family background.

#### 2. Psychological testing

Rudi's psychological assessment after the therapy group revealed the following: his self-esteem as measured by Battle's Self-Esteem Inventory (SEI) indicated a positive trend towards an increased self-esteem from the initial testing to postpost testing on all four areas, that is academic, social, general and personal self-esteem. His pre-test total score on the SEI was 19 while his post test score was 17 and his postpost test score was 22.

On the Goodenough Draw-A-Person test Rudi scored on the pre-test a raw score of 51, while his post-test and postpost test scores reflected a 51 and 61 respectively.

3. Human Modelling (during the marathon group)

Rudi presented his Modelled Person to the group as follows:

Visual Presentation: Frontal View



Rear View



Left Side View



Right Side View



**Written Presentation** (Verbatim)

Haar naam is Chantal. Sy bly in Motherwell. Sy is 17 jaar oud en in standerd 9 by Gelvan Hoër Skool. Haar ma se naam is Rachel (43) en haar pa (52) se naam is Pieter. Sy het een sussie 3 jaar oud en twee boeties (4) en (10).

Chantal se ma werk nie. Haar ma en haar pa drink baie en haar ma kan nie vir die skool betaal nie. Chantal se moeder hou nie daarvan om die huis skoon te maak nie dan moet Chantal die huis in die middag skoonmaak. In die middag moet Chantal vir haar boeties kos maak, skottelgoed te was en die huis skoon te maak. Sy moet in die aand kook en wanneer sy pa uit die werk kom (hy werk by Delta) stuur haar om drank te koop. Sy hou nie daarvan nie. Wanneer sy nie wil gaan nie, wil haar pa haar slaan met die sambok. Wanneer Chantal uit die skool kom, moet sy pa en ma se klere was. Sy steel klein bietjie geld vir waspoeier.

In die more staan sy op om vir haar boeties en sussies kos te maak en hulle reg te kry vir skool. Chantal is 'n baie sag meisie sy laaik nie baklei wanneer sy wil speel by haar vriende dan wil haar pa haar slaan. Haar pa wil ook nie hê sy moet gaan speel nie. Chantal het vir haar ma gesê sy moet help met die huis skoon te maak dan wil haar pa haar slaan. By die skool het Chantal min vriende oor sy kan nie dra wat die anders dra nie. Sy het nie regte skooldrag nie.

Questions about Modelled Person: Chantal

- 1) Vertel ons van Chantal se ma en pa, oupa, oma, susters, broers.

Hulle is baie vriendelike mense dit is oupa en ouma. Haar ma is baie stil en as sy drink, wanneer sy dronk is skree sy op Chantal. As sy dronk is praat sy baie.

2) Wat doen Chantal se ma in die dag?

Chantal se ma sit heeldag by haar vriende. Die vriende maak hulle huis skoon. Sy wag vir die dop, dan bedel sy dop by die ander vrouens. Chantal sê vir haar ma sy moet ophou drink. Sy ma wil nie luister nie. Sy kyk agter haar ma.

3) Vertel ons van Chantal en haar ma

Chantal kyk agter haar ma, die ma wil nie regkom. Chantal moet die huis skoon hou en al die klere was want haar ma wil nie skoon maak nie.

4) Vertel ons van Chantal se boeties en sussies.

Chantal kyk agter haar sussies. Chantal hou baie om haar sussies skoon te hou. Hulle leen geld vir drink, ja Chantal se ma stuur die kinders om drank te koop want sy is te lui om self te gaan koop. Die kinders is bang.

5) Hoe is Chantal se ma en pa as hulle nie gedrink is nie?

Hulle is kwaad as hulle nie drank kry nie dan shout hulle. As hulle nie drink nie dan is hulle kwaad, dikmond as hulle nie drink nie. As hulle nie drankgeld het nie dan leen hulle geld. Chantal moet altyd die ma wees in die familie. Hulle drink vir die lekkerheid, swaarheid. Die drank affect haar breins. Dit is beter as hulle nie drink nie.

6) Vertel ons van Chantal se kinderjare.

Sy het baie in haar kinderjare gespeel. Aan die begin was hulle goeie mense, toe kry sy alles. Hulle het (ma en

pa) later begin drink. Die mense kom sit by jou huis dan drink hulle skip. Dan sê hulle "kom vat 'n bietjie" agterna wil hulle saam met die mense drink en dronkword.

7) Hoe voel Chantal oor die werk wat sy moet doen in die huis?

Haar ma is altyd weg in die huis dan moet sy werk. Chantal voel ongelukkig as sy allen al die werk doen. En die huis skoon maak. Haar broer wat tien jaar oud was kan gaan speel, maar Chantal kan nie gaan speel nie sy moet werk. Sy voel hartseer, sy sien hoe speel hulle wegkruipertjie. Nou sien sy hoe haar vriende speel. Chantal se klein boetie help haar, hy is hartseer. Die ma en pa se hy kan gaan speel, maar hy doen dit nie. As Chantal hartseer is sy huil, sy huil in sy kamer. Sy wil nie he iemand moet sien nie. Arme Chantal. Dan slaan hulle (ma en pa) haar. Hulle shout waar is die kos, as hulle dronk is. Hulle sê Chantal huil oor onnodige dinge.

8) Wat is lekker vir haar in die lewe?

In die lewe hou Chantal, hou sy baie van skool. Sy wil 'n dokter word. Sy het vriende by die skool, vriende gee vir haar lunch. Hulle gee haar miskien skoene. Haar vriende gee ook geld vir haar. Haar vriende gee om vir haar. Hulle kyk agter haar. Chantal se ma se vriende gee nie om vir haar nie. Die vriende wat Chantal het gee om vir haar.

9) Hoekom laaik sy nie baklei nie?

Sy laaik van baklei nie want sy't nie groot geword met vriende wat vloek. Sy het goeie vriende gehad wat maniere

het. Sy steur haar nie aan baklei en vloek. Chantal sien sommer die lewe is swaar. Haar maar het haar mos geleer toe sy nog op die paadjie was. nou het sy weg van die paadjie afgeval. Chantal steur haar nie aan lelike dinge. Sy slaan nie haar ouers. Sy is 'n prinses. Saghartig, sy baklei nie. Sy gee nie sommer op nie. Sy kom oor baie soos 'n koning. Chantal is 'n sterk persoon en sy gee nie sommer op nie.

##### 5. Discussion

Rudi used a plastic bottle in order to create his Modelled Person. The Oxford dictionary refers to plastic as "any number of synthetic substances that can be given any required shape exhibiting an adaptability to environmental changes and is capable of being moulded, is pliant and supple. A bottle, on the other hand, is a container for storing liquid. It appears that plastic is representative of Rudi's life as a street child, characterized by the fact that he needed to adapt to street life as well as to reinvent the family substituting it with a social gang and adapt emotionally and psychologically as best he can to the harsh, unpredictable environment he finds himself in. Plastic could also imply durability. In the Oxford dictionary durability refers to the capability of lasting; or hard wearing. In Rudi's life on the streets he has shown a marked capability of survival skills, which has demanded advanced coping mechanisms in the face of adversity.

The choice of a bottle as material could be indicative of the fact that alcohol is contained within a bottle.

Rudi's written presentation reveals a history of being exposed to alcohol misuse, both by his parents and by those in the community.

Plastic is also cheap and worthless. Plastic could be an indication of his feelings of worthlessness and inferiority as street children are treated as such by those with whom they come into contact. The body is cylindrically shaped in a roll form. This is a uniform solid or hollow body with straight sides and circular section. There is no body shape to the modelled person. However, the head is shaped in detail with a well constructed crown. Brightly coloured spotted material covers the slim, cylindrically shaped body. According to the Oxford Dictionary, a dot signifies amongst others, a spot, speck or mark. Additionally a mark to signify a mission. It appears that in the Modelled Person's and Rudi's life, the main mission is to rehabilitate the mother figure and to fulfill their own ambitions in life. Also evident in the group process was Rudi's active participation throughout the Human Modelling groups offered support to the other group members.

Slightly above the hips the dress is neatly secured to the body and adhesive is used on the sides of the body. This signifies the creativity and innovative nature of the street child as he needs a creative imagination in order to survive on the streets at such a young age. An outstanding feature of the dress is the red dot on the genital area. According to the Oxford Dictionary, two of the many descriptions of

"red" involves having to do with bloodshed, violence or revolution, or flushed in the face of shame and anger of the eyes bloodshot or red-rimmed with weeping. On closer inspection four red dots are clearly seen on the Modelled Person. The red dot on the genital area of the Modelled Person could be interpreted in terms of sexual exploitation of some nature.

Information that has been supplied about Rudi's background indicates that his mother was a prostitute. The choice of red on the genital area together with the large eyes with red dot-like pupils could be indicative of Rudi's shame and anger towards his mother's lifestyle. The theme of Chantal's anger towards her father's violent behaviour also occurs in the written presentation.

The written presentation complements the visual presentation. The first part of the story depicts a sense of powerlessness in Chantal's life, almost as if she is trapped in the family. A prominent theme is Chantal's lonely existence, which is forcing her to take on a role of caretaker, prematurely. Chantal's life is characterized by lack of freedom, having to take responsibility for her family. She has parents who shun responsibility of household tasks and caregiving on to her, and she reluctantly accepts this responsibility, otherwise she is punished. Chantal has become a parent of parents who is forced to take on an adult role before her time. The fact that Chantal is now the primary caregiver in the family is visually depicted

by the outstretched arms reinforced by steel wire. Ice-cream sticks were used to model the arms and gives the appearance of a protective supportive function. In addition to having multiple household chores, Chantal is expected to support her parents' drinking habits, even though she displays an aversive reaction to this practice. Chantal strives to wipe out her parents' obscenities and dirtiness by constantly "cleaning" the house. She is intent on remaining pure, by doing the right thing. The fact that the Modelled Person has no breasts further supports the idea of the absence of a nurturant care-giver. The breasts are regarded as the centre of emotions especially as the source of an enfolding relationship. Lack of breasts in this instance could be indicative of a lack of emotional support in the Modelled Person's life. Formerly Chantal's mother could offer Chantal a nurturant supportive relationship during her younger years. However, she started drinking and the effects of the alcohol abuse caused so much deterioration in their relationship Chantal had to replace the mother as caregiver. In the same way, Rudi's relationship with his mother deteriorated so much that he had to turn to the streets for nurturance and survival. Chantal's school friends play a major role in her life, almost as if they are substituting the family. Street children generally find members of a group substitute for the family that they are no longer a part of.

Chantal in her short life has also witnessed many things, both good and bad, both inspiring and destructive.

This is evident from the Modelled Person's large eyes - eyes that see and witness everything. Similarly, in Rudi's life, he had to bear witness to his mother's prostitution, alcohol abuse and physical illness, which prevented her from acting as primary caregiver.

It is obvious from the written presentation that Chantal is ambitious and aspiring toward an intellectual lifestyle. Chantal wants to become a doctor, someone who heals and takes care of those who are ill. Striking about Chantal's appearance is the head which is made of a light bulb covered with tin foil. The head, regarded as the intellectual base of the body, represented by the light bulb, stimulates sight and creates vision. This is enhanced by the large pupils indicating vision. The light bulb as the head signifies mental alertness or even happiness and hope. Tin foil has the function of preserving the intellect and is therefore preserved and protected to prevent it from deteriorating. Striking, is the head which is separated from the body, representing Chantal's value of rational or intellectual understanding. On an academic level Chantal seems to be coping with school. This, however, is not reflected in Rudi's lifestyle. Rudi would like to achieve at school but he has the elements of street life working against him. The life of a street child is tainted by glue-sniffing, prostitution, lack of affection, violence, and trying to reinvent a family - a structure they have never known and security that eludes them.

The absence of a nose on the face could be indicative of an inability to smell, that is, a loss of senses. This can be linked to Rudi's life as a street child, characterized by the inhalation via the nose of substances such as glue, benzine and petrol which damages the nose (especially the sense of smell), lungs and many internal organs. Metaphorically speaking, Chantal's nose, used to detect a particular odour, for example wine, has been deliberately omitted from the model as Chantal has an aversive reaction to alcohol. Clear negative associations are made in Chantal's life with alcohol. These include seeing her mother deteriorate due to alcohol abuse and consequent failure to act as caregiver, and her father using her to obtain alcohol and abusing her if she refuses. Usually this takes the form of physical assaults.

During the solution phase of Human Modelling group psychotherapy Rudi found realistic and acceptable solutions to Chantal's problems. This was confirmed by other group members and the two psychotherapists. As Chantal is a strong individual who is caring and supportive of the family she is able to overcome her difficulties. Rudi decided that something must be done about Chantal's parents and their drinking behaviour. This evoked a lot of participation from the other group members who agreed that the rehabilitation of Chantal's mother would be of central importance. Rudi decided that the social welfare, specifically a social worker or a church member needs to be told about the alcoholic abuse. It was also decided that Chantal should carry on with

her schooling and pursue her ambition to become a doctor. The fact that Chantal wants to further her role as a caretaker and caregiver as a professional doctor, supports the earlier notion that she physically cared for and nurtured her own family. As Chantal performs well academically despite the family's shortcomings, this dream can be fulfilled.

As was mentioned at the beginning of the case study, Rudi's self-esteem showed a marked improvement in all areas when measured again after the therapeutic intervention. During the group process, Rudi's newly fledged insightful participation in the solution phase won him the admiration of the other group members. He became more relaxed, cheerful and optimistic about the alternatives and solution oriented way of dealing not only with his Modelled person's problems but also having an active part in the other Modelled Person's problems in the group.

## Case Study 2: Dean

(The name has been changed to ensure confidentiality)

### 1. Background

This case study, from the experimental group, concerns a Black boy, aged 12 years and 4 months, who will be referred to as Dean. According to the Director of Child and Family Welfare Dean was a street child for the following reasons:

(a) he was raised by his grandmother whose situation was characterized by poverty, alcohol abuse, unemployment and aggression, (b) the father's desertion and untracability, (c) the physical and psychological neglect of the mother, (d) hunger and physical abuse precipitated his escape to fend for himself on the street, (e) the grandmother's total inadequacies in meeting her responsibilities. The director of Child and Family Welfare, Port Elizabeth, was only able to offer limited information about the psychosocial development, emotional development and family background. The period of his time on the street is presently unknown, however it can be assumed that it was about three years.

### 2. Psychological testing

Dean's psychological assessment after the therapy group revealed the following: his self-esteem as measured by Battle's Self-Esteem Inventory (SEI) indicated a positive trend towards an increased self-esteem from the initial testing to postpost testing on all four areas, that is academic, social, general and personal self-esteem. His pre-test total score on the SEI was 14 while his post test score

was 17 and his postpost test score was 20.

On the Goodenough Draw-A-Person test Dean scored on the pre-test a raw score of 23, while his post-test and postpost test scores reflected a 28 and 27 respectively.

3. Human Modelling (during the marathon session)

Dean presented his Modelled Person to the group as follows:

**Visual Presentation: Frontal view**

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Rear View



Left Side View



Right Side View



**Written Presentation** (Verbatim)

Jessica is 18. Sy bly in Kleinskool. Sy loop by Rufane Donkin, sy is in standerd 5. Sy dink sy wil werk he. Sy kry nie werk nie, en sy het 'n ma en pa. Sy het nie haar oupa en ouma nie en haar ma en pa bly by Missionvale. Haar ma en pa sukkel met kos kry om te eet. Hulle werk nie. Hulle soek ook werk. Jessica het 6 broers en 3 susters. 3 broers is in die tronk en die ander 3 hulle werk. Die 3 broers wat werk hulle kyk nie agter ma en pa nie. Hulle stuur nie geld vir Jessica nie.

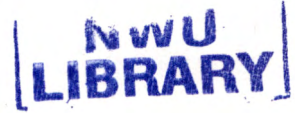
Jessica is by die huis in die middag. Sy sorg vir haar self. Sy leen geld, haar chommies leen vir haar geld. Sy doen haar eie ding. Sy doen haar huis.werk en sy soek werk en ook wil sy by die skool wees. Maar sy moet die skool fees betaal, maar sy het nie geld nie. Die drie broers is uit die tronk en hulle soek ook werk. Die broers wat in die tronk was het werk gekry, een by Delta, OK, Firestone. Hulle gee geld vir Jessica om skool toe te gaan. Hulle bring vir haar geld.

Questions about Modelled Person: Jessica1) Hoekom bly Jessica nie by haar ma en pa nie ?

Ja, sy het met haar broers, (die 3 wat in die tronk gewees was) Reniko, Mako, Shanon het videos gesteel. Hulle het plek gaan bou. Hulle is te oud om saam met hulle ma en pa te bly. Jessica kan nie by haar ma en pa bly want sy is te oud.

2) Vertel ons van Jessica se susters?

Almal is kleurlinge. Die susters is vriendelike mense. Hulle drink net bier. Hulle het geleer by hulle chommies om te drink.

3) Vertel ons van haar familie.

Die ma en pa drink ook. Die pa drink die meeste. Die ma drink shakies. Ma is 'n kleurling. Pa is altwee goeie mense. Ouma was dood sy was siek. Oupa was ook siek. Jessica was jonk toe hulle dood was. As hulle drink dan gaan slaap hulle. As hulle nie drink nie is hulle beter mense. Hulle is nie ongeskik nie. Niemand kan vir hulle se wat om te doen. As Jessica se hulle moenie nie luister hulle nie. Hoekom worry Jessica? Jessica worry, sy dink oor haar ma. Sy is hartseer oor haar ma wat drink. Die ma en pa drink oor die worries. Maar Jessica loop nie met chommies wat drink nie. Jessica se ma en pa het nie gedrink toe sy klein gewees het nie. Hulle het geweet ons het 'n kind ons kan nie drink. Maar as sy groot geword het en saam met haar 3 broers uit die huis is fan het hulle gedrink. As pa en ma nie gedrink is nie dan is hulle beter mense. Hulle is nie ongeskik. Hulle chommies se kom proe die drink. Jessica se vir haar ouers hulle moenie drink. As die ma drink dan maak hulle die huis nie skoon.

4) Hoekom leen Jessica se chommies geld vir hulle?

Sy soek iets om te eet en haar skool fees betaal. Haar drie broers werk hulle help vir Jessica, hulle betaal die chommies terug. Sy het goeie chommies.

5) Jessica loop skool maar sy soek werk?

Ja Jessica moet haar skool fees betaal. Die ma en pa drink want hulle raak alleenig by die huis. Jessica is uit die huis. Jessica is bang om te gaan kuier want haar pa sal hom slaan. Sy is bang vir die pa wat haar slaan. As pa gedrink is dan skel hy vir Jessica.

6) Wat se tipe werk soek sy?

Sy wil kombuis werk doen

7) Wat het die broers in die tronk gedoen?

Hulle het ingebreek, videos gesteel toe is hulle gevang. Hulle het gevloek en geskel. Breek by die ander mense se goed. Hulle het gedrink daardie tyd.

8) Hoe kry Jessica geld?

Nou dat die broers wat in die tronk was werk, hulle help vir Jessica en help betaal terug die geld wat sy geleen het.

9) Vertel ons van Jessica se kinderjare?

Jessica se kinderjare was goed. Sy het alles gekry, speelgoed, vriende. Jessica se ma was lief vir haar. Maar toe leer hulle om te drink by die chommies.

Solutions to the Moedelled Person (Jessica)

Jessica wil aangaan met die skool. Die drie broers kan vir Jessica help. Die broers sal verantwoordelikheid vat vir haar. Hulle se Jessica moet terug skool toe gaan. Ja die drie broers het gese sy moet aangaan met skool.

Jessica kan ook leer om 'n netball coach te wees. Maar Jessica laaik ook dans en sy kan ander mense leer om te dans.

Jessica kan ook klere was en huise skoon maak vir ekstra

geld terwyl sy klaar maak by die skool.

## 5. Discussion

The first impression created by, Jessica, the Modelled Person, is that of aggression, of something that is about to explode. The model visually depicts violence, hostility, gloom, grimness and hatefulness. The bashed in, faceless modelled person stands with arms outstretched in a crucifixion stance. The model's physical stance suggests that this is a frightened, scared individual who has no means of defending herself unless she becomes visually aggressive to those who threaten her existence. Leather strips were used for hair and was secured with celotape and glue to the head. Red stains on the leather strips create the impression of blood trickling down a bashed-in head. The anterior of the model is painted black. Jessica faces the world with anger, resentment, hostility and looks as if she can erupt any moment. The colour black could have many descriptions including dirtiness, grubbiness, or disgrace.

The emotions showing in Jessica are clear aggression, physically abused, left to fend for herself and left with no real interpersonal contact with others. This is perhaps a reflection of how Dean is feeling in comparison to others. A child who has been rejected by significant others, who has been subject to enormous physical and psychological abuse has now been kicked out onto the streets to fend for himself in a threatening and cruel world.

Jessica does not have any facial features, apart from an

indentation present in the head area. Jessica stands without an identity, purposely not identifiable. The lack of a face also suggests lack of character.

During Dean's childhood he had abusive parents who acted aggressively towards him by beating him senseless for no reason. Blows were often administered to the head area and when looking at Dean one becomes aware of his bashed-in head. The Modelled Person also creates another impression, that of someone who wants to scare off intruders in order to protect himself from the hurt caused by a cruel world. Street children often have to protect themselves or their territory by becoming physically aggressive. Interpersonal communication style of street children often involves verbal and physical aggression, in other words only the fittest survive. As Dean is physically smaller than most children of his age group he often has to endure physical assaults from older and physically bigger street children.

In some ways the written presentation complements the visual presentation. In the written word Jessica is described as a vulnerable sensitive person who evokes sympathy from the reader. She appears to be uncertain about her life as she "thinks she wants a job". On the other hand she is still dependent on her family and friends for help. Visually, Jessica, if one had to meet her on the streets evokes fear from others. Jessica is presented in a manner that elicits feelings of repulsion, almost as if she is alienated and rejected from her world. Similarly, it

appears that Dean alienates himself in the sense that he is unable to integrate his feelings and actions adequately. People would move away from Jessica as she is not visually appealing to the naked eye. On the other hand, she could also evoke strong feelings of sympathy, someone who has been continually hurt and abused by family and society. There is almost a cry for help.

Jessica's family is characterized by antisocial behaviour since three of the brothers were caught stealing videos and sent to jail and her parents are described as alcohol abusers although good people when they are not drinking. Prominent themes in the written presentation is that of unemployment, food shortages, alcohol abuse and crime. Another theme is that of overdependence of Jessica on others, especially her brothers and friends to help her improve her life situation. In some ways there is ambiguity in the written presentation brought out by the fact that on the one hand Jessica can take care of herself and on the other hand overdependence and externalization of needs and problems. External locus of control was a common theme among all the case studies as it seems that the emphasis of responsibility is always placed externally. Again during the group process, this provided a dynamic interaction amongst members and therapists where the external locus of control was discussed.

A certain amount of idealism is prevalent in the theme of the story as Jessica describes how three brothers who were

formerly jailed suddenly acquired jobs at Delta, OK and Firestone. This evoked participation from other group members who agreed that Jessica's brothers cannot acquire jobs this easily after their release from jail. However, Dean was adamant that the brothers are employable and capable of getting jobs. Uncertainty in Jessica's story also sets in later on as aggression is displayed by her father and previously he is described as a good person. She was also able to fulfill all her childhood needs when much younger, but now due to her parents irresponsibility and drunkenness she cannot rely on them to help her. Similarly in reality Dean's childhood was characterized by a lack of need satisfaction from his parents, both physiological and psychological. It would appear that only alcohol induces aggressive behaviour and that drinking is a group based activity as the parents learn to drink from the example set by friends. As this was a recurrent theme among other group members' stories, it stimulated an immense amount of discussion and agreement on how drinking is a learned behaviour, especially from friends.

During the solution phase of the group process Dean decided that Jessica should finish her schooling with the help of her brothers. She can acquire extra finances by doing domestic work for other people. Jessica can become a netball coach and dance instructor in order to become a successful person. Dean felt confident that these goals could be fulfilled and the other group members agreed that

these were workable and practical solutions for Jessica's problems.

As was mentioned at the beginning of the case study, Dean's self-esteem showed a marked improvement in all areas when measured again after the therapeutic intervention. Socially Dean was more easy going and interested in others while his emotions were more readily accessible. Prior to the group Dean had presented himself as quite withdrawn and somewhat suspicious, whereas after the treatment he became more socially involved and enthusiastic. His solution oriented thinking was enhanced.

This case study illustrates that Human Modelling Psychotherapy was effective in enhancing his self-esteem and that this process of change has already had effects into various aspects of his life.

### Case Study 3: Patrick

(The name has been changed to ensure confidentiality)

#### 1. Background

This case study, from the experimental group, concerns a black male street child, aged 13 years and 3 months, who will be referred to as Patrick.

According to the Director of Child and Family Welfare there is limited information on this child. Patrick was 13 years old and in St. 2 at the start of the group. No information was available about his social and developmental history.

Patrick took to the streets for the following reasons:

(a) the child has been deserted by parents, thus being without care, (b) severe psychological and emotional abuse has been reported by the social worker, (c) both parents were prostitutes, living in unsanitary, overcrowded conditions, his parents abusing alcohol severely, extreme poverty, unemployment, and (d) ongoing violence in the shack area. 2.

#### Psychological testing

Patrick's psychological assessment after the therapy group revealed the following: his self-esteem as measured by Battle's Self-Esteem Inventory (SEI) indicated a positive trend towards an increased self-esteem from the initial testing to postpost testing on all four areas, that is academic, social, general and personal self-esteem. His pre-test total score on the SEI was 9 while his post test score was 12 and his postpost test score was 16.

On the Goodenough Draw-A-Person test Patrick scored on the pre-test a raw score of 27, while his post-test and postpost test scores reflected a 41 and 37 respectively.

3. Human Modelling (during the marathon group)

Patrick presented his Modelled Person to the group as follows:

**Visual Presentation:**

Frontal View



Rear View



Left Side View



Right Side View



**Written Presentation (Verbatim)**

Xoliswa is 32 jaar oud. Sy het twee kinders (een seun en een meisie). Sy werk in die kitchen. Sy is 'n arm vrou sy pay R100 en sy werk nie in een plek nie, sy het net twee dae werk. Xoliswa laaik kerk toe gaan met sy kinders. Sy man is dood. Sy het nie ouers nie. Sy het net 3 broers hulle sit by die huis. Sy het twee susters hulle is lankal dood, hulle was tweeling op twee maande dood. Die grootse broer is in die tronk (Mandla).

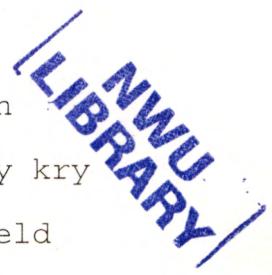
Die ander broer kan nie vinnig loop nie (Simp Howe). Die ander broer bly alleen (Amandla Nduna). Sy het eie huis by George, 7 kinders bly by George.

Xoliswa kry nie gereed jobs nie. Sy werk Maandag en Donderdag. Sy het was jobs. Xoliswa se man is dood. Sy kry pension vir die kinders. Die welfare gee nie vir haar geld nie want sy het gedrink. Nou't sy nie geld vir die kinders nie, sy het twee kinders by die huis. Die kinders bly honger. Nou bly 7 kinders en twee kinders van haar eie by die huis. Sy kyk agter Amandla Nduna se kinders want die vrou van Amandla Nduna het weggeloop. Nou die mense gee partykeer kos maar gee nie altyd nie. Ja dis al van Xoliswa.

Questions about Modelled Person: Xoliswa

1) Wat het met Xoliswa se ma en pa gebeur, wanneer was hulle dood?

Toe y ma en pa dood sy was klein, Xoliswa se pa het gedrink. Die ma is deur die pa geslaan. Ma het nie gedrink nie. Die pa was siek, ma het 'n stroke gekry. Die pa was in



die hospitaal in Grahamstown. Pa was siek en TB gekry, hy het gedrink en gerook. Pa het eerste dood gegaan. Daar was nie shaky nie daai tyd. As die pa dronk is slaan hy Holiswa se ma. Holiswa se ma was 'n goeie mens sy het nie gedrink nie en stil gesit alleen.

Xoliswa het gehuil wanneer haar pa haar slaan.

2) Hoe oud is hulle kinders (Xoliswa) vertel ons van hulle?

Xolani is 17 en Sinayo is 19. Xoliswa se susters is dood. Ouma en oupa is ook dood hulle was oud. Ouma en oupa het nie gedrink nie.

3) Vertel ons van ouma, oupa, broers en susters.

Ouma en oupa is dood. Twee susters op twee maande dood. Sy het drie broers.

4) Hoekom is Mandla in die tronk?

Sy het gesteel. Mandla het gesteel, hy het saam met Sinphowe kar gesteel. Hy was 15 jaar in die tronk. Mandla was 'n stil mens. Mandla en Xoliswa het gedrink

5) Hoekom loop Sinphowe snaaks?

Die polisie het vir hom geskiet, want sy was in die motor. Sinphowe het met chommies gesteel naby Bisho. Sinphowe wat die gesteelde kar na Bisho verkoop. Toe sy tjommie dan gaan PE toe en vra waar is daardie geld die tjommie het hom in die rug gesteek. Die mense squeal en by die office report. Die polisie kom en skop die deur af. Sinphowe hardloop weg en die polisie het hom in die rug geskiet. Toe gaan bly hy by die huis. Hy kry grant van R400, hy drink nie. Hy leer nou skoene maak.

6) Hoe was Xoliswa se man dood?

Sy man was baie siek. Hy het TB gekry en nou is hy dood.

7) Hoekom sorg Amandla Nduna nie vir die kinders nie?

Maklandwana sy koop elke maand. Xoliswa het drank gekoop met die geld wat Amandla Nduna vir haar gee. Maar nou Xoliswa drink nie. Mense glo nie dat Xoliswa het opgehou drinl nie. Amandle Nduna bly in George hy bly nie by die kinders.

8) Wat wil sy he by die job?

Sy wil geld he vir kos koop. Sy het goeie jobs gehad, maar daai tyd het sy gedrink. Xoliswa sien dit by sy broers.

9) Hoe het sy opgehou drink?

Sy was daar by die huis. Die mense om hulle hou vergadering. Die mense van die kerk. Die kinders wil nie skool nie, hulle shout vir mekaar as Xoliswa drink. Die mense van die kerk het haar gehelp om op te hou drink. Sy moet ophou drink want sy gee om vir haar kinders.

10) Wat is Xoliswa se beste werk?

Kombuis werk. Sy werk net in die kombuis. Sy is ontevrede met haar werk. Sy is ongelukkig. In die verlede het sy nie goed gedoen. Sy het tyd gemors. al die dinge van haar pa gebeur. Sy wou 'n nurse gewees het. Maar sy het baie worries. Sy worry oor haar lewe haar kinders, haar broers. Maar nou het sy 'n nuwe lewe, sy het nuwe manier, sy luister na die predikant, sy vloek nie meer nie. Sy het daardie goed gelos. Die mense laaik haar. Haar lewe begin

verander. Sy het baie hoop gekry. Sy vloek nie oumas nie.

11) Hoe sou haar beste vriendin haar beskrywe?

Xoliswa is 'n goeie mens.

12) Hoekom gee die social worker nie vir haar geld nie?

Xoliswa het nie kos nie gekoop vir die kinders nie sy het drank gekoop. As die ladies hulle bring klere, sy verkoop die klere. Iemand het gesqueel en die ladies het gaan kyk, Xoliswa is dronk daai tyd. Maar nou Xoliswa het geluister na die mense van die kerk en die drank gelos. Die neighbours hou nie van drink en die kerk mense ook. Sy laaik baie die gedagtes van die mense van die kerk.

#### Solutions to the Modelled Person

Xoliswa werk net twee dae per week en sy moet nog jobs kry want sy het geld nodig. Die mense gee vir haar klere, en ook donasie want hulle sien sy drink nie meer nie. Sy maak ook jerseys by die huis dan verkoop sy dit, sy gaan sien wat se size hulle is dan verkoop sy die jerseys. Sy kind wil university toe gaan sy het nie geld nie, sy spaar geld vir haar kind. Die kind ook sy doen jobs in die vakansie. Hulle sit die geld in die post office hulle spaar daai geld. Sy gaan ID maak vir haar kind sodat daai kind ook gaan werk. Sy verkoop vrugte en groente ook by die huis. Sy pak die groente en die vrugte in die straat om te verkoop.

Sy wag nie vir ander mense sy gaan self die werk doen. Sy spaar haar geld by die post office. Sy maak vir haar kind ID dat sy ook gaan werk soek.

## 5. Discussion

The visual and the written presentation of Xoliswa complement each other and this Modelled Person is real and true to life. From the visual presentation it is clear that the child who made this model has a flair for creativity. The clinical impressions of the present investigator noted the care, time and effort the child took to create Xoliswa. This gives a clear indication that the street child has the potential to move from his existing frame of reference to multidimensionality.

In order to make Xoliswa, Patrick used the following materials: Ethnic material which forms the clothes, a light bulb for the head, two carefully cut leather shapes for the eyes and one piece of cardboard for the mouth. The fact that the clothing is ethnic in design suggests a person who comes from a specific background, of ethnic origin. The head has no ears and no nose, only large eyes and a mouth. The absence of a nose and ears suggests a lack of the senses of hearing and smell. The expression of the eyes seems almost vacant, but the smile lends character to the face. Once again, the fact that there is no nose could be linked to the life of the street child where the nose is used for inhalants which causes damage. Also the lack of sensory organs could be indicative of a person who is less integrated and whole. The head has been covered in gold foil and a well constructed, almost ethnic hat has been placed on the head. The hat gives the impression of class ethnic and cultural

dignity. The gold on the head suggests the precious and important nature of this organ as it contains thoughts and memories and it is also the centre for the intellect where understanding and rational thinking takes place.

The body of the Modelled Person has been made out of four wax paper rolls tightly bound together with celotape. Striking about this model is that there is no arms, hands and feet, thus giving the impression of helplessness. This person is encapsulated in an existential vacuum reminiscent of Patrick's life, who as a street child lives in isolation in a world which has rejected children living on the streets.

The breasts were slightly misplaced on the genital area. The colour red has been used around the genital area and on closer inspection it is noted that Xoliswa's dress has been torn in that area. This makes the genitals clearly visible. Various interpretations could be offered for this, both in Xoliswa's life and in Patrick's life. It could be indicative of sexual conflict or being exposed to sexually related incidences from a young age. It is indicated in Patrick's history that both his parents were prostitutes and this makes him more vulnerable to sexual exploitation.

The representation of Xoliswa in the written word revealed prominent themes, which include alcohol abuse within the family system, poverty, unemployment, criminal behaviour and physical abuse. There was no reference to any meaningful relationships in the story of the Modelled Person. Xoliswa is depicted as a poor woman, who is unable to secure

permanent employment. She is a widow who is left to look after two children. The themes of death are prominent within the family system as both Xoliswa's sisters have died as well as her parents and grandparents, all due to physical illnesses.

Xoliswa's father was a heavy abuser of alcohol and tobacco and she would suffer physical abuse at his hands whenever he was intoxicated. Her brother Mandla was in jail for many years for automotive theft. Simphowe also stole cars and tried to sell them, however he was confronted by the police who shot him after he tried to escape. These criminal activities in Xoliswa's family could be a reflection of Patrick's family life.

Xoliswa's life is also characterized by drinking and unruly children, but only after being guided onto the right path by church people she is able to lead a responsible life.

It seems evident from the written presentation and the group process that certain problems that were specific to Xoliswa as well as Patrick's life were identified. Xoliswa's life was lonely and she was the only breadwinner to support her children. A delayed grieving process for her husband coupled with the death of her sisters and grandparents caused unhappiness in her life. Her brother influenced her to drink and she was unhappy in her work. During the group process again this evoked strong support from the other members. In his life, Patrick had to support himself on the streets and he is easily influenced by others to abuse substances. These

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are parallels between Xoliswa and Patrick's life experiences.

During the solution phase of the group process Patrick decided that Xoliswa should find extra work as well as use her talents to make clothes to earn extra money. Patrick felt confident that these goals could be fulfilled and the other group members agreed that these were workable and practical solutions for Xoliswa's problems.

As was mentioned at the beginning of the case study, Patrick's self-esteem showed a marked improvement in all areas when measured again after the therapeutic intervention. Patrick became more socially involved and enthusiastic and his solution oriented thinking was enhanced. Generally he has gained an attitude of greater acceptance. This case study illustrates that the Human Modelling Psychotherapy was effective in enhancing Patrick's self-esteem and that this change had an effect on his personal life.

#### Case Study 4: Lionel

(The name has been changed to ensure confidentiality)

##### 1. Background

This case study, from the experimental group, concerns a coloured male street child, aged 13 years and 7 months, who will be referred to as Lionel. According to the director of the Child and Family Welfare, Lionel was a street child for the following reasons: (a) a mother who abandoned him at a very young age (b) raised by a grandmother who was unable to control him and unable to provide for his physical and emotional needs. Consequently he left home and lived on a local refuse dump for a period of approximately 3 years.

##### 2. Psychological testing

Lionel's psychological assessment after the therapy group revealed the following: his self-esteem as measured by Battle's Self-Esteem Inventory (SEI) indicated a positive trend towards an increased self-esteem from the initial testing to postpost testing on all four areas, that is academic, social, general and personal self-esteem. His pre-test total score on the SEI was 14 while his post test score was 17 and his postpost test score was 20.

On the Goodenough Draw-A-Person test Lionel scored on the pre-test a raw score of 23, while his post-test and postpost test scores reflected 28 and 27 respectively.

3. Human Modelling (during the marathon group)

Lionel presented his Modelled Person to the group as follows:

**Visual Presentation:**

Frontal View



Rear View



Left Side View



Right Side View



**Written Presentation (Verbatim)**

Haar naam is Lee-Anne en sy bly in Missionvale. Sy het 'n ma en pa en twee broers. Die twee broers is Lionel en Thanda Xolo. Lee-Anne werk by die hospitaal en sy maak vir mense gesond. Ek het haar by die winkel ontmoet. Sy is 'n gawe persoon en sy vat my na hulle huis toe, toe maak sy vir ons koek en tee. Nadat ons klaar was toe loop ek en sy op die veld en gesels. Dit was lekker om haar te ontmoet. Sy het 'n probleem met haar man, boyfriend, Riaan.

Riaan het vir Thanda Xolo blou oog geskop. Die man (Riaan) hy rook kopseer pille. Die man drink ook. Hy kap pille en dagga. Mandrax. Riaan en Thanda Xolo se onderklere en klere van die draad af gesteel.

Hy bly in 'n hokkie, soos 'n shack. Hy is 'n verkragter, ja hy rape ook. Hy steel en breek in. Het nie kinders nie. Lee-Anne wil nie kinders he nie.

Questions about the Modelled Person: Lee-Ann1) Kan jy ma, pa, ouma, oupa meer beskryf?

Haar ma en pa en oupa en ouma is goeie mense. Goeie mense beteken dat hulle ander mense help.

2) Hoe was Lee-Anne se kinderjare?

Goed, baie goed. Sy was gelukkig om met haar vriende te speel. Sy was gelukkig by die huis, as sy iets vra dan gee hulle vir haar. Sy het gelaik om kerk te loop, altyd gesing as sy werk, sy het enige sang van die Here gesing. Sy het elke aand gebid, voor sy eet dan bid sy. Sy bid vir die bietjie wat sy het.

3) Wat beteken maak mense gesond?

Sy maak hulle gesond om hulle te help. Sy is 'n nurse by die hospitaal vir drie jaar. Lee-Anne help die mense en sy hou daarvan.

4) Waar bly sy op die oomblik?

Sy bly op Missionvale, alleen.

5) Hoekom het Riaan kwaad geword vir Thanda Xolo?

Omdat Thanda Xolo nie vir Lee-Anne geroep nie. Ja, dis omdat nie vir Lee-Anne gaan roep. Dit was die eerste keer. Nee hy doen dit nie met Lee-Anne nie.

6) Wat beteken 'n gawe persoon?

Gawe persoon is 'n goeie persoon nie wil goed vat nie. Want as ander mense kom kuier dan maak sy tee.

7) Hoekom wil sy nie kinders he nie?

Sy wil eerste getroud wees. Dis mos die way daai. Jy moet mos eerste trou. Lee-Anne het Riaan al jare gelos en sy bly alleen. Sy is nog bekommerd oor hom. Lee-Anne bly alleen. Sy voel baie jammer vir hom.

8) Hoe voel sy oor haar man (boyfriend)?

Sy voel baie jammer oor hom, omdat hy so baie lelike goed doen. Hy wil vir haar hê, maar sy wil nie vir hom hê nie.

9) Hoekom het Thanda Xolo Riaan se onderklere gesteel?

Omdat hy nie onderklere het. Hy soek Riaan se onderklere omdat hy nie het: nie.

10) Hoe maak haar ma en pa met haar probleme?

Haar ma en pa wil haar graag help om terug te kom huis toe.

### Solutions to the Modelled Person

Riaan het Thanda Xolo dik oog geskoop omdat hy nie vir Lee-Anne geroep het nie. Volgens Lioel Riaan was snaaks in die kop. Die oplossings is dat Lee-Anne vir Riaan bid.

- Sy moet vir Riaan bid.
- Sy moet met hom praat.
- Nadat sy gepraat oor die lelike geod wat hy doen dan kan hulle saam wees.
- Sy moet hom vergewe.

Die oplossing was dat sy hom 'n kans gee van 3 maande en as hy nie verander nie dan hom los. Die groep het ook gesê dat hy/sy moet na die street committee toe gaan as hy haar weer pla.

Lionel was baie tevrede met die oplossing en was gelukkig. Die groep het almal deel geneem in die proses van idees vir oplossings.

### 5. Discussion

Lionel presented the Modelled Person on two levels - in the written word as well as on a visual level. The Modelled Person's name was Lee-Anne and various materials were used to make her.

The overall impression when looking at the figurine from all angles gives that of an angel that has fallen. The body of the Modelled Person has been made out of a bottle (plastic) which has been cut at the neck. A turquoise dress

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covers her entire body and a darker blue coat is neatly placed over the dress. The colour turquoise gives a good feeling as it is described in the dictionary as a "semiprecious stone". The material used has a silky type of feel to it, again a reflection of luxury, softness, smoothness, likened to Lionel's written description of Lee-Anne. She is a good person, with a helpful, soft and caring manner.

The Modelled Person has no arms and hands and there is no evidence of feet and legs. The abdomen of Lee-Anne is long and there are no legs. The lack of arms gives the idea that Lee-Anne is helpless, a person who does not know how to fend for herself in some ways. Pink and red spots cover the blue cloak which could be indicative of blood. Glue patches can also be noticed on the entire area of the cloak. This glue again could be an indication that Lionel has in his street life abused solvents. When looking at his case history he lived for many years on the local refuse dump. Research indicates that children living on dumps often use highly toxic solvents as drugs for pleasure and to drive out feelings of hunger, pain, abandonment and rejection.

Lee-Anne is presented faceless to the world. Her eyes have been made out of cardboard. They are yellow in complexion. The left eye has a red mark in it. The eyes are large and give an owl-like, wide-eyed appearance to the facial features. Even though yellow can signify a happy feeling, yellow also sometimes refers to cowardly, jealous

envious or suspicious behaviours or even having a disease of the body. Again eyes that are of a yellow complexion. As Lionel has been exposed to living in bacterial infested conditions for many years, the chances that he picked up a disease, such as yellow jaundice or yellow fever, are good. The right eye has been damaged. The eyes see - big eyes see all or too much, but there is no mouth with which to comment. The mouth gives the feeling of being gagged and helpless, which is again a reflection of Lionel's previous circumstances on the streets.

The face as well as the entire doll conveyed the impression of a fallen angel, everything has been covered carefully either with a hat for the head, the entire body with a dress and a cloak and the mouth with a cloth covering the mouth. The mouth and nose have been covered with a scarf-like turban, like a female from the Muslim religion. In the Islamic faith women must cover all body parts as a sign of respect. Religious beliefs are strong and strict ethical standards prevail. Similarly in Lee-Anne's family religion and faith plays a dominant role in the decision-making process.

The model has a hat which was made from polystyrene and celotape and bound together with a carefully driven-in staple. The hat contains the words "beacon ginger jelly". The Oxford dictionary offers many definitions of the word "beacon", amongst others light, signal or lighthouse. Lee-Anne in the written presentation is like a light in the

community she lives in. She has deep religious convictions and is able to see that which is right and wrong. The theme of yellow again enters the picture when one looks at the descriptions of ginger, which encompasses the enlivening by flavour and has a reddish-yellow colour. An ethnic scarf has been placed around the top of the head and Lee-Anne's hat fits nicely on top. Seen from the rear angle, tin foil is clearly visible under the ethnic scarf. Tin foil is as a preservative protects the head which is important for intellectual functioning, therefore the intellect is valued.

When the written presentation was studied it was immediately clear that the Modelled Person has had life difficulties and encountered a harsh environment. Prominent themes of criminal activities such as rape, theft and illegal drug abuse to moral themes enclosed in religious convictions. The synthesis of Lee-Anne's story could be seen as indicative that Lionel has obviously been subjected to a harsh environment. Taking into consideration that Lionel has spent many years in pathological interpersonal situations and basically has basically grown up on a dumping site, this can be understood. Lee-Anne was depicted as a moralistic individual who has steady employment at the local hospital in Missionvale. Lee-Anne is described as an honest and very caring person. Little of Lee-Anne's family is told. She has severe relationship problems with her boyfriend, Riaan. Riaan is depicted as a shady, shrewd character who has no sense of morals or shame in his behaviour. Apart from being

a heavier alcohol abuser, Riaan also has a drug related problem and smokes dagga. Again the theme of alcohol abuse is a dominant theme in the story of both Lee-Anne and Lionel. Riaan is also a rapist and lives in a shack near Lee-Anne's place. Riaan is clearly depicted as having anti-social behaviour and this has a dramatic influence on Lee-Anne.

An outstanding characteristic was the way in which Lionel told the story. During the group process, as he narrated the story, other group members were stimulated by the life story of Lee-Anne. Group members became adamant that Lee-Anne needed protection from Riaan. The immoral behaviour of rape was openly discussed as different group members offered their insight and ideas on rape. Furthermore the topic of alcohol abuse again came to an interesting debate and it was unanimously decided that bad friends can influence one to drink. The best way to deal with this reality, it was decided, is to stay away from such negative influences.

The most prominent theme in Lee-Anne's narrative was her relationship problems with her boyfriend, Riaan. On the one hand she loves Riaan, but cannot accept his antisocial behaviour. Lee-Anne faces a dilemma as to what to do. All the group members at this stage were very negative about Riaan, but Lionel was confident that all types of people, whatever they have done, need another chance. This point was understood by the group who later agreed that we all, in some point in time, make mistakes.

During the solution phase of the group therapy, Lionel decided that, as Lee-Anne has deep religious convictions and that faith can move mountains, she can pray for Riaan. According to the Bible it is important to forgive and one should forgive 70 x 7 times. Lee-Anne must speak to Riaan openly and honestly about his behaviour. After Lee-Anne has been honest with him she should forgive him just like the Lord will forgive us.

Lee-Anne's solutions were realistic and workable, as she was prepared to give Riaan 3 months to change. At this point the group members were evoked to discuss this concept in detail. It was agreed that one can not change overnight and that often it will take time. The group made suggestions displaying empathy and protective behaviour towards Lee-Anne. Members said that Lee-Anne could also lodge a complaint with the street committee if she needs future protection. Lionel was happy with the solutions and also suggestions from the group.

Prior to the group Lionel was withdrawn and did not participate in the group process. Initially he remained quiet and appeared to lack interest in the group members. He became more empathic towards the other members especially during the solution oriented phase of the group process.

Lionel's enthusiasm and insightful contribution to the other group members' narratives won him admiration. Furthermore, during the group process Lionel discovered his skill at problem solving and at offering insightful

suggestions to the other group members.

### Case Study 5: Thanda

(The name has been changed to ensure confidentiality).

#### 1. Background

This case study, from the experimental group, concerns a black, male street child, aged 14 years and 6 months, who will be referred to as Thanda. According to the director of the Child and Family Welfare, Thanda was a street child for the following reasons: (a) he was raised by an ageing grandmother, (b) rejected by alcoholic parents, psychologically, physically and emotionally abused, and (c) a background that was characterized by unstructured permissive parenting, no identification figure, severe violence, extreme poverty and an overcrowded shack.

#### 2. Psychological testing

Psychological testing prior to the start of the group revealed the following:

Thanda's self-esteem as measured by Battle's Self-Esteem Inventory (SEI) was found to have positive trends on all four of the self-esteem categories - academic, social, personal and general. His pretesting score was 7, while his posttest score was 14 and postpost test total was 18.

The Goodenough Draw-A-Person test revealed on the pretest a score of 53, while the posttest and postpost test scores were 58 and 47 respectively.

3. Human Modelling (during the marathon group)

Thanda introduced his Modelled Person to the group as follows:

**Visual Presentation:** Frontal View



Rear View



Right Side View



Left Side View



**Written Presentation** (Verbatim)

Miem is 22 jaar oud, sy kom van die Kaap af. Sy ouers hou nie van haar nie, maar sy het eendag town toe gegaan. Sy het daar 'n werk gekry, Miem doen kombuiswerk en hou van haar werk. Sy werk in die kombuis. Die boer hou baie van hom is om sy werk baie mooi. Sy werk mooi.

Miem neem geld elke week na sy kinders toe om te eet. Miem vat geld lokasie toe, die kinders bly by die auntie. Miem het twee kinders, Elliot, 8 jaar oud en Rian, 7 jaar oud. Die twee kinders, Elliot en Riaan bly by die auntie in die lokasie. Miem bly by die boer en sy is 'n sleep-in. Op Saterdag gaan sy huis toe en gaan terug werk toe op Maandag.

Miem se man is dood. Hy het baie gerob. Die polisie het hom dood geskiet in die aand, so een jaar terug. Miem het die probleem om die kinders te sorg. (Riaan en Elliot).

Questions about the Modelled Person, Miem

1) Vertel ons van haar ma en pa en familie

Miem se pa is 70 jaar oud en haar ma is 71 jaar oud. Miem se pa is Xhosa. Ma is ook Xhosa. Die pa en ma is Xhosa, hulle hou nie van Miem nie. Elliot is 8 jaar oud, Riaan is 7 jaar oud, Miem se kinders. Die gedagte van Miem se ma en pa hulle hou nie van Miem nie. Miem het niks in die huis gedoen nie net gesit met vuil gedagtes.

2) Hoekom hou Miem se ma en pa nie van hom nie?

Sy was stout. Sy het haar ma en pa se geld gesteel. Hulle hou nie, gelaak nie, want hy het niks gedoen nie, net gesit in die huis, toe het hulle vir hom gebid dat sy moet

regkom, toe slaap Miem tot more. Sy het die vuil gedagtes in die kussing gelos. Miem was lui, sy nie respek gehad nie, sy vloek, sy wil nie skoon maak nie. Sy vloek sy ouma en oupa, sy ma en pa. Tot Miem 21 is toe bid hulle (ma en pa) vir hom. Toe kom sy reg.

3) Wat laaik sy van die kombuis werk?

Sy laaik om te kook en skoon te maak. Sy laaik kook die vleis, aartappels, rys, uie, tamaties en mince.

4) Vertel ons van die boer. Laaik sy hom?

Sy laaik die boere waar sy werk. Die boere leer haar reg dinge en is vriendelik.

5) Hoe gaan dit tussen Miem en haar twee kinders?

Dit gaan baie goed, hulle is baie vriendelik. Die kinders is gelukkig daar, hulle stry nie.

6) Hoe het Miem gevoel oor haar man se dood toe hy geskiet is?

Sy het net gehuil en gedroom van hom. Sy naam was Jeffrey. Dis nou lank nou, sy is beter sy het saam met haar kinders gehuil.

7) Hoekom het Jeffrey gesteel?

Hy het gesteel om kos in die huis te sit. Om kos in die huis te koop. Miem het nie daardie tyd gewerk nie. Daar was nie kos in die huis.

8) Hoe sou Miem se vriend haar beskryf?

Gelukkige meisie. Sy baklei nie.

#### 4. Discussion

At first glance the visual impression of Miem gives a bright and colourful appearance. Ethnic material has been used for Miem used for Miem's dress. Miem's body has been made from a cooking oil bottle turned upside down. Her hands/arms have been made from a toilet roll. On closer inspection one can see that the oil has stained the arms.

Thanda explained that Miem loves to train in aerobics, and run, which explains the wet arms on her arms. When one considers the frontal view of the model, one can see a ter, and opening at the genital area of the dress. This could be interpreted as possible sexual abuse or some form of sexual conflict. The ethnic dress has been secured by means of staples which are clearly visible. Again the staples have been driven in and around the sexual area, which could have implications that sexual assault has taken place in the Modelled Person's life.

Looking at the case history of Thanda, living on the streets where he has been completely abandoned by his family. Push and pull factors could have played a significant role in Thanda's life situation. Poverty, unemployment, overcrowding, child abuse, family disintegration and alcohol abuse are all dominant themes in both Thanda's and Miem's life.

Striking is the staples which have been driven into the private parts of Miem, which could indicate that some sort of sexual abuse/conflict or assault has taken place.

Miem head has been joined together to the body with adhesive. On closer analysis one can see the adhesive has moved right over the lung area. The same has been happening in Thanda's life circumstance . Following the case history it is evident that Thanda has lived on the streets for many years. The use of intoxicants such as the inhalation of glue, petrol, benzine, and thinners is widespread. Street children often have no sense of time, distance and reality as a direct result of abusing these solvent.

Miem has large, unseeing eyes with no pupils. The eyes give the impression of an owl-like look, staring into space, but at night then becomes active. Similarly with street children most activities begin at night as this is when their true survival skills come to the fore. The days are usually spent trying to recover from hectic, abusive night.

The large eyes of Miem could also be interpreted as seeing too much too soon. This is relevant in Thanda's life situation. The influence street life has had on Thanda could be viewed as an aberration of childhood society. Thanda has experienced and had been treated in a certain manner by society and it is this interaction which has influence his present view of life.

Interestingly, looking at the nose, it can be viewed from different view points. Culturally speaking the nose is a facial feature which is more prominent than other features in the facial area. As we know, Thanda has been involved in the abuse of solvents which are mostly used via the nose or

mouth. The Modelled Person, Miem, has a small nose almost as if it has been damaged in some way, by the years of sniffing glue.

Emotionally, Miem has no expression and no mouth which could reflect her feelings toward the rejection she has experienced from both her society and her primary care givers. The family is thus re-invented by social gangs and specific norms are formed to survive on the streets.

Miem's head has been made from the inside of spray can top turned upside down. Cigarette paper has been used to cover this. Again this can be viewed as indicative of solvent abuse, as in reality street children so have drug related addictions.

Miem's breasts have been made from bottle tops - one being that of a coke bottle and the other of an oil bottle. Striking is that the one breast is clearly visible and the other not.

The Oxford Dictionary offers many different definitions of cola, but the word cola is associated with "pop" which in turn is associated with father or dad. The cooking oil top could be associated with mother, nurturing, food, love, supportive. Obviously these are specific needs which both Miem and Thanda have not had in their lives. Miem has suffered rejection from her parents and has taken to the streets, to re-invent the family. The cooking oil top which is exposed could mean that Miem wants a mother, while in reality, Thanda was taken to his ageing grandmother to be

looked after.

The prominent parts of Miem's body which are made out of plastic, which according to the Oxford dictionary can be given any shape. Plastic is capable of being moulded and is pliant and supple. In reality Thanda has been moulded simply being a victim of circumstances. The reinvention of the family on the street, the group gang's norms and survival skills all play a dominant part in moulding the child, especially at such a young age. Street life also requires that the child be supple and pliant in order to survive alone. Both these features are real issues in the life of Miem and Thanda.

The written presentation complements the visual presentation. Miem's life has been characterized by strife, rejection and intra-familial conflict. Dominant themes emerge in Miem's life which have had major emotional, psychological and psychosocial implications on her life. The central theme which occurred in Miem's written presentation was the total rejection from both parents. Again this coincides with the background history of Thanda where in reality both parents rejected him at an early age, leaving the grandmother to raise him. Although culturally speaking this is common, it would seem that Thanda was abused physically and emotionally by his drunken parents, to such an extent that he was literally told to get out of the house. Thanda was a burden to his parents as they could not care for him financially. Consequently Thanda was forced to make a

decision to flee to the streets due to his parents' rejection.

Miem's story reflects ambiguity and confusion in many ways. On the one hand Miem's parents totally rejected her by sending her to her grandmother to live, and on the other hand they both prayed for her to rid her of her constant swearing laziness and bad thoughts.

Miem miraculously became a new person overnight. Due to her parents' religious prayers, Miem "left her dirty thoughts in the cushion". From a cultural point of view this can happen as it is customary to leave everything in the cushion one has slept on. Miem enjoys working for her present employers, "the boere" as they are very friendly and are teaching her to live in the correct manner. Miem's two children live with their aunt, and due to Miem's work obligations she is only able to see them at weekends. She struggles to maintain her family financially, but even this shortcoming does not pose any problems for her and her sons. The demands of working and trying to bring up two children play heavily on her emotional and psychological well-being. Miem also appears to be experiencing a delayed grieving process for her husband, Jeffrey. Thanda's report during the group process that Miem was crying, gained him support by the other group members who expressed empathy for Miem's sadness.

The major problems which therefor emerged in the written presentation, could be summarized as financial difficulties

brought on by raising two growing sons, Miem's negative behavioural patterns and disrespect towards her parents as well as their consequent rejection of her and a delayed grieving process for her husband.

During the phases of Human Modelling psychotherapy an integral part of the process is for Thanda to find workable solutions for the Modelled Person. What emerged was that Miem was using alcohol as a means of dealing with her problems. Miem constantly worries about Jeffrey who was killed while attempting to rob a bank. During the solution phase other group members also contributed to finding solutions to Miem's problems. Thanda decided that Miem should definitely stop drinking as this only worsens the problems. It was pointed out during the process that Miem was crying for herself and not for Jeffrey. Self-pity was one of the factors that played a role in her problems. Miem needed to face up to the fact that Jeffrey had been killed and acceptance of the reality needed to be integrated into Miem's cognitive and emotional being.

Again the solutions were religious in orientation as Miem stopped drinking and started attending church on a regular basis. Miem, however, learned that her drinking and crying was more about her feelings and how she was dealing with them, than facing the reality and that nothing in her power will bring back her beloved husband.

Miem has to date never been able to discuss ("Miem het nooit") her problems with adult caring people and she feels

relieved and refreshed that this discussion took place. Miem has left drinking completely and seeks support and reinforcement from her local church. Her dirty thoughts have left her. The group members were all satisfied that Miem found acceptable and realistic solutions for her problems.

As was mentioned at the beginning of the case study, Thanda's self-esteem showed a marked improvement in all areas when measured again after the therapeutic intervention. During the group process, Thanda's, however, was withdrawn, but towards the close of the group he became more active.

This case study illustrates that Human Modelling Psychotherapy was effective in enhancing his self-esteem and that this process of change has already had effects into various aspects of his life.

APPENDIX D

GROUP THERAPY SCHEDULE FOR THE EXPERIMENTAL AND CONTROL GROUP

Therapy Schedule for the Experimental Group :**Process:**-----  
**22 April 1996:**

Session 1: - Introduction of members

Getting to know each other - warm - up exercises

Human Modelling instructions

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**23 April 1996 & 25 April 1996:**

Session 2 & 3 - Introduction of Modelled Persons

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**29 April 1996 & 30 April 1996:**

Session 4 & 5 - In depth discussion of the Modelled Persons

Identification of the interactional style,  
systems and problem areas of the Modelled  
Person.

'Homework' : To write down the possible  
solutions/ actions to be taken in order to  
alleviate/accept/live with the problems of  
the Modelled Person.

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**2 May 1996:**

Session 6 - Clients report back individually on 'homework'  
and the group discusses it. The following order  
is employed: the individual client, the group,  
the therapist. Under these conditions a  
therapeutic programme is worked out for each

Modelled Person.

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**6 May & 7 May 1996:**

Session 7 & 8 - Becoming the Modelled Person. Getting to know each other in the identities of the modelled persons.

Solving the problems in identity of the Modelled Persons in this order : Client, group, therapist

Reverting back to own identity.

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**Beach ball name game:**

This is a good game for new groups that can get progressively harder and more challenging. It can be used as an opening game, good for getting-to-know each other.

A sponge/beach ball is passed from person to person, but the passer must first say the catcher's name before passing. To get harder, instead of calling out the catcher's name, the passer must now describe something about the person, eg. type of hair, colour of hair, description of clothes or shoes, favourite things to do.

**Row-Row and Group Row-Row :**

Partners sit facing each other with legs straddling the other's legs and holding hands. One lies down and they take turns pulling each other up into sitting position as they sing.

One child at a time can be added to each side of the boat, until the whole group is rowing a giant boat. Adults may have to help each side take turns going up and down.

**Hand Prints :**

Gently rub paint on a neighbour's hand and help the child press his hand on paper to make a print. You can also make nose, chin, elbow, etc. prints. Try to get all prints on one piece of paper for display. Can each child remember which print is his.

**Train :**

The group sits in a line, each person in back of the other, with legs straddling the child in front and arms around his waist. The first person is the engine; the last is the caboose. They all try to move the train by shuffling on legs and bottoms, around curves, into stations, whatever the imagination and the room allows.

**Making a Christmas Tree:**

This activity is played to give one child the chance to feel special. One child is made the group Christmas tree. He gets into the centre, and the rest of the group adorn him with pretend Christmas tree ornaments. Then he is admired by everyone.

**Run to Us :**

Half of the group is on one side of the group area with an adult. The other half is on the other side. One by one, each child has a turn to run, on cue, to the other side. To get ready for the runner, the "catching" side holds hands and forms a large semi-circle. Then they say together, Get ready, get set, GO!" When the runner runs, the group surrounds him in a giant hug. Then it is the turn of someone on the catching team to be runner. Everyone must have a turn to run and be "caught".

**Touch Colours :**

This game is modifiable for varying levels of difficulty, challenge, and cooperation. At its easiest, the group sits in a tight circle. The leader picks a colour, saying, "touch blue", for example. Then she touches something blue on someone else, and one-by-one-, each person has a turn to touch something blue without others letting go! At the end everyone should be touching someone else. Each child can have a chance to pick the next colour to touch and touch a new colour with another part of his body, seeing how many you can touch at one time.

**Face Painting :**

You need a soft, dry paint brush and an empty egg carton. You explain that this is a magical brush and inside are magical colours. There is a magical green, magical blue, etc. You dip into magical colour and paint the face of the child next to you. Call out the colours you are using, wipe the paint off the side of the brush, and paint the child stressing that taking care of being very gentle. When you are through make sure the child shows his face to the group. His facial expression is priceless.

APPENDIX E:

LETTER FROM THE ORIGINATORS OF HUMAN MODELLING PSYCHOTHERAPY

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11-08-1996

To Whom it may concern.

THIS IS TO CERTIFY THAT MR. MARK CHAPMAN'S  
THESIS ON HUMAN MODELLING HAS BEEN  
SUPERVISED FROM THE 9-8-1996 UNTIL  
THE 11-8-1996. HIS TAPES AND THE  
STANDARD OF HIS WORK IS SATISFACTORY  
AND I RECOMMEND THAT HE CAN  
CONTINUE WITH THE THESIS.

Albertze  
A.L. Coetzee

APPENDIX F:

SELF - ESTEEM INVENTORY (SEI): FORM B

Naam.....Ouderdom.....Geboortedatum.....  
 Skool.....Datum(vandag).....  
 Toetsafnemer.....Totaal..A....S....A....O....L....

Aanwysings:

Merk elke stelling op die volgende wyse. As die stelling 'n beskrywing is oor hoe jy gewoonlik voel, merk dit met 'n tikkie ( ) in die "ja" kolom. Indien die stelling nie 'n beskrywing is oor hoe jy gewoonlik voel nie, merk dit met 'n tikkie ( ) in die "nee" kolom. Merk slegs een kolom ("ja" of "nee") vir elk van die stellings. Hierdie is nie 'n toets nie en daar is nie 'n regte of verkeerde antwoorde nie.

Ja            Nee

1. Ek wens ek was jonger.
2. Seuns en meisies hou daarvan om saam met my te speel.
3. Ek gee gewoonlik op wanneer my skoolwerk te moeilik is.
4. My ouers word nooit kwaad vir my nie.
5. Ek het min vriende.
6. Ek het baie pret met my ouers.
7. Ek hou daarvan om 'n seun te wees.
8. Ek is 'n swak leerling op skool.
9. My ouers laat my voel ek is nie goed genoeg nie.
10. Ek is gewoonlik onsuksesvol as ek probeer om belangrike dinge te doen.
11. Ek is meesal gelukkig.
12. Ek vat nooit dinge wat nie aan my behoort nie.
13. Ek voel baie keer skaam vir myself.
14. Meeste van die ander seuns en meisies kan speletjies beter as ek speel.
15. Ek voel baie maal of ek niks werd is nie.
16. Meeste ander seuns en meisies is slimmer as ek.
17. My ouers hou nie van my omdat ek nie goed genoeg is nie.
18. Ek hou van almal wat ek ken.
19. Ek is so gelukkig soos die neeste seuns en meisies.
20. Meeste van die seuns en meisies is beter as ek.
21. Ek hou daarvan om met kinders wat jonger as ek te speel.

22. Ek voel baie maal om skool te los.
23. Ek kan dinge so goed doen soos ander seuns en meisies.
24. Ek sou baie dinge omtrent myself verander as ek kon.
25. Daar is baie maal wanneer ek van die huis wil weghardloop.
26. Ek bekommer myself nooit oor dinge nie.
27. Ek vertel altyd die waarheid.
28. Die onderwyser voel ek is nie goed genoeg nie.
29. My ouers dink ek is 'n niksword.
30. Ek bekommer myself baie.