

GESTALT THERAPY APPROACHES WITH AGGRESSIVE CHILDREN  
IN A DAY CARE SETTING

by  
Win Maxey

Thesis submitted to the Graduate Faculty of the  
Virginia Polytechnic Institute and State University  
in partial fulfillment of the requirements for the degree of  
MASTER OF SCIENCE  
in  
Family and Child Development

APPROVED:

---

Dr. Linda F. Little, Chairman

---

Dr. C. James Scheirer

---

Dr. Joseph W. Maxwell

---

Dr. Sandra M. Stith

June, 1987  
Blacksburg, VA

GESTALT THERAPY APPROACHES WITH AGGRESSIVE CHILDREN  
IN A DAY CARE SETTING

by

Win Maxey

Committee Chairman: Dr. Linda F. Little  
Family and Child Development

(ABSTRACT)

This research study was designed to evaluate whether or not Gestalt therapy approaches could be used effectively when intervening with aggressive acts in a day care setting. Five focus children were observed at timed intervals as to whether or not they were aggressive, how the caretaker intervened, and how the children responded to the caretaker intervention. After a baseline of aggressive acts was established, caretakers were trained to use Gestalt therapy intervention methods. Comparisons were made to establish whether there were fewer aggressive acts after Gestalt therapy intervention methods were used and if the children responded more positively to these intervention methods. This study suggests that Gestalt therapy intervention methods could be used in a day care setting to effectively deal with children's aggression.

## ACKNOWLEDGEMENTS

I am very grateful to my committee members for their support and encouragement. I thank Dr. Joseph Maxwell and Dr. Sandra Stith for their generous input. Dr. James Scheirer supplied continuous enthusiasm and advice throughout this project. Dr. Linda Little's background in Gestalt therapy has been invaluable for my training as well as for this thesis. I greatly appreciate her long distance contacts and feedback throughout this year.

With much appreciation and respect, I thank

for her book, Windows to Our Children and her experiential workshops. Her work sparked my interest in using Gestalt therapy approaches with young children. I thank for her friendship as well as supervision while I train to use Gestalt therapy methods with children and their families.

Without the financial and emotional support of my parents, , the coursework and training for my dreams would not have become a reality.

I thank Clarendon Child Care Center and its staff for their cooperation during this project. I especially thank who took time to be my second observer.

TABLE OF CONTENTS

	Page
ABSTRACT .....	ii
ACKNOWLEDGEMENTS .....	iii
TABLE OF CONTENTS .....	iv
LIST OF TABLES .....	v
ARTICLE: Gestalt Therapy Approaches with Aggressive Children in a Day Care Setting .....	1
Method .....	9
Subjects .....	10
Instrument .....	11
Procedure .....	12
Results .....	13
Discussion .....	20
References .....	23
APPENDIX A: Review of Related Literature .....	24
Child Development .....	25
Gestalt Therapy .....	29
Summary .....	33
APPENDIX B: Additional Results .....	34
APPENDIX C: Instrument and Staff Training Plans ....	46
Instrument .....	47
Staff Training Plans .....	50
APPENDIX D: Letter of Consent .....	54
REFERENCES .....	56
VITA .....	58

List of Tables

Table	Page
1. Aggressive Acts Per Child Before and After Gestalt Therapy Interventions .....	15
2. Child Responses to Intervention Methods .....	19
3. Aggressive Acts Per Age Group Before and After Gestalt Therapy Interventions .....	38
4. Aggressive Acts Per Gender Before and After Gestalt Therapy Interventions .....	40
5. Acceptable Child Responses Per Age Group Before and After Gestalt Therapy Interventions .....	42
6. Acceptable Child Responses Per Gender Before and After Gestalt Therapy Interventions .....	44

## GESTALT THERAPY APPROACHES WITH AGGRESSIVE CHILDREN IN A DAY CARE SETTING

Children in a day care center or preschool have hundreds of interactions with other children and caretakers each day. Some of these interactions may be aggressive and harmful to the children involved. A caretaker's job is to manage the classroom so that the children are safe, and be responsible to intervene when aggressive acts occur. New as well as experienced teachers and caretakers have long been searching for interventions to improve the negative or aggressive behaviors that children show (Warner and Chrisman, 1983).

Aggression can be defined as behavior that could injure or damage if it were aimed at a vulnerable person or thing (Papalia and Olds, 1975). Children sometimes respond to their environment with aggressive behaviors when their needs or wants are not met. Problems of aggressive behavior can also occur when angry feelings are not accepted or are expressed in ways that are harmful to the child or to others (Oaklander, 1978).

Foci of studies on types of caretaker interventions with aggressive behaviors vary. One approach to the management of aggression among preschoolers was to look at what the caretaker wants the child to learn from the intervention. A day care program described by Finkelstein

(1982) used a formal and systematic curriculum approach to reduce aggressive behaviors and enhance social skills among the children. The objectives of this approach were to teach the children to:

1. Resolve conflicts without using aggressive behaviors by practicing prosocial alternative behaviors that were taught by the curriculum and reinforced by the teachers,
2. Use self-control by not joining peers in aggressive behaviors,
3. Participate in group activities.

The long-term objective was for the children to increase their positive social behaviors through understanding why some behaviors were appropriate or inappropriate. The results of this study suggest that a combination of environmental rearrangement, staff development, and curriculum activities was effective in reducing aggressive behaviors.

A second approach focused on opportunities for children to problem solve. This study (Genishi, 1983) reported that the majority of conflicts among preschoolers revolved around possession of objects or turn taking. Children were encouraged to use words instead of physical modes of problem solving. The findings suggested that "verbal aggression" or arguing lead to less violence. The main objectives of this approach were to give the children

opportunities to:

1. Assert their own importance as individuals,
2. Articulate their own feelings and points of view,
3. Hear other's needs and viewpoints,
4. Reach a compromise.

Another approach emphasized that a major goal for preschoolers was to develop healthy self-concepts in order to increase self-control and enhance social skills.

Warner and Chrisman (1983) concluded that a caretaker can facilitate children's sense of self-worth and maintain discipline in the classroom through the following (p.9):

1. Supporting the children when they are attempting new tasks by arranging the daily schedule and room to meet the needs of the children; and allowing the children to explore, experiment, and discover within clear limits,
2. Allowing them to verbalize feelings,
3. Helping them recognize personal needs through open-ended questions,
4. Instructing them in problem-solving techniques, i.e. recognizing that there may be several alternatives to solving a problem; and communicating positively through actions as well as statements.

The authors concluded that teachers and caretakers who were sensitive, caring, and supportive role models could

help children develop positive social skills.

What appears to be missing in the previous approaches to aggression management with preschoolers is nonverbal methods to help the young child with limited verbal skills. It is not easy for children to be honest about their angry feelings and ask directly for what they want by saying what they like and do not like (Oaklander, 1978). Two- to five-year-olds do not always have the words that they need to express their feelings when another child has a toy they want, is too close to them, knocks down a block structure they have built, etc. Aggression is sometimes the most logical response a child has to the environment.

A Gestalt therapy approach uses a combination of acknowledging and expressing anger in nonverbal as well as verbal ways. Gestalt therapy is well suited to work with young children because this approach recognizes and enhances the importance of nonverbal experiences and uses the modes of play, fantasy, and enactment through which children can relate naturally (Ownby, 1983). With a Gestalt therapy approach, a caretaker would acknowledge and support the children as they express their anger verbally and directly as well as indirectly through play or art mediums when they do not have the words to express their feelings or find it too threatening to own these feelings of anger (Oaklander, 1978). There are seven

goals of a Gestalt therapy approach (Harman, 1974):

1. Awareness - attention to all three modes of experiencing which are thinking, feeling, and sensing.
2. Integration - the on-going process of acknowledging opposite parts of ourselves so that energy is available and can be used productively.
3. Maturation - doing what the person is capable of doing for self.
4. Responsibility ("response-ability") - the ability to have thoughts, reactions, emotions.
5. Authenticity - communicating feelings and thoughts honestly to self and others.
6. Self-regulation - response to self-regulatory mechanisms.
7. Behavior change - may be internal or external and observable.

Through her experiences when working with children, Oaklander (1978) has found that energy spent in withholding angry feelings leads to inappropriate behavior. The aim of a Gestalt therapy approach when intervening with aggressive behaviors is to enhance the child's experience of the "now" or present (Passons, 1975). The child's experience of the "now" or present includes responding emotionally, cognitively, and bodily. Four Gestalt therapy phases have been identified when

working with children's anger and aggression (Oaklander, 1978, p.209):

1. Give children practical methods for expressing anger, i.e. working with clay and sand, body movement, drawing, games, enactment with dolls or puppets.
2. Encourage children to give emotional expression to anger.
3. Allow children to be verbally direct with their angry feelings, i.e. giving words to their thoughts and feelings and voicing them to the person they need to say them to.
4. Talk with them about the feeling of anger, i.e. what makes them angry; how they react emotionally, physically, cognitively; what they do with these feelings.

Zinker's (1978) awareness-excitement-contact cycle can be helpful when looking at a child's process or steps when acting on an angry feeling, thought, or sensation (see Figure 1). A caretaker may, for example, observe a too-quick shift from awareness of sensation (anger) to action (aggression) and help the children develop more socially acceptable behaviors by focusing on the shift and the circumstances under which it occurs (Ownby, 1983). For instance, a caretaker may direct the children's attention to their clenched fists (awareness) and focus

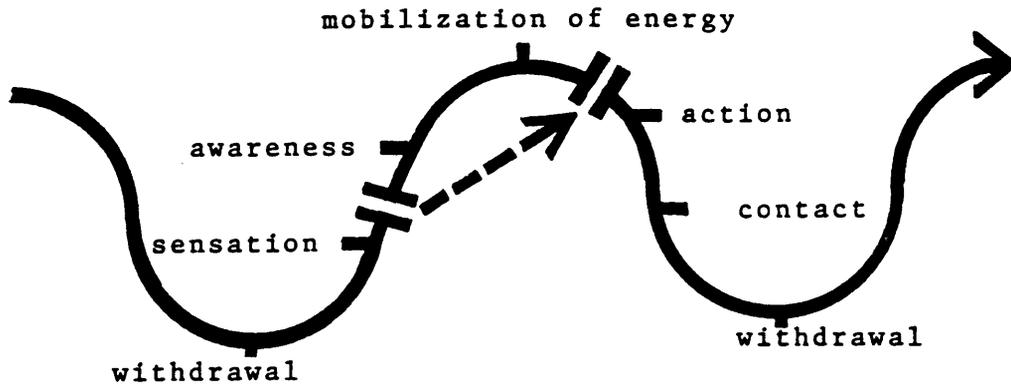


Figure 1

Skip in Zinker's  
Awareness-Excitement-Contact Cycle

their energy (mobilization of energy) by having them tell what their fists want to say to the other child (action). By learning to recognize these nonverbal cues of anger such as clenched fists, a caretaker can help support the children in giving verbal expression to their wants and needs. Instead of hitting, the children can then make socially acceptable contact with others by using their energy to verbalize what they want. Through awareness of what they are doing and feeling, children can then learn new ways of making contact with others (Lederman, 1968; Oaklander, 1978; Ownby, 1983).

A Gestalt therapy approach also recognizes that children can find self-support when expressing anger through symbolic forms (Oaklander, 1978). Axline (1969) and Oaklander (1978) wrote about the value of expressing feelings through tangible modes such as painting, clay, creative writing, music, drama to name just a few. Some elementary school teachers experimented with using punching bags, puppets, and other toys as means for expressing anger and frustration in the classroom. They found that the children did not get out of control or get hurt when they used these mediums to give expression to their angry feelings (Passons, 1975). The teachers supported the children by saying verbally that it was acceptable to have angry feelings, and then showed acceptance of the children's feelings by allowing them to

use these means of expression for their anger.

Passons (1975) stated that selected Gestalt therapy approaches can be used in a preschool setting and serve as valuable tools to enhance a child's self awareness and sense of responsibility for self. This research was designed to evaluate whether or not a Gestalt therapy approach to aggressive behaviors could be used effectively in a day care setting. This study tested two hypotheses. It was hypothesized that 1) there would be significant decrease in the number of children's aggressive behaviors after caretakers were trained and used Gestalt therapy interventions; 2) there would be significant increase in the number of children's positive responses to caretaker interventions when Gestalt therapy interventions were practiced by the caretakers. Each hypothesis was tested at the .05 alpha level of significance.

#### Method

This research project utilized a structured observation in a natural environment. The project was designed to investigate methods of intervening when preschool children displayed aggressive behaviors in a classroom. The research design included observing aggressive acts and their frequency, caretaker responses to those acts, and the children's reactions to the caretaker interventions.

### Subjects

The research was conducted in a suburban area of a large Eastern metropolis. The population under study consisted of the teaching staff and children in a multi-age, open classroom child care center. The child care center was a private, non-profit co-operative which was both state and county licensed for up to thirty-four 2- to 6-year-olds. There were 31 children enrolled at the time of this study. The ratio of adults to children was 1:5. The children and their families were predominantly white and upper-middle class. The child care center operated year round, 5 days per week, from 7 a.m. to 6 p.m.

Each member of the teaching staff secretly selected by ballot five children who displayed aggressive behaviors in the classroom. Aggressive behaviors were defined by the staff as any behavior that could injure or damage another child, caretaker, or property; spitting; and taking a toy away from another child, etc. The five children named the most often were included in this study. This sample was made up of two 3-year-olds and three 4-year-olds. All five children had prior day care experience(s). One child was from a single parent home. One child was bilingual.

The staff included one female lead teacher with a B.S. in Early Childhood Development, one female teacher with college credits in Early Childhood Development, one female

teacher with a B.A. in Art Education, one male teacher with a B.S. in Music, one assistant teacher with an Early Childhood Certificate from India, and two aides with five to six years of experience with young children. Staff tenure at the center ranged from two months to six years.

### Instrument

A structured observational instrument (see Appendix C) was designed and piloted for this research. The instrument for recording observations was structured so that it could be easily coded. There were three categories on the observation checklist for each observation time period: aggressive act, caretaker intervention, and child's response. The categories of aggressive behaviors included: none, pushing, spitting, hitting, biting, taking a toy away from another child, throwing an object, kicking, pinching, and other. The categories of caretaker intervention included: none, removing the child, giving solution, redirecting, saying the word "don't" and reminding the child of a safety rule, and other. The Gestalt therapy interventions of reflective listening, giving words for anger, and providing an indirect mode to work through anger were also included in the caretaker intervention categories. The child's response section included: crying, more aggression, and the more positive responses of using words to express feelings, relocating self, going back to

playing with the same child, smiling, requesting or giving a hug, and other. The behaviors for each category were coded at the top of the checklist sheet so that their corresponding codes could be easily identified and circled during the observation period. The researcher was the primary observer; a second observer was trained to use the coding sheet to ensure reliability. All definitions for the categories of information were agreed upon by the two observers before the research began. A trial run observation was made to answer any questions or clarify definitions for the categories of information.

#### Procedure

A letter was sent to the parents of the children at the child care center to establish credibility, explain the purpose and importance of the study, and obtain informed consent for the use of their children in the study. Names of the children and staff were coded to insure confidentiality.

Each of the five focus children were observed at standardized one minute intervals up to eight times a day. These observation time periods included activity time, small group, lunch, and playground activities at the center. Over a period of four days a total of 92 observations were made on the five focus children, noting aggressive act, caretaker intervention, and children's responses to the interventions before Gestalt therapy

approaches were introduced to the staff.

After these initial observations, the following Gestalt therapy approaches were introduced to the staff: acknowledging and accepting the children's anger through reflective listening, supporting the children to express their feelings by giving them words to use to voice their anger, and giving them options of indirect modes of expressing anger such as working with playdough, clay, punching pillows, etc. when words were not adequate or available to express their anger. The caretakers were provided with talks and open discussion on Gestalt therapy approaches to intervention, experiential and hands-on experiments, and opportunities to role play (see Appendix C).

After Gestalt therapy intervention methods were introduced, a total of 178 observations on the five focus children were made over a seven day period. During the daily staff meetings, caretakers shared and discussed their experiences with using Gestalt therapy interventions to reinforce these methods of dealing with aggression.

### Results

Frequencies were computed for all observed data related to aggressive acts, caretaker intervention methods, and positive child responses. Tables were made to compare 1) frequency of aggression before and after Gestalt therapy intervention methods were taught and 2)

intervention methods with the children's responses.

### Aggressive Acts

Ninety-two observations on the five focus children were made to establish a baseline for aggressive acts. Aggressive behaviors were observed in 15 of the 92 or 16.3% of the time periods. The aggressive acts included six instances of pushing, two of hitting, six of throwing, and one of kicking.

After Gestalt therapy interventions were introduced, 178 observations were made on the same five focus children. Aggressive behaviors were observed in 7 of the 178 or 3.9% of the time periods. The recorded aggressive acts included one instance of hitting, one of throwing, one of kicking, two of pinching, and two others which included squeezing and pulling on another child's clothing.

Table 1 shows the percentages of aggressive acts per child before and after Gestalt therapy interventions were introduced. Percentages of recorded aggressive acts dropped after Gestalt therapy interventions were introduced for Child 1, Child 2, Child 4, and Child 5. No aggressive acts were recorded for Child 3 during either observation period.

A chi-square test was calculated to determine if there was a significant decrease in the number of children's aggressive behaviors after caretakers had been trained and

Table 1  
 Aggressive Acts Per Child  
 Before and After Gestalt Therapy Interventions

	<u>Before</u>		<u>After</u>	
	$\frac{\text{aggressive acts}}{\text{observations}}$	$\%$	$\frac{\text{aggressive acts}}{\text{observations}}$	$\%$
Child 1	$\frac{5}{23}$	21.70	$\frac{1}{37}$	2.70
Child 2	$\frac{7}{20}$	35.00	$\frac{2}{32}$	6.25
Child 3	$\frac{0}{20}$	0	$\frac{0}{36}$	0
Child 4	$\frac{2}{15}$	13.30	$\frac{3}{38}$	7.89
Child 5	$\frac{1}{14}$	7.14	$\frac{1}{35}$	2.86

used Gestalt therapy intervention methods. The chi-square was 11.30 ( $p < .05$ ). Therefore, there were significantly fewer aggressive acts after Gestalt therapy interventions were introduced.

Rater reliability was supported as a second rater made observations on 19 occasions. Although there were only a few aggressive acts noted, there was complete agreement between the two observers as to whether or not there was aggressive behavior during these check times.

#### Caretaker Interventions

Before Gestalt therapy interventions were introduced, caretakers responded to 12 of the 15 or 80% of the aggressive acts. Caretaker interventions included one instance of giving a solution, three of removing the child, two of redirection, four of saying the word "don't", and two others which included ignoring and putting a hand out to separate the children involved.

After Gestalt therapy interventions were introduced, caretakers responded to four of the seven or 57% of the recorded aggressive acts. Gestalt therapy interventions were used three of those four times or 75%. The three Gestalt therapy interventions included two instances of giving words to nonverbal body cues and one instance of supplying an indirect avenue for anger, i.e. a child was supported while throwing sand into a mud puddle. In the non-Gestalt therapy intervention, the caretaker moved over

to make more room on the bench for the fighting children.

There was one instance in which both the first and second observers saw an aggressive act and then caretaker intervention. Unfortunately, the two observers differed slightly when recording the incident; one observer recorded that the caretaker intervened by saying the word "don't" and the second observer recorded the word "don't" as giving words to the child being kicked. However, it is difficult to draw conclusions of reliability from only one observation.

#### Child Response to Caretaker Intervention

Before Gestalt therapy intervention methods were introduced and used there were seven acceptable (58.3%) and five non-acceptable (41.7%) child responses to caretaker interventions. The acceptable responses included five instances of resuming play and two instances of relocation. The non-acceptable responses included five instances of more aggression.

After Gestalt therapy interventions were introduced, all four child responses (100%) were acceptable. When Gestalt therapy methods were used, there were three recorded instances of acceptable behavior: two instances of verbal solutions, and one of indirectly expressing anger, i.e. throwing sand into a puddle. A non-Gestalt intervention was also used and the child responded positively to the caretaker by relocation.

Table 2 shows caretaker intervention methods used and child responses to those interventions.

Hypothesis 2 stated that there would be significant increase in the number of children's positive responses to caretaker interventions when Gestalt therapy interventions were used. Because of the low frequencies of responses, a Fisher's Exact Test (Siegel, 1956) was used to determine whether or not there was a significant difference in the number of acceptable child responses. The result of this test ( $p=.18$ ) was not significant; however, this result indicates positive predicted direction.

There were several limitations to this research study. The five focus children who were identified as being aggressive were not necessarily being aggressive during the observation times. The focus children were not always available for observation; they may have been absent, on a field trip, in the bathroom, etc. Because of a combination of these factors, there were low counts of aggressive acts before and after Gestalt therapy interventions were introduced and practiced. There was no evidence of interrater reliability of caretaker interventions due to the low counts of aggressive acts.

There was some generalization of aggressive behavior. The coding sheet did not allow for the recording of multiple instances of an aggressive act or many different acts during an observation period. However, there was

Table 2

## Child Responses to Intervention Methods

<u>Intervention</u>	Child Responses	
	<u>Acceptable</u>	<u>Non-Acceptable</u>
<u>Before Gestalt</u>		
Removal		3
Gave Solution	2	
Redirect	1	
Don't	3	1
Other	1	1
Total	<u>7</u>	<u>5</u>
<u>After Gestalt</u>		
Indirect	1	
Gave Words	2	
Other	1	
Total	<u>4</u>	

## Definitions of Interventions:

Removal - caretaker removed child from the situation.

Gave solution - caretaker gave the child a solution for the problem or made a judgement as to who should have the toy, etc.

Redirect - caretaker gave the child another space to play in.

Don't - caretaker said "don't" and reminded the child of the rule.

Indirect - caretaker provided indirect mode for child to work through anger such as punching a pillow, pounding clay or playdough, or talking with a puppet.

Gave words - caretaker commented on child's body cues and gave the child words to voice angry feelings.

space on the coding sheet to record information that could skew a particular observation, i.e. the child had just been hurt by another child, did not sleep well the night before, had just come back from vacation, etc.

There may also be limitations with the observer and with the lack of follow-up studies. The researcher and primary observer were the same person. This could lead to some bias in recording. However, a second observer made random checks to ensure reliability. There were no follow-up studies made to determine how long the observed effects of Gestalt therapy approaches with these children lasted. No follow-up was made because the study occurred in close proximity with the end of the school year and only two of the five focus children remained enrolled at the child care center.

#### Discussion

The Gestalt therapy approaches of reflective listening, giving words to nonverbal body cues, and supplying indirect mediums through which anger could be expressed were practiced in the classroom. While there were only three recorded instances of Gestalt therapy interventions being used, other acceptable avenues for physical release of anger were used outside of these observation time periods. For example, a caretaker asked an angry child who was striking out at another child what his hand was trying to tell the other child. The child

replied that he was angry and further described his anger as "like being stung by a green bee". The two children expounded on the fantasy of a green bee with much humor and laughter and then went back to playing together. In this case, the caretaker accepted the child's anger and helped him become aware of how his body was showing his feelings of anger. In other instances, children were encouraged to run around the playground and tear up old telephone books or newspapers when angry. One angry child helped destroy unused checks.

Playdough became standard equipment in a quiet place when children needed time alone. One child would go to the quiet place when angry, work with the playdough (tearing, molding, smashing, remolding), then put it away and return to playing with others when ready. Words to express angry feelings were encouraged but not mandated as the children released energy through these mediums. For example, after a biting incident, a caretaker worked with clay with the aggressive child. They worked together with the clay to make a face and then a mouth with teeth. As the child molded the clay, she became visibly more relaxed in her facial muscles and freer in her body movements. The caretaker asked her what she wanted to say to the other child. She responded by saying how her mouth and teeth were for biting food and made up a story about eating food. In this example, the caretaker accepted the

child's angry feelings and supported her as she worked through her anger indirectly through the clay and fantasy.

Oaklander (1978) reminds us that when children have a means for dealing with their angry feelings, they can gain strength for themselves and feel good about themselves. Caretakers can be a supporting influence on the children's positive sense of well-being by using these proposed Gestalt therapy approaches to aggressive behaviors in the classroom. A long term objective for the Gestalt therapy approaches would be to set the groundwork for acknowledging and dealing with feelings as one experiences them throughout life.

These observations were made at an isolated child care center that was somewhat unique in that the 2- to 5-year-olds were together in the same large classroom throughout the day except during small group time when they were in age groups. However, the above research and anecdotes seem to suggest that Gestalt therapy methods can be used effectively when intervening with aggressive behaviors in a day care center.

Future studies might use larger samples and introduce Gestalt therapy intervention methods to centers with age specific classrooms for comparisons among age groups. Other studies may use observers who are blind to the purpose of the research. Parent training workshops could also be provided to introduce these intervention methods for use in the home.

## References

- Axline, V. (1969). Play therapy (rev. ed.). New York: Ballantine Books.
- Bailey, K. (1982). Methods of social research (2nd ed.). New York: The Fress Press.
- Finkelstein, N. (1982). Aggression: Is it stimulated by day care? Young Children, 37(6), 3-9.
- Genishi, C. (1983). How do children learn through arguing? Dimensions, 11(3), 21-22.
- Harman, R. (1974). Goals of Gestalt therapy. Professional Psychology, 5, 178-184.
- Lederman, J. (1969). Anger and the rocking chair. New York: McGraw-Hill Book Company.
- Oaklander, V. (1978). Windows to our children. Utah: Real People Press.
- Ownby, R. (1983). Gestalt therapy with children. The Gestalt Journal, VI(2), 51-58.
- Papalia, O., and Olds, S. (1975). A child's world: Infancy through adolescence. New York: McGraw-Hill Book Company.
- Passons, W. (1975). Gestalt approaches in counseling. New York: Holt, Rinehart and Winston.
- Siegel, S. (1956). Nonparametric statistics for the behavioral sciences. New York: McGraw-Hill Book Company.
- Warner, L., and Chrisman, K. (1983). Teacher roles in disciplining children. Dimensions, 12(1), 9-11.
- Zinker, J. (1978). Creative process in Gestalt therapy (2nd ed.). New York: Vintage Books

Appendix A  
Review of Related Literature

## REVIEW OF RELATED LITERATURE

The following review of literature is focused upon prior research in the fields of child development and Gestalt therapy. Particular emphasis has been placed on how each field views aggression.

### Child Development

The development of young children can be seen as a learning process which includes emotional, cognitive, and behavioral changes. Jean Piaget's cognitive and Erik Erikson's psychosocial developmental theories can aid caretakers in better understanding a child's world and range of comprehension.

Piaget's theory of the cognitive developmental milestones of children can be helpful when looking at how children respond to their environment. According to Piaget, there are patterns or stages of cognitive development which everyone experiences (Maier, 1969). Children's first phase of development is the sensori-motor phase. During this phase, their primary response to their environment is through their sensory or contact functions: hearing, seeing, touching, smelling, and tasting. Children leave this physical contact phase and enter the preconceptual stage around the age of two. At the preconceptual stage, children learn to use symbols or language to communicate wants, needs, feelings, and

thoughts. Language provides an avenue or tool through which children can express their intellectual discoveries as well as their wants and feelings directly (Elkind, 1981). Through language the child can repeat as well as replace sensori-motor experiences (Maier, 1969). Around the age of four a child enters Piaget's phase of intuitive thought or concrete operational stage. In this phase, children begin to learn to combine their ideas and feelings logically and can create new experiences for themselves (Greenspan and Greenspan, 1985).

According to Erikson, a child's development is a process or series of steps based on maturation and education (Maier, 1969). Erikson looked at a child's development in terms of psychological stages: trust versus mistrust during infancy, and during the preschool years, autonomy versus shame or doubt and initiative versus guilt. The trust stage involves the child getting and giving in return; the autonomy stage involves the child learning when to hold on and when to let go; the initiative stage involves the child going after, i.e. aggressively getting needs met, and "making like" or role playing (Maier, 1969). Children's preschool years can be seen as an aggressive expansion of their boundaries, on their terms, as well as a conflicting time of questioning if they have pushed too hard or gone too far, i.e. guilt (Maier, 1969).

Erikson pointed out that children first need to experience appropriate and consistent satisfaction of their basic needs orally from their mother and then progress to an assertion of their sense of autonomy through more active and aggressive interaction with their environment (Maier, 1969). Sucking, biting, chewing is a healthy and natural progression of initiate and aggression for children to get their needs met. When these stages are interrupted, the child's development is impaired. For example, if a four year old is still at the sucking stage, that child is not making the natural progression from environmental to self support. Children's oral development and autonomy are linked with their sense of self or ego. Through a child's oral development and establishment of ego, patterns of behavior and personal boundaries are established (Maier, 1969).

Every child is unique and has different experiences. The child's perception of the world is only as extensive as the child has seen or experienced it. The symbols that a young child uses to communicate have a personal reference and may not be congruent with the more general system of meaning in the adult world (Maier, 1969). Until the age of seven or eight young children are egocentric, i.e. they have difficulty separating their views and thoughts from those of others (Oaklander, 1982). They also feel responsible for everything that goes on around

them. During this stage, children assume that everyone thinks as they do and knows what they want; they do not understand the importance of working to communicate their thoughts and feelings (Maier, 1969). As children become more socially interactive, they learn to distinguish their thoughts and feelings from those of others; they learn to express their own thoughts and feelings and begin to see their relationships to others as reciprocal and not unidirectional (Richmond, 1971). They learn how their expression of wants and feelings have impact and cause reactions with other people (Greenspan and Greenspan, 1985).

Even though preschoolers can enact rules and values in their play and speech, these rules are not incorporated in their pattern of thinking (Maier, 1969). For example, a preschooler may be able to verbally state a rule of behavior but when under stress, may revert back to a sensori-motor or physical mode of interaction. A preschooler expects any wrong doing to be punished automatically, right then, and with "immanent justice" (Maier, 1969). On the other hand, preschoolers may not respond to the requests or directions of an adult or peer because of the inability to fit the other's idea into their own (Richmond, 1971).

Authors in the field of child development differ in their views of aggressive behaviors among preschoolers.

Erikson wrote about aggression as the child's natural and essential interaction with the environment. Stone and Church (1979) said that preschool children's passions run high, especially during quarrels over possessions or playmates. They also suggested that what the adult sees as an aggressive act may be more of a child's way of exploring through role play than an outburst of hostility. Similarly, Breckenridge and Murphy (1968) said that conflicts and quarrels among children may arise from attempts to pursue their own immediate purposes rather than from intent to hurt the other child. Hohmann, Banet, and Weikart (1979) wrote that children generally feel worse after direct, physical acts against another child. Bonham (1968) warned that aggressive children can be acute behavior problems and suggested that caretakers not be excessively tolerant of "minor aggressions".

### Gestalt Therapy

The development of Gestalt therapy is attributed to Frederick (Fritz) Perls. There are two goals of Gestalt therapists: to promote the person's growth process and to develop their human potential (Perls, 1959). Gestalt therapy can be seen as the development of new concepts or views of oneself through the invention of new experiences of oneself in the therapeutic setting (Zinker, 1978). Oaklander (1982) pointed out that the use of Gestalt therapy when working with children differs little from its

application when working with adults.

Children in therapy have a faulty sense of self which results in an inability to make good contact with others and the environment (Oaklander, 1982). Children in trouble have problems with how they respond to their environment and in taking responsibility for their actions. They lack the skills to cope with their environment. The Gestalt therapeutic goal is for people (adults as well as children) to do for themselves what they are capable of doing (Harman, 1974) in order to develop a good sense of self and gain inner strength and support. With a good sense of self and inner strength, children are likely to abandon inappropriate behaviors (Oaklander, 1982).

A basic premise of Gestalt therapy is to positively reinforce self-expression. Actuality, awareness, and responsibility are the three Gestalt therapy ideals of self-expression (Naranjo, 1980). Actuality is how the child exists in the environment. How a person reacts to and interacts with the environment is subjective and inseparable from the environment (Perls, 1959). Awareness can be defined as the process of paying attention to what one does and what feelings, thoughts, and body sensations one has (Passons, 1975). Being responsible can be translated as experiencing oneself as the doer of one's actions (Naranjo, 1980). The therapeutic goal is for

children to discover that they can do many things and are successful, thereby increasing their sense of self.

Perls uses the analogy of learning to bite and chew food with learning to handle problems. Like Erikson, Perls (1969) said that children's first aggressive response to their environment is through the use of their teeth. Biting, chewing, the ability to reach for food are the child's natural functions of aggression for growth and nourishment. However, if these biological functions are not used for growth, i.e. in the form of "initiative, selection, overcoming of obstacles, seizing upon and destroying in order to assimilate" (Perls, Hefferline & Goodman, 1951, p. 225) then their aggression is inappropriately discharged. Similarly, when children are spoiled by not being given enough frustration, i.e. appropriate food to chew or problems to solve, they use their energy to manipulate the environment instead of mobilizing and using their own resources (Perls, 1959). Children need experiences with the realization and satisfaction of their own appetites in order to develop a strong sense of self.

Children are sometimes viewed as aggressive when they express their angry feelings. Their angry feelings are valid; it is how the children express their anger that may get them into trouble, especially if they display destructive or hostile behaviors. These aggressive

behaviors may be viewed as deflections of deep primary feelings such as anger, rejection, insecurity, anxiety, hurt, or a diffused sense of self (Oaklander, 1978, 1982). These deflected feelings or acts of aggression are what caretakers and other adults usually respond to. Aggression may also be turned inward or retroflected. Children sometimes give themselves stomachaches or headaches, tear their hair out, or gouge themselves instead of acting aggressively toward their environment (Oaklander, 1978).

Children need to learn ways to put their aggressive impulses to constructive use (Perls et al, 1951; Oaklander, 1978, 1982). Perls (1959) reminded us that the end gain (nourishment) is fixed by the children's need but there is free choice in the means-whereby or how the children get their needs met. Children need first to be aware of their anger so they can choose a direct and healthy form of expression (Oaklander, 1982). A Gestalt therapist may have children experiment with how they make contact in the therapy session. For example, the Gestalt therapist may direct attention to a silent child's swinging leg by saying "I see you have energy in your leg". The therapist may then ask, "if your leg had a voice, what would it say?" or "what is your leg trying to tell me?" Gestalt therapists work on the assumption that with awareness there is a greater sense of actuality and

responsibility.

The "techniques" of Gestalt therapy cover a variety of behaviors. Naranjo (1980, p. 2) categorized Gestalt techniques as "verbal and nonverbal, structured and unstructured, introspective and inter-personal, inner and outer-directed, symbolic and non-symbolic". Axline (1969) and Oaklander (1978) wrote specifically about the application of Gestalt therapy methods when working with children. Whatever Gestalt technique is used, increasing awareness is the goal of therapy. Gestalt therapists work with the assumption that as people become more aware of and accepting of who they are, change becomes possible (Passons, 1975).

#### Summary

Gestalt therapists work with children while incorporating a combination of Piagetian and Eriksonian principles regarding human growth and development. A Gestalt therapist works with children's contact functions and aggression in order for them to have options of direct and healthy forms of expression for their feelings. Through awareness of how they respond to their environment, children have choices of how to respond.

Appendix B  
Additional Results

## ADDITIONAL RESULTS

This study was a structured observation of five focus children whom caretakers viewed as aggressive in the classroom. It was designed to evaluate whether or not Gestalt therapy approaches could be used effectively when caretakers intervene toward aggressive acts in a day care setting. Comparisons were made 1) between the frequency of aggressive acts before and after Gestalt therapy interventions were used and 2) between the number of acceptable and non-acceptable child responses to caretaker interventions before and after Gestalt therapy methods were introduced.

The independent variable for this study was the various intervention methods practiced in the classroom. The caretaker interventions observed were: removing the child, giving a solution, redirection, saying the word "don't", ignoring, and putting a hand out to separate the children involved. The Gestalt therapy interventions used included giving words to nonverbal body cues and supplying an indirect avenue for anger. The dependent variable was the children's observed responses to the caretaker intervention, i.e. the acceptable responses of resuming play, relocation, verbal solutions, indirectly expressing anger and the non-acceptable response of more aggression.

All data compiled in this study was tabled to show

differences in the frequency of aggressive acts and acceptable child responses before and after Gestalt therapy intervention methods were introduced. Chi-square and Fisher's Exact Tests were used to determine if the differences were significant. All data was analyzed at the .05 level of significance.

There were 92 observations made on the five focus children before and 178 observations after Gestalt therapy intervention methods were introduced. In addition to variables addressed by the hypotheses, age and gender were also used to compare responses of the five focus children.

This study included two 3-year-olds and three 4-year-olds. Before Gestalt therapy interventions were introduced, there were 15 aggressive acts recorded during the 92 observation periods. Seven of the 40 or 17.5% of the observations made on the 3-year-olds were aggressive. The seven aggressive acts included one instance of hitting, three of throwing, two of pushing, and one of kicking. Eight of the 52 or 15.38% of the observations made on the 4-year-olds were aggressive. These eight aggressive acts included four instances of pushing, one of hitting, and three of throwing.

After Gestalt therapy interventions were introduced, seven of the 178 observations made on the same five focus children were recorded as aggressive. For the 3-year-olds, two or 2.94% of the 68 observations made were

aggressive. The aggressive acts were two instances of pinching. For the 4-year-olds, there were five aggressive acts or 4.54% during the 110 observations. The aggressive acts included one instance each of kicking, throwing, hitting, squeezing, and pulling on another child's clothing.

Table 3 shows the percentages of aggressive acts per age before and after Gestalt therapy interventions were introduced and used. Percentages of recorded aggressive acts dropped after Gestalt therapy interventions were introduced for both the 3-year-olds and the 4-year-olds. Independent chi-square analyses per age group revealed that there was significantly fewer aggressive acts after Gestalt therapy interventions were introduced for both the 3-year-olds (chi-square = 5.23) and the 4-year-olds (chi-square = 4.26).

Observations were made on two female and three male children. Before Gestalt therapy interventions were introduced, five of the 43 observations (11.6%) made on the females were aggressive. The aggressive acts for females included three instances of pushing, one of hitting, and one of throwing. Ten of the 49 or 20.4% of the observations made on the males were aggressive. The aggressive acts for males included one instance of hitting, five of throwing, three of pushing, and one of kicking. After Gestalt therapy interventions were taught,

Table 3

Aggressive Acts Per Age Group  
Before and After Gestalt Therapy Interventions

	<u>Before</u>		<u>After</u>	
	$\frac{\text{aggressive acts}}{\text{observations}}$	<u>‡</u>	$\frac{\text{aggressive acts}}{\text{observations}}$	<u>‡</u>
3-year-old	$\frac{7}{40}$	17.50	$\frac{2}{68}$	2.94
4-year-old	$\frac{8}{52}$	15.38	$\frac{5}{110}$	4.54

one of the 73 or 1.37% of the observations on the females was aggressive and six of the 105 or 5.7% of the observations on the males were aggressive. The one aggressive act for the females was kicking. The aggressive acts for the males included two instances of pinching, one of throwing, one of hitting, one of squeezing, and one of pulling on another child's clothing.

Table 4 shows the percentages of aggressive acts per gender before and after Gestalt therapy interventions were introduced. Percentages of aggressive acts dropped after Gestalt therapy interventions were introduced for both the females and the males. Independent chi-square analyses per gender revealed that there was significantly fewer aggressive acts after Gestalt therapy interventions were introduced for both the females (chi-square = 3.94) and the males (chi-square = 6.25).

Before Gestalt therapy interventions were introduced, there were seven acceptable and five non-acceptable child responses to caretaker interventions. For the 3-year-olds, there were four recorded responses; two acceptable (50%) instances of going back to playing and two non-acceptable responses of more aggression. There were eight responses recorded for the 4-year-olds; five acceptable (62.5%) responses which included three instances of going back to playing and two instances of relocating self and three non-acceptable responses of more

Table 4

Aggressive Acts Per Gender  
Before and After Gestalt Therapy Interventions

	<u>Before</u>		<u>After</u>	
	<u>aggressive acts</u> <u>observations</u>	<u>%</u>	<u>aggressive acts</u> <u>observations</u>	<u>%</u>
Female	$\frac{5}{43}$	11.60	$\frac{1}{73}$	1.37
Male	$\frac{10}{49}$	20.40	$\frac{6}{105}$	5.70

aggression.

After Gestalt therapy interventions were introduced, all four recorded responses (100%) were acceptable. There was one instance of a 3-year-old using words and for the 4-year-olds, there were two instances of relocating self and one instance of indirectly expressing anger, i.e. throwing sand into a puddle.

Table 5 shows the percentages of acceptable child responses per age group before and after Gestalt therapy interventions were introduced. Percentages of acceptable responses increased for both the 3-year-olds and 4-year-olds after Gestalt therapy interventions were introduced. Fisher's Exact Tests were calculated to determine whether or not there was a significant difference in the number of acceptable child responses. The results of this test ( $p=.1$ ) for the 3-year-olds and ( $p=.34$ ) for the 4-year-olds were not significant; however, these results indicate positive predicted direction.

Before Gestalt therapy interventions were introduced, there were five recorded responses for the females and seven for the males. For the females, there were two (40%) acceptable responses of going back to playing and relocating self and three non-acceptable responses of more aggression. For the males, there were five (71.4%) acceptable responses which included four instances of going back to playing and one instance of relocating self;

Table 5

Acceptable Child Responses Per Age Group  
Before and After Gestalt Therapy Interventions

	<u>Before</u>		<u>After</u>	
	$\frac{\text{acceptable responses}}{\text{total responses}}$	$\%$	$\frac{\text{acceptable responses}}{\text{total responses}}$	$\%$
3-year-old	$\frac{2}{4}$	50.0	$\frac{1}{1}$	100
4-year-old	$\frac{5}{8}$	62.5	$\frac{3}{3}$	100

the two non-acceptable responses were two instances of more aggression.

After Gestalt therapy interventions were introduced, all four (100%) responses were acceptable and by males. The responses included one instance of using words, one instance of indirectly expressing anger, and two instances of relocating self.

Table 6 shows the percentages of acceptable child responses per gender before and after Gestalt therapy interventions were introduced. A Fisher's Exact Test was calculated for the male responses. The result of this test ( $p=.38$ ) was not significant; however, this result indicates positive predicted direction.

#### Hypothesis 1

Hypothesis 1 stated that there would be significant decrease in the number of children's aggressive behaviors after caretakers were trained and used Gestalt therapy interventions. This hypothesis seems supported when the children are grouped by both age and gender.

#### Hypothesis 2

Hypothesis 2 stated that there would be significant increase in the number of children's positive responses to caretaker interventions when Gestalt therapy interventions were practiced. The difference for neither age nor gender were significant; however, the test results indicated positive predicted direction.

Table 6

Acceptable Child Responses Per Gender  
Before and After Gestalt Therapy Interventions

	<u>Before</u>		<u>After</u>	
	$\frac{\text{acceptable responses}}{\text{total responses}}$	$\%$	$\frac{\text{acceptable responses}}{\text{total responses}}$	$\%$
Female	$\frac{2}{5}$	40.0	-	
Male	$\frac{5}{7}$	71.4	$\frac{4}{4}$	100

### Caretaker Responses

During staff meetings, the caretakers were given opportunities to focus on awareness of their own body sensations, movements, and feelings when expressing anger. They also practiced reflective listening or giving feedback to verbal and nonverbal cues of anger from other staff members. At first the caretakers seemed reluctant to directly share their angry feelings. Role playing and acting as though they were angry seemed safe avenues through which they could share their feelings and experiences. Caretakers were also given materials through which they could indirectly express their anger, i.e. newspaper, paper, felt tip markers, crayons, clay, playdough, pillows, and a pounding board with hammer.

The last day of training included role playing an aggressive scene. Two caretakers were children fighting over a toy and another caretaker intervened. The caretakers reported that expressing their anger physically helped. Clay, playdough, pillows, and body movement were the physical outlets most used by the caretakers during these role playing sessions. Similar to a study done by Ennis and Mitchell (1971), the caretakers found that a combination of acknowledging and reflecting feelings, awareness of body sensations, and indirect avenues of safely expressing anger increased communication, understanding, and respect among themselves and with the children.

Appendix C  
Instrument  
Staff Training Plans

OBSERVATION CHECKLIST

Codes

Aggressive Act      1      2      3      4      5      6      7  
                          none pushing spitting hitting biting taking throwing  
                          8      9      10  
                          kicking pinching other

Intervention      1      2      3      4      5      6  
                          none removal reflective gave words indirect don't  
                          7      8      9  
                          redirection solution other

Child's Response      1      2      3      4      5  
                          crying more used words relocated self went back  
                          6      7      8  
                          smiled hug other

Child      1      2      3      4      5      (Circle One)

Date \_\_\_\_\_

Time Period      Aggressive Act      Intervention      Child's Response

10:00      1 2 3 4 5 6 7 8 9 10      1 2 3 4 5 6 7 8 9      1 2 3 4 5 6 7 8

Location \_\_\_\_\_      Caretaker \_\_\_\_\_  
 Comments:

10:30      1 2 3 4 5 6 7 8 9 10      1 2 3 4 5 6 7 8 9      1 2 3 4 5 6 7 8

11:00      1 2 3 4 5 6 7 8 9 10      1 2 3 4 5 6 7 8 9      1 2 3 4 5 6 7 8

Location \_\_\_\_\_      Caretaker \_\_\_\_\_  
 Comments:

11:30      1 2 3 4 5 6 7 8 9 10      1 2 3 4 5 6 7 8 9      1 2 3 4 5 6 7 8

12:00      1 2 3 4 5 6 7 8 9 10      1 2 3 4 5 6 7 8 9      1 2 3 4 5 6 7 8

Location \_\_\_\_\_      Caretaker \_\_\_\_\_  
 Comments:

12:30      1 2 3 4 5 6 7 8 9 10      1 2 3 4 5 6 7 8 9      1 2 3 4 5 6 7 8

1:00      1 2 3 4 5 6 7 8 9 10      1 2 3 4 5 6 7 8 9      1 2 3 4 5 6 7 8

Location \_\_\_\_\_      Caretaker \_\_\_\_\_  
 Comments:

1:30      1 2 3 4 5 6 7 8 9 10      1 2 3 4 5 6 7 8 9      1 2 3 4 5 6 7 8

## Codes and Their Definitions

### Aggressive Act

- 1 none - no aggressive act.
- 2 pushing - the observed child pushed another child.
- 3 spitting - the observed child spit at another child.
- 4 hitting - the observed child hit another with fist or toy, etc.
- 5 biting - the observed child put teeth marks on another child.
- 6 taking - the observed child took a toy, book, etc. away from another child.
- 7 throwing - the observed child threw an object across the room or at another child.
- 8 kicking - the observed child kicked another child.
- 9 pinching - the observed child pinched another child.
- 10 other - circle and write in what behavior was.

### Intervention

- 1 none - no caretaker response to aggressive act.
- 2 removal - caretaker removed child from the situation.
- 3 reflective - caretaker used the Gestalt intervention of acknowledging the child's angry feelings by commenting on verbal or body cues.
- 4 gave words - caretaker used the Gestalt method of giving words to voice anger.
- 5 indirect - caretaker provided indirect mode for child to work through anger such as punching a pillow, pounding clay or playdough, or talking with a puppet.

Codes and Their Definitions (cont.)

## Intervention (cont.)

6 don't - caretaker said don't and reminded the child of the rule.

7 redirection - caretaker gave child another space to play in.

8 solution - caretaker gave the child a solution for the problem or made a judgement as to who should have the toy, space, etc.

9 other - circle and write in caretaker response.

## Child's Response

1 crying - child's only response was crying.

2 more aggression - child's response was more aggressive acts.

3 used words - child used words to express feelings or wants.

4 relocated self - child moved away from area on own.

5 went back - child went back to playing with same child.

6 smiled - child smiled at caretaker or other child after caretaker intervention.

7 hug - child gave or requested a hug.

8 other - circle and write in response.

## Staff Training Plans

### Gestalt Therapy Approaches to Intervention

Three copies of Violet Oaklander's Windows to Our Children will be available for the caretakers to read. They will be required to read at least pages 205-221 which include the sections on aggression and anger.

#### Day 1

Objectives: To enhance self-awareness by focusing on the present;  
to practice giving feedback from nonverbal cues.

#### Procedure:

1. Each caretaker will comment on body sensations, feelings, etc. "Now I am aware..."
2. Each staff member will tell about an aggressive act seen that day in the present tense. For example, "I am sitting beside \_\_\_\_\_ and he hits \_\_\_\_\_. My throat tightens as I stop him from hurting."
3. The rest of the caretakers will practice giving feedback to nonverbal cues as the person relates the experience. They will be asked to pay particular attention to the person's head, mouth and jaw, voice, eyes, nose, neck and shoulders, arms, hands, torso, legs, and feet.

(Passons, 1975)

#### Question:

Can we help the children by giving them feedback on their nonverbal cues of anger? For example, "I see your clenched fist. If it had a voice and could talk, what would it say?"

Gestalt Therapy Approaches to Intervention (cont.)Day 2

Objectives: To continue to practice giving feedback from nonverbal cues; to practice acknowledging anger through reflective listening.

## Procedure:

1. Caretakers will break off into diads to share anger in the present tense and take turns commenting on nonverbal cues and reflective listening.
2. Group discussion on ways this can be useful in the classroom.

Day 3

Objectives: To continue to practice acknowledging anger and giving feedback on nonverbal cues; to practice asking directly for what we want to the person we need to ask.

## Procedure:

1. Each caretaker will have a few minutes to think of something that another caretaker did to arouse angry feelings. Each will have a turn to express wants and feelings. Researcher will model by going first.
2. Other staff members will comment on body cues as each person relates experience.

Day 4

Objectives: To experience modes of expressing anger indirectly in ways that are appropriate and safe in the classroom.

Gestalt Therapy Approaches to Intervention (cont.)

Procedure:

1. Mini-lecture on how anger triggers our fight or flight responses. This energy must be used somehow.
2. Each caretaker will have a few minutes to get in touch with an event that triggered angry feelings. Indirect modes of expressing anger will be provided. Caretakers will be encouraged to give verbal expression to their anger as they express it indirectly. Researcher will model.
3. Caretakers will be encouraged to share their feelings of this indirect experience.

Materials:

newspaper	crayons	playdough
paper	pillow	pounding board with hammer
felt tip markers	clay	

(Oaklander, 1978)

Question:

How could these be used effectively in the classroom? What other indirect modes could we provide for the children to use so they would not hurt themselves or others?

Day 5

Objectives: To review Gestalt interventions of acknowledging anger by reflective listening, giving words for anger, and expressing anger in indirect modes that are safe for the child and others.

Gestalt Therapy Approaches to Intervention (cont.)

## Procedure:

1. Two caretakers will enact an aggressive scene by role playing. The two caretakers (children) will want the same toy.
2. The rest of the caretakers will make interventions and give feedback.
3. The caretakers will switch roles and scenarios as time allows.
4. The researcher will write on a large chart what methods were used and how the "children" felt about the interventions.
5. Discussion on how these Gestalt interventions can be used effectively in the classroom.

Follow-up Exercises

## Acknowledging anger -

"Tell me about your anger."

Repeating - "Say that again."

"You keep clenching your fist, do that some more, how does it feel?"

Exaggerating - "Clench your fist again, harder, how does that feel?"

## Responsibility -

If...then - "If another child hurts you, what happens then?"

"Act as though you are angry, what happens?"

Appendix D  
Letter of Consent

Date: \_\_\_\_\_

Dear Parents:

The children in our child care center have hundreds of interactions with other children and caretakers each day. Conflicts sometimes arise when the children want the same toy, are too close to each other, knock over a block building, etc. Two- to five-year-olds do not always have the words they need to express their wants and feelings and aggressive acts may be their response to these and similar situations. As caretakers, we have the responsibility to intervene and discipline when aggressive acts occur. We use the many coping strategies that are listed in our handbook and I am interested in evaluating their effectiveness. Because of my concern about dealing effectively with aggressive behaviors, I have designed my Masters thesis around various intervention methods and how the children respond to them. I believe that my study and observations will be helpful in our classroom.

The study involves looking at intervention methods for aggressive behavior among preschoolers in a classroom setting. This project will have three parts that can help staff look at how we relate to the children. The observations will include the aggressive behavior, how a teacher responded, and how the child responded to the teacher intervention. This project is geared towards exploring options when intervening with aggressive behavior and will not be harmful to the children or staff in any way. The study will last for a period of five weeks. Names of both the children and staff will be kept confidential. The names will be coded so that no names will leave the classroom.

If you do not want me to use your child as part of my study, please let me know by \_\_\_\_\_.

Thank you for your support.

Sincerely,

Win Maxey

## References

1972  
Axline, V. (1969). Play therapy (rev. ed.). New York: RJSOS PGPS3  
Ballantine Books.

Bailey, K. (1982). Methods of social research (2nd ed.).  
New York: The Free Press.

Bonham, M. (1968). The laughter and tears of children.  
New York: The MacMillan Company.

Breckenridge, M. and Murphy, M. (1968). Growth and development  
of the young child. Philadelphia: W. B. Saunders Company.

Elkind, D. (1981). The hurried child: growing up too fast too  
soon. Massachusetts: Addison-Wesley Publishing Company.

H ✓ Ennis, K. and Mitchell, S. (1971). Staff training for a day  
care center. In J. Fagan and I. L. Shepherd (Eds.).  
Gestalt therapy now: Theory, techniques, applications  
(pp. 295-300). New York: First Harper Colophon.

✓ Finkelstein, N. (1982). Aggression: Is it stimulated by day  
care? Young Children, 37(6), 3-9. LB1146 A136

✓ Genishi, C. (1983). How do children learn through arguing?  
Dimensions, 11(3), 21-22.

Greenspan, S. and Greenspan, N. (1985). First feelings:  
Milestones in the emotional development of your baby and  
child from birth to age four. New York: Viking Penguin, Inc.

Harman, R. (1974). Goals of Gestalt therapy. Professional  
Psychology, 5, 178-184.

✓ Hohmann, M., Banet, B., and Weikart, D. (1979). Young children  
in action. Michigan: The High Scope Press. LB1146 L454

Lederman, J. (1969). Anger and the rocking chair. New York:  
McGraw-Hill Book Company.

Maier, H. (1969). Three theories of child development (rev.  
ed.). New York: Harper and Row.

✓ Naranjo, C. (1980). The techniques of Gestalt therapy (2nd  
ed.). New York: The Center for Gestalt Development.

✓ Oaklander, V. (1978). Windows to our children. Utah: Real  
People Press. RJSOS 64-01

Oaklander, V. (1982). The relationship of Gestalt therapy to  
children. The Gestalt Journal, V(1), 64-74.

- Ownby, R. (1983). Gestalt therapy with children. The Gestalt Journal, VI(2), 51-58.
- Papalia, O. and Olds, S. (1977). A child's world: Infancy through adolescence. New York: McGraw-Hill Book Company.
- Passons, W. (1975). Gestalt approaches in counseling. New York: Holt, Rinehart and Winston.
- Perls, F. (1959). Gestalt therapy verbatim. Utah: Real People Press.
- Perls, F. (1969). Ego, hunger, and aggression (2nd ed.). New York: Vintage Books.
- Perls, F. (1973). The Gestalt approach and eye witness to therapy. California: Science and Behavior Books, Inc.
- Perls, F., Hefferline, R., and Goodman, P. (1951). Gestalt therapy. New York: Dell Publishing Company.
- Richmond, P. (1971). An introduction to Piaget. New York: Basic Books, Inc.
- Siegel, S. (1956). Nonparametric statistics for the behavioral sciences. New York: McGraw-Hill Book Company.
- Stone, L. and Church, J. (1968). Childhood and adolescence (2nd ed.). New York: Random House.
- Warner, L. and Chrisman, K. (1983). Teacher roles in disciplining children. Dimensions, 12(1), 9-11.
- Zinker, J. (1978). Creative process in Gestalt therapy (2nd ed.). New York: Vintage Books.

**The two page vita has been  
removed from the scanned  
document. Page 1 of 2**

**The two page vita has been  
removed from the scanned  
document. Page 2 of 2**