

*EPILOOG*

*Being "enchained in the region which stretches  
beneath the earth and fruitless sea"  
is mythic language for the experience  
of discouraged and debilitated men.*

*They can't move.*

*Their seed, ceaselessly made, inseminates no one.*

*The world in which they lie is dark;  
the seed is as though it were not there;  
the sea - might that be the seminal fluid ?-  
is fruitless.*

*Men dig in for the duration, walled off in defiance,  
demanding in steely silence that they  
be recognized and respected.*

*There can be no recognition or respect without  
The Presence. In castration, The Presence is gone.*

(Monick, 1991:128)



**BYLAE 'A'**

Die doeltreffende behandeling van erekteie disfunksie is afhanklik van doeltreffende en deeglike diagnose. Die diagnostiese prosedure behels 'n vraelys (om tyd te bespaar), 'n onderhoud en 'n mediese ondersoek. U word daarvan verseker dat die inligting verkry vanuit die ondersoek vertroulik en met begrip beskou sal word aangesien dit waardeer word dat dit 'n sensitiewe onderwerp is.

Voltooi asseblief die onderstaande vraelys en pos/lower so spoedig moontlik af by S. B Pienaar, p/a Dr M. Tupy, Departement Urologie, JG Strydom Hospitaal, Privaatsak X47, Auckland Park.

1. **IDENTIFISERENDE BESONDERHEDE.**

NAAM & VAN:

ADRES:

GEBOORTEDATUM:

HUWELIKSTATUS:

BEROEP:

2. Het u al ooit 'n ereksie beleef?
3. Sedert wanneer ervaar u probleme met erekteie vermoëns?
4. Het die probleem geleidelik of skielik plaasgevind?
5. Het u gedeeltelike of totale erekteie disfunksie?
6. Ervaar u erekteie disfunksie voor of na ejakulasie?
7. Ervaar u ereksies in die oggend wanneer u opstaan?
8. Ervaar u ereksies gedurende die nag?



9. Is u daartoe in staat om 'n ereksie te verkry wanneer u masturbeer?
10. Ervaar u ereksies gedurende erotiese of ander fantasieë?
11. Ervaar u ereksies terwyl u erotiese materiaal aanskou soos byvoorbeeld video's?
12. Verkry u onder enige ander/buitengewone omstandighede 'n ereksie?
13. Het u voorheen ereksies verkry by ander metgeselle, anders as u huidige?
14. Waaruit bestaan seks vir u?
15. Beskryf u eie seksuele drange?
16. Begeer u u eie metgesel?
17. Wat beteken liefde vir u?
18. Is u lief vir u metgesel?
19. Vind u u metgesel  
aantreklik  
seksueel tegnies vaardig  
higiënies
20. Is daar enige huweliksprobleme/konflikte in u verhouding?
21. Is u kwaad of haatdraend?
22. Hoe dikwels het u geslagsomgang?
23. Hoe voel u teenoor die vroulike geslagsorgaan?

24. Vind u dat u wel soms 'n ereksie kan bewerkstellig, maar dat u dit moeilik vind om die ereksie te behou deur al die fases van die seksuele daad?
25. Vrees u tydens gemeenskap  
straf  
siektes  
swangerskap  
beserings  
bespotting
26. Het u enige homoseksuele gedagtes of gebruike?
27. Ly u aan enige geestestoestand soos depressie of angs, waarvan u weet?
28. Is u lewe baie stresvol? Beskryf asseblief.
29. Het u voorheen enige traumatiese of onaangename seksuele ondervindings gehad?
30. Voel u skuldig of geïnhibeerd oor seks?
31. Getuig u agtergrond van streng godsdienstige opvoeding?
32. Wat is u kulturele agtergrond?
33. Beskik u oor voldoende kennis oor seksuele tegnieke?
34. Volg u 'n gesonde dieet?
35. Gebruik u enige medikasie, soos Aldomet, Esmelin, Diuril, Tagamet, Prolixin, Thorazine, ensovoorts? Noem asseblief.

36. Ly u aan enige siekte waarvan u weet, soos diabetes miëlitis, niergebreke, veelvuldige sklerose, alkoholiese neuropatie, tiroïedkwale, hipogonadisme, lewergebreke, vaskulêre kwale, ensovoorts? Noem asseblief.
37. Het u voorheen enige sjirurgiese prosedures deurloop, byvoorbeeld blaasverwydering, protektomie, abdomino-perineale kolon verwydering, vaskulêre rekonstruksie, ensovoorts? Noem asseblief.
38. Wat gaan deur u gedagtes voor seksuele kontak? (Beskryf asseblief so volledig as moontlik).
39. Wat gaan deur u gedagtes ten tye van 'n erektele disfunksie of wanneer u dit moeilik vind om 'n ereksie te bewerkstellig en handhaaf? (Beskryf asseblief so volledig as moontlik).
40. Beskryf asseblief hoe u voel tydens en na 'n erektele disfunksie.

Dankie vir u samewerking.

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### **BYLAE 'B'**

“The effective treatment of erectile dysfunction depends on effective and thorough diagnosis. Diagnosis for this purpose consists of a time saving questionnaire after which an interview and medical examination will take place. Acknowledging that it is a difficult area to discuss, it is stressed that the information will be dealt with confidentially and sensitively.

Please complete the questionnaire below and mail/deliver it as soon as possible to S.B Pienaar, c/o Dr M. Tupy, Department Urology, JG Strydom Hospital, Private Bag X47, Auckland Park.

#### 1. **IDENTIFYING PARTICULARS:**

NAME & SURNAME:

ADDRESS (Postal):

DATE OF BIRTH:

MARITAL STATUS:

OCCUPATION:

2. Have you ever experienced an erection?
3. Since when have you been experiencing erectile failures?
4. Has this problem been gradual or sudden?
5. Do you have partial or total erectile failure?
6. Do you have erectile dysfunction before or after ejaculation?
7. Do you experience morning erections?
8. Do you experience nocturnal erections?
9. Do you experience erections during masturbation?
10. Do you experience erections during erotic or other fantasy?
11. Do you experience erections while viewing erotic material e.g. videos?
12. Do you obtain an erection under any other/unusual circumstances?
13. Did you obtain erections with other/previous partners other than your present partner?
14. What, to your mind, does sex involve?
15. Describe your sex drive

16. Do you desire your partner?
17. What is love?
18. Do you love your partner?
19. Do you find your partner attractive?  
Sexually skilled?  
Hygienic?
20. Do you experience any marital problems/conflict?
21. Are you angry or resentful?
22. How often do you have sex?
23. How do you feel about the female sex organ?
24. Do you often obtain an erection, but find it difficult to maintain during certain phases of the sexual act?
25. Do you fear  
punishment  
disease  
pregnancy in your partner  
injury  
ridicule
26. Do you have homosexual thoughts/habits?
27. Do you suffer from any mental condition, e.g. depression or anxiety that you know of?

28. Do you experience any stress in your life? Please describe:
29. Have you had any traumatic/unpleasant sexual experiences before ?
30. Do you feel guilty/inhibited about sex?
31. Do you come from a strict religious background?
32. What is your cultural background?
33. Do you have good knowledge of sexual technique?
34. Do you follow a healthy diet?
35. Do you use any medication, e.g. Aldomet, Esmelin, Diuril, Tagamet, Prolixin, Thorazine, etc?
36. Do you suffer from any known disease e.g. diabetes mellitus, renal failure, multiple sclerosis, alcoholic neuropathy, thyroid disease, hypogonadism, hepatic failure, aortoiliac disease, etc?
37. Have you undergone any surgical procedures e.g. cystectomy, proctectomy, abdomino-perineal colon resection, vascular reconstruction, etc?
38. What goes through your mind before sexual contact? (Please expand description.)
39. What goes through your mind when you lose an erection or are unable to have/maintain an erection? (Please expand description.)
40. Please describe how you feel during and after an erectile failure

Thank you for your cooperation.”



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## **BYLAE 'C'**

### **THE INTAKE INTERVIEW**

#### 1. **INTRODUCTION**

Order of conducting the interview:

(a) Couple 1

Objective: To observe interaction between couple, dominance/submission, hidden agendas, emotional issues.

(b) Separate

Objective: To obtain information on personal history, "Skeletons in the cupboard", perceptions of the problems, negative connotations with partner.

(c) Couple 2

Objective: To discuss possible diagnosis, possible further diagnostic tools to be used (if important), to discuss therapeutic techniques to be used and to estimate number of therapy sessions prior to re-evaluation. NOTE: STRESS THE FACT THAT A SEXUAL PROBLEM IS NOT ONLY THE PROBLEM OF ONE OF THE PARTNERS.

#### 2. **COUPLE 1**

Structure free – perception of therapist important  
reflection of emotions  
patients' perception of reflections

#### 3. **INDIVIDUAL**

##### 3.1 Individual's **perceptions about visit to professional.**

Which one suggested therapy?

How does he/she feel about it?

Expectations of therapy.

### 3.2 **Clinical History**

#### 3.2.1 **Family of origin**

Biographical list (Address, name, symptom etc. needed for research).

Family make-up:

Siblings and position of patient in the sibling hierarchy

Job designations of parents, and socio-economic status of the family.

Relationship of the patient with parents – favourite parent.

Relationship of the patient with siblings – favourite sibling.

Patient's perception of the emotional atmosphere most prevalent in the home.

Discipline within the family system.

Positions of the family members in the family system (e.g. scapegoat, leader, baby, etc.)

Other people influencing the family system e.g. grandparents, and what type of influence?

If one or both parents are deceased, what was the cause of death, and when did it happen?

Present contact of the patient and partner with parents and siblings.

Religious denomination of the parents and the beliefs upheld by the parents affecting human sexuality.

Possible cultural taboos with regard to human sexuality.

#### 3.2.2 **Birth and pre-school years**

Patient's knowledge about his/her own birth – possible drug abuse/alcohol abuse of mother during pregnancy, or complications during birth?

Did he/she attend a nursery school/day care centre? If so, what type of experience was it?

Was it easy to make friends?

Number of friends and tendency to be a leader or follower.

Willingness to go to primary school?

Important others in the life of the patient during this period?

Any experiences with a sexual connotation during this period?

Was it a happy or sad period for the patient?

### 3.2.3 **School years**

Experience of school?

Achievements and under achievements with regard to schoolwork, sport and other interests and hobbies.

Peer group system at school and the role of the patient in the peer group:

Parents' discipline with regard to peer group members.

Interaction with teachers at school.

Highest academic qualification of patient?

Possible traumatic experiences for the patient during this period?

Leisure time spent in which way?

Extra-mural activities?

### 3.2.4 **University/College Education**

Which course did the patient select at the College or University? What was the motivation for this?

Which College/University did the patient attend and why that specific one?

Experience of the patient of this stage of his/her life?

Economic support during studies – any hardships?

Was the course terminated, changed or completed?

Traumas and positive experiences during this stage of life.

Participation in the drug scene, alcohol abuse etc.?

Type of friends cultivated?

Interests other than academic?

### 3.2.5 **Military training**

Why did the patient elect to do military training (if not compulsory?)

Where did the patient do military training and in which unit?

What was the perception of the patient of the training and the experience?

How did the patient get along with his/her fellow soldiers?

Any traumatic or positive experiences during military training?

Did the patient experience any problems with the authorities during military training?

### 3.2.6 **Work History**

History of different firms that the patient was associated with, and period of employment at each firm.

Reasons for each change of employment.

Any periods of unemployment or retrenchment?

Patient's perceptions of unemployment periods or retrenchments (if any)

Was the patient ever fired at work? If so, the reason for this?

Present job designation and the functions attached to the job designation.

Hours of work and physical and psychological demand of the job on the patient.

Job satisfaction of the patient?

Factors that cause satisfaction and dissatisfaction for the patient.

Stressors at work.

How does patient perceive the partners' perception of the patient's work.

Any issues in the relationship caused by the work situation?

Facts with regard to the managing style of the patient's supervisor -- does the patient feel rewarded for a job well done?

Patient's interpersonal relationships at work.

When last did the patient receive any pay increase or another form of promotion?

### 3.2.7 **Sexual developmental history**

From whom did the patient learn about human sexuality, and in which way?

Which beliefs do the patient have regarding human sexuality?

At what age did the patient experience:

- (a) The physiological changes in his/her body due to puberty and adolescence?
- (b) The start of the menstrual cycle (if a female)?
- (c) The voice changing (if male)?
- (d) His/her first experience with masturbation (if applicable)?

What, when and with whom was the first sexually orientated experience that the patient had?

How did the patient experience this?

What were the details and the motivation of the patient for the first sexual intercourse experienced by the patient and at what age did this happen?

The perception of the patient of the first sexual intercourse experienced.

How old was the patient when he/she started experiencing sexual fantasies?

What was the content of these fantasies?

The history of previous relationships (heterosexual and homosexual) and also the reasons for the termination of the relationship:

The history of the present relationship including:

- (a) How the couple met.
- (b) How did their relationship progress in terms of intimacy?
- (b) What is the status of the present relationship (married, living together etc.)? What is the patient's perception of this.
- (c) How does the family of origin accept the patients' partner, and vice versa.?
- (e) Do the couple have children? If they do, ask about the history of the children.
- (f) Sexual history of the couple including
  - First sexual encounter between them.
  - The patient's perception of when the sexual dysfunction started.

- The quality of their sexual relationship prior to the onset of the sexual dysfunction.
  - The effect of the sexual dysfunction on the other areas of the relationship:
  - How did the couple try to solve the sexual dysfunction (consulted family members, other professionals)?
  - If other professionals were consulted, why were they consulted and what is the perception of the patient of the outcome of the consultation? (Obtain the permission of the patient to consult with the other professionals involved).
  - The role of extra-marital relationships or situation in which the partners were disloyal to each other.
  - Is the patient involved in a sexual relationship other than with the partner with whom he/she is consulting you?
  - Which form of contraception does the couple use?
  - Ask the patient to describe the manner in which his/her partner tends to make love and vice versa.
  - Ask the patient about the erogenous zones of his/her partners' body as well as his/her own.
  - Ask the patient if he/she is happy with the personal hygiene of his/her partner. If not, what is the matter?
- (g) If the patient is female and has had children, ask her about her experience during pregnancy and birth. If the partner is the father, the following is important:
- Did he support her during her pregnancy (emotionally and financially)?
  - Was he present during the birth?
  - When did they resume their sexual activities?
  - What is the perception of the patient of pregnancy and labour/birth?
- (h) What are the issues in the relationship that cause friction?
- (i) Do they ever fight or argue – if so, in which manner (acts of verbal violence, physical abuse, intimidation, etc.).
- (j) How does the couple spend their leisure time?

- (k) Does the couple have any individual interests, hobbies and sports in which they participate, and do they have any interests, hobbies, sports in common?

### 3.2.8 Medical History

Has the patient experienced any serious accident? If so, describe.

Has the patient experienced any serious illness? If so, describe.

Any serious side effects of the accident or illness?

Does the patient suffer at present from any diagnosed illness or medical problem? If so, describe especially the medicine prescribed.

Is the patient aware of any illness or medical problem typical to the family history?

Questions about possible alcohol or substance abuse.

Does the patient have any medical complaints at present (pain, discomfort etc.)?

If the patient is female, when last did she have a consultation with a gynaecologist? (Was this for a complaint or a general check-up?).

Ask the female patient about her menstrual cycle and possible premenstrual tension.

Ask the female patient about her contraceptive method – if she is using the Pill – which one?

Does she feel safe from pregnancy with her choice of contraceptive?

If the patient is male, does he experience an involuntary erection in the morning when his bladder is full?

If the patient is male suffering from impotence – does he wake up some nights with an erection – does he experience partial or full erection while masturbating when alone?

Does the patient suffer from any phobia?

Does the patient suffer from any psychiatric illness?

Does the patient display any psychosomatic problems such as eczema?

Does the patient have any allergies?

Does the patient make frequent use of household substances such as headache pills, cough medicine etc.?

**NOTE:** MEDICALLY TRAINED PROFESSIONALS COULD DO A MEDICAL EXAMINATION OR REFER TO A GYNAECOLOGIST (IF PATIENT WITH SEXUAL DYSFUNCTION IS FEMALE) OR A UROLOGIST (IF MALE).

3.2.9 **Religious denomination, activities and beliefs**

Ask the patient about his/her religious denomination:

- is he/she active in the church group?
- does the group hold any beliefs with regard to human sexuality and contraceptives?
- How does the group view concepts such as extra-marital sexual relationships?

3.2.10 **Fantasies**

If the patient was in a position to change certain dimensions of his/her life, what would it be?

Which “mistakes” did the patient make in the past, according to his/her perception?

3.2.11 **Future perspective**

How would the patient like to see himself/herself (emotionally, economically, physically) in 5 years’ time?

3.2.12 **General**

Ask the patient about his/her use of alcohol and substances.

Ask the patient whether there is anything which he/she thinks may be important and which was not discussed during the interview.

4. **COUPLE 2**



Diagnose the sexual dysfunction for the couple if possible. If not discuss the diagnostic tools to be used to finalise the diagnosis. Discuss the possible therapeutic treatment procedures to be used. Discuss research findings in your country with regard to the frequency of the sexual dysfunction among fellow citizens.

## THE CONTRACT WITH THE PATIENT PRIOR TO THE ONSET OF TREATMENT

### 1. Ethical considerations

If videotapes or audiotapes are made during therapy and to be used for training purposes later, the written permission of the patient should be obtained.

Video and audiotapes are important in order to protect the professional.

Process-notes should be carefully made of:

- what is done in each therapeutic session,
- the “homework” that is given to the patient and,
- the feedback from the patient on the homework given during the previous session.

### 2. The contract

A contract should be made with the couple that a specified number of therapeutic sessions will be done, after which an evaluation will be done of the prognosis of the problem as well as of the progress made. The patient undertakes to attend a specified number of therapeutic sessions, after which he/she may terminate therapy if he/she so wishes.

In the contract with the patient, the therapist should also state that he or she will terminate therapy if the patient does not contribute to the therapy by doing the homework assignments.

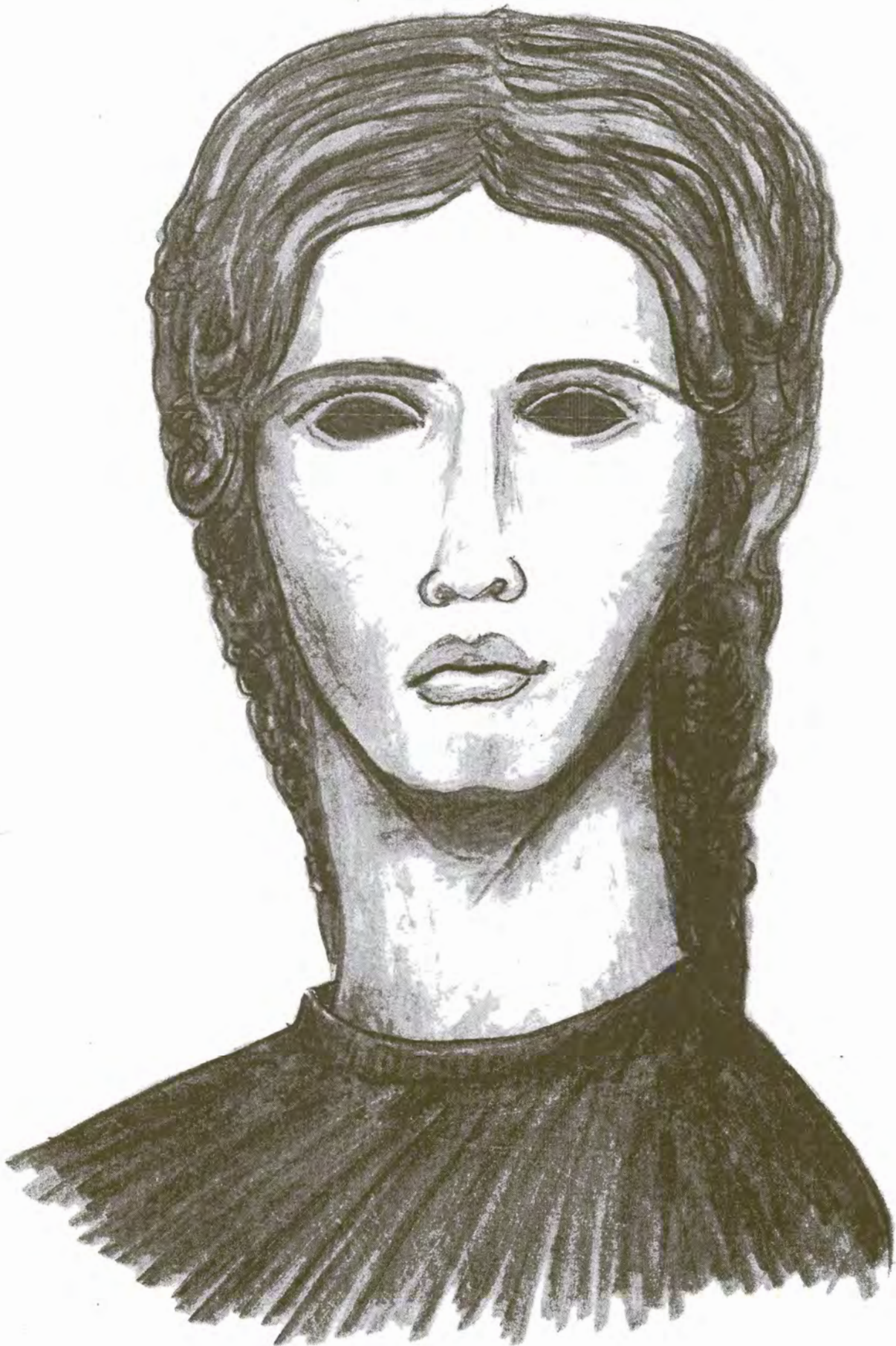
Discuss with the patient the difference between “resistance” and being uncooperative in therapy.

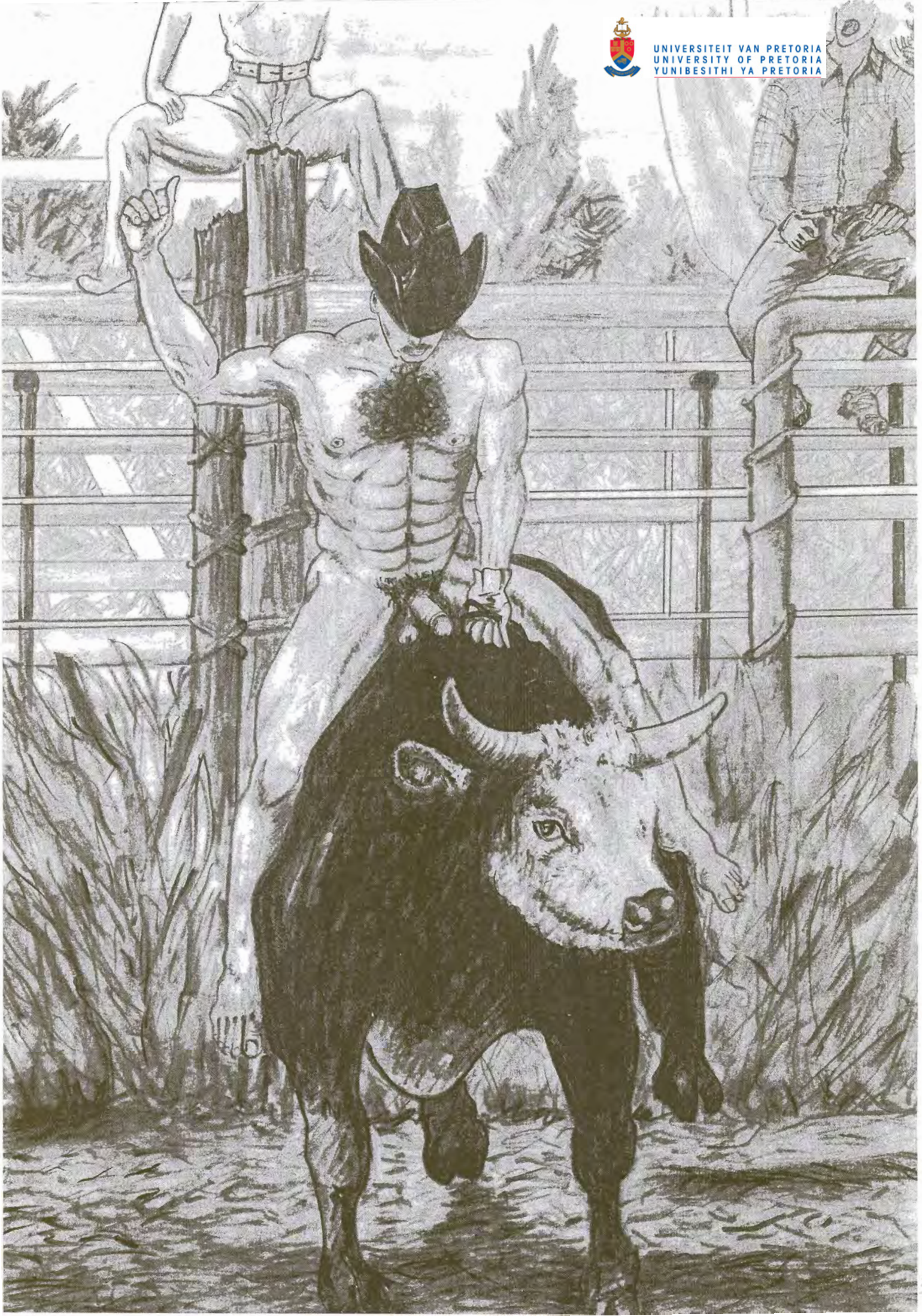
The fee structure for the therapeutic sessions should be discussed with the patient prior to treatment and after each session, the patient should be

required to sign a document confirming that the time-length of the session was correctly indicated by the therapist.

BYLAE 'D'



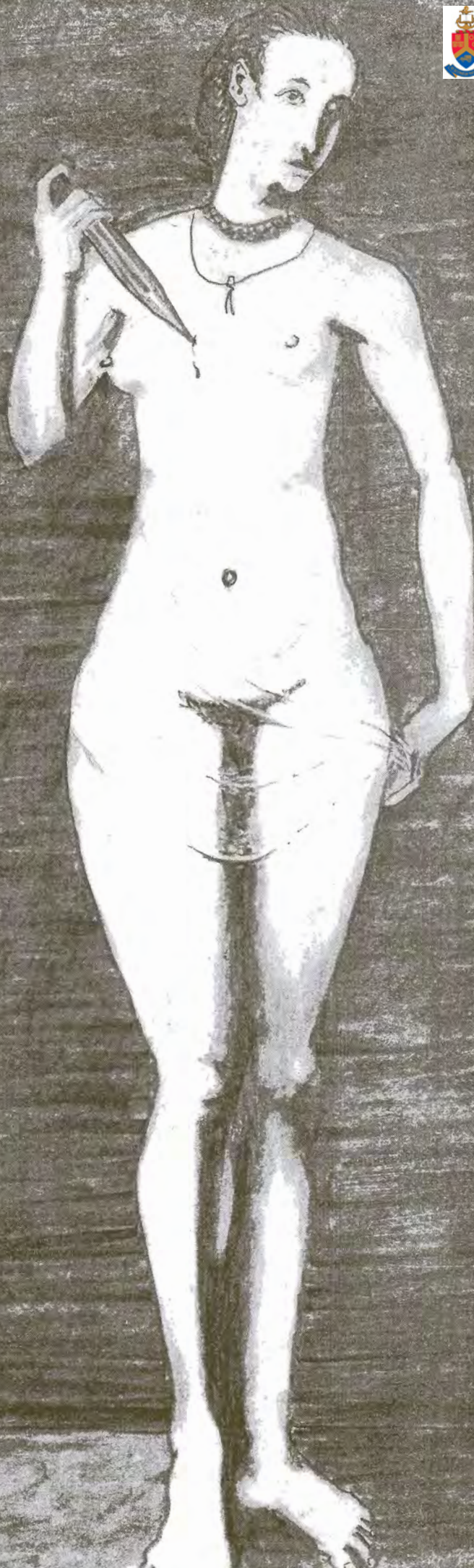




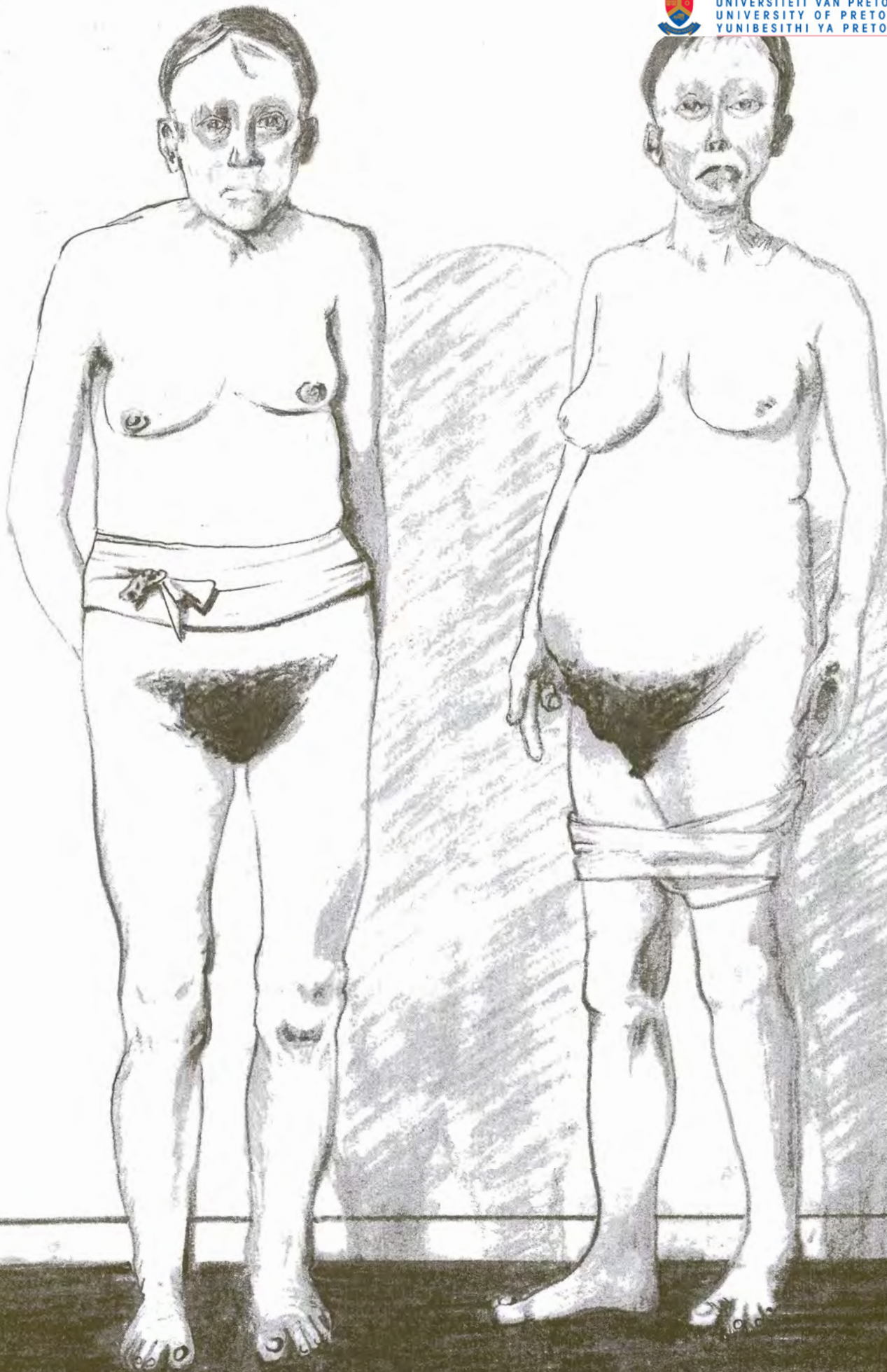


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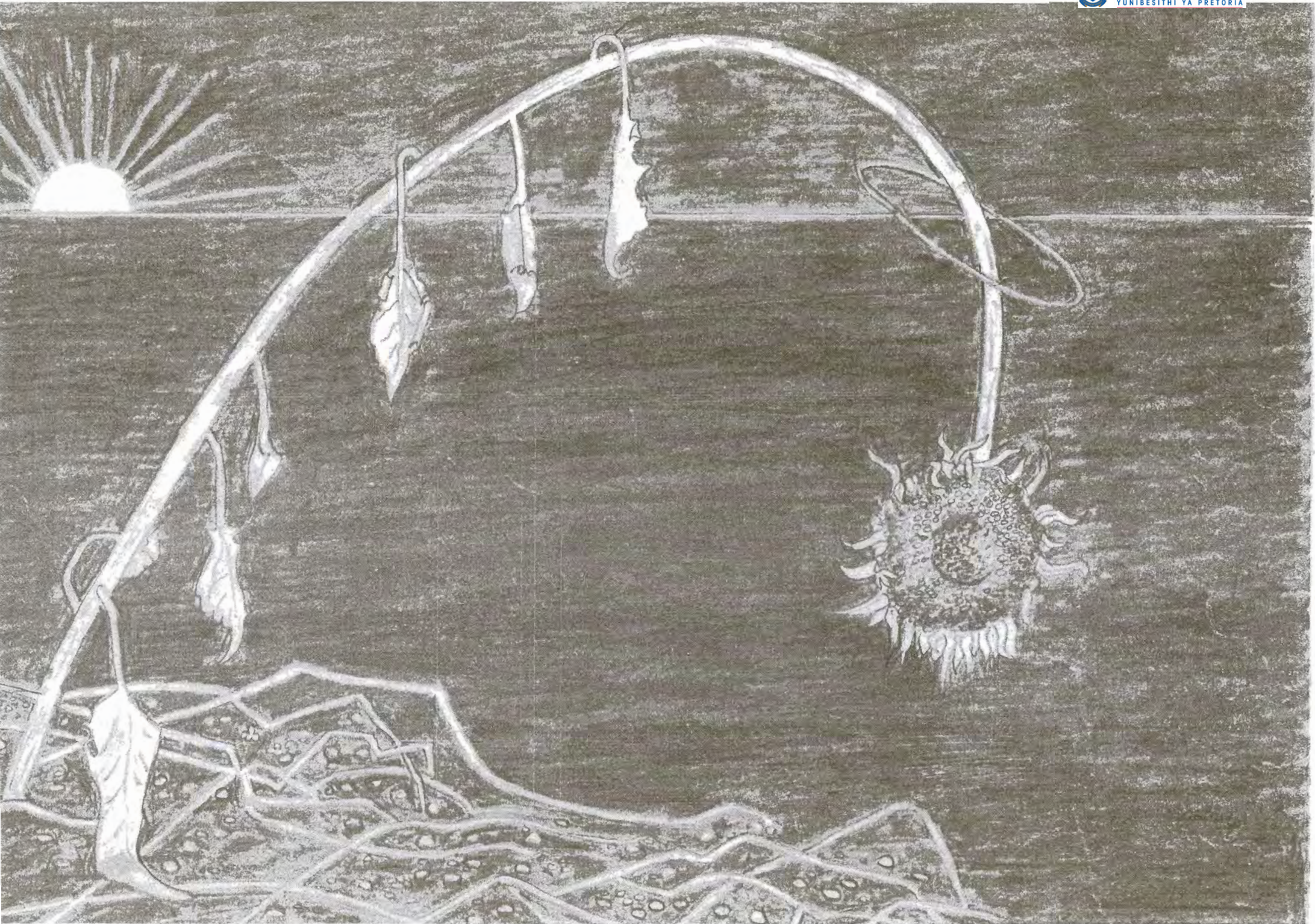


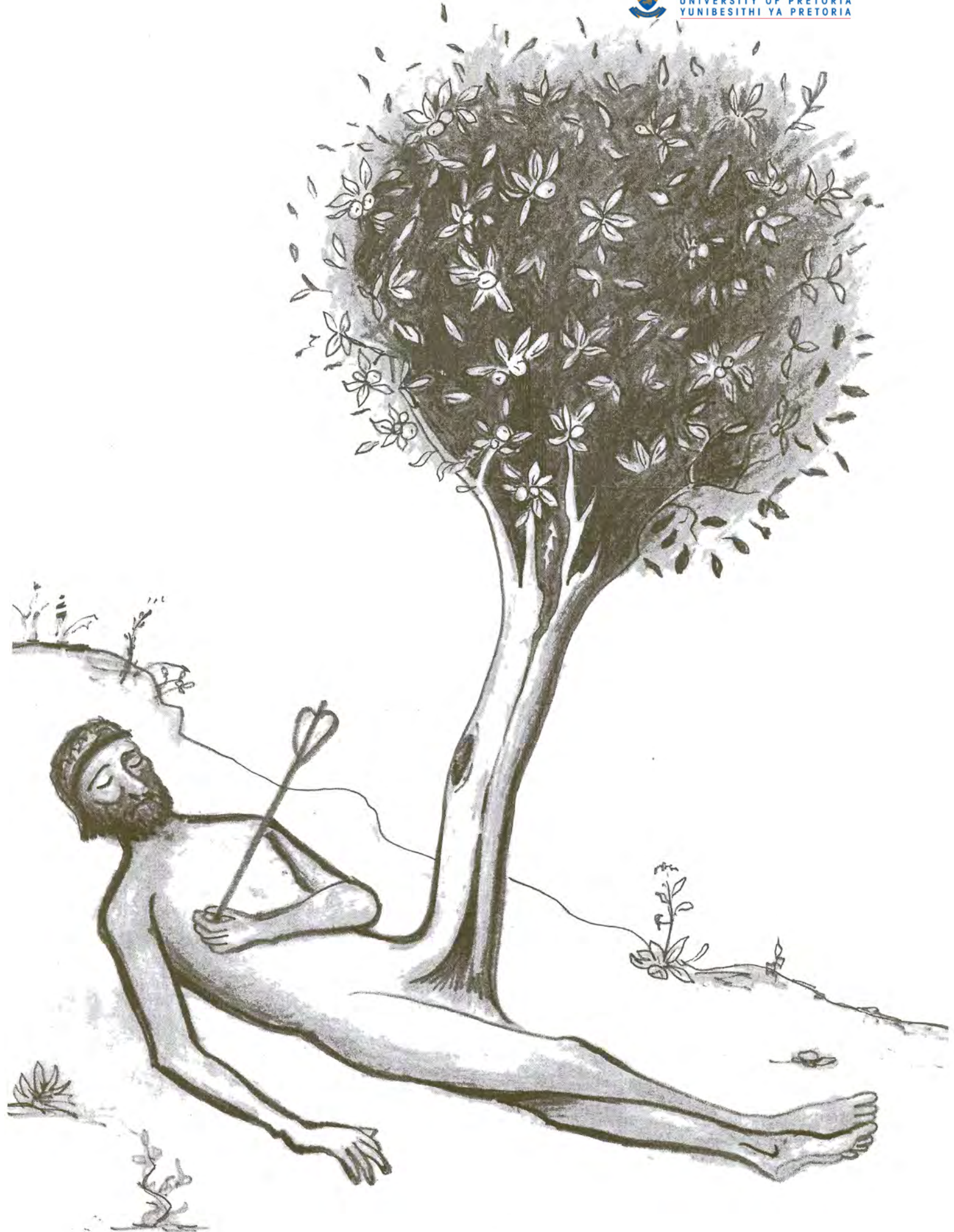


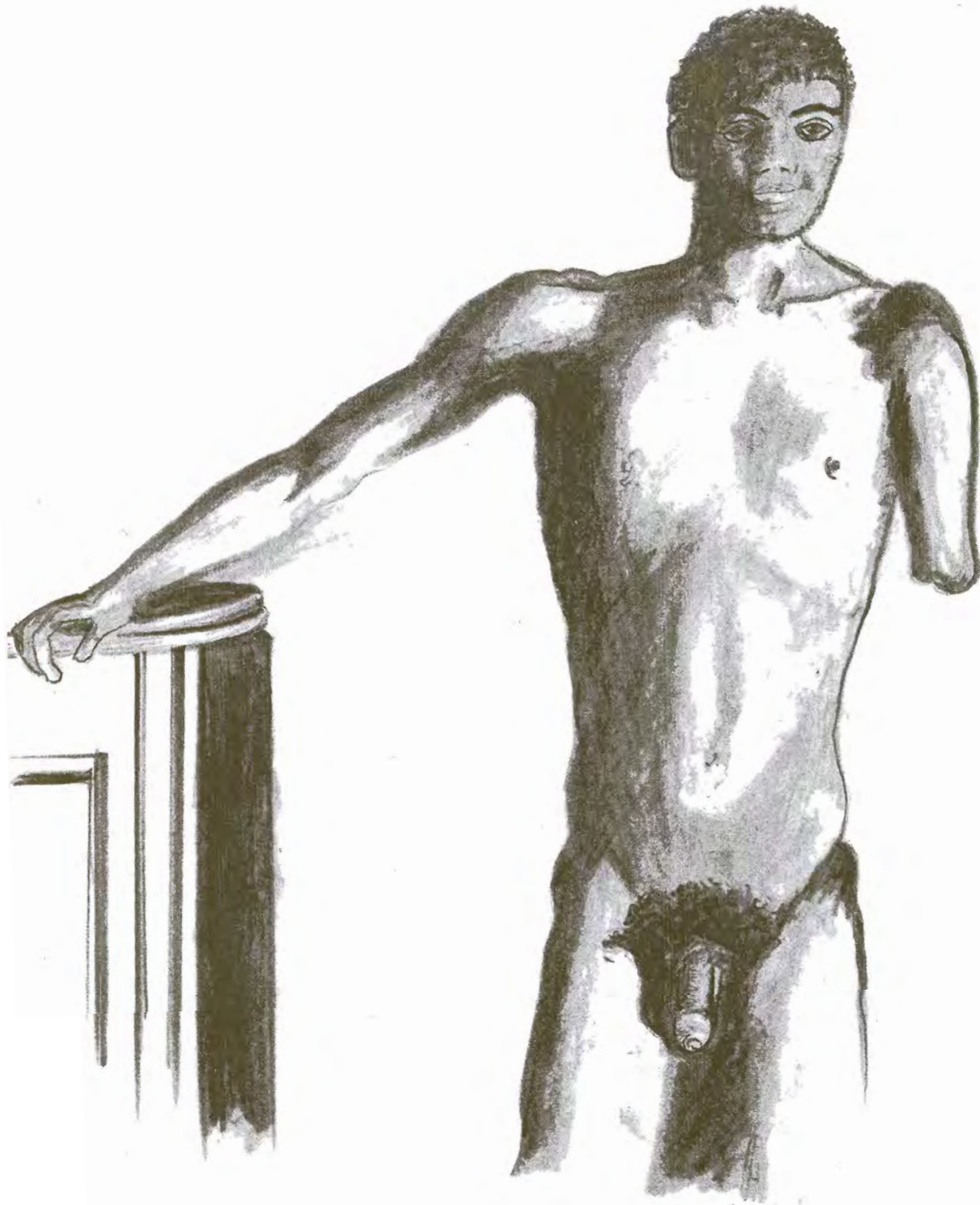












## INHOUDANALISE

### (Parafrasering i.t.v. betekenisvolle eenhede)

#### PROTOKOL 8 (Willem H.)

##### Eerste-Persoonsvertelling

##### Individuele Sielkundige Strukture

##### Kaart 1

- |  |  |
|--|--|
| (a) Two men talking/comforting each other possibly about something that has happened.                            | Beide het dieselfde gevoelens nadat hulle iets deurgemaak het en kan mekaar met deernis bystaan.     |
| (b) The one on the left appears to be upset or concerned. The one on the right is trying to console/comfort him. | Die een persoon is meer aangedaan en besorgd en ontvang vertroosting en ondersteuning van die ander. |
| (c) He will feel better.   | Dit sal hom help om meer beheer oor homself te bekom en meer kalme berusting te ondervind.           |

##### Kaart 2

- |  |  |
|--|--|
| (a) A very serious portrait of a lady who seems to be deep in thought. | Die vrou bedink 'n diepe saak wat haar konsentrasie verg.                            |
| (b) Seems to be in serious thought as there is no joyful expression.   | Die saak is waarskynlik problematies van aard omdat sy stram en somber voorkom.      |
| (c) No outcome. Appears very rigid/neat hairlines.                     | Haar plan/oplossings is onbekend. Sy is 'n gestruktureerde en gedissiplineerde mens. |

##### Kaart 3

- |   |  |
|---|--|
| (a) A cowboy riding a bull naked trying to prove his masculinity. | 'n Robuuste man wat sy manlikheid moet bevestig. |
|---|--|



(b) He is feeling strong and full of himself. He is concentrating on staying on and possibly preparing himself for the fall.

Hy voel groot en selfversekerd. Hy bepaal hom by die taak om die uitvoering te laat slaag. He ken die tipe wêreld en was al voorheen daar.

(c) Eventually the bull will throw him off. Being naked might complicate matters for him.

Hy het ook beperkings maar dit het hy verwag. Sy ontblote liggaam is 'n verdere risiko wat hy geneem het aangesien dinge kan skeefloop en hy homself kan beseer.

#### **Kaart 4**

(a) Two young men kneeling in deep thought possibly praying. Could be in church.

Twee jong mans wat binne 'n kerkgebou in aanbidding is.

(b) They look subdued, deep in thought, very earnest.

D.i. jong mans reeds met sorg wat hulle bedink en wat vir hulle ernstig is.

(c) Possibly they will feel better.

Hulle sal verligting ervaar.

#### **Kaart 5**

(a) A nude couple holding each other. They seem to be in an emageneray scene possibly a dream.

'n Denkbeeldige omhelsing tussen twee mense.

(b) They seem to be enthralled in each other's delight.

Hulle is verhoog tot wedersydse verruklikheid.

(c) They will wake up to reality as they are not standing on the ground and seem to be floating in a dream world. There is also a sun and moon on the same horizon, which makes me feel it is a fantasy.

Dit is 'n verbeeldingsvlug omdat die senario te idillies voorkom. Hulle sal aanstonds weer met die werklikheid gekonfronteer word.

### Kaart 6

- |   |  |
|---|--|
| (a) A naked woman with a sharp object and an expressionless                           | Dit is 'n naakte, kil vrou met 'n skerp wapen.   |
| (b) Looks as if she wants to get revenge or stab someone. Has a very rigid hairstyle. | Haar aksie is gerig op geweld teenoor iemand wat sy haat. Sy is gewetenloos en koel beredeneerd. |
| (c) Difficult to express an outcome as it is a single scene.                          | Meer inligting is nodig om die gevolge van haar dreigende houding te kan voorspel.               |

### Kaart 7

- |   |   |
|---|---|
| (a) Two naked woman with male faces standing next to each other. Both have larger/drooping breasts. | Buiten die aanwesigheid van hul borste kom die twee ouer dames geslagtelos voor.                  |
| (b) Both look rather serious with bodies that does not give much expression.                        | Daar is min vrolikheid in hul lewens met liggame wat nie meer kan meeewe nie.                     |
| (c) The one on the right could be pregnant or else older. Difficult to foresee any outcome.         | Die een regs het die fermheid van haar liggaam verloor. Is daar enige toekoms vir hulle vorentoe? |

### Kaart 8

- |  |   |
|--|---|
| (a) A man and a woman fighting with each other. The woman wants to through an object at the man.         | Persone van die teenoorgestelde geslag in konflik met mekaar. Die vrou gaan tot fisiese aktiwiteit oor.   |
| (b) She feels aggressive and he is trying to defend himself.   | Sy vertoon haar woede met geweld teenoor hom. Hy wil himself beskerm.   |
| (c) He will overpower her as he appears to be stronger. As they are naked they could end up making love. | Hy sal haar beheer en sy heersende posisie herstel. Die blootstelling aan vlees en hartstogtelike fisiese kontak kan tot seksuele prikkeling lei. |



### Kaart 9

- |  |   |
|--|---|
| (a) A drooping sunflower with a setting sun in the background.   | 'n Half verlepte sonneblom teen sons-<br>ondergang.   |
| (b) There are no people. The sun flower feels wilted and is trying to survive without water and a blazing sun. | Dit is 'n natuurtoneel. Die plant begin oorle-<br>wingsprobleme ondervind te midde die<br>aanslae van natuurlike dreigemente. |
| (c) The sunflower will die if it does not rain soon.   | Die blom het dringende hulp nodig om<br>uitwissing te voorkom.  |

### Kaart 10

- |  |   |
|--|---|
| (a) A man asleep under a tree with an arrow in his hand.   | D.i. 'n man wat 'n pyl vashou terwyl<br>hy onder 'n boom rus.   |
| (b) It appears that he is asleep and is possibly dreaming. | Hy verkeer ontspanne aan die slaap<br>en droom.   |
| (c) He will wake up feeling refreshed.                     | Dit was vir hom 'n noodsaaklike aktiwiteit<br>omdat hy nou weer met hernude<br>energie kan voortgaan. |

### Kaart 11

- |   |  |
|---|--|
| (a) A naked male who has lost his left arm.                                 | 'n Liggaamlike volledige man behalwe<br>vir 'n afwesige arm.   |
| (b) Possibly feeling sad because he does not have a good body.              | Hy voel weëmoedig omdat sy liggaam<br>nie ten volle funksioneel is of aantreklik<br>vertoon nie.   |
| (c) After feeling sorry for himself, he might feel better to face life with | Hy sal sy verlies eers betreur en homself<br>dan streng aanspoor om dit wat hy in sy<br>wêreld moet gaan doen tot sy beste vermoë<br>uit te rig. |



## INHOUDANALISE

### PROTOKOL 3 (Kappa)

#### Eerste- Persoonsvertelling

#### Individuele Sielkundige Strukture

##### Kaart 1

These are friends enjoying themselves and they're real friends.

Dit is 'n waardevolle ontmoeting tussen hegte vriende wat 'n geleentheid saam geniet.

##### Kaart 2

This is an angry lady – maybe she's angry about her boyfriend that's addicted to liquor. She'll try to talk to him.

'n Magtelose vrou wat in stryd is met die houvas van alkohol op haar vriend. Haar herhaaldelike pogings om sonder sukses met hom daaroor te besin dra verder tot haar frustrasies by. Dit laat die moontlikheid vir desperate handeling daar.

##### Kaart 3

It's an old man who's been using drugs, because one won't climb on a cow being like that.

Dit moet 'n man wees wat kunsmatig gedryf word om so ontoepaslik (nakend op 'n bul) op te tree. Dwelms het daardie effek. Dit is 'n man gevorderd in jare.

##### Kaart 4

Two men who are faithful in God. They are praying for peace in their family.

Twee manspersone wat Gedissiplineerd hulself op godsdienstige terrein uitleef. Daar is onenigheid in hul gesinslewens. Hulle vertrou op 'n kragtiger oplossing as hulself.

### **Kaart 5**

This is a photo of people who don't have faith in God, because they are trying to make themselves into photo like that of Jesus Christ. They are not believers. This is what the Satanists do.

Die beeld word afgekeur, aangesien die persone afgebeeld waargeneem word as 'n versinnebeelding van vereenselwing met die Christusfiguur. Gelowiges behoort hul plek as nietige sondaars eerder as goddelike figure te ken. Daar is ander organisasies wat blatant goddelike magte probeer aanneem.

### **Kaart 6**

This is a drug abuser, a lady. Because of the drugs she wants to hurt herself.

Eksterne invloede veroorsaak dat Hier die vrou haarself wil skade aandoen, nie deur haar eie wil nie.

### **Kaart 7**

This is a picture of two old ladies suffering.

Dit is 'n skets van twee bejaarde dames wat swaarkry en ly.

### **Kaart 8**

This is a lady and a man. The man wanted to rape the lady. The lady will hit him with a glass bottle.

D.i. 'n aggressiewe situasie waar die manlike aggressor homself seksueele op 'n vrou wil afdwing. Sy kan haarself egter handhaaf en slaag daarin om haarself met geweld te verset.

### **Kaart 9**

A picture of a sunflower and sunrise.

'n Sonneblom en sonopkoms skets. Dis al.

## Kaart 11

This is a picture of a man who is disabled  
(he only has one hand). He feels depressed.  
He's going to kill himself.

Dit is 'n man met 'n beperking. Die  
Volle digtheid van sy liggaam is vir  
hom 'n primere vereiste. Sy  
gebrekkige funksionering is vir hom  
allesoorheersend, sodat hy eerder  
heeltemal sterwe as om halfweg te  
lewe.

## INHOUDANALISE

### PROTOKOL 5 (Gert)

#### Eerste - Persoonsvertelling

##### Kaart 1

Dit lyk of die twee 'n geselskap aan die gang het; hulle gesels rustig. Hulle het nie klere aan nie, is kaal. Hy is besig met 'n bier in die hand. Hulle is gelukkig. Hy sit sy arm op die ander se skouer.

##### Kaart 2

Dit is 'n vroumens. Sy lyk bedruk, asof sy nie gelukkig is nie, asof sy probleme het. Dit sal uitloop op 'n egskeiding, daar gaan groot probleme kom.

##### Kaart 3

Die "Bullfighters". Dit is nie aanvaarbaar nie (om so kaal te sit). Dit lyk na 'n gevaarlike storie. Hy kan nie gelukkig voel nie. Ander mense kyk vir hom – na sy naaktheid.

##### Kaart 4

Hulle is besig om iets te bespreek en te sien hoe hulle dinge kan beveilig. Hulle lyk teneergedruk en hulle gesigte lyk nie gelukkig nie.

#### Individuele Sielkundige Strukture

Twee persone wat kalm kommunikeer en wat gemaklik is met mekaar se persoonlike sake. Dit is 'n gesellige geleentheid waar almal hou van wat gebeur en tuis voel daar.

Dit is iemand van die vroulike geslag wat teneergedruk voel oor haar huwelik. Die omstandighede gaan nog verder versleg.

Hulle is die kaal vegters en dit is iets wat hy nie sal doen nie. Buitendien kan mens seerkry. Hy kan nie verstaan waarom die daad plaasvind nie. Dit kan 'n mens net laat sleg / ongemaklik voel as ander daardie deel sien.

Twee moontlike veiligheidswagte besig met die uitvoering van hul pligte. Hulle is ongelukkig oor iets en waarskynlik bekommerd en gefrustreerd.

### Kaart 5

Ek hou nie van sulke kaal mense nie, hulle behoort hierdie tipe van prente te verban.

Die outeur vind die eksplisiete beeldmateriaal bedreigend en distansieer hom daarvan.

### Kaart 6

Dis 'n vrou wat kaal is met 'n skerp mes. Sy wil haarself sny en selfmoord pleeg. Jy moet baie moed hê; nie enige man kan dit doen nie – ek sal nie kan nie.

'n Vroulike liggaam wat haarself wil beseer en ophou lewe. Dit verg dapperheid wat nie in elke man sit nie. Hy het dit al oorweeg.

### Kaart 7

Ek stel nie belang om hierdie prent te sien nie.

Weereens is die inhoud van hierdie tematiese voorstelling vir die outeur onaanvaarbaar.

### Kaart 8

Dit lyk na goeie beeldwerk. Dit is 'n beeld van iemand wat besig is om 'n toneel op te voer. Dit is 'n beter prent, die liggame is meer beskerm. Die toneelstuk handel oor 'n liefdestoneel.

Dit is kuns oor kuns. Beeldende en uitvoerende kunste word hier verweef. Daarom is dit meer aanvaarbaar, ook omdat die geslagsdele versteek is. Dit gaan oor liefde en nie seks nie.

### Kaart 9

Hy is mors dood. Hy het nie water gekry nie en baie son. Nou is hy mors dood. Ek het so gevoel toe my vrou my rondgeruk het. Ek het niks lus gevoel vir lewe nie.

Hy bestaan nie meer nie. Hy is slegs aan lewensbedreigende eise en beperkings en nie aan oorlewings en voedingselemente, blootgestel. Daarom kon hy dit nie oorleef nie en is daar geen kans vir lewe nie. Sy eggenoot het hom ook slegs uitgehonger en geen noodsaaklike voeding vir die siel

gebied nie. Hy het reeds geestelik gesterwe en het nie die lewensmiddele gehad om te oorleef nie.

### **Kaart 10**

Die man is met 'n pyl in sy hart geskiet. Bokant hom is 'n boom met blomme in. die pyl het 'n hart op sy stert (dit het ook met die liefde te doen). Die blommetjies begin val; hulle het 'n skok gekry en raak verlore.

Die man is in 'n lewensnood-saaklike orgaan gewond. Hy lê onder 'n boom wat in blom is. Die wapen wat gewond het is moontlik 'n liefdes-objek. Iets traumaties het plaasgevind sodat dit wat mooi was verdwyn het. Die liefde het gesterwe.

### **Kaart 11**

Hy het 'n arm verloor met 'n ongeluk. Die kaal deel lyk nie mooi nie. Hy sal sukkel om werk te kry sonder 'n arm of hand.

Hy het voorheen 'n arm gehad en was ongelukkig om dit te verloor. Geslagsdele is onaanskoulik en ongewensd. Dit sal moeilik wees om 'n lewensbestaan te maak en aan te hou om selfvoorsienend te wees.

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