CHAPTER 1

OVERVIEW AND RATIONALE

"To be of assistance to you, I will put aside myself – the self of ordinary interaction – and enter your world of perception as completely as I am able" (Rogers, 1951:28).

1.1   INTRODUCTION AND RATIONALE

In today's society, a large number of children are left vulnerable due to circumstances beyond their control. One of these circumstances is sexual abuse. Child sexual abuse is a common social problem in South Africa (Leventhal, 2000). As a result, like others (for example Cathers, Fagin & Mulryan, 2004; Leventhal, 2000), I deem continuous research on assessments and interventions to help children, who have been exposed to such trauma, as important. One area of research that is still emerging is the exploration of alternative forms of assessment of girls who have been sexually abused (Leventhal, 2000). As the focus in Educational Psychology is gradually shifting towards alternative assessment (Maree, 2004), the knowledge base with regard to the sexual abuse of young girls can benefit from research on alternative forms of assessment.

My motivation for conducting this study is personal, and based on my own interests and experiences: *"We notice what we notice in accordance with who we are"* (Cole, 1997:2). This study represents who I am in the world and what I care about, and reflects social changes that I would like to facilitate. I believe that children represent the core of society and determine the future of the welfare of communities. Moreover, I grew up in a children's home, and during those 16 years of my life it came to my attention that the children I got to know over the years reacted differently to sexual abuse. Some exhibited remarkable resilience, whereas others became aggressive and suffered from despair, fear, hatred, behavioural problems and inappropriate interpersonal relations.[1]

Literature supports the fact that sexual abuse might lead to negative long-term consequences (Cathers *et al.*, 2004; Leventhal, 2000). Other typical short-term symptoms include anger, inability to trust, selfharming behaviour, sleep and eating disorders, depression, aggression, phobia, drug abuse, suicidal thoughts, scholastic challenges, delinquency and criminality (Leventhal, 2000). As these symptoms have implications for both individuals and society at large, assessment and intervention by health

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[1] I aimed to monitor my "lived-experience" during the inquiry by means of a researcher journal, included in Appendix E (McMillan & Schumacher, 2001).

professionals, such as educational psychologists, are imperative for children who have been sexually abused. I propose that Gestalt therapy may proffer one route for the assessment of girls who have been sexually abused. I decided to explore Gestalt therapy, based on my belief in the therapy's assumptions that children's bodies, senses and feelings are better indications of the truth than their words, which they often use to hide the truth from themselves (Thompson & Rudolph, 2000).

Children who have been sexually abused are often young and might consequently have limited abilities to describe and understand the abuse that they have been exposed to (Cathers *et al.,* 2004). Many children also prefer not to speak about the sexual abuse, as they are too scared or too shy (Leventhal, 2000). At present, there seems to exist a need for practical guidelines on how the assessment of children, who have been sexually abused, might be implemented (Cathers *et al.,* 2004), as the assessment of these children can be very challenging. Based on challenges that I experienced as educational psychologist in training, and during assessment and intervention with younger children who have been sexually abused, I started inquiring about the literature available in this regard. I soon realised that information on this topic is limited by nature (Leventhal, 2000), despite the definite need for the provision of support for primary school girls who have been sexually abused.

Gestalt therapy intrigued me, due to its possible suitable use within the context of child sexual abuse, based on the focus on children's thoughts, feelings and non-verbal behaviour as the most important areas of concern. Moreover, I started wondering whether or not this intervention technique could be used with younger children who do not yet possess the ability to describe the abuse that they were subjected to, or who are too shy or too scared to do so. In addition, as Gestalt therapy is traditionally used for *intervention*, I wanted to explore whether or not it might also be applied as an alternative *assessment* technique. I would like to declare at this stage that alternative assessment based on Gestalt therapy might be adapted to the client's individual needs and preferences. Furthermore, I contend that Gestalt therapy might facilitate interaction between the assessor and the clients, stimulating children's awareness of their needs. Therefore, my research aimed to explore and describe possible ways of alternatively assessing primary school girls who have been sexually abused, by relying on Gestalt therapy.

Although I discuss the advantages of the use of Gestalt therapy as part of Chapter 2, I did not attempt to advocate or reject the use of Gestalt therapy in general. Instead, I formulated alternative assessment assumptions regarding Gestalt therapy, as guided by Gestalt theory. Therefore, my study might make a

meaningful contribution to the existing literature on the use of Gestalt therapy when alternatively assessing young children who have been sexually abused. My findings might also be useful to caring professionals who come into contact with girls who have been sexually abused. Moreover, my study could contribute to the existing theoretical knowledge base in the fields of alternative assessment, sexual abuse and Gestalt therapy. Furthermore, there seems to be a need in South Africa to understand alternative assessment practices, and for practitioners to explore the application of such practices (Maree, 2004). We need to progress from using traditional approaches, to exploring the use of alternative approaches that better accommodate diversity in children (Losardo & Notari-Syverson, 2003). I believe that this study could provide the opportunity to draw attention to the importance of exploring and applying alternative assessments with children who have been sexually abused.

The manifestations and contexts of sexual abuse are diverse. It is therefore unlikely that one specific assessment approach will be successful with all children who have been sexually abused. However, at the onset of my study I believed that if, on the other hand, my research findings were to indicate that Gestalt therapy could be successfully used for alternatively assessing primary school girls who have been sexually abused, the practical implications for psychologists might be to introduce assessments that focus on such an approach. If I were to find that Gestalt therapy cannot successfully be used as an alternative assessment technique with primary school girls who have been sexually abused, the study could still be regarded as useful, based on the empirical research that has been done and documented in this area of interest.

1.2   STATEMENT OF PURPOSE

The purpose of my study was to explore and describe (McMillan & Schumacher, 2001) the possible use of Gestalt therapy as an alternative assessment[2] technique with primary school girls who have been sexually abused. I aimed to explore and assess two selected participants' experiences and related emotions regarding the sexual abuse that they had been exposed to. I therefore focused on the emotional and behavioural impact of the sexual abuse. In this manner, this study explored the question whether or not Gestalt therapy can be used as an alternative assessment technique to determine the psychological state of two primary school girls who have been sexually abused.

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2 Although I focus on assessment, I acknowledge the fact that *assessment* inevitably implies *intervention.*

1.3   RESEARCH QUESTIONS

This study was guided by the following primary research question: *To what extent can Gestalt therapy be used as an alternative assessment technique with primary school girls who have been sexually abused?*

In order to comprehensively explore this research question, I addressed the following secondary questions:

- What is the potential impact of sexual abuse on primary school girls?
- What does the use of Gestalt therapy as alternative assessment technique entail?
- How might Gestalt therapy be used (or not) as an alternative assessment technique with primary school girls who have been sexually abused?

1.4   ASSUMPTIONS

I approached this study with the following assumptions:

- The experience of sexual abuse constitutes vulnerability in primary school girls.
- If Gestalt therapy is employed as alternative assessment technique, primary school girls who have been sexually abused might benefit.
- Gestalt therapy is suitable for use during educational psychological assessment.
- Children who have been sexually abused will experience certain negative emotions.

1.5   CONCEPT CLARIFICATION

In order to ensure a clear understanding of concepts, I now provide definitions of the key concepts within the context of this study.

1.5.1   Gestalt therapy

Fritz Perls (Perls, Hefferline & Goodman, 2003) formulated the basic tenet underlying *Gestalt therapy* in 1951. According to the underlying theory of Gestalt therapy, the most important areas of concern are the thoughts and feelings that people are experiencing at a specific moment in time. Healthy behaviour will occur when people focus on their current experiences and act and react as total organisms. Many

people do not act as total organisms, as their lives are fragmented, distributing their concentration and attention among several variables and events at one time. In Perls' opinion, human beings need to avoid this behaviour and be unities, in unison with their environments. Therefore, they should be integrated organisms that continuously function as wholes within their environments (Perls *et al.*, 2003; Thompson & Rudolph, 2000; Oaklander, 1988).

In Gestalt therapy a human being is fundamentally regarded as a biological being, subject to the same processes that regulate any other living organisms. As such, humans have to continually strive towards creative self-actualisation and reintegration of their biological, emotional and cognitive dimensions, whilst guarding against stagnation in their development (Maree, 2004; Aronstam, 1995). Therefore, the Gestalt view of human nature is positive: people are seen as capable of becoming self-regulating beings who can achieve a sense of unity and integration in their lives.

Gestalt theory furthermore states that people tend to use words to hide the truth from themselves, and that their bodies and feelings are therefore better indicators of the truth than their words. During my study, I was constantly aware of the participants' body language and non-verbal signs, including signals such as headaches, rashes, neck strain and stomach pains, as (according to Gestalt theory) these symptoms may indicate that children need to change their behaviours (Perls, *et al.,* 2003; Thompson & Rudolph, 2000; Oaklander, 1988).

1.5.2   Alternative assessment

To formulate a single, unifying definition of *alternative assessment* is a difficult task. Diverse schools of thought exist, each having a different emphasis. Shonkoff and Meisels (2000) define *assessment* as the process of acquiring information and understanding regarding a child's functional abilities and development within the family and community. Cohen and Spenciner (1994) add to this by broadly defining *assessment* as the process of observing, gathering and recording information. McMillan and Schumacher (2001) go a step further and define *alternative assessments* as measures of performance that require demonstration of a skill or proficiency by having the client create, produce, or do something. As a result, many alternative assessments are authentic, reflecting real-life challenges and contexts.

Traditionally, educational psychological assessments have been relying on standardised media and tests that investigate different aspects of children's functioning, for example memory and other cognitive

abilities, social functioning, emotional experiences, language, speech and psychomotor skills (Lubbe, 2004). Traditional assessments focus on quantitative tests and techniques that combine different psychological approaches. Intervention traditionally starts after the completion of an assessment and then focuses on the challenges identified during the assessment. Based on traditional views, the past decade has been characterised by frequently debated changes and shifts in the way that educational psychologists approach assessment and intervention. Theoretical advances and practical experiences have influenced each other and provide opportunities for exploring various modern assessment and intervention avenues (Thrift & Amundson, 2005; Lubbe, 2004).

Modern trends in educational psychological assessment are characterised by a shift in focus away from psychometric testing and standardised media towards informal assessment techniques. This correlates with a postmodern framework that defies definition, yet it may be broadly described as dissatisfaction with and protest against the legacy of the modern era (Maree, 2004). Postmodern resistance should be viewed against the backdrop of modern science's claim to objectivity, rationality, universal validity and certainty (Van Niekerk, 1996; Savickas, 1993). Postmodernists believe that consideration needs to be given to the cultural relativity and diversity of knowledge, to various possible interpretations of texts and to the idea that knowledge is relative in specific contexts (Maree, 2004). Some educational psychologists find this environment threatening, whilst others respond enthusiastically to the challenges that the changes present, as these challenges provide opportunities for exploring various avenues, such as informal assessment based on different approaches (Lubbe, 2004).

For the purpose of my study, assessment was applied on an individual level that goes beyond the use of traditional educational psychological assessment techniques and methods, such as standardised media. Information was collected on an ongoing basis, at different times, and across multiple environments, using a wide variety of informal methods, based on Gestalt theory.

1.5.3   Sexual abuse

A variety of definitions of sexual abuse exists across professional disciplines. I firstly focus on definitions from a clinical and legal perspective. The *Child Protection Statutes'* legal definition defines *child sexual abuse* as: "*the employment, use, persuasion, inducement, enticement or coercion of any child to engage in, or assist any other person to engage in any sexually explicit conduct or stimulation of such conduct for the purpose of producing a visual depiction*" (Procare, 2003:5). Clinical definitions of

sexual abuse are related to these legal statutes. However, it must be determined whether or not the encounter had a traumatic impact on the child. The intensity of the impact must also be determined. The meaning that a child gives to the act (the child's lived-experience) generally determines the impact of the trauma. The child's lived-experience might change and re-occur as the child progresses through the different developmental stages. It might even happen that sexual abuse is not experienced as traumatic, but that a child then develops cognitive distortions and/or problematic belief systems (Procare, 2003).

Child sexual abuse can therefore broadly be defined as an adult using a child for sexual gratification, with or without physical contact (Mash & Wolfe, 2005; Cathers *et al.,* 2004). Sexual abuse with contact includes fondling with a child's genitals, intercourse, or any penetration or oral sex, regardless of whether the act is performed on the child, or if the child performs the sexual act. Acts such as making sexual comments, using a child in pornographic films, and having children view pornographic materials are also considered as sexual abuse by some authors (Mash & Wolfe, 2005; Cathers *et al.,* 2004), even if they do not involve contact. Sexual abuse further includes incest, rape, sodomy, exhibitionism and commercial exploitation through prostitution. Therefore, sexual abuse involves the misuse of power and control, making it difficult for children to protect themselves, as they do not have adult physical strength (Geldard & Geldard, 2002).

For the purpose of this study, sexual abuse implies sexual activities between children/adolescents and adults, where the child is used as a sexual object for the erotic stimulation of the older person. Furthermore, *children (girls) who have been sexually abused* refers to children who have been subjected to sexual activity that is likely to cause physical or psychological damage.

1.5.4   Primary school girls

Within the context of my study, *primary school girls* refers to female children in a primary school. This group includes learners (girls) from grade one to grade seven, between the ages of six and thirteen years (Ferreira, 1994; Du Toit & Kruger, 1991; Vrey, 1991).

1.6   PARADIGMATIC PERSPECTIVE

Although I present my selected paradigm in more detail in Chapter 3, I now present a brief introduction with regard to the paradigmatic perspective that I followed in undertaking the study. Thereafter, I present an overview of my selected research design and methodology, which are also discussed in more detail in Chapter 3.

For the purpose of this study, I followed a qualitative methodological approach, that was epistemologically anchored in Interpretivism. The interpretivist paradigm suits the purpose of my study, since I aimed to comprehend the manner in which the participants, in their everyday, natural settings, construct meaning regarding the sexual abuse that they had experienced. Furthermore, I attempted to make sense of the participants' life-worlds by interacting with them, appreciating and clarifying their perceptions of their experiences, views and feelings regarding the abuse. I wanted to interpret these feelings in human terms, rather than through quantification and measurement. Moreover, I wanted to understand the participants' behaviour. An interpretivist perspective enabled me to interact closely with the participants, making it a suitable choice for my study (De Vos, 2000).

1.7   RESEARCH DESIGN AND METHODOLOGY: A BRIEF OVERVIEW

I employed a *clinical case study research design* (Terre Blanche, Durrheim & Painter, 2006; Terre Blanche & Durrheim, 1999) situated *within the context of psychotherapy outcome research.* Although psychotherapy outcome research traditionally focuses on the outcome of psychotherapy, I relate this focus to psychological assessment, which inevitably implies intervention. The case in this study refers to Gestalt-based alternative assessments with girls who have been sexually abused. I selected two primary participants (primary school girls who have been sexually abused) by means of judgmental sampling, also known as *purposive sampling* (Creswell, 2003). In addition, the parents/guardians and educators of the girls participated as secondary participants.

I developed and implemented an intervention (*educational psychological alternative assessment)*. This entailed the use of informal and alternative media based on Gestalt therapy, such as drawings, paintings, activities with clay, sand and dough, sculptures, collages and storytelling. In addition, I conducted *individual, semi-structured, face-to-face interviews* with the secondary participants (such as the primary participants' guardians and educators) and *informal discussions* with the primary and

secondary participants (McMillan & Schumacher, 2001) before, during and after the assessments, in order to obtain background information. I used *observation* (Terre Blanche & Durrheim, 1999) throughout the sessions with participants. I documented my observations in a *reflective diary* and in the form of *field notes.* Furthermore, with regard to data documentation I made *audio-visual* recordings of assessments and interviews, and took *photographs* of activities and media for the duration of the study (Mayan, 2001)*.*

After data collection I conducted *thematic analysis* (Mayan, 2001) of the raw data, namely the transcripts of and field notes made during interviews and assessment sessions, as well as photographs of informal and alternative media employed during assessments. I initiated the data analysis process as data became available. Firstly, I made notes, drew diagrams and brainstormed with my supervisor and co-supervisor. Thereafter, I studied emerging themes and sorted them in terms of possible categories, patterns and general themes. I then coded the data, arriving at the derivation of themes, for the purpose of data interpretation (Mayan, 2001).

1.8   ROLE OF THE RESEARCHER

I fulfilled various roles during the study, namely that of researcher, interventionist and educator at the school where I conducted the study with one of the participants. The other participant resided in a children's home. In selecting an interpretivist perspective, my role as researcher entailed being an active participant, making me a vital part of the data (Wimmer & Dominick, 2000). With regard to the nature of the research problem I was personally responsible for alternatively assessing the two primary participants, as well as for planning and implementing assessment sessions. In addition, I planned and conducted interviews with the secondary participants. I had to fulfil an important data collection role and interact closely with the research participants to obtain the necessary data (Kotze, 2002; Flick, 1998).

Besides my primary role of researcher, I, for the purpose of my study, also fulfilled the role of interventionist. I had to critically consider and continuously reflect on my dual role, in order to effect credible research. Moreover, I had to constantly keep in mind that my primary role was that of researcher, which entailed observing, participating, listening carefully and continuously abiding by ethical guidelines.

I conducted my research with one of the participants at a primary school, where I completed my educational psychological internship during 2006. I am aware of the fact that this participant could have perceived me as an educator of the school. I explained to the participant that my primary role was not that of an educator, but that of a researcher. I discussed the purpose and procedures of my study with both the participants and their guardians, making them aware of what was expected of them as participants and of me as researcher, prior to any research activities. I explained to them that I needed their permission in the form of informed consent, including their consent that I could audiotape interviews and assessments (Leedy, 1997). In fulfilling my various roles when working with the participant residing in the children's home, I constantly remained aware of the fact that I also grew up in a children's home and that this fact might have impacted on me in fulfilling my role as researcher and interventionist. In an attempt to constantly reflect on my various roles, I relied on my reflective diary, and made detailed field notes throughout the research process.

1.9   ETHICAL CONSIDERATIONS

In conducting this study, I adhered to the professional ethical code for educational psychologists, as formulated by the Health Professions Council of South Africa (www.hpcsa.co.za), at all times. In addition, I continuously conducted my research according to the Ethics and Research Statement provided by the Faculty of Education of the University of Pretoria (www.up.ac.za). I gained approval from the school principal as well as from the principal of the children's home (Appendix A). I developed a consent form that ensured the participants' and their authority figures' confidentiality (Appendix A). Furthermore, I obtained permission from the Department of Education, as well as from the research ethics committee of the Faculty of Education of the University of Pretoria (Appendix A).

My research did not entail exposing participants to physical risks, harm or harmful activities.   I continually emphasised that information and responses shared during the study will be kept private and confidential, and that results will be presented in an anonymous manner (Burns, 2000). I respected the wish of participants to withdraw from my study. Participants were also not subjected to any acts of deception or betrayal (Thompson & Rudolph, 2000). I discuss the research ethical guidelines that I adhered to in more detail in Chapter 3.

1.10   RIGOUR OF THE STUDY

I strived to produce findings that were believable and convincing, also presenting negative or inconsistent findings, in order to add to the rigour of the study. I aimed to enhance trustworthiness by making use of observations and field notes during the entire research process, also using concrete data in the form of photographs and electronic recordings. Although transferability was not the aim of my study, I provided rich, thick descriptions of the participants and their contexts, providing a large amount of detailed information. I strove to base the findings on the outcomes of the participants' involvement and on the conditions of the research, and not on my (or others') biases, motivations and perspectives. Through this, I aimed to meet the criterion of confirmability. Adding to this, I strove to meet the criterion of credibility by focusing on extensive descriptions of specific cases, in my study being two primary participants who had been exposed to sexual abuse. As interpretivist studies assume multiple realities, dependability was not relevant to my study. I provide more detailed descriptions of the measures that I included in order to enhance rigour in Chapter 3.

1.11   LAYOUT OF THE STUDY

CHAPTER 1: OVERVIEW AND RATIONALE

Chapter 1 serves as an introduction to my study and provides a general overview of the study, including my rationale. I state the research problem, define key concepts, and explain the purpose of my study. I also include a definition of key concepts, as well as an overview of my research design and methodology.

CHAPTER 2: LITERATURE REVIEW

Chapter 2 outlines the conceptual framework of my study, by providing an in-depth exploration of Gestalt therapy, alternative assessment procedures and child sexual abuse.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

This chapter discusses my research design by focusing on the collection of data, the selection of the research sites and participants, as well as data analysis and interpretation procedures. I throughout motivate the methodological choices with regard to my study and the research questions and purpose. I also discuss the ethical guidelines that I adhered to and the procedures that I implemented in order to enhance the rigour of my study.

CHAPTER 4: RESULTS OF THE STUDY

Chapter 4 presents the raw data that I collected, an analysis of the data, and a summary of the results of my study. I discuss the outcomes of the alternative assessment methods that I employed by applying Gestalt therapy, in terms of themes and sub-themes that emerged during data analysis.

CHAPTER 5: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Chapter 5 provides a summary of my study, followed by my interpretations of the results in terms of existing literature. I discuss my main findings by referring to my research questions, as formulated in Chapter 1. I also discuss the limitations and potential contributions of my study. I conclude by formulating recommendations for training, practice and additional research.

1.12   CONCLUSION

In this chapter I presented a general overview of my research problem and my rationale for undertaking the study. I stated the purpose of my study and briefly introduced my selected research design and methodology. I defined the key concepts in order to better orientate the reader regarding the meanings that I ascribe to these concepts.

In Chapter 2 I explore relevant literature on Gestalt therapy, alternative assessment procedures and child sexual abuse. Based on the conceptual framework provided in the next chapter, I planned and conducted an empirical study, which I describe in Chapter 3.

CHAPTER 2

LITERATURE REVIEW

"Making mental connections is our most crucial learning tool, the essence of human intelligence:
to force links; to go beyond the given; to see patterns, relationship, context."
-Marilyn Ferguson (Thompson & Rudolph, 2000:162).

2.1   INTRODUCTION

In this chapter I discuss child sexual abuse, alternative assessment and Gestalt therapy in order to locate the study theoretically. I start by describing and defining *child sexual abuse*. I then focus on the short- and long-term effects of sexual abuse on children as well as the factors influencing these consequences. Furthermore, I define *assessment*, discuss the educational psychological approach to assessment, and examine the feasibility of traditional and alternative assessment approaches with regard to the assessment of children who have been sexually abused. Thereafter, I pay attention to the origins and basic principles of Gestalt therapy, explore Gestalt methods that might be adapted for children, and explain the Gestalt cycle that can be used as one possible framework for alternatively assessing primary school girls who have been sexually abused. I conclude this chapter by presenting my conceptual framework for the study.

2.2   CHILD SEXUAL ABUSE

The sexual abuse of children is a major societal problem due to its high prevalence and devastating impact (Gorey & Leslie, 1997). Although the prevalence statistics on child abuse are appalling, many authorities believe them to be conservative, as abuse might occur within the family (in about half the cases, a parent or caregiver is the abuser) and often involves young preverbal children, resulting in many cases never being discovered or reported (Mulryan, Cathers & Fagin, 2004). However, regardless of such seemingly conservative statistics, the sexual maltreatment of children can be regarded as a universal challenge worldwide (Finkelhor, 1994).

In the following paragraphs I explore the construct *child sexual abuse*. As child sexual abuse is a common societal problem (Leventhal, 2000), a large number of children are left vulnerable due to the negative short- and long-term effects of the abuse. My study might add to the literature relating to child sexual abuse and benefit children who have been exposed to such trauma. I firstly define the concept,

after which I contemplate whether or not sexual abuse is a clinical syndrome (in other words can be measured in terms of specific symptoms) or a life event (in other words an experience that produces different behaviours and emotions). Thereafter, I describe typical emotional and behavioural symptoms of children who have been sexually abused, focusing on the short- and long-term consequences of child sexual abuse. I conclude the section with a discussion of the factors, which might impact on these consequences. I decided to focus on the above-mentioned aspects of child sexual abuse, in order to gain insight into the potential experiences of the participants in this study and their situatedness. In addition, my exploration of these aspects guided the planning and progress of the assessments that I facilitated.

2.2.1   Defining child sexual abuse

It is difficult to find a universally accepted definition of *sexual abuse*, as none of the many attempts to define the concept seems to have been entirely satisfactory. One of the reasons for this apparent lack of a universal definition is that until fairly recently, attention was regularly focused on the legal and anthropological perspectives, which are mainly concerned with definitions of *incest*. Therefore, such definitions focus on the nature of the relationship between victim and perpetrator, as well as the nature of the sexual act, which needs to include sexual intercourse (Babiker & Herbert, 1998). Consequently, these legal and anthropological definitions imply limitations, as sexual abuse occurring within the family often involves stepfathers or other close family members who are not related within the bloodline.

Some other definitions of *sexual abuse* (Finkelhor & Korbin, 1988) have not been entirely satisfactory either, since they exclude abuse by adolescents or peers. However, recent definitions are marked by a shift towards descriptions that include peers as perpetrators. Many researchers (Finkelhor, 1991; Jones & McQuiston, 1988) have included peers, provided that the sexual activities are unwanted, exploitative, or can otherwise be distinguished from normal sexual exploration and curiosity. Another difficulty implied by existing definitions of *child sexual abuse* relates to the specified age difference between victim and abuser. When the experience is voluntary, some researchers (Jones & McQuiston, 1988) indicate a five-year age difference as prerequisite for operationally defining behaviour as abuse. Finkelhor (1991, 1979) on the other hand, regards the required age discrepancy to be five years when the victim is below the age of twelve, and ten years when the victim is an adolescent. To further confound clarity, not everyone agrees on whether or not to include noncontact sexual behaviour, such as exhibitionism, solicitations and exposure to sexual material. Although these are thought to have a

significant psychological impact on the child involved, the suggestion is that they are not as likely to cause long-term effects as experiences involving physical contact (Cohen & Mannarino, 1988).

Consequently, the concept *child sexual abuse* is defined in a variety of manners. Despite the lack of consensus, clinical and legal practice, as well as research activity, do, however, demand some workable fixed criteria (Babiker & Herbert, 1998). Therefore, Kempe and Kempe (1978: 6) advocate the use of a commonly used definition of *sexual abuse* by Schecter and Roberge (1976), namely: "*The involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend and to which they are unable to give informed consent and that violate the sexual taboos of family roles*". Finkelhor (1991) elaborates by identifying three possible forms of sexual maltreatment of children, the first being the sexual exploitation of children to gratify one's own physical sexual needs. The second form refers to the excessive erotisation of children through inappropriate sexual stimulation, whilst the third form entails the mortification, vilification and suppression of a child's emerging sexuality.

For the purpose of my study, *child sexual abuse* refers to a wide range of sexual behaviours that take place between a child and an older person. These sexual behaviours are intended to erotically arouse the older person, generally without consideration of the reaction or choices of the child, and without consideration of the effects of the behaviour upon the child. Behaviours that are sexually abusive often involve bodily contact, such as in the case of sexual kissing, touching, fondling of genitals, and oral, anal, or vaginal intercourse. However, behaviours may be regarded as sexual abuse even if they do not involve contact, such as in the case of genital exposure, verbal pressure for sexual intercourse, and sexual exploitation for the purpose of prostitution or pornography (Babiker & Herbert, 1998; Finkelhor, 1991).

2.2.2   Sexual abuse: Clinical syndrome or life event?

While some assessors of sexual abuse "diagnose" a child as a victim of sexual abuse, I do not believe that sexual abuse can be "diagnosed", as I do not regard a child's experience of sexual abuse as a discrete clinical syndrome. Some of the confusion regarding this terminology has developed from Summit's (1983) description of the potential effects of sexual exploitation on children, which later became known as the *"Child Sexual Abuse Accommodation Syndrome"*. This description of a set of five symptoms and behaviours, purported to consistently occur together (namely secrecy, helplessness, accommodation, delayed unconvincing disclosure and retraction), suggests that the sexual exploitation

of children has consistent, predictable and hurtful effects.   Consequently, when sexual abuse is conceptualised as a discrete clinical child syndrome, assessors may inappropriately identify test data and symptoms to support their identification and placement of a child in a fictional homogenous group labelled "sexually abused children". However, this assumption has not yet been supported by empirical evidence (Kuehnle, 1998).

Therefore, the view of sexual abuse as a trigger that sets off an internal process in the child, which surfaces as predictable behavioural and emotional symptoms, does not have an empirically based foundation and may misguide practitioners. Furthermore, research states that child sexual abuse does not result in the development of a syndrome of specific symptoms but that it is rather a life event or series of events that might result in a wide range of behaviours in child victims (Kuehnle, 1998).

Child sexual abuse interacts with different factors, including the child's personality, the child's and family's interpretation of the event, and the nature of the abuse. Therefore, sexual abuse rather refers to an event or a series of events that occur within a relationship in which the child is involved. However, it is important to keep in mind that the physical or psychological consequences may be said to be "diagnosed" if found to be consistent with known sexual abuse signs and symptoms (Babiker & Herbert, 1998), as there is a high degree of overlap between the psychological impact of child sexual abuse and the so-called diagnostic signs and symptoms that indicate that a child is being sexually abused in the here-and-now. The former becomes the basis for the latter in many cases (Hevey & Kenward, 1989). Moreover, it is the psychological effects that are most frequent and require psychological diagnosis, better termed for its broader frame of reference, namely psychological assessment (Herbert, 1998, 1993; O'Hagan, 1989; LaFontaine, 1988).

At present, there seems to exist a need for practical guidelines on how psychological assessments with children, who have been sexually abused, might be implemented. In undertaking this study and assessing the participants' experiences and emotions, my study might add to the literature relating to the assessment of children who have been sexually abused. In the next section, I investigate some of the typical symptoms related to children who have been sexually abused.

2.2.3   Assessing children who have been sexually abused

Different theoretical approaches influence the assessment process of children who have been sexually abused. The theoretical perspective of the assessor determines which hypotheses are considered and which techniques will be useful for assessment purposes.   Cognitively orientated assessors, for example, are interested in children's reasoning processes and the appraisals that cause them to respond maladaptively. In addition, cognitive assessment can fulfil a useful role in a child's assessment regarding intellectual functioning, abstract reasoning, work habits and motivation (Wenar & Kerig, 2000). In this manner cognitive assessment alone might not be entirely useful to determine the psychosocial and behavioural symptoms of children who have been sexually abused.

Assessors with a systemic orientation believe that children's emotional challenges arise within the context of the family system, and they therefore assess the ways that family members interact with one another in relation to sexual abuse (Wenar & Kerig, 2000). In this manner the assessor places more emphasis on the child's family life, as well as on the possible role that the present family system of relationships might fulfil in difficulties with the child after the sexual abuse. In contrast, humanistic assessors do not want to interfere with self-discovery by imposing their interpretations on children, as a result reducing their assessment to a bare minimum. They strive to create a nonjudgmental and nurturing atmosphere in which the child can grow. However, each of these theoretical perspectives only forms part of the puzzle (Wenar & Kerig, 2000) and in this manner might not be entirely useful to assess the holistic emotional wellbeing of children after they have been sexually abused.

Wenar and Kerig (2000) suggests that a complete assessment of a child needs to integrate information from a number of domains, including the behavioral, cognitive, emotional, psychodynamic, interpersonal and systemic domains. During the initial stages of my literature review, I contemplated whether or not the Gestalt principle (that the unified whole is more important than the sum of the separate parts) might be applied to address child assessment challenges, as Gestalt therapists view children as integrated, organised and dynamic systems.

In addition, psychoanalytically oriented assessors focus on the unconscious determinants of children's symptoms, which cannot be observed directly, but must be inferred from children's projections and fantasies. The majority of children who have been sexually abused are traditionally assessed with several psychoanalytical assessment measures known as projective tests. The use of projective tests is

quite common, with a majority of educational psychologists administering them at least occasionally, and most masters programmes providing training in their use (Barlow & Durand, 2001; Durand, Blanchard & Mindell, 1988). Projection tests include a variety of methods in which ambiguous stimuli, such as pictures of people or things, are presented to children, who are asked to describe what they see. The underlying theory is that children project their own personality and unconscious fears onto other people and things, and, without realising it, reveal their inner thoughts and feelings to the assessor. Three widely used projective tests are the *Thematic Apperception Test, Draw a Person Test* and the *Sentence-Completion Method* (Barlow & Durand, 2001)*.*

As these tests are based on psychoanalytic theory, they have been, and remain, controversial. When used as icebreakers, for getting children to open up and talk about how they feel about things going on in their lives, the ambiguous stimuli in projective tests can be valuable tools. However, verbal and written assessment alone might not be successful with children who have been sexually abused, especially when they have poor communication skills, high levels of emotional distress, and acute psychological disturbance.   In addition, children who have been sexually abused often behave inconsistently and have difficulty in recognising and/or communicating their feelings.   Some have decreased attention span and exhibit pathological defence mechanisms. The assessment process may be blocked by one or more of these challenges and it might as a result be difficult to engage the child in assessment (Geldard & Geldard, 2002). In an attempt to determine the psychosocial and behavioural consequences of sexual abuse, I contemplated whether or not alternative assessment techniques might be a suitable way of addressing these challenges. I decided to explore Gestalt therapy as an alternative assessment method based on this intervention technique's focus on non-verbal cues and behaviour. In addition, Gestalt therapy entails techniques that support clients to express their feelings through creativity. Applying these assumptions to my study, Gestalt assessment activities implied the possibility of providing the primary participants with an opportunity to communicate their innermost emotions and thoughts by means of their participation in creative activities.   Furthermore, assessments based on Gestalt therapy could accommodate the primary participants' diversity, as the activities could be implemented flexibly. As such, in my study I was able to ascertain if Gestalt procedures could facilitate emotional expression regarding sexual abuse, or not.

2.2.4 Emotional and behavioural symptoms of children who have been sexually abused

Sexual abuse is associated with a spectrum of internalising and externalising symptoms, trauma-related disorders and patterns of psychosocial maladaption. On the other hand, in some instances there is little evidence of psychological distress, with approximately one-third of sexually abused children being asymptomatic (Kendall-Tackett, Williams & Finkelhor, 1993). Therefore, not all children who have been sexually abused are traumatised or distressed by sexual events. However, for a large proportion of child abuse victims emotional and behavioural symptoms continue to manifest themselves for many years after the abuse has occurred (King, Tonge, Mullen, Meyerson, Heyne, Rollings, Martin & Ollendick, 2000; Oates, O'Toole, Lynch, Stern & Cooney, 1994). Ample evidence exists that childhood sexual victimisation is frequently not short-lived and may be associated with short- and long-term psychological distress, which endures and continues into adulthood (Mannarino & Cohen, 1987; Friedrich, Urquiza & Beilke, 1986).

By means of the above-mentioned research studies I have learned that the short- and long-term psychological symptoms have implications for both individuals and society at large. Therefore, research on suitable assessment and intervention procedures is imperative regarding children who have been sexually abused. My study might add to the literature relating to the impact of sexual abuse and the diagnostic symptoms thereof. Furthermore, my findings might be useful to caring professionals who come into contact with girls who have been sexually abused, as the findings might provide information regarding the support of children who have been sexually abused. In the next sections I discuss possible short- and long-term consequences of child sexual abuse.

2.2.4.1 Short-term consequences

For the purpose of this study, I place emphasis on short-term psychosocial consequences of child sexual abuse, with the necessary reference to physical and long-term consequences. My initial decision to emphasise short-term consequences was based on the probability that I would be assessing short-term consequences rather than long-term consequences, as the participants in the study are young children (Rape Wise, 2004). Short-term consequences of child sexual abuse include the emotional, interpersonal, cognitive, sexual, behavioural and physical symptoms that follow shortly after the abuse, or appear during childhood. Table 2.1 presents a summary of the possible short-term consequences of child sexual abuse. The symptoms mentioned in Table 2.1 can therefore be indicative that a child has

been exposed to sexual abuse (Hornor, 2004; Möller, 2004; Mulryan *et al.*, 2004; Rape Wise, 2004; Shaw, 2004; Tyler, 2002; Freeman & Morris, 2001; Thompson & Rudolph, 2000; Du Plessis, 1999; Leder, Emans, Hafler & Rappaport, 1999; Lewis 1999; Schaefer, 1999; Babiker & Herbert, 1998; Sattler, 1998; Friedrich, Jaworski, Huxsahl & Bengtson, 1997; Briere, 1996; Gills, 1996; Wolfe & Birt, 1995; Kimerling & Calhoun, 1994; Pretorius, 1994; Friedrich, 1993; Hartman, 2002; Kendall-Tackett *et al.*, 1993; Le Roux, 1992; Webb, 1991; Van Schalkwyk, 1990; Einbender & Friedrich, 1989; Hanks, Hobbs & Wynne, 1988). The identified consequences influence each other, and can therefore result in negative behaviour, thwarted development and inadequate functioning (Möller, 2004).

TABLE 2.1: POSSIBLE EMOTIONAL AND BEHAVIOURAL SYMPTOMS
EXPERIENCED BY CHILDREN WHO HAVE BEEN SEXUALLY ABUSED

Emotional	Interpersonal	Cognitive	Sexual	Physical
Depression	Social isolation	Distortions	Sexual phobia	Enuresis
Feelings of guilt and shame	Stigmatisation	Dissociation	Stigmatisation	Bladder infections
Anxiety	Fears intimacy	Personality disorders	Fears intimacy	Cramps
Aggression and defiance	Lacks confidence	Concentration disturbances	Mistrusts others	Sore throat
Mistrusts adults	Inadequate social relationships	Projection	Inadequate sexual relationships	Sleep disorders
Withdrawal	Negative self-image	Disorganisation	Heightened sexuality	Eating disorders
Helplessness	Drop in academic performance	Hallucinations	Masturbation	Skin diseases
Shyness	Passive participation	Flashbacks	Promiscuity	Hypochondria
Regression	Clinging behaviour	Fluctuating school achievement	Prostitution	Vaginal pain, bleeding and infection
Hatred and anger	Poor peer-group relationships	Suicide attempts	Confusion about sexual identity	Anal pain, bleeding and infection
Cruelty towards animals	Withdraws from friends or family	Reliving trauma	Age-inappropriate sexual knowledge	Injury to mouth corners and lips
Overdependence		Distorted body image	Inability to separate sex and love	Sexually transmitted diseases
Frightened		Separation anxiety	Flirtatious sexual behaviour	Pregnancy
Rage		Illusions		Nightmares
Powerlessness		Hypervigilance		Psychosomatic consequences like pain in the thighs and headaches
Negative self-concept		Self-mutilation		Physically agitated behaviour
Fears and phobias				Finds it difficult to walk
Emotional lability				Frozen watchfulness
Post-traumatic stress disorder				Restlessness
Mood swings and irritability				Toileting difficulties
Repetitive play in which aspects of the abuse are expressed				

While emotional, interpersonal, cognitive, sexual and physical symptoms do not discriminate between sexually abused and nonsexually abused children, sexualised behaviour is found to be more strongly associated with an experience of sexual abuse (Kuehnle, 1998; Friedrich, Berliner, Cohen, Damon, Bulter & Shafran, 1996; Friedrich, 1993; Kendall-Tackett *et al.*, 1993; Friedrich, Grambsch, Damon, Hewitt, Koverola, Lang, Wolfe & Broughton, 1992; Friedrich, Beilke & Urquiza, 1988; Friedrich, Beilke & Urquiza, 1987). Sexualised behaviour includes inappropriate sexual acts with dolls, requests to view explicit sexual acts, flirtatiousness, inserting of objects into genital areas, french kissing, sexual language, sexual promiscuity and oral contact with another child's genital area (Hornor, 2004; Freeman & Morris, 2001).

Kendall-Tacket *et al.* (1993) found that the percentage of sexually abused children exhibiting inappropriate sexual behaviour ranged from 7% to 90% in the studies that they reviewed. Other research studies indicate that highly sexualised behaviours exhibited by young sexually abused children are related to the frequency of their sexual abuse, use of force, and the number of perpetrators (Friedrich *et al.*, 1986). Sexualised behaviour appears to be developmentally specific, with sexualised symptomology prominent in preschool-age children, submerging during latency, and reemerging during adolescence in the form of promiscuity, prostitution, or sexual aggression (Mulryan *et al.*, 2004; Dammeyer, 1998; Kendall-Tackett *et al.*, 1993; De Young, 1986). Therefore, symptoms can continue to manifest themselves for many years, and can lead to long-term psychological distress that continues into adulthood (Hornor, 2004; Freeman & Morris, 2001; King *et al.*, 2000; Oates *et al.*, 1994; Mannarino & Cohen, 1987; Friedrich *et al.*, 1986).

In undertaking my study, I wanted to explore some of the typical psychosocial consequences and symptoms related to children who have been sexually abused by implementing Gestalt therapy as an alternative assessment approach. Theory relating to the short- and long-term consequences of child abuse supported me during the interpretation of my results, but I wondered whether or not more symptoms might occur. As my study focuses on the assessment of girls who were sexually abused, my study might add to existing literature regarding the psychosocial symptoms and impact of child sexual abuse.

2.2.4.2 Long-term consequences

When child sexual abuse is not effectively treated, long-term symptoms may persist into adulthood (Rape Wise, 2004). These symptoms may be a continuation of those already present during childhood, or can initially be more latent and emerge during adulthood. Some of the most general problems with which adult victims of child sexual abuse have to deal (Le Roux, 1992; Blume, 1990; Harter, Alexander & Niemeyer, 1988; Briere & Runtz, 1988; Haugaard & Repucci, 1988; Wheeler & Walton, 1987) are a negative self-concept, low self-esteem and low self-respect; poor body-image; and finding it difficult to establish mutually trusting relationships. In addition, they often experience unassimilated feelings of guilt and depression, problems with socialising, revenge fantasies which preoccupy and interfere with daily routines and activities, and personality disturbances. Furthermore, they might experience sexual adaptation problems, which include sexual frigidity, sexual promiscuity, sexual anxiety, impotence and paedophilia. Moreover, they might participate in alcohol and drug abuse and self-mutilation, and experience suicidal thinking. They might develop eating disorders, relive the trauma through nightmares, and experience uncontrollable flashbacks, which may be symptomatic of a post-traumatic stress disorder. Lastly, they often experience poor parent-child relationships, which sometimes lead to physical and sexual abuse of their own children.

It seems that sexual abuse can be associated with a spectrum of emotional, interpersonal, cognitive, sexual and physical symptoms that might have short- and long-term negative effects on the child who has been abused. In undertaking this study and assessing the participants' emotions, I anticipated that my study might make a contribution to the literature relating to the support of children who have been exposed to such trauma. I now discuss some factors that might influence the consequences of child sexual abuse.

2.2.5   Factors influencing the consequences of child sexual abuse

I now discuss the potential factors that might have an impact on the emotional, interpersonal, cognitive, sexual and physical consequences of child sexual abuse, influencing the child's lived-experience of the traumatic event.

2.2.5.1   Cognitive factors

Wolfe, Gentile and Wolfe (1989) report that child victims, who believe that they might be abused again, show increased negative affect and more behavioural symptoms than victims who do not hold this fear. As such, a connection seems to exist between the psychological effects and children's interpretations of the sexual abuse. Cross-cultural data provide support for such a connection (Stoller & Herdt, 1985). For example, although males among the Sambia tribe in New Guinea are required to engage in fellatio with pubertal males from age seven until puberty, these young males do not show any signs of psychological trauma or culturally aberrant sexual behaviours as a result of their early ongoing sexual experiences (Stoller & Herdt, 1985). As ingesting semen is believed by the Sambians to be the sole factor in the development of manliness and maleness, the fellating behaviour is not interpreted as sexual or abusive by this cultural group, nor are there any other abuse-related factors present (such as secrets, threats to safety, force or anal penetration).

2.2.5.2   Parent interpretations and support

Family support is a factor that might strongly affect the psychological consequences of child sexual abuse. The levels of distress, psychological symptomatology and speed of recovery of children who have been sexually abused are related to parent support (Friedrich, 1988; Runyan, Everson, Edelsohn & Coulter, 1988; Friedrich *et al.,* 1986) Consequently family and health care professionals might affect a child's response by supporting the child from the time an abuse is uncovered, throughout the assessment and intervention – in this manner helping the child to recover (Mulryan *et al.,* 2004; Briere & Runtz, 1990; Erickson & Egeland, 1987).

2.2.5.3   Age and onset of the abuse

Finkelhor (1979) found that the greater the difference in age between the victim and the perpetrator, the more potentially traumatic the events are for the victim. However, the majority of research results indicate that the younger the child at the onset of the abuse, the more traumatic the consequences may be (Le Roux, 1992).

2.2.5.4   Duration of the sexual abuse

Although certain research results suggest that the duration is not a significant factor, the majority of research findings indicate that long-term sexual abuse intensifies the trauma (Le Roux, 1992). This implies that the longer the duration of the sexual abuse, the more traumatic the experience might be for the child.

2.2.5.5   Court proceedings

The fearful anticipation of court proceedings, unsympathetic questioning and cross-questioning of the victim, and the presence of the perpetrator (especially in interfamilial cases) are additional factors which can intensify the trauma a child experiences (Le Roux, 1992). This implies that testifying against a family member might intensify the traumatic experience for the child.

2.2.5.6   Relationship to the perpetrator

The majority of research results imply that interfamilial child sexual abuse intensifies the trauma. The closer the relationship with the perpetrator, the more negative the results will usually be for the victim (Le Roux, 1992).

2.2.5.7   The nature of the sexual abuse

Potentially, actual sexual intercourse has more negative consequences than abuse, which takes place without penetration. The use of physical force during the abuse is, however, a factor which has serious negative short- and long-term consequences for the victim (Le Roux, 1992; Finkelhor, 1979).

It seems that various factors might have an impact on a child's lived-experience of sexual abuse. I now discuss and explore the use of alternative assessment and the techniques that it implies, which might be utilised to determine the impact of sexual abuse on children.

2.3   ALTERNATIVE ASSESSMENT

I found limitations to exist in available literature relating to the alternative assessment of girls who have been sexually abused. As such, I anticipate that my study might make a contribution to existing literature regarding the use of alternative assessments to determine the impact of sexual abuse on children. In order to provide an overview of alternative assessment and the techniques that it implies, I now explore this approach to psychological assessment.

In the following paragraphs I focus on the possible use of alternative assessment whilst assessing young girls who have been sexually abused. My literature exploration regarding alternative assessment guided my understanding, planning and monitoring of the assessment that I facilitated. I firstly define the concept *assessment*, after which I discuss the educational psychological approach to assessment. Thereafter, I discuss the use of traditional versus alternative assessment approaches. I conclude the section with a discussion of possible future directions for alternative assessments.

2.3.1   Defining assessment

The first widespread use of psychological assessment occurred in China more than 3,000 years ago (Oakland, 2004). Currently, assessments are used universally and are done in virtually every country, with newborns through to the elderly. The past decade has seen significant and frequently debated changes and shifts in the way practitioners approach assessment. One of these changes is the shift in general perceptions of children, from being "mini-adults" to recognising the fact that children have needs that are different from those of adults, requiring assessments that are more appropriate for their levels of understanding, social locations and developmental situations (Myers, 2005). Therefore, theoretical advances and practical experience have influenced one another, as theoretical developments logically influence assessment practice, theoretical definitions and assumptions regarding assessment (Lubbe, 2004).

Assessment can be defined as the process of gathering information in order to make evaluative decisions (McLean, 1996; Meisels, 1994). Assessment entails the synthesising of information, as a means of describing and understanding functioning. The assessment process is multidimensional by nature and can serve many purposes. For example, it can be used to identify strengths and

weaknesses, map development or progress, make decisions regarding the placement of a child, identify intervention needs, or assist in making a diagnosis (Lubbe, 2004).

Consequently, assessments can be used within different fields of specialisation. One of these fields is Educational Psychology. Educational psychological assessments are typically used to describe current behaviours and other qualities, estimate future behaviours, assist counselling services, evaluate progress, screen for special needs, diagnose disorders and assist in determining whether persons should be promoted or retained (Oakland, 2004). As the focus in Educational Psychology is gradually shifting towards alternative assessment (Maree, 2004), there seems to be a need in South Africa to understand alternative assessment practices, and for practitioners to explore the application of such practices (Maree, 2004). During my literature search I realised that information on alternative assessment is limited by nature. Therefore, I anticipate that my study might make a contribution to the literature relating to the alternative assessment of children who have been sexually abused. In the next section, I explore my educational psychological approach to assessment in more detail.

2.3.2   Educational psychological approach to assessment

Educational psychological assessment is a process-orientated activity whereby a wide array of information is gathered by using assessment measures (tests) and information from other sources (such as interviews, a person's history and collateral sources). After gathering information from the various relevant sources, information is synthesised, evaluated, clustered together and weighed up in an attempt to describe and understand the functioning of an individual child (Foxcroft & Roodt, 2001). On the basis of these descriptions, predictions can be made with regard to future functioning, decisions can be made, interventions planned and progress mapped. As such, the main aims of educational psychological assessment are usually to identify goals and determine the level of intervention required to assist an individual child or young person in achieving a better future (Myers, 2005).

Educational psychological assessments are often done on an individual level, focusing on obtaining a holistic view of the child in terms of competencies, assets, strengths and areas of difficulty (Appl, 2000). Gathering a wide array of data regarding different aspects of a child's functioning (such as cognitive abilities and emotional wellbeing) might provide a comprehensive overview of the child's functioning. Consequently, the data and information gathered throughout the assessment process depend on the specific purpose and decisions that need to be made. Professionals must thus be clear regarding the

purpose for assessing children and then carefully consider the best means of gathering information that might help them in formulating decisions (Appl, 2000; McLean, 1996; Taylor, Willits & Lieberman, 1990).

Clinicians need to be properly trained in general psychological assessment and be familiar with the subjectivity of their work. Theoretically, this awareness of subjectivity might encourage clinicians to identify and minimise personal biases that could contaminate their findings (Dammeyer, 1998; Matarazzo, 1986). Therefore, applying this theory to my study meant that I had to be aware of my own personal biases, as assessments can have profound implications for the people who are assessed and for their futures. It was particularly in the synthesis and integration of the obtained assessment information that much skill and professional judgement was required of me to identify underlying patterns of behaviour and emotion, and to make appropriate deductions. As a result, I had to draw on my knowledge of the field of Psychology, and not merely of the field of assessment, when conducting the psychological assessments, by relying on Gestalt therapy techniques. This approach enabled me to formulate an informed professional opinion (Foxcroft & Roodt, 2001; Leder *et al.,* 1999). I decided to focus on the above-mentioned aspects of educational psychological assessment to gain insight into the participants' experiences during the alternative assessments I conducted. In addition, my exploration of these aspects guided my understanding, planning and progress of the assessments that I facilitated.

2.3.3   Traditional assessment *versus* alternative assessment

Traditional assessment can be defined as the assessment of individuals using standardised psychometric test batteries. Norm samples are used for different population groups. Traditional assessment is viewed primarily as an objective assessment process that results in a numerical representation of an individual's abilities (Losardo & Notari-Syverson, 2003; Foxcroft & Roodt, 2001).

Collin (1999) defines the term *alternative* as something that might be used in place of something else. As used in my study, the concept *alternative assessment* refers to an approach to assessment that can possibly be used as an "alternative" or in place of more traditional assessments. Moreover, alternative assessments have been developed to address the limitations of standardised assessment tools. It entails alternative models of assessment that emanate from new theories of child development and from a new consciousness of the complex factors influencing children's lives. It also provides a framework to better accommodate diversity in cultures and languages.

One trend that impacts significantly on contemporary educational psychological assessment is the shift away from isolated psychometric testing towards a more alternative assessment culture. This shift arose from concerns regarding the appropriateness of the use of traditional assessments and standardised tests on the various population groups of society (Lubbe, 2004). One questionable practice regarding traditional approaches to assessment is that such approaches can be confined to accurately uncover the needs of young children who are culturally, linguistically and developmentally diverse (Losardo & Notari-Syverson, 2003). Another concern with regard to more traditional approaches to assessment is related to the fact that children with disabilities or children from different racial or cultural backgrounds are not usually part of the standardisation sample (McLean, 1996; Worthman, 1996; Hutinger, 1994; Meisels, 1994; Linder, 1991; Bailey, 1989; Neisworth & Bagnato, 1988).

Furthermore, there is a concern regarding the artificial conditions and lack of flexibility under which traditional assessment might be conducted. These types of practices can hinder assessment when conducted with young children who have limited ability to understand and communicate what they are experiencing (Mulryan *et al.*, 2004). In addition, during the assessment of children with emotional conflict it is often difficult for them to express their feelings in artificial conditions that allow less flexibility (Myers, 2005; Faller, 1990, 1988; Goodwin, 1989, 1982; Walker, 1989; McFarlane, Waterman, Conerly, Damon Durfee & Long, 1986; Sgroi, 1982). It seems that traditional assessment approaches have in certain cases proven to be inadequate to address important questions raised by new theoretical formulations and research findings, as well as by the everyday experiences of professionals. Keeping these questions in mind, I started wondering whether or not the use of alternative assessment methods might address these challenges.

Finkelhor (1986) states that the need exists for the development of alternative assessment methods that have specific utility in assessing the impact of sexual abuse. There seems to be extensive literature relating to the use of traditional assessment approaches to assess the effects of child sexual abuse. However, literature regarding alternative assessment methods that can be used to assess the effects of sexual abuse seems to be limited, as research is still emerging concerning this topic. In conducting my study I attempted to add to the body of knowledge with reference to practical alternative assessment guidelines for determining the psychosocial, cognitive and behavioural impact of child sexual abuse.

If an alternative assessment approach is to be trusted, the methods used, as well as the application thereof, should meet certain criteria (Herbert, 1993). Firstly, alternative techniques ought to provide

measures that are relevant to the child's background. Secondly, the techniques need to measure or indicate what they purport to measure/indicate. In the third place, techniques need to be practicable in the sense of not being unwieldy, excessively time-consuming or esoteric. Techniques must also be used ethically, and apply measures that are fair. Finally, the assessment should not be applied to biased or narrow aspects of the client's functioning; nor should one use methods that are culture-bound and which therefore discriminate unfairly against particular individuals (Babiker & Herbert, 1998; Herbert, 1993).

Applying Babiker and Herbert's (1998) theory and criteria to my study, I aimed to explore the possibility of utilising Gestalt therapy as a way of alternatively assessing the psychological state of two primary school girls who have been sexually abused. One of the reasons why I decided to focus my study on an alternative approach to assessment, is that practitioners in Educational Psychology and social service agencies often need alternative models of assessment that emanate from recent theories of child development, and from a new consciousness of the complex factors influencing young children's lives (Losardo & Notari-Syverson, 2003). Furthermore, alternative assessment might provide a clearer picture of the individual child, and a richer understanding of the psychological effects of a traumatic experience like sexual abuse, than those obtained by means of traditional assessment (Myers, 2005). Therefore, I believe that my study could provide the opportunity to draw attention to the importance of exploring and applying alternative assessment with children who have been sexually abused. I anticipate that my study might further add to literature relating to alternative assessment, focusing more specifically on girls who have been sexually abused.

2.3.4   Future directions for alternative assessment

Researchers, practitioners and educational psychologists who wish to adopt alternative assessment procedures, and implement them in future, face distinct challenges. One of these challenges is the development of assessment techniques that can easily be integrated into and across everyday activities and can draw from observing and interacting with children (Losardo & Notari-Syverson, 2003). Furthermore, alternative assessments are expected to be unbiased and respectful of children's cultural and linguistic differences. Within the context of alternative assessment, practitioners do not have fixed standards with regard to the interpretation and use of collected data through alternative assessment measures. As such, they have to rely on their own informed clinical judgment to analyse assessment outcomes and constantly be aware of their own biases, limitations and preconceived attitudes (Harry,

Rueda & Kalyanpur, 1999; Leung, 1996). This study might provide findings regarding these challenges, as assessment techniques applied in my study might be used during everyday activities that rely on observations of and interactions with children. Techniques used during my study are also unbiased and respectful of children's cultural differences.

Based on the growing need for alternative assessment measures when working with vulnerable children (like children who have been sexually abused), I started wondering whether or not Gestalt therapy techniques might be a suitable way of addressing this need. In order to provide an overview of Gestalt therapy and the techniques that it implies, I now explore this approach to psychological intervention.

2.4   GESTALT THERAPY

Gestalt therapy can be described as a form of counselling or psychotherapy that was developed during the 1960's by the psychiatrist Frederick Perls (1893-1970). Violet Oaklander can be regarded as the modern researcher and practitioner of Gestalt therapy. Her contributions as a practitioner of this intervention approach are helping Gestalt therapy to gain a more significant place in the evolution of psychotherapy. According to the basic principles of Gestalt therapy, clients are encouraged to focus on the immediate present and express their true feelings openly and honestly (Colman, 2003). Another important characteristic of Gestalt therapy is that it is primarily non-verbal by nature. Perls came to the conclusion that what clients do, is a far more reliable guide than what they say (Matthew & Sayers, 1999). I contemplated whether or not this intervention technique, focusing on non-verbal cues and behaviour, could be used during assessments with younger children who do not yet possess the verbal abilities to describe the abuse that they were subjected to, or who are often too shy or too scared to do so.

In the following paragraphs I explore Gestalt therapy. I firstly discuss the basic principles, after which I discuss the basic concepts of Gestalt therapy. Thereafter, I describe the Gestalt therapy cycle, contemplating whether or not it can be applied to my study. I conclude the section with a discussion of Gestalt therapy techniques adapted for children, upon which I relied during my field work.

2.4.1   The basic principles of Gestalt therapy

Gestalt therapy entails techniques that support clients to express their feelings through creativity. The very act of creating without the therapist intervening is a powerful expression of the self that might help establish a client's self-identity and provide a way of expressing feelings.   Therefore, drawings, sculptures, collages, pictures, puppets, storytelling, music, taste, relaxation, games, clay, writing and painting are often used during therapeutic sessions. These techniques can be used in endless ways, for a variety of purposes, and at different levels. Techniques are not meant to be followed mechanically, but, regardless of the technique that is employed, the basic purpose of Gestalt therapy stays the same. The main goal is namely to help clients become aware of themselves and their existence in their worlds. Moreover, Gestalt therapists need to find their own style in achieving such awareness and maintaining the delicate balance between directing and guiding the session on the one hand, and going with and following the child's lead on the other (Rhyne, 2001; Thompson & Rudolph, 2000; Friedman, 1999; Oaklander, 1988).

One of the activities that might evolve during the Gestalt therapeutic process is having clients share their experiences and feelings about activities. In this manner they share the activity itself, describing the task in their own way. On a deeper level, Gestalt therapists can prompt clients' self-discovery by asking them to elaborate on the aspects of an activity, to make parts clearer and more obvious, describing forms, people, representations and colours. In addition, therapists can ask clients to describe tasks as if they were the clients, using the word "I", for example "I am the puppet" and "I am yellow". The therapist might select specific aspects of a task for clients to identify with, such as being the house that they draw and describing what they look like. Furthermore, the therapist can ask questions, if necessary, to assist the process. In an attempt to focus clients' attention and to sharpen their awareness, therapists might further emphasise and exaggerate on parts of the activity. In this manner, they can motivate clients to conduct a dialogue between two parts of an activity, like a picture, or two contact points (such as a sun and a house). In addition, the therapist can encourage clients to pay attention to colours, like interpreting what dark and bright colours mean to them, for example, the colour yellow might be associated with happiness and the colour black with fear. This might support clients to become aware of what they did, if they are not willing to talk about it. Finally, therapists might watch for cues in clients' tones of voices, bodily postures, facial and bodily expressions, breathing and silences. Silence might imply censoring, thinking, remembering, repression, anxiety, fear or awareness (Rhyne, 2001; Thompson & Rudolph, 2000; Friedman, 1999; Oaklander, 1988).

The Gestalt therapeutic process reminds me of the fact that Gestalt therapy has traditionally been used for intervention. However, for the purpose of my study I questioned whether or not Gestalt therapy might also be used as an alternative assessment technique. During my literature search I could not find research studies focusing on the use of Gestalt therapy as an assessment technique. Therefore, this study might add to existing literature relating to the use of Gestalt therapy (that is traditionally used as an intervention technique) as an alternative assessment method.

2.4.2   Gestalt therapy concepts

In this section I provide an overview of the main concepts regarding Gestalt therapy, which I utilised in developing my intervention and the techniques that I employed.

2.4.2.1   Awareness

Awareness refers to the capacity to focus, to attend, and to be in touch with the now.   The main thrust of Gestalt therapy is to help people develop such awareness, in order to make choices, determine their existence, and become self-sufficient (Crocker, 2001; Thompson & Rudolph, 2000). Furthermore, a basic tenet of Gestalt therapy is that change is not possible without awareness. For example, when confronted with a problem, it is human nature for people to want to change the situation or the other person, when it is required to figure out, or become aware of, the own contribution, in order to change the problem. More specifically, people need to know what they do, how they do it, when it works, and when it does not, in order to have the choice to keep doing what they are doing, or to do something differently. Therefore, awareness is in the present, the here-and-now. It is noticing what is happening as it happens. In order to access this level of awareness, the Gestalt therapist may ask questions like the following: *What stands out for you now? What are you feeling or thinking now? What are you aware of now?* (Friedman, 1999). In addition to this, the therapist might facilitate awareness by telling the client what they are aware of noticing, such as the client's breathing, body movement and connection with the experience, in order for change to be possible. The task for the assessor, then, is the same as the client's task, namely to be aware of moment-to-moment experiences (Friedman, 1999). Therefore, literature regarding Gestalt therapy indicates that one of the goals of Gestalt therapy deals with the lack of awareness of emotions. Applying this to my study, I started wondering whether or not awareness could be used during the assessment of children who have been sexually abused, by motivating the

child to become aware of experiences, sensations, emotions, and needs; to be able to act on these; and to deal with the environment so that personal needs can be met.

2.4.2.2   Perception

The concept of awareness relates to a second key concept of Gestalt therapy, namely *perception*. Perception includes figure and ground. A classic example is the picture that looks like a vase but at the same time looks like two faces. The part that stands out is figural, whilst the other is ground. The therapist looks at what is figural for the client and for the self. This involves identifying a figure of interest, losing interest, and shifting to another figure (Friedman, 1999).

2.4.2.3   Experiment

In Gestalt therapy there are two kinds of *experiments*, namely awareness and thematic experiments. *Awareness experiments* help clients to notice something, to stay with it, or to accentuate the essence of what is happening, in order to get to know it better. Applying this principle to my study, with a child whose hand is clenched into a fist every time the issue of sexual abuse arises, I could mirror this action in order to bring it to the child's awareness. I could then ask the participant to further tighten her fist, to see what emerges. *Thematic experiments*, on the other hand, deal with a pattern of behaviour (such as passivity) that can arise after a negative experience or with a polarity (like being angry, aggressive and violent, and, at other times, being passive, obedient or overly nice – not being able to bridge the two) (Friedman, 1999). This kind of experiment explores themes more comprehensively, in order to direct themes toward a possible solution.

Gestalt experiments can assess the effectiveness or impact of an action, like when the therapist facilitates a client to take some action, in order to see whether or not it makes a difference, or if it changes anything, for instance, to see if it might end unfinished business. I regard this concept as the exciting, lively aspect of Gestalt therapy, as it provides an opportunity for creativity. Consequently, instead of simply talking about something, the client demonstrates the spoken content by means of clay, puppets, drawings, paintings, sand, dough, sculptures and collages. These kinds of activities separate Gestalt therapy from other therapies as they are focused on ways to facilitate therapeutic growth by showing clients how to express feelings that had been walled off inside themselves, or make explicit what had been implicit (Rhyne, 2001). Applying this to my study resulted in my view that Gestalt

experiments might be useful during alternative assessment practices – using media as a bridge between inner and outer realities, encouraging participants to create their own visual forms and to use these as messages that they send to themselves. As such, experiments provide visual imagery that might evoke associations, resonances and insights. Furthermore, when the client creates something, the therapist might obtain new information, different from what was spoken, as the child might express emotions that are challenging to talk about. This probably has more staying power than a mere cognitive experience. Gestalt experiments and techniques thus interrupt the usual pattern of intellectualising, and facilitate connection on a deeper level (Rhyne, 2001).

In Gestalt therapy, no fixed list of experiments, techniques or exercises exists. Experiments are not forced to result in desired outcomes. They arise from the moment, the here-and-now, and are sensitively tailored to the individual client. Gestalt activities focus on the individual client – on the manner of feeling, seeing, thinking and perceiving. Furthermore, when clients engage in Gestalt activities, they experience themselves. What they produce comes not from a depersonalised "it", but is very personal. Consequently, clients can create and communicate better through the media of the forms that they make (Rhyne, 2001). I presume that humans both need to and want to be creative, as I regard this as typically human.

As my study focuses on children, I searched through the literature for an approach that might provide opportunity for the use of creative, relevant, friendly, interesting, familiar, culturally sensitive and developmentally appropriate techniques for the individual child. I concluded that Gestalt therapy experiments might provide this opportunity through the use of clay, puppets, drawings, paintings and sand. These experiments might be relevant, friendly, interesting and familiar to children, as they often form part of children's life and play worlds. In conducting my study, I questioned whether or not experiments based on Gestalt therapy might be used successfully to assess children's wellbeing. Consequently, I attempted to explore the application value of Gestalt experiments in assessing children who have been sexually abused.

2.4.2.4   Polarity

Polarity is defined as opposites, which usually exist within the context of broad opposites, such as cruel/kind and hard/soft. To illustrate: in order to know courage, we must know fear; for without fear we cannot experience courage. Applying this principle to my study resulted in my view that, after a child

has experienced sexual abuse, one polarity might not be accepted, for example, on the one hand being a perfect scholar who sings and plays piano in church, yet, on the other, having a secret life as a child who is being sexually abused. In Gestalt therapy experiments are designed to help with such kinds of polarities, as integration involves awareness and acceptance of both sides of a polarity (Friedman, 1999).

At the onset of my study, I wondered whether or not Gestalt therapy might be an effective way of assessing children's emotional wellbeing, which brings me to the possible application of Gestalt theory like awareness, experiment and perception during my study. It was my view that I firstly needed to devise an experiment or activity, which the participant could modify, when I commenced with my field work. Then I needed to direct the activity, ask questions and make suggestions as the process unfolded. Afterwards, I needed to provide the participant with feedback, indicating what stood out or was figural (Friedman, 1999). Where notes were taken, feedback could include reading the participants' own words back to them. Furthermore, it was continually important to keep in mind that, during Gestalt experiments, participants could sometimes appear to enter into an altered state, which is a state of deep connection and focused attention on the self. I therefore needed to enter into a similar state along with the participants. Furthermore, it was a creative state, one of joining in with the participants' experiences and with what was unfolding in front of me (Friedman, 1999).

2.4.3   Gestalt cycle

The Gestalt therapy process can be represented as a cycle. The model of a cycle emphasises the unified nature of experience (Clarkson, 1989). An advantage of this cycle is that it can be adapted in a multiplicity of interesting ways (Matthew & Sayers, 1999). As such, the Gestalt cycle provides a model for understanding where a client is with regard to any particular issue at any particular moment.

Figure 2.1 provides a visual representation of the Gestalt cycle (based on the contributions of Perls, Hefferline & Goodman, 2003; Matthew & Sayers, 1999; Clarkson, 1989; Yontef, 1979). In explaining the cycle, it is important to realise that any point that I considered is simply a staging post as the cycle is ongoing and living – a part of a whole. I chose to start with my discussion at the *sensation* point in the cycle, following Figure 2.1. This is the stage in the cycle where an experience impinges on the subconsciousness (Perls, Hefferline & Goodman, 2003).

```
Sensation  ──────►  Awareness  ──────►  Mobilisation of energy
   ▲                                              │
   │           The Gestalt Cycle                  ▼
Closure  ◄──────  Contact  ◄──────  Action
```
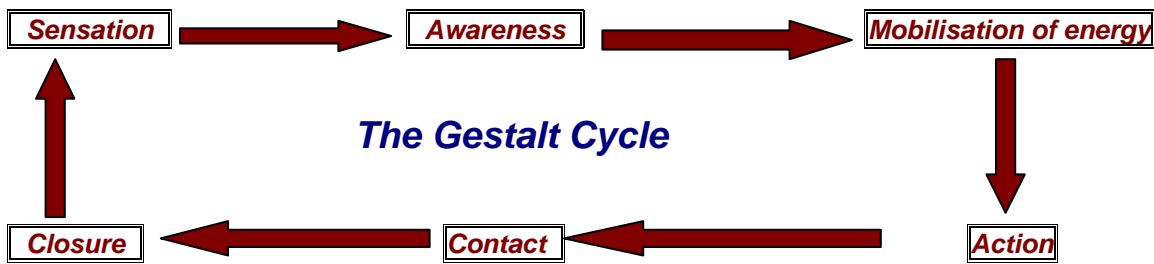
FIGURE 2.1. THE GESTALT CYCLE (Adapted from Perls, Hefferline & Goodman, 2003; Matthew & Sayers, 1999; Clarkson, 1989; Yontef, 1979).

In the *sensation* stage of the cycle there is a blockage between sensation and awareness. For an issue to enter a person's awareness, someone has to articulate it and be listened to while articulating it. Therefore, it is important to be fully aware of and interested in how a client feels. Thereafter, either gradually or suddenly, a sensation enters the client's consciousness as *awareness* (Matthew & Sayers, 1999). This is the process of being in vigilant contact with the most important event in the individual's field, with full sensorimotor, emotional, cognitive and energetic support (Yontef, 1979). Awareness might lead to the *mobilisation of energy*, which is a state of emotional and physiological arousal, where a client is generating energy for movement, or heightening the senses to receive maximum input from the environment. This stage of the cycle leads to the *action* stage. If energy has been successfully channeled, it will lead to action, and the action will be recognised as significant and appropriate. In the *contact* stage of the cycle sensory and motor functions make contact with the action that has been taken (Clarkson, 1989). Good contact is the essence of what Gestalt therapy is all about. It is a period of digestion and assimilation, where the individual can accept or reject what has been happening previously. The final phase of the cycle is *closure*. This phase is often omitted from theoretical discussions of the Gestalt cycle, which is perhaps a reflection of the difficulties clients might experience with the closure of human experiences (Matthew & Sayers, 1999; Clarkson, 1989).

During the initial stages of my literature review, I started wondering how the Gestalt cycle could be applied to my study. This resulted in my conclusion that, when primary school girls, who have been sexually abused, are unable or unwilling to articulate what they feel regarding the abuse, they are in the *sensation* stage of the cycle. For the sexual abuse to enter into the child's awareness, someone has to articulate it and be listened to while articulating it. Therefore, to be fully aware of and interested in how the child feels, could be one possible assessment goal in this area. Thereafter, during the *awareness* stage, the sexual abuse, which has entered awareness, will become the focal point of the child's consciousness. Furthermore, to be aware in the Gestalt sense, the child has to be connected and has

to allow the sexual abuse into awareness (Matthew & Sayers, 1999). During the *mobilisation* stage the child reviews options, accepts some of them, rejects others, actively researches new possibilities and begins experimenting with new forms of behaviour and appropriate actions (Matthew & Sayers, 1999).

If energy has been successfully channeled, it will lead to the *action* stage, and the action will be recognised as significant and appropriate by the child. During the *contact* stage the child is momentarily completely taken up with the *what* that has been created or discovered, that is most significant for the child at that point in time. Therefore, I propose that contact is about the expression of emotions during the assessment process. It is about expressing anger and frustration regarding the sexual abuse (Matthew & Sayers, 1999). True contact might open gateways to change and facilitate movement in the cycle. The next and final phase of the cycle is *closure*, which is a postcontact point where the child experiences feelings of satisfaction with what has been achieved, as well as a Gestalt sense of completion. Although the Gestalt cycle is traditionally used during intervention with adults, I believed that it can also be implemented during the assessment of younger children when commencing with my field work. The findings of this study might therefore add to literature relating to the experience of younger children who have been sexually abused, specifically with regard to the manner in which the different stages of the Gestalt cycle are experienced while a child is participating in alternative assessment procedures.

2.4.4   Gestalt activities adapted for children

Mullen (1990) suggests that Gestalt therapists familiarise themselves with the principles of Developmental Psychology, to be able to tailor Gestalt therapy methods to fit the developmental levels of their clients. Therefore, it is important to use activities that are relevant, familiar, culturally sensitive, developmentally appropriate and interesting to children, when assessing children (Appl, 2000). In the next sections I discuss a few of the Gestalt activities that I employed during my field work – activities that therapists might use with children (refer to Appendix D for the intervention I developed based on these constructs).

2.4.4.1   Family drawings

Family drawings entail that children draw their families as symbols or animals. The therapist asks the child to close her[3] eyes, enter into her own space, and think of each member of her family. Thereafter, the child draws her family members as symbols or animals that they remind her of. For example, if someone in her family reminds her of a butterfly, because that person flirts around a lot, she has to draw that person as a butterfly. This is followed by a discussion of the drawing (Thompson & Rudolph, 2000; Oaklander, 1988).

2.4.4.2   Egg technique

This technique might make the child aware of her own personal boundaries, and enable her to recognise when someone intrudes on her boundaries. The therapist can start the session by asking the child if she knows that she is staying in an egg. The child is then presented with a picture in which she has to connect dots around a figure and colour in the personal space. This could enable the child to visually understand what is meant by boundaries. Then the child is given the opportunity to physically show with her arms spread around her body where her boundaries lie. The therapist might explain that people have their own personal space and distance around their bodies that make them feel safe. These are called boundaries. When she is hit, touched in a private way, yelled at or ignored, her boundaries have not been respected. The therapist could ask questions like: *If someone bumps into you in the street, have they come into your personal space? If someone screams at you and makes you cry, have they violated your invisible boundaries?* The child is asked to identify persons who had positively or negatively entered her personal space (Fouché, 2000; Butler & Karp, 1996)*.*

2.4.4.3   The rosebush

The child is given the opportunity to close her eyes and enter into her own space. Thereafter she has to imagine that she is a rosebush.   This technique requires a lot of prompting, suggestions and possibilities. The therapist might ask questions like: *What kind of rosebush are you? Are you very small? Are you large? Are you fat? Are you tall? Do you have flowers? If so, what kind? What colour are your flowers? Do you have many or just a few? Are you in bloom or do you only have buds? Do you have leaves? What kind? What are your stems and branches like? What are your roots like?* The

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3 I decided to use the feminine gender (*her* and *she*), based on the fact that I involved girls in my study.

therapist then asks the child to open her eyes and draw or paint her rosebush (Thompson & Rudolph, 2000; Oaklander, 1988). This is followed by a discussion of the drawing or painting.

2.4.4.4   House and community plan

By using this technique, it is possible to identify places in which the child feels secure, but also to identify places and situations in which she feels threatened. A picture is drawn of the child's home, and clay models representing her family members are made. The child or the therapist can write the people's names next to the clay figures. Furniture can also be drawn. The area surrounding the house might be drawn, as well as neighbouring houses, open fields and schools. Thereafter questions are asked to further explore, by focusing on the child's family life. The therapist might ask questions like: *Who sleeps where? Who wakes you up in the morning? What does mom/dad do when you don't want to get up? What do you do after you have gotten up? What does mom/dad do when you are in the bathroom and they want to quickly come in? What do you see when dad/mom/brother comes into the bathroom to use the toilet? What do you eat? Who prepares it? What if there is no bread or milk? Who dresses you?* (Fouché, 2000; Kaduson & Schaefer, 1997; Butler & Karp, 1996; Perry & Wrightman, 1991).

2.4.4.5   My week, my day, my life

The therapist can get an sense of the child's life by asking her to draw a picture of her week, or her day, or her life. These pictures might provide opportunities for further discussions regarding her day, week or life (Thompson & Rudolph, 2000; Oaklander, 1988).

2.4.4.6   Storm

This technique might explore the child's feelings and preferences regarding significant people in her life. The therapist can start the session by asking the child if she knows what an island is. She then paints an island as well as the water around it. The therapist explains that they are going to pretend and play that they had won a holiday on the island. The child can decide who can come and stay for a weekend, making clay models representing the people who she would like to come and stay with her on the island. The therapist might ask questions like: *Who do you play with on the island? Who is going to prepare food? What kind of games do you play on the island?* The therapist can then construct a

smaller island, not far from the big island, explaining that the child can put the people that hurt her or say rude things to her on the smaller island (Moore, 1992).

2.4.4.7   Free drawing

The child is given the opportunity to draw or paint whatever she wants, rather than be told what to do. Of significance is what is foremost in the child's mind. Thereafter, the therapist might ask questions about the child's picture, and follow with a discussion of the drawing/painting (Thompson & Rudolph, 2000; Oaklander, 1988).

2.4.4.8   Family graphic

By using different colours of clay, that are rolled into little balls, it is possible to determine the relationships between the child and the people with whom she has contact. Furthermore, it is possible to visually represent these relationships. The child is requested to form a ball that represents her and to place it anywhere on a blank piece of paper. Thereafter, she forms balls of clay representing her family members and friends that visit her, or whom she often visits, as well as her extended family. She then places the balls of clay anywhere on the paper (as near or as far from the ball of clay that represents herself, as she decides) (Fouché, 2000; Kaduson & Schaefer, 1997; Venter, 1993; Oaklander, 1988).

2.4.4.9   Clay

The therapist might motivate the child to experience some activities that she can perform with clay. The therapist might start by asking the child to close her eyes, and to follow the therapist's directions, like to sit calmly for a moment with her hands on her lump of clay, or to take a couple of breaths and "make friends" with the clay. The therapist can then ask questions like: *Is it smooth? Rough? Hard? Soft? Bumpy? Cold? Warm? Wet? Dry? Light? Heavy?* Thereafter, the child can be provided with the opportunity to pinch the clay, squeeze it, bunch it up together in a ball, and tear it up into little and big pieces. The therapist can also give the child the opportunity to create anything with clay or even ask her to be the clay. Throughout, the therapist might ask questions about the child's clay object or experiences (Thompson & Rudolph, 2000; Oaklander, 1988).

2.4.4.10   Emotion circles

The child draws two circles on a piece of paper and colours the circles with two different colours (one in the colour that she likes the most, and the other in the colour that she dislikes the most). The child is requested to use the circles to place people represented by clay balls. The therapist might ask the child to name people in her class, for example, that she does not like, and to place them on the colour that she dislikes the most. Therefore, the child takes the different people (represented by clay) and puts them either in the "making me feel happy circle" (colour that she likes the most), or "making me feel unhappy circle" (colour that she dislikes the most) circles. After all the clay balls have been placed, questions like the following might be asked: *I see you have put John, Tabo, grandpa and mom in the making me feel unhappy circle. Can you tell me, what does John do that makes you unhappy?* (Fouché, 2000; Kaduson & Schaefer, 1997; Venter, 1993).

2.4.4.11   Collage

The child is given the opportunity to create anything she wants to. The therapist might ask the child to draw a picture of what she feels. The therapist might state that she could choose materials that indicate how she feels.   Happiness, sadness, excitement, shyness, loneliness and other feelings can be expressed through colours, textures and patterns that she chooses, and through the manner in which she cuts and arranges them. Good collage work can by done with magazine pictures, a pair of scissors, glue and some kind of backing. Other materials that might be used for collages are papers of different kinds, like tissue paper, old greeting cards, newspaper and wallpaper. Various textures of cloth can also be used, such as silk and lace. Anything that is lightweight and can be pasted or attached to a flat surface can be used. Thereafter, the child is requested to share her view of her collage, or to tell a story about it, whilst the therapist asks questions (Thompson & Rudolph, 2000; Oaklander, 1988).

2.4.4.12   Castle

This technique might provide the child with an opportunity (through fantasy), to express her fears, thoughts and dreams, providing her with feelings of empowerment. The therapist might place a crown on the child's head to show her that she is special. Furthermore, the activity might create a space where the child can live out her fantasies. A fantasy is created in which the child is a princess, whilst the therapist draws a castle on a blank piece of paper. Different rooms are represented inside the

castle. One of the rooms is coloured black and another orange. The child can decide who she would like to live with her inside the castle, and who she would prefer to stay outside. The child then places anyone who she doesn't like, or who hurt her, in the "dark room", whilst she places the people with whom she shares a secret in the so-called "secret room". The therapist might state: *I see that you have put James in the dark room. Tell me more about James. Why did you put him in the dark room?* (Geldard & Geldard, 2002; Fouché, 2000; Jones, 1992).

2.4.4.13   Storytelling

The therapist provides a variety of pictures and the child has to tell stories about the pictures. In can be any story, as long as it has a beginning, a middle and an end. Thereafter, the therapist asks questions about the stories and the characters participating in them (Thompson & Rudolph, 2000; Oaklander, 1988).

2.4.4.14   Writing

The therapist provides the child with booklets, with titles like: *Happies, Braggings, Things I hate, Things I like, If I were the president, Things that made me mad this week, My wishes, Feelings, If I were my mother, Something about me.* The child then writes about the different titles. This provides opportunities for discussion (Thompson & Rudolph, 2000; Oaklander, 1988).

2.4.4.15   Incomplete sentences

The therapist gives the child an opportunity to complete sentences that start with sections like: *Love is…, I feel afraid when…, It isn't fair that…, I feel happy when…, I feel sad when…, I feel lonely when…, I feel like singing when…, My best friend is…, What I like about myself…* The therapist can also provide the child with the opportunity to write a page of sentences that start with *I am* or *I want* (Oaklander, 1988).

2.4.4.16   Puppets

The therapist might ask the child to select puppets to work with from a pile of puppets, and to be the puppets' voices. The therapist will then ask the puppets questions, providing opportunities for

discussion, like: *How old are you? Where do you live? Why did Sarah pick you? Who bothers you the most? Do you have any friends? What do you like about the child that picked you?* (Thompson & Rudolph, 2000; Oaklander, 1988).

As limited literature resources seem to exist with reference to the use of Gestalt intervention techniques that are adapted to assess children, my study might make a meaningful contribution to the existing literature relating to the use of Gestalt therapy for alternatively assessing young children who have been sexually abused, by applying the techniques discussed in the previous sections. Furthermore, I anticipate that my study might add to the literature regarding practical guidelines for using Gestalt therapy to assess the impact of sexual abuse and the diagnostic symptoms thereof. In this manner, my study could contribute to the existing practical knowledge base on how Gestalt therapy might be implemented as an alternative assessment technique.

2.5   CONCEPTUAL FRAMEWORK OF THE STUDY

Figure 2.2 provides a visual representation of the conceptual framework of my study. After presenting Figure 2.2, I discuss my conceptual framework.

Challenges regarding the assessment of children who have been sexually abused

Poor communication skillls	Frightened
Shy	Passive participation
Scared	Emotional distress
Depression	Distorts the truth
Guilt and shame	Inconsistent behaviour
Anxiety	Decreased attention span
Mistrusts adults	Defence mechanisms
Withdrawal	Lack of confidence

Alternative Assessment ⟷ Gestalt Therapy

Used in place of traditional assessments

Expresses feelings through creativity

Addresses limitations of standardised tools

Powerful expression of self

experiences

Complex factors influencing children's lives

Self-awareness   sensations

Culture friendly

emotions

Flexible

Intervention technique

Relevant to child's background

Implicit → explicit

Clearer picture

Visual form is a message to herself

Richer understanding

Focus on non-verbal cues

Insight into child broadened

Communicates through media

Psychological support to child facilitated

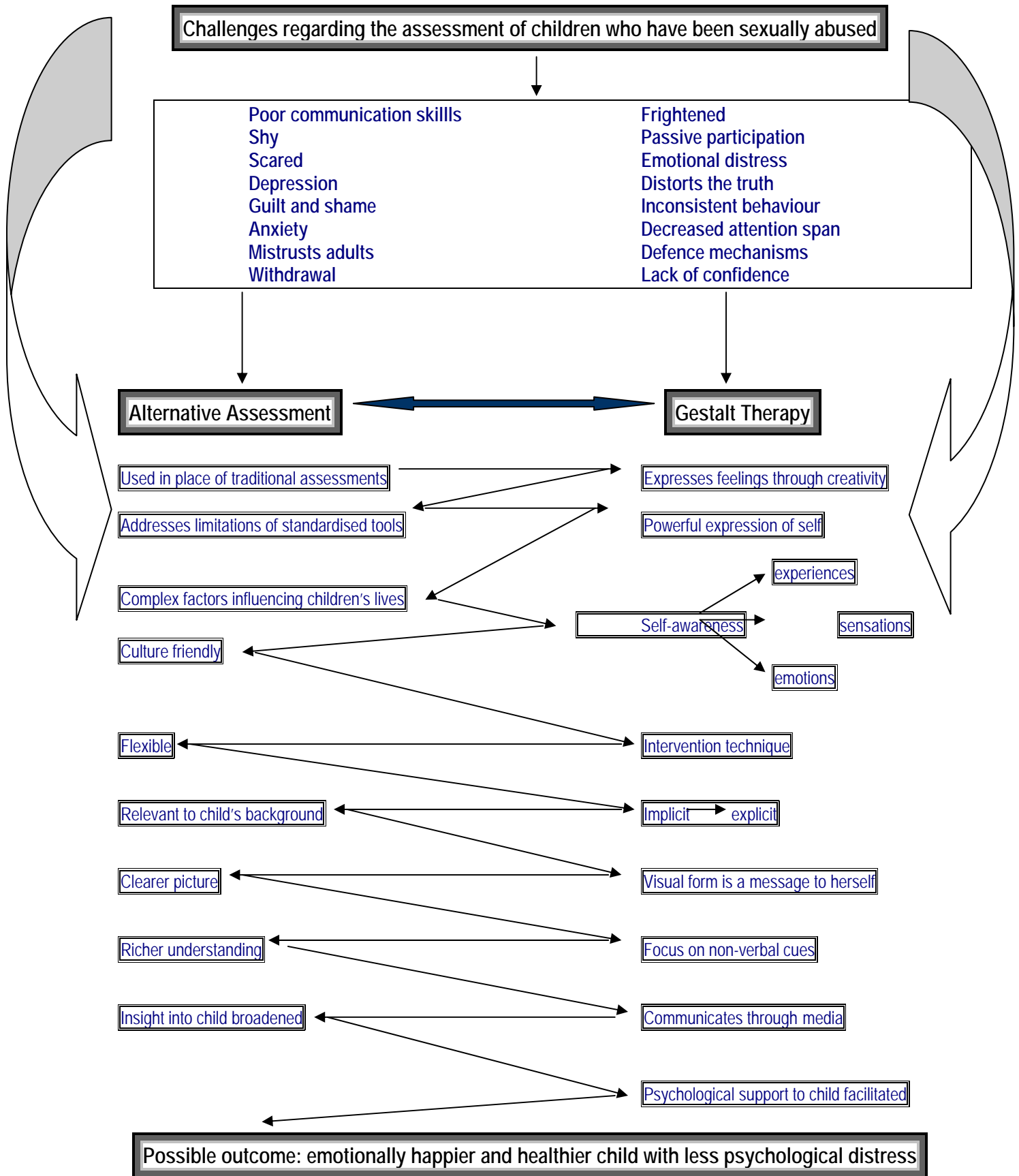Possible outcome: emotionally happier and healthier child with less psychological distress

FIGURE 2.2: CONCEPTUAL FRAMEWORK OF THE STUDY

I regard child sexual abuse as sexual behaviour between children/adolescents and adults, where the child is used as a sexual object for the erotic gratification of the older person. I view sexual abuse as a traumatic experience for the child, that might lead to negative short- and long-term consequences, like poor communication skills, withdrawal, depression, passive participation, emotional distress, feelings of guilt and shame, anxiety, decreased attention span, and inconsistent behaviour. In addition, children who have been sexually abused might be frightened or shy, they often mistrust adults, distort the truth and deny that the sexual abuse happened. In this manner, the assessment process may be blocked by one or more of these challenges, and it might be difficult to engage the child in assessment.

I propose that postmodern trends and techniques, that are characterised by a shift in focus away from psychometric testing and standardised media towards informal and alternative assessment techniques, might offer one route to address these challenges, while assessing the emotional wellbeing of children who have been sexually abused. In addition, alternative assessment might address the limitations of standardised assessment tools, as alternative assessment approaches provide a framework to better accommodate diversity in different culture groups. In this manner alternative techniques might provide measures that are relevant to the child's background. Techniques can be implemented flexibly and it consequently might be easier for children to express their feelings during alternative assessments. In addition, an alternative assessment might provide a clearer picture of the individual child and a richer understanding of the psychological effects of the sexual abuse.

I decided to use alternative assessment based on Gestalt therapy, as this intervention technique has no fixed list of tests, media, experiments, techniques or exercises. Assessment activities and media can be developed age-appropriately, whilst keeping the child as an individual in mind (adhering to alternative assessment). My decision to rely on Gestalt therapy was also based on my belief in one of the therapy's principles, namely that children's bodies and senses are better indicators of the truth than what they express verbally. In this manner, alternative assessment based on Gestalt therapy might support children to express their emotions through creativity. In my view, the act of creating is a meaningful way of expressing feelings. Therefore, when children create something, the assessor or therapist might obtain new information, that has not been obtained from verbal communication, as Gestalt activities might be a bridge between inner and outer realities. As such, assessments are highly personal and can support children to communicate through the media that they create. In addition, Gestalt therapy might motivate children to become aware of their experiences, sensations and emotions.

I propose that any media that are based on Gestalt therapy principles might support assessors in establishing connections and links. In this manner, an alternative assessment based on Gestalt therapy may provide opportunities to go beyond what the child verbalises, by making use of visual patterns, relationships and contexts in the child's life. Alternative assessment based on Gestalt therapy might therefore provide a rich, wide and holistic view of the child's emotional wellbeing, in terms of competencies, strengths and areas of emotional difficulty. In addition, as Gestalt therapy is traditionally used for intervention, I wanted to explore the effectiveness (or not) of its use as an alternative assessment technique.   In this manner, at the onset of my study, I contemplated whether or not assessments based on an intervention technique might support children who have been sexually abused, by providing them with a safe medium for expressing emotions that might be walled off inside themselves, whilst facilitating therapeutic growth. As such, children who have been sexually abused would not have to wait until after the assessment before they receive support and therapy.

2.6   CONCLUSION

Reports of child sexual abuse have increased dramatically over the past twenty years (Lamb, 1994; Melton & Limber, 1989; Benedek & Schetky, 1987; Green, 1986). Against this background, the ability to assess children who have been sexually abused is central to providing appropriate services, in order to ensure that no repetition of the abuse occurs. As professionals, educational psychologists generally continually attempt to create new modes of thinking regarding assessing children who were sexually abused. As such, educational psychologists are constantly reflecting on the efficacy, acceptability, practicality and integrity of their assessment practices (Lubbe, 2004). This might enable practitioners to select the type of assessment model that best suits a child, as well as the aims of assessment. As a result, educational psychologists might be able to complete more accurate assessments, which implies improved interventions and educational psychological outcomes for children who have been sexually abused (Myers, 2005; Losardo & Notari-Syverson, 2003).

For young scholars like myself, entering the vast field of educational psychological assessment, critical thinking might be the compass to guide me towards establishing an assessment framework with which I feel the most comfortable. Therefore, in this study I attempted to engage in the epistemological basis of assessment, to move towards a process that hopefully provided a more transparent and helpful approach to assessing children who have been sexually abused. Furthermore, I sought an alternative assessment approach that was compatible with my value stance of respect for children, while providing

a thorough, comprehensive and balanced assessment that could be used to actively promote change, rather than being a passive information-gathering procedure.

Based on the theoretical insights that I obtained during my review of literature on child sexual abuse, alternative assessment and Gestalt therapy, I planned and conducted an empirical study, in order to explore the possible use of Gestalt therapy as an alternative assessment technique with two primary school girls who had been sexually abused. In the next chapter, I describe the methodological choices that I made, and the processes that I followed in undertaking the empirical study.

CHAPTER 3
RESEARCH DESIGN AND METHODOLOGY

"Methods are the tools of the researcher's trade. You need to know how to use them,
but just as important, is knowing when they should be used" (Moore, 1992: 108).

3.1   INTRODUCTION

In the previous chapter I provided a comprehensive literature review, as backdrop to the empirical study that I conducted.   I explored child sexual abuse, alternative assessment and the Gestalt therapy approach, in order to provide the necessary background with regard to the theory that I considered in planning and conducting empirical research.

In this chapter, I discuss my research design and the methodology of the research study. I also explain the ethical considerations of my study, as well as the quality criteria that I strove to adhere to. In doing so, I hope that the reader will be able to gain insight into the methodological lenses through which I conducted my study.   I commence my discussion by explaining the paradigmatic perspective upon which I relied in planning and conducting my study.

3.2   PARADIGMATIC PERSPECTIVE

For the purpose of this study, I followed a qualitative approach, anchored in an interpretivist paradigm.

3.2.1   Methodological paradigm

The methodological approach that I adopted for the research in this study is qualitative by nature. Parker, Dalrymple and Durden (2000) describe qualitative research as research concerned with trying to understand meaning and impact in a multifaceted way. I studied a specific theme, namely the potential use of Gestalt therapy as an alternative assessment technique to assess the psychological state of two primary school girls who had been sexually abused.   I therefore conducted the research in the participants' natural settings, in an attempt to understand and explain the said phenomenon in terms of the meanings the participating children attach to it (Denzin & Lincoln, 1998b). In this manner, I focused on understanding human behaviour and experience (Van der Merwe, 1996).   My emphasis was on process and meaning, which cannot be measured in terms of quantity, intensity or frequency (Denzin &

Lincoln, 1998a). Adding to these authors, Morse (1994) states that qualitative research focuses on the analysis of a problem within the local and situational framework, with the research participants' points of view and experiences as points of departure. Therefore, as qualitative researcher I followed an inquiry process of understanding the participants' points of view and experiences. Thereafter, I aimed to build a holistic image of findings; analysing words and reports on the views of the participants in detail (Skinner, 2002; Cresswell, 1998).

In this study, I did not only strive to acknowledge the values, views and experiences expressed by the participants and the authors that I consulted, but also used these for understanding and interpreting meanings. For this reason, I did not limit discussions and assessments by using predetermined, closed questions. As a result, I was able to identify unanticipated information and use it while understanding and interpreting meanings. This inductive approach supported me in acquiring information about how the participants thought, felt and acted, as well as what they believed (Babbie & Mouton, 2001).

In conducting qualitative research, I could rely on the strengths of the qualitative approach. I could namely gain insight into the manner in which the participants experienced and gave meaning to the effect of the sexual abuse that they had been exposed to in terms of their lived-experiences. Secondly, following a qualitative approach enabled me to gain an understanding of the participants' contexts, situations and environments. Lastly, I was able to understand the process, and the manner in which the research events influenced one another (Parker *et al.,* 2000).

Although it is my assumption that a qualitative research approach was an appropriate choice for my study, I also aimed to address the challenges of this approach. I considered the possibility that the approach is conversational, and that during data analysis I might attempt to preserve the integrity of the collected data (Terre Blanche *et al.,* 2006). In an attempt to address this challenge, I gained permission from the participants, in the form of informed consent and assent, to use the data that I had collected. In addition, I audio-recorded and transcribed interviews and assessments, after which I applied a rigorous data analysis process to ensure that trustworthy conclusions were drawn. Another possible limitation of using a qualitative approach that I faced, is that the results may not be generalisable (Cohen, Manion & Morrison, 2000). However, the aim of my study was not to generalise, but rather to provide elaborate descriptions of the participants' perceptions of their life-worlds and experiences.

3.2.2   Meta-theoretical paradigm

Terre Blanche and Kelly (2002) state that an interpretivist paradigm presumes that people's subjective experiences are real (ontology), that we can understand others' experiences by interacting with them and listening to what they tell us (epistemology), and that qualitative research techniques are best suited to this task (methodology). In this regard, I aimed to acquire knowledge through the interpretivist lens by means of relative observation and interpretation, and by interpreting reality in a concrete manner, without being predicted or controlled (Schurink, 1998).

In conducting this study, I adhered to Schwandt's (2000) identification of three assumptions characteristic of the interpretivist tradition. Firstly, in accordance with Interpretivism, I assumed human action to be meaningful. Secondly, I assumed that an ethical commitment, to respect and be faithful to the participants' life-worlds, exists. Furthermore, in line with Interpretivism, I aimed to emphasise the contribution of human subjectivity to knowledge. Applying these assumptions to my study implied that I perceived the participants' actions during assessments and interviews as meaningful. In addition, I had an ethical commitment to respect the participants and their actions. Finally, during my study I made subjective decisions whilst continuously reflecting in my researcher journal and with my supervisors, on my role as researcher and my relationships with the participants. Adding to this, I strove to formulate findings which are based on the outcomes of the participants' involvement and of the conditions of the research, and not of my (or others') subjective biases, motivations and perspectives.

Cohen *et al.* (2000) add to these assumptions by describing a few essential elements of the interpretivist approach to research. Firstly, interpretivist research is done on a small scale, where human interaction creates the social context. In this study, I conducted research on a small scale by interviewing and assessing two participants who had been sexually abused. During the interviews and assessments, human interaction between the participants and myself created a social context. Secondly, Cohen *et al.* (2000) assume that interpretivist research is a non-statistical approach that allows subjective interactions. In this study I made use of a non-statistical approach as I followed a qualitative interpretivist approach that allowed subjective interactions during interviews, assessments and discussions. Therefore, I (as the researcher) was personally involved and tried to understand actions and meanings. In this manner, I strove to interpret and to investigate what appeared to be evident. Finally, in line with interpretivist research, my study included elements like personal perspective, personal construct and negotiated meaning.

Schwandt (1998) elaborates on these elements by stating that the future of interpretivist perceptions rests on individuals being comfortable with the blurring of lines between science and the art of interpretation. As the intention of my study was to understand and interpret meanings as they were revealed during interviews and assessments, I had to be comfortable with the blurring of lines between interpretation and science. This understanding of understanding, or *Verstehen,* is best known in context. In other words, not only did I have to interpret the participants' meanings, but also the context in which they expressed these meanings. Schwandt (2000) identifies this process as "empathic identification", when, for example, the researcher attempts to understand the intentions of the author of a text, or of a speaking participant during an assessment, as was the case in my study.

Although I am of the opinion that an interpretivist paradigm was an appropriate choice for my study, I also faced certain challenges based on my selected paradigm. I considered the possibility that I may be selective, biased, partial and subjective (Cohen *et al.,* 2000). I tried to address this limitation by collecting diverse data in the form of written field notes, observations, audio-recordings of interviews and assessments, visual media, and photographs of the informal media and activities that I employed during assessments. In addition, I continuously reflected in my researcher journal, and had discussions with my supervisors regarding my subjective decisions and collected data.

3.3   RESEARCH DESIGN

I employed a clinical case study research design, situated within the context of psychotherapy outcome research. A clinical case study design implies an in-depth and comprehensive investigation of a few cases (Bless & Higson-Smith, 1995) which in my study were two primary school girls who had been sexually abused. As the number of cases was limited, I was allowed to focus on the research theme and study it in greater detail (Weiten, 1989). A clinical case study design enabled me to aim for an understanding of the meanings and character of human experiences. Clinical case studies are usually made up of participants who have experienced a particular phenomenon, in this study being primary school girls who have experienced sexual abuse. Clinical case study research offers participants a service (an educational psychological assessment) in return for their participation in the research study (Terre Blanche *et al.,* 2006). Although psychotherapy outcome research traditionally focuses on the efficacy of psychotherapy (Terre Blanche *et al.,* 2006), I related the focus in my study (being psychological assessment) to psychotherapy outcome research, as assessment and intervention are

often difficult to separate. I am of the opinion that assessment inevitably implies intervention (referred to as *psychotherapy* in the context of Psychology).

Stake (2001) describes a case study as both a process and a product of inquiry, emphasising the evolving nature of qualitative research, and corresponding to the exploratory and descriptive approaches suitable to the study (Cohen *et al.,* 2000; Stake, 1995). As such, a clinical case study design, situated within the context of psychotherapy outcome research, enabled me to address my research questions. The design choice provided me with multiple sources of information and detail regarding my research topic (Wimmer & Dominick, 2000; Mark, 1998). Furthermore, the design complemented the epistemology of this study, namely Interpretivism, where I aimed to understand the interpretations and meaning of reality as perceived by the participants. In this manner, my selected research design supported me in my attempt to understand the participants′ emotional experiences associated with the sexual abuse that they had been exposed to (Cohen *et al.,* 2000; Stake, 1995).

Although I believe that a clinical case study design was an appropriate choice for my study, I also strove to address the potential limitations of this design. I considered the possibility that cases might lack scientific rigour and that findings may not be generalisable. However, I do not regard these characteristics as limitations, as the aim of my qualitative, interpretivist study was not to generalise or to provide scientific rigour, but rather (with the primary aim of understanding) to provide detailed descriptions of the participants′ perceptions of their life-worlds and experiences.

In Table 3.1 I summarise the strengths and potential challenges of a case study design, as applicable to my research (Berg, 2001; Stake, 2001; Cohen *et al.,* 2000; Donmoyer, 2000; Worchel & Shebilske, 1989). During the study I was aware of the strengths and potential challenges of using a case study research design. One measure that I applied in order to monitor the effect of these challenges on the quality of my study, was to continuously reflect on my interpretations and actions in a researcher journal (Appendix E), in order to execute a rigorous study. I furthermore provided rich and thick descriptions (for multiple perspectives) and conducted interviews with significant others to obtain their perspectives.

TABLE 3.1: STRENGTHS AND POTENTIAL CHALLENGES OF A CASE STUDY RESEARCH DESIGN

Strengths	Potential challenges and attempts to address them
High construct validity and in-depth insights, enabling rapport with the participants.	Results are not generalisable. *Not an aim of interpretivist studies. The aim of my qualitative study was not to generalise, but rather to provide rich descriptions of the participants' perceptions of their life-worlds and experiences.*
Refinement of theory and encouragement of hypotheses and later studies.	
Accessibility to unique situations.	
Allowed my (and different) perspectives.	Prone to problems of observer bias. *Freedom from bias does not support the interpretivist paradigm. However, I attempted to address this potential challenge by continuously reflecting on my role as assessor, researcher and my relationships with the participants in my researcher journal (Appendix E). In addition, I constantly had to remind myself that I was conducting assessments for research purposes and not as an educational psychologist in training. I believe that my motives and values did form an integral part of the research process but I strove to formulate findings which were based on the outcomes of the participants' involvement during the study and on the conditions of the research, and not of my (and others) biases, motivations and perspectives.*
Bridged the gap between preliminary studies and practice.	
Immediately intelligible (speak for themselves).	
Captured unique features that may have otherwise been lost in larger scale data.	
Method of gathering information in a short period.	
Allowed for the participants to be studied in a natural setting.	
Recognise the complexity of social truths.	
Insights could be directly interpreted and applied.	May be selective, biased and personal. *Multiple perspectives on reality are in line with the basic principles of Interpretivism. However, I attempted to address this potential challenge by providing rich and thick descriptions (for multiple perspectives). I furthermore conducted interviews with significant others to obtain their perspectives.*
Involved a single researcher (me) without needing a full research team undertaking research.	Objective results and findings cannot be made. *This does not apply as a challenge in my study, as it is an intepretivist study and did not aim for objectivity but rather for individualised accounts of experiences.*
Strong link with reality.	The researcher (I) may make subjective decisions. *Subjective decisions are in line with the basic principles of Interpretivism.*

3.4   RESEARCH METHODOLOGY

I now discuss the methodology that I used during the study. I commence my discussion by explaining how I selected the participants for the study.

3.4.1   Selection of participants

Cohen *et al.* (2000) remind me that the quality of a research project does not merely stand or fall on the basis of the appropriateness of the methodology and instrumentation, but is also related to the suitability of the sampling strategy that has been adopted. In this regard I selected participants by means of judgmental sampling, also known as purposive sampling. As this technique is often used to create small, relevant samples in qualitative research or case studies, with the selection of participants not being determined by a statistical principle of randomness, I applied purposive sampling as a type of

nonprobability sampling. I selected the participants on the basis of my own judgement (selection criteria for participants included further on) regarding participants that would be suitable, based on their experiences, availability and willingness to participate (Creswell, 2003).   Purposive samples are regarded as more than adequate for research purposes, as they provide detailed cases that can be studied in-depth (Terre Blanche *et al.,* 2006*).*

I used judgmental sampling during my research, as it enabled me to involve participants who were accessible and "information rich", and who represented certain types of characteristics (Terre Blanche *et al.,* 2006; McMillan & Schumacher, 2001). This method of sampling enabled me to study the two primary school girls' experiences and meanings in-depth. In addition, the sampling yielded insights into the use of Gestalt therapy as an alternative assessment technique.

Creswell (2003:220) states that: "*In qualitative data collection, purposeful sampling is used so that individuals are selected because they have experienced the central phenomenon.*"   I employed purposeful sampling in order to enable me to select a few participants according to a list of specific criteria. I selected the participants on the basis of criteria regarding their availability, but especially regarding their knowledge and experience of the sexual abuse that they had been exposed to. As such, my study aimed to include stratification, which means that the selected individuals needed to meet the following selection criteria (Creswell, 2003):

- Participants must be primary school girls.
- Participants must reside in the region of Pretoria.
- Participants must understand and speak Afrikaans[4].
- Participants and their guardians/parents must give their verbal and written permission to participate in the study.
- Participants must be able and willing to participate in the assessment activities.
- Participants must have been exposed to sexual abuse.

At the time of the field work I was an intern educational psychologist at a primary school, and identified and selected one participant, based on a referral by one of the educators at the school and by her parents. In addition, I selected a second participant by contacting a children's home in the area and gaining permission to work with one girl residing in the home. My decision to include a participant

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4 My decision to include Afrikaans-speaking girls is based on the fact that I was situated at an Afrikaans school at the time of my field work, and therefore had access to Afrikaans-speaking girls who could possibly participate.

residing in a children's home was based on the fact that the participant had experienced sexual abuse and was willing and available to participate in my study.

I also included secondary participants on the basis of my own judgment, based on their experiences, availability and willingness to participate (Creswell, 2003).   These participants included the parents/guardians and educators of the primary participants. Table 3.2 provides detailed information regarding the participants in this study.

TABLE 3.2: INFORMATION REGARDING PARTICIPANTS

Jennifer[5]	Annie[5]
Participant in primary school where I completed my internship.	Participant in children's home.
Ten years old.	Twelve years old.
In a mainstream primary school.	In a primary school that offers specialised learning support.
Resides in Pretoria.	Resides in Pretoria.
Understands and speaks English and Afrikaans.	Understands and speaks Zulu, English and Afrikaans.
Provided verbal and written permission to participate in my study (Appendix A).	Provided verbal and written permission to participate in my study (Appendix A).
Able and willing to participate in assessment activities.	Able and willing to participate in assessment activities.
Raped.	Raped.
Perpetrator was Jennifer's foster mother's live-in boyfriend.	Perpetrator was Annie's biological father. He is currently in jail for raping Annie.
Awaiting trial at the time of my study.	Testified in court against perpetrator.
Jennifer's mother participated in an interview as a secondary participant.	No secondary participants as the social worker relocated and children's home has no contact with Annie's parents.
Two educators participated in informal discussions as secondary participants.	Annie's educators did not participate in my study, as they are not aware of the sexual abuse.

Although it is my opinion that judgmental sampling made it easier for me to conduct my research, I also attempted to address the potential challenges of this method of sampling. First, no precise manner of generalising from the sample to any type of population exists. This means that the generalisability of my findings is limited to the characteristics of the participants. However, this does not mean that my findings are not useful, as I provided elaborate descriptions of the participants and their contexts by supplying extensive, clear and detailed information (Terre Blanche *et al.,* 2006; McMillan & Schumacher, 2001). Furthermore, the primary purpose of my research was not to generalise, but to better understand whether or not Gestalt therapy might be used as an alternative assessment technique with primary school girls who have been sexually abused. A second challenge lies in the fact that the judgmental sampling I employed relied upon my judgment in selecting the participants. In an attempt to

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5 Pseudonyms were used, in order to protect the participants' and other role-players' identities.

address this challenge, I selected participants, on the basis of the above-mentioned criteria, which I discussed with my supervisors at the onset of my study.

3.4.2   Intervention: educational psychological alternative assessment

I used educational psychological alternative assessment and the process and outcomes thereof, as intervention to assess the psychological state of the two participants, and to explore the possible application value of Gestalt therapy during alternative assessment. At the onset of my study I possessed knowledge concerning different Gestalt therapy techniques, based on an intensive literature review. As such, I chose assessment techniques that were based on the underlying principles of Gestalt therapy. This entailed using informal and alternative media throughout the course of the study, namely drawings, paintings, activities with clay and dough, fantasy, puppets, taste, relaxation, collages, storytelling and writing. The media and techniques that were used during the assessments are discussed in more detail in Chapter 2 (section 2.4.4).   However, I did not follow these activities rigidly to a pre-determined agenda, as the participants' unique needs might then have been overlooked rather than addressed.

During the first session of both participants I used an "icebreaker" and established relationships of trust with the participants. Thereafter, I planned and developed the alternative assessment sessions as my study progressed and not beforehand, being guided by issues that arose during previous assessment sessions. In this manner, when a participant said nothing except answering direct questions, for example, I based the next assessment session on techniques, handpuppet and clay due to my assumption that the participant might then feel more comfortable to participate actively. In addition, the goals that emerged during assessment sessions were effectively the participants' goals, although the participants were often unable to verbalise them. In this manner, when it became apparent that a participant was not able to deal with emotional issues regarding the sexual abuse, I would for example direct the next assessment's focus on her other thoughts, emotions and behaviours. In addition, whenever I observed that a participant was expressing feelings of inadequacy, in the next session I would include activities that might enable the participant to feel good about herself. Subsequently, I formulated themes upon which I could focus during future sessions, by drawing on information from my previous casework experiences, from my theoretical understanding of Educational Psychology and childhood behaviour, and from my knowledge of current research and relevant literature. Refer to Appendix D for an overview, visual data and photographs of the assessment sessions of both participants.

Throughout the study I used Gestalt therapy methods suitable to the participants' ages and discussed the planning of the sessions with my supervisors. Therefore, assessment media were adapted to meet the participants' unique needs with reference to their ages, interests and preferences. When I observed that a participant enjoyed a specific technique, such as working with clay, I would try to use clay during the next session, to meet her preferences. On the other hand, when a participant did not show interest in a specific technique, such as puppets, and withdrew during the activity, I did not use this method in the sessions that followed. I conducted assessment sessions weekly, throughout my study, to guide this research and support me in gaining new insights in terms of the potential use of Gestalt therapy as an alternative assessment technique. Assessment sessions varied between 30 minutes and two hours each (refer to Appendix E). I documented assessments by means of field notes of observations, photographs, visual data and audio-recordings, which were subsequently transcribed.

3.4.3   Data collection and documentation

Creswell (1998) regards data collection and documentation as interdependent activities, aimed at the gathering and documentation of valuable information, in order to address research questions.   I collected diverse data in the form of a combination of newly generated data (primary data) and existing material (secondary data), in an attempt to address my research questions. In relying on multiple data collection and documentation methods, I support Mouton (2001:104), who states that during data collection the emphasis should be on the participants and their worldviews, and warns that one should have "*a reluctance to impose any pre-set theory or explanation".* I now discuss the data collection and documentation strategies that I employed.

3.4.3.1 Analysis of documents containing background information

Documents are records of past events that are written or printed, and include notes, letters, official documents and diaries (Terre Blanche *et al.,* 2006). For the purpose of this study, I made use of notes, reports and internal documents, written by social workers, as well as official letters and communication regarding the participant residing in the children's home (refer to Appendix E for my typed notes[6]). These documents provided useful background information relating to the participant.   The potential value of the documents that I used in the study lies in the fact that they were available and factual. In addition, analysing documents containing background information of the participant who resides in the

children's home was in some ways easier than the interviews that I conducted, as I did not have to continuously "think on my feet", nor engage in the process of transcribing interviews (Terre Blanche *et al.,* 2006; McMillan & Schumacher, 2001). In addition, all of the professionals involved in the case of Annie were not accessible at the time of my study.

The challenges that I faced, based on my decision to rely on documents, relate to the possibility that documents might be unrepresentative, selective, subjective, of unknown validity, and that they might possibly be deliberately deceptive (Finnegan, 1996). In an attempt to overcome these potential challenges, I included discussions with the participant who resides in the children's home, relating to her background and past experiences. In addition, I compared the detail and information of the various documents, letters and notes, in an attempt to verify the validity of the documents.

3.4.3.2   Individual, semi-structured interviews and informal discussions

Table 3.3. presents a summary of the interviews that I conducted with participants, which I discuss in more detail subsequent to the table.

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6 I was not permitted to make copies of the documents, in order to protect the participant's and other role-players' identities.

TABLE 3.3: INTERVIEWS WITH PARTICIPANTS

Date	Interviewee	Format	Duration	Goal	Context	Documented
2 February 2006	Jennifer's biological mother	Individual semi-structured interview	Ninety minutes	To obtain background information about Jennifer	At the school where I completed my internship	Transcribed audio-recordings and field notes of observations
22 February 2006	Jennifer	Individual semi-structured interview	Sixty minutes	To obtain background information regarding Jennifer's experiences at home, at school and with her peer group	At the school where I completed my internship	Transcribed audio-recordings and field notes of observations
3, 6 and 27 March 2006	Jennifer's class teacher	Informal discussion	Ten minutes each	To obtain information regarding Jennifer's progress in class as well as her relationship with her peer group	At the school where I completed my internship	Field notes
22 May 2006	Jennifer's English teacher	Informal discussion	Twenty minutes	To obtain information regarding Jennifer's progress in class and relationships with teacher and peer group	At the school where I completed my internship	Field notes
1 August 2006	Annie	Informal discussion	Twenty minutes	To obtain background information regarding Annie's experiences at home, at school and with her peer group[7]	At the children's home	Field notes

Interviews provided me with the opportunity to get to know the participants, in an attempt to understand how they think and feel. As an interpretivist researcher I regard interviews as a means to an end, to determine how people experience particular events. It was therefore important to create an environment of openness and trust within which interviewees were able to express themselves authentically (Terre Blanche *et al.*, 2006; Merriam, 1998). I experienced the interviews I conducted as a natural form of interacting with people, as opposed to filling out a questionnaire, doing a test, or performing some experimental task. As such, interviews fit well into the interpretivist approach I selected (Terre Blanche *et al.*, 2006).

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7 I did not conduct an interview with Annie's social worker, as she relocated to Cape Town. At the time of the study Annie did not have a new social worker.

As the purpose of my study was to explore the participants' experiences, I conducted interviews and discussions with the primary participants (girls who had been sexually abused) as well as the secondary participants (primary school girls' educators and guardians/parents) (McMillan & Schumacher, 2001). Interviews focused on the participants' background information, on their perceptions of the sexual abuse, on their functioning at school and at home, as well as on questions regarding the participants' emotions, behaviour and experiences. In this manner, the information that I collected during interviews and discussions served as background information regarding the sexual abuse that the participants had been exposed to, and the participants' perceptions thereof.   The interviews and discussions that I conducted took place before and during the assessments that I did. I documented interviews by means of audio-recordings, which I transcribed (refer to Appendix E).

For the purpose of this study I selected individual, semi-structured, face-to-face interviews, as I needed straightforward information, whilst motivating the participants to freely express themselves regarding their emotions and experiences (Mouton, 2001).   Therefore, I used interviews to build trustworthy relationships with the participants, relying on Creswell's (1998) view that a trustworthy relationship can lead to the collection of rich information. Individual, semi-structured, face-to-face interviews ensured that the participants in this study had as much freedom of speech and expression as possible, thereby possibly increasing the trustworthiness of the data. During my study, I did, however, face the challenge of finding a balance between getting too close to the participants (losing perspective), and staying too distant from them (losing empathy). I attempted to address this potential challenge by continuously reflecting on my role as interviewer and on my relationships with the participants, in my researcher journal (refer to Appendix E), and with my supervisors. In addition, I constantly had to remind myself that I was conducting interviews as a researcher and not as an educational psychologist in training. This implied that I had to fulfil an important data collection role, and interact closely with the research participants to obtain the necessary data (Cresswell, 1998).

3.4.3.3   Observation

As interpretivist studies emphasise the investigation of phenomena in a natural way, observation most often takes the form of participant observation, where the researcher becomes involved in the setting that is being studied (Terre Blanche *et al.,* 2006; Denzin & Lincoln, 2000; Garbers, 1996). However, for the purpose of my study, I primarily applied simple observation while conducting assessments and interviews with the primary and secondary participants. In this manner, I was able to continuously gather

and verify information, supporting the qualitative and interpretivist nature of my research (Patton, 2002; McMillan & Schumacher, 2001).

I relied upon observation throughout the various individual assessment and interview sessions with the primary and secondary participants. Simple observations occurred when I observed the participants while busy assessing and interviewing them.   In addition, I occasionally employed participatory observation when I participated in activities together with the primary participants (McMillan & Schumacher, 2001).   Participatory observation occurred when I participated in the research activities alongside the primary participants, to such an extent that I adapted their points of view, in an attempt to discover what meanings the participants give to their experiences (Terre Blanche *et al.,* 2006).   My observation of assessments and interviews enabled me to provide detailed descriptions of the research events as they unfolded, of the secondary and primary participants' actions, as well as of their non-verbal body language and facial expressions.   In this manner, observation supported me in my interpretation of verbal data and noting of patterns of behaviour (McMillan & Schumacher, 2001).

In conducting observation during interviews and assessments I used my visual sense as a way of understanding. Observation enabled me to gain insight into the meaning of participants' gestures, non-verbal behaviour, body language and bodily interactions (Terre Blanche *et al.,* 2006).   By using observation in my study, I aimed to understand how the participants experienced the sexual abuse that they had been exposed to, in ways in which the participants themselves were not necessarily well positioned to describe verbally.   I documented my observations in the form of field notes (refer to Appendix E).   However, by employing observation as data collection technique, I faced certain challenges.   I had to constantly remain focused on my research questions, whilst being open to unexpected information (Terre Blanche *et al.,* 2006).   Furthermore, I had to become more than a passive spectator, by focusing on intensive observation reported in my field notes, while participating in assessment activities (Terre Blanche *et al.,* 2006).

Mouton (2001) advises researchers to keep a record of their data collection activities in the form of field notes, of the main decisions and events as research unfolds, in order to construct a historical record of the research process. Mouton (2001) regards this documentation process as a form of quality control. Data that are recorded as field notes often entail the observation of what had occurred while research was being conducted (McMillan & Schumacher, 2001; Merriam, 1998).

During the course of my study I made field notes (refer to Appendix E for examples) based on my discussions, observations and assessment of the participants, to ensure that the information that I collected was documented. My field notes further contain my reflections on informal conversations, interviews, assessments, moments of confusion, intuitions and the emergence of new ideas during my study. The use of field notes enabled me to clear my thoughts (Mayan, 2001). However, I found it challenging to make field notes while attempting to be attentive and to communicate meaningfully during interviews and assessments. I attempted to address this challenge by constantly remaining focused on the participants and my research question. In addition, I made use of moments of silence during the interviews and assessments, in order to record my field notes (Mayan, 2001).

In addition to field notes, I employed visual data collection and documentation techniques to assist me in interpreting, elaborating upon and corroborating the data that I obtained by means of other data collection techniques. I included the supplementary visual techniques of film and photographs (Terre Blanche *et al.,* 2006; Patton, 2002) in an attempt to enhance the credibility of my findings and the rigour of the study. I took photographs of the informal media and activities that I employed during assessments, such as drawings, paintings, activities with clay and collages (refer to Appendix D). I used the photographs to support my research findings and as a permanent record (Cohen *et al.,* 2000). The challenges that I faced with regard to my selection of this technique, relate to the possible technical intrusion and expense of photographs (McMillan & Schumacher, 2001). In an attempt to overcome the challenges of intrusion and expense, instead of taking photographs of all the activities and media, I also relied upon the original media constructed during the alternative assessment sessions as raw visual data (Appendix D), after gaining permission to do so from the participants. This includes the paintings, writing, drawings and sentence completion produced by the participants during assessment sessions[8].

3.4.3.4   Researcher journal

In an attempt to enhance the trustworthiness of my study, I made use of a researcher journal (field journal). A researcher journal is a continuous record of decisions made during the study and of the rationale at that time. Thus, a researcher journal enabled me (as researcher) to justify my decisions made during the study. My researcher journal (Appendix E) also contains notes on the evolution of my

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8 I used the original media of the alternative assessment activities to support my research findings. I present the creations in an anonymous manner (in Appendix D), protecting the identities of the participants.

ideas and on my personal reactions, as well as references to relevant literature and questions that I generated for future investigation as the study progressed (McMillan & Shumacher, 2001).

I used a researcher journal for the duration of the study, in order to critically monitor my study's progress, and to draw attention to new insights that I gained. I logged my professional activities in my journal, providing clear information regarding the work patterns that I followed (Burns, 2000), and containing my ideas and reflections on my experiences and observations. Furthermore, I reflected on the research process, in order to make the necessary changes when applicable. I also reflected on my own abilities as researcher.

3.4.4   Data analysis

Data analysis can be described as the process of observing patterns in data, asking questions with reference to these patterns, collecting data on targeted topics from selected individuals, continuing analysis, asking additional questions, seeking more data, furthering the analysis by sorting, questioning and thinking (Mayan, 2001). According to Poggenpoel (1998), data analysis fulfils an important role in research, as it makes use of various reasoning strategies, including synthesis, inductive reasoning, bracketing and intuiting. Data analysis is an important process in research as, without analysis, the data gathered during qualitative research can pose the danger of appearing to be an unorganised mass of information that *inter alia* includes details that are not relevant to the research study (Poggenpoel, 1998).

In my study, data reduction had to precede data analysis (Terre Blanche *et al.,* 2006). For this reason I firstly had to summarise the documents relating to the participant residing in the children's home, and file this background information. In this manner I studied the documented information whilst focusing on the description of experiences, emotional functioning, relationships and similarities (refer to Appendix B for examples).   These documents served as background information regarding the participant at the children's home and her perceptions of the sexual abuse. Thereafter I conducted *thematic analysis* of the raw data that I had collected and documented. This meant that, as interviews, assessments, visual data and field notes on observations became available during the course of my study, I proceeded with the data analysis process (refer to Appendix E for examples).

My data analysis approach was based on the qualitative approach of Marshall and Rossman (1989), integrated with that of Tesch (1990). These authors maintain that comprehending, synthesising, theorising and recontextualising are important. I firstly transcribed audio-recordings of interviews and assessments, and then read the transcripts from a holistic point of view. I then studied the transcripts of interviews and assessments in detail, and noted ideas whilst focusing on the description of relationships and similarities (Mayan, 2001). I identified and analised themes, categories and patterns in the transcribed interviews and assessments (refer to Appendix E for examples). In addition, I summarised ideas and identified themes in my field notes, observations, researcher journal, photographs and other visual data. My aim during this phase of data analysis was to understand, interpret and describe the participants' experiences and emotions (Mayan, 2001; Mouton, 2001; Poggenpoel, 1998). As such, I tried to establish whether there were any patterns and themes in my field notes of observations, and in my researcher journal (Mouton, 2001). Furthermore, I studied photographs and visual data from a holistic point of view. In this manner, I noted ideas and identified themes in the visual data.

After completing these steps, I listed possible topics and clustered and arranged the topics in terms of major themes and sub-themes. Adding to this, I brainstormed with my supervisors to become familiar with the data, in order to arrive at results and findings. As a final control, and to determine whether any recoding was needed, I arranged segments of the transcripts according to the categories and analysed the categories once more. I thus worked inductively, starting from vague suppositions, finding relationships and patterns, and arriving eventually at a conceptual framework of the data.   As far as it could be achieved, I performed analysis through intuiting and intense concentration on the phenomenon and with an open mind, being influenced as little as possible by any preconceived ideas (Marshall & Rossman, 1989; Tesch, 1990). Appendix E provides an indication of the data analysis that I conducted.

3.5   MEASURES TO ENHANCE THE RIGOUR OF THE STUDY

The term *trustworthiness* refers to the way in which I am able to persuade the audience (readers of this dissertation) that my findings are worth paying attention to, and that my research is of high quality (Lincoln & Guba, 1985). Guba's model of trustworthiness is widely used by qualitative researchers (Botes, 2000), and is applied using specific qualitative criteria (Poggenpoel, 1998; Guba & Lincoln, 1989), which I describe below, as I employed them during this study.

3.5.1   Credibility

Durheim and Wassenaar (2002) refer to credibility as the assurance that the researcher's conclusions stem from the data. As such, the first concern of most qualitative researchers lies with the factual accuracy of their research and account of events – that is that they are not making up or distorting things that they saw and heard (Huberman & Miles, 2002). In its broadest sense, credibility refers to the degree to which the research conclusions are sound (Terre Blanche & Durrheim, 1999). Therefore, credibility is related to whether or not the research findings capture what really occurred in the research context, and whether or not the researcher is learning what was intended (Pitney, 2004; Babbie & Mouton, 2001; McMillann & Schumacher, 2001; Merriam, 1998).

In an attempt to answer to this criterion, I strove to produce findings that are believable and convincing, also presenting negative or inconsistent findings. In addition, I relied upon prolonged engagement in the field and conducted persistent observation. I employed crystallisation by using a variety of data sources (Seale, Gobo, Gubrium & Silverman, 2004; Patton, 2002). I also applied an adapted form of member checking by regularly sharing the primary participants' responses with them during the assessments, as reading clients' comments back to them is one of the principles of Gestalt therapy.

Moreover, as a qualitative researcher, I continuously checked the credibility of my research by asking the following: *How can I be wrong?* As such, I searched for negative instances to challenge emerging hypotheses. Finally, my study was restricted to a specific phenomenon in a specified environment (Seale *et al.,* 2004; Patton, 2002). Therefore, in keeping with the underlying principles of interpretivist studies, I focused on extensive descriptions of my selected cases, being two primary school girls who had been exposed to sexual abuse.

3.5.2   Transferability

According to Durrheim and Wassenaar (2002), transferability is the degree to which generalisations can be made from the data and context of the research study to the wider population and settings. In this manner, transferability is regarded as the degree to which the reader is able to take the findings and transfer them to other contexts. Transferability is based on the idea of social representativeness, where the aim is to extensively observe the relations between variables (Seale *et al.,* 2004). This implies the

provision of detailed, rich, descriptive information of the research context and participants (Pitney, 2004; Patton, 2002; Mouton, 2001; Terre Blanche & Durrheim, 1999).

I provided rich, thick descriptions of the research participants and research contexts, supplying detailed information, in an attempt to enhance transferability. Furthermore, I attained different inferences of the various data sources. Therefore, each piece of information obtained its own interpretation of what I discovered. As such, this study could provide readers with sufficient information to judge the applicability of the findings to other settings (Seale *et al.,* 2004; Patton, 2002).

3.5.3   Confirmability

Babbie and Mouton (2001) describe confirmability as the degree to which the findings of a study are the product of the focus of inquiry, and not of the biases of the researcher. Freedom from bias, however, is not characteristic of interpretivist studies, according to which my motives and values do form an integral part of the research process. However, I strove to formulate findings which are based on the outcomes of the participants' involvement and conditions of the research, and not my (or others') biases, motivations and perspectives. In this manner, I believe that my influence on this study was not prejudiced to the point of making the findings and conclusions unacceptable, as I aimed to understand and interpret the meanings and intentions that cause different actions. In addition, I was constantly aware of the potential influence of my own values and biases on the final outcome of the study (Terre Blanche *et al.,* 2006; Denzin & Lincoln, 2000). I subsequently continuously reflected in my researcher journal, in order to provide a methodologically self-critical account of the research events (Seale *et al.,* 2004; Patton, 2002).

3.5.4   Dependability

Dependability refers to the degree to which the reader can be convinced that the findings of a study did indeed occur as the researcher says they did (Durrheim & Wassenaar, 2002). In this manner, dependability depends on whether or not the findings will be the same if the study was replicated with the same participants or in a similar context (Pitney, 2004; Babbie & Mouton, 2001; Cohen *et al.,* 2000; Merriam, 1998). Dependability is achieved through rich and detailed descriptions that show how certain actions and questions are rooted in, and develop out of, contextual interactions (Terre Blanche & Durrheim, 1999). I believe that these indicators apply to the outcome of my study as a whole.

I addressed this criterion by making use of observations and field notes during the entire research process, using concrete data in the form of photographs and electronic recordings of the information gathered during interviews and individual assessments. In addition, I transcribed recordings to enhance dependable identification of the themes and sub-themes that emerged during data analysis. Furthermore, I constantly reflected on the research process and conclusions with regard to the study, in my researcher journal (Seale *et al.,* 2004; Patton, 2002). I also provided an audit trial by documenting my data methods, decisions during the study and end product (refer to the relevant appendices C, D, E).

3.5.5   Authenticity

Authenticity entails a reflexive consciousness regarding one's own perspective, appreciation for the perspectives of others, and fairness in depicting constructions in the values that undergird them. As such, authenticity is the faithful reconstruction of participants' multiple perceptions (Patton, 2002; McMillan & Schumacher, 2001; Cohen *et al.,* 2000). In an attempt to adhere to this criterion, I had to be conscious of my own perspectives and appreciate the perspectives of the participants in conducting this study. I had to be fair and conscientious in taking account of the participants' multiple perspectives, multiple interests and multiple realities (Patton, 2002).   Therefore, I aimed to provide a balanced representation of the multiple realities of the participants. In presenting the study, I continually valued the act of reporting a range of different realities.

3.6   ETHICAL CONSIDERATIONS

Coetzee (2003) defines the term "research ethics" as moral and legal principles regulating the conduct of research in relationship with the resource provider, the research participant(s), the public and the researcher. Strydom (2002) adds the statement that anyone who is involved in research needs to be aware of research ethics and the general agreements about what is proper and improper in scientific research.

As my study included individual educational psychological assessments, I firstly adhered to the professional ethical code for educational psychologists, as formulated by the Health Professions Council of South Africa (www.hpcsa.co.za). In addition, I continuously conducted my research according to the Ethics and Research Statement provided by the Faculty of Education of the University of Pretoria (www.up.ac.za). I now briefly discuss the research-ethical guidelines that I adhered to.

3.6.1   Informed consent/informed assent[9]

As I partially conducted my study at a school, I firstly obtained the necessary permission from the school principle (Appendix A), as well as from the Department of Education (Appendix A). Before commencing with any data collection activities, I discussed the purpose and procedures of my study with the participants (obtaining informed assent) and their guardians/parents (obtaining informed consent) without providing suggestive information that could have led to contamination of the raw data. I answered the questions that participants asked during these discussions.

Furthermore, I had appropriate procedures for gaining permission from the research participants in place, before commencing with data collection, including permission from the participants themselves, as well as their authority figures (Thompson & Rudolph, 2000). For this purpose, I developed consent and assent forms that ensured the participants' confidentiality and anonymity, which were handed to the primary participants and their parents/guardians to sign, before commencing with data collection (Cohen *et al.*, 2000; Merriam, 1998). Refer to Appendix A for an example of the assent and consent forms signed by the participants and their authority figures.

3.6.2   Safety in participation

My research did not imply the exposure of participants to physical risks or harmful activities. However, as already stated, the selected participants participated in assessment processes, which might imply the possibility of psychological harm, especially against the background of the nature of the phenomenon upon which the assessments focused. The potential risk of psychological harm was countered by 1.) my training in Educational Psychology, and 2.) the fact that the participants could withdraw from the process at any time. In this regard, I strove to be honest, respectful and empathetic towards the participants at all times (Terre Blanche *et al.*, 2006; Patton, 2002; Thompson & Rudolph, 2000).

3.6.3   Privacy, confidentiality, anonymity and the use of visual data

According to Burns (2000), both the researcher and the participants must have a clear understanding regarding the confidentiality of the results and findings of a study prior to the data collection. I gave the participants the undertaking that information and responses that had been shared during the research, would be kept private, and that results would be presented in an anonymous manner, in order to protect their identities (McMillan & Schumacher, 2001; Burns, 2000; Denzin & Lincoln, 2000). As such, the

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9 Informed assent refers to consent gained from participants under the age of 18 years.

above-mentioned consent forms (Appendix A) included the gaining of permission to take and display photographs of the assessments with the participants, as well as use the original creations of the participants where appropriate.   However, the information obtained from the participants and their educators/guardians (including visual data) was managed in confidence, and with their consent.

3.6.4   Withdrawal from research

I explained to the primary and secondary participants that their participation in my study was voluntary. I further explained to them that I would respect their wish to withdraw from the study, if they wished to do so at any stage (Mouton, 2001).

3.6.5   Trust

Participants were not exposed to any acts of deception or betrayal. I strove towards maintaining an honest and trustworthy relationship with the participants (Thompson & Rudolph, 2000). I always kept in mind that, if this trust did not exist, the collected data might be of lesser value in comparison with data that had been received from a trusting participant (Cohen *et al.*, 2000; Merriam, 1998).

3.7   CONCLUSION

I commenced this chapter by discussing my selected paradigmatic approach. I described and explained the research design and methods that I employed for collecting and analysing data. I explained ethical considerations and elaborated on the quality criteria that I strove to reach, in order to enhance the trustworthiness of the study.

In the following chapter, I present the results that I obtained.   Thereafter, I interpret my results with reference to relevant literature, and elucidate the findings that I obtained in Chapter 5.

CHAPTER 4
RESULTS OF THE STUDY

"The results and findings of research studies provide a summary of the analysis of the data collected during the research process " (McMillan & Schumacher, 2001:52).

4.1   INTRODUCTION

In Chapter 3 I explained how I planned and conducted my empirical study. Besides explaining my selected research design and the methodological choices that I made, I explained the ethical implications of my study, as well as the quality criteria that I strove to adhere to. Throughout, I related the procedures that I employed to my research questions and purpose of this study.

In this chapter, I report on the research process as it progressed, and include an account of the results of my study in terms of the themes and sub-themes that emerged. Thereafter, in Chapter 5, I discuss the findings of my study, in terms of whether or not Gestalt therapy proved to be effective in assessing the emotional functioning of two primary school girls who have been sexually abused. Throughout, I relate my findings to relevant literature content.

4.2   OVERVIEW OF THE RESEARCH PROCESS

I commence this section by discussing the research process as it progressed. Firstly, I provide specific information regarding each of the participants. Thereafter, I present the results of the study in terms of the themes and sub-themes that emerged.

4.2.1   My journey with Jennifer

In order to obtain a holistic view of Jennifer's history, please refer to Appendix B. At the time of my study Jennifer was ten years old and in grade five. She attended the primary school at which I completed my educational psychological internship. I selected Jennifer based on a referral from Jennifer's mother. Jennifer understands and speaks Afrikaans and English. At school, she struggled with mathematics and reading. In addition, she only had one friend at school when the intervention progressed.

Before I commenced with the assessments (based on Gestalt therapy principles) with Jennifer, I conducted an individual, semi-structured interview with her mother, in order to gain background information and her views on Jennifer's perceptions of the sexual abuse, her functioning at school and at home, as well as information regarding her emotions, behaviour and experiences. The interview lasted approximately ninety minutes. In addition, I conducted informal discussions with two of Jennifer's educators on four different occasions, in an attempt to gain insight into the difficulties that she was experiencing at school. Each of these informal discussions lasted approximately ten minutes (Appendix C: Informal discussions and reflections of 3 March 2006; 6 March 2006; 27 March 2006 and 22 May 2006).

During my first informal meeting with Jennifer she appeared to mistrust me. I realised that Jennifer needed immediate support and intervention, as she had not received any prior psychological intervention at that stage, due to possible financial constraints (Appendix E: Reflection [20 February 2006], p. 7). Although I did not primarily aim at providing therapeutic intervention, I assumed that my involvement with Jennifer, in the form of educational psychological assessment, would inevitably imply therapeutic support. Two days after our first informal meeting, I conducted an individual semi-structured interview with Jennifer that lasted approximately sixty minutes (Appendix E: Session 1 [22 February 2006], p. 8). I then commenced with the educational psychological alternative assessment in an attempt to assess Jennifer's psychological state.

The assessment process consisted of nine assessment sessions, which took place on a weekly basis and lasted approximately thirty minutes to two hours each. During these sessions I selected assessment techniques that were based on the underlying principles of Gestalt therapy, keeping my research purpose in mind. This entailed using informal and alternative media throughout the course of Jennifer's assessment, namely drawings, paintings, activities with clay and fantasy and relaxation activities. The media and techniques that I used with Jennifer during the assessments are discussed in more detail in Chapter 2 (refer to section 2.4.4) and encapsulated in Appendix D.

I did not follow the planned activities rigidly to a pre-determined agenda, in order to avoid overlooking Jennifer's unique needs. During the first session I used an "icebreaker" and established rapport with Jennifer. Thereafter, I planned and developed the alternative assessment sessions as my study progressed, and not beforehand, as I based activities on the issues that arose during previous assessment sessions. To enable me to do this, I analysed the information that I obtained as the

sessions progressed, and established areas of difficulty that Jennifer was experiencing at that stage. I then planned my sessions accordingly. Throughout the study I used methods that suited Jennifer's age, interests and preferences. Refer to Appendix D for an overview and rationale of the sessions that I conducted with Jennifer.

As a secondary outcome, there seemed to be improvement in areas of difficulty as my field work progressed, as reported by Jennifer's educators, based on my observations during assessment, and displayed through Jennifer's behaviour. The final two assessment sessions focused on relaxation exercises and the termination of assessment.

4.2.2   My journey with Annie

I selected Annie by contacting a children's home in the Pretoria area and gaining permission to work with one girl residing in the home. Annie's previous social worker referred Annie to me. For the duration of my study Annie was twelve years old and in grade four. She received education in a specialised learning environment, as she had been experiencing academic challenges in her previous mainstream school. She seemed to be struggling with mathematics, spelling and reading. She understands and speaks Zulu, Afrikaans and English.

Before I commenced with the assessment of Annie, I studied and made notes of her background information (included in Appendix B) that was made available to me at the children's home, in the form of written and printed records of past events. During this process I attempted to gain insight into Annie's life-world, her perceptions of the sexual abuse and her functioning at school and at the children's home; I also focused on information regarding her emotions, behaviour and experiences. In addition, I compared information from different documents, letters and notes in an attempt to verify the credibility of the documents (Appendix B). I further conducted informal discussions during the alternative assessment with Annie to verify the written information (Appendix E). I did not conduct an individual, semi-structured interview with Annie, as was the case with Jennifer, but rather facilitated ad hoc informal discussions at appropriate times. One of the reasons for this decision was based on my work and lessons learned with Jennifer, who appeared to dislike the semi-structured interview and responded with short answers. In an attempt to avoid the recurrence of such a scenario, I tried to incorporate my planned semi-structured questions during various assessment sessions with Annie. In addition, I gained

factual, meaningful and rich information relating to Annie's background and past experiences in the documents that I studied, which I did not have in Jennifer's case.

During my first session with Annie I used an "icebreaker" and established rapport with her. During this session Annie was friendly and participated actively. She asked a lot of questions and displayed a good sense of humor.   Unlike Jennifer, it seemed that Annie immediately trusted me, and she appeared relaxed in the research situation (Appendix E: Session 1 [1 August 2006], p. 62). I realise that Annie might have experienced different emotions, as she had received prior intervention from social workers for the sexual abuse, as opposed to Jennifer. The abuse to which Annie was exposed also happened five years ago, resulting in the possibility of the sexual abuse not being as fresh in her mind as was the case with Jennifer.

Following the initial "icebreaker" session, I commenced with the educational psychological alternative assessment. The assessment process consisted of nine assessment sessions. Sessions took place twice weekly, and lasted approximately one to two hours each. I used informal and alternative media in the form of activities with clay, fantasy, puppets, taste, relaxation, collages, storytelling and writing. The media and techniques that I used during Annie's assessment are discussed in more detail in Chapter 2 (section 2.4.4). As was the case with Jennifer, I did not follow Gestalt activities rigidly to a pre-determined agenda, as Annie's unique needs might then not have been addressed. I planned and developed the sessions as Annie's assessment progressed, and not beforehand, as the techniques and activities were based on my experience and analysis of previous assessment sessions.

Throughout the study I used methods that suited Annie's interests and preferences (refer to Appendix D for an overview and rationale of Annie's sessions). An improvement in some areas of difficulty became apparent as the research progressed, as observed by myself, during assessment sessions by myself and displayed through Annie's activities. The final two assessment sessions focused on relaxation exercises and the termination of assessment.

4.3   RESULTS OF THE STUDY

Based on the data analysis that I conducted (Appendix E), four main themes emerged. Figure 4.1 presents an overview of the main themes and sub-themes, which I discuss in the following sections.

Each of these themes delineates the psychological aspects that I was able to determine based on my chosen mode of assessment.
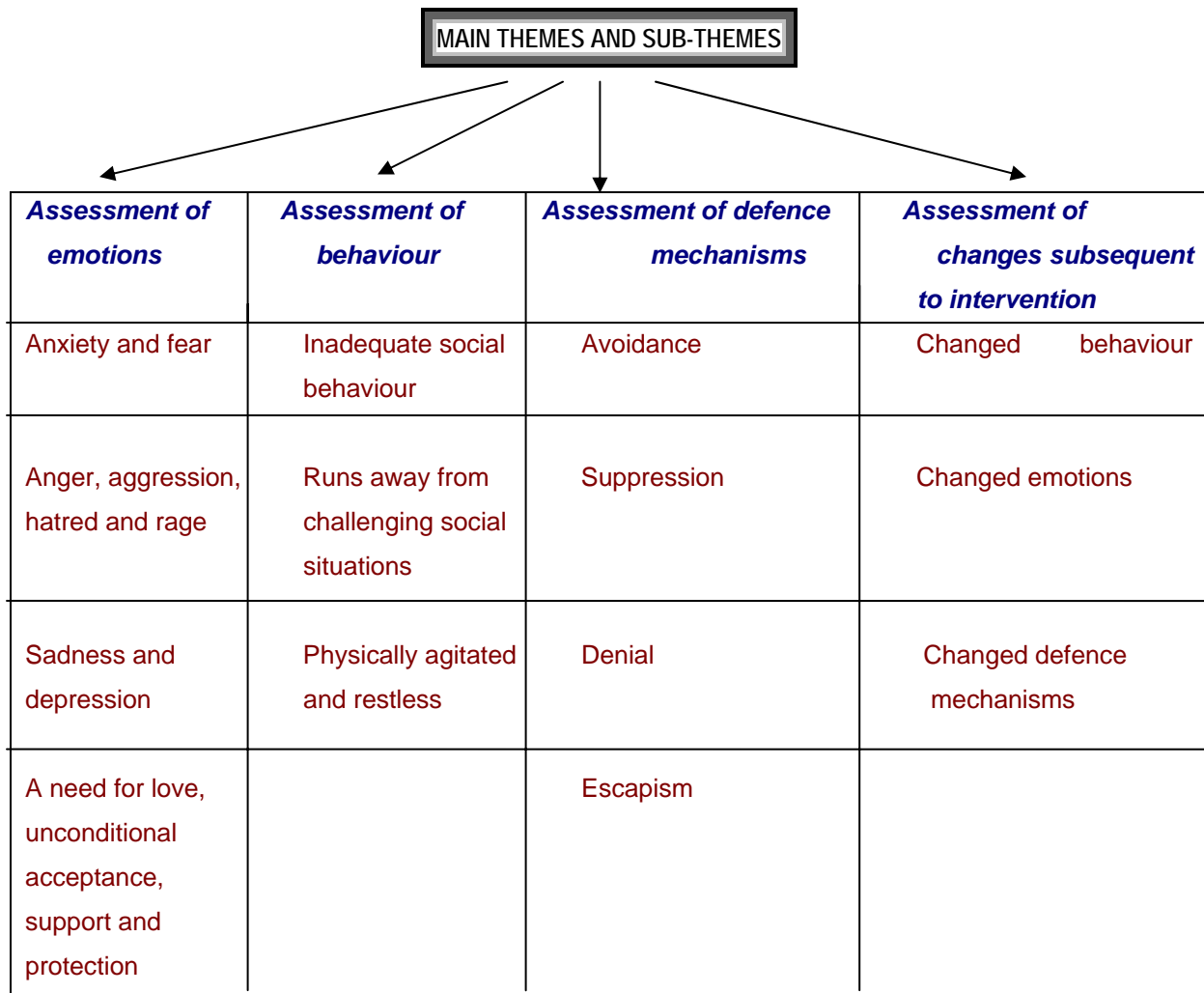
MAIN THEMES AND SUB-THEMES

Assessment of emotions	Assessment of behaviour	Assessment of defence mechanisms	Assessment of changes subsequent to intervention
Anxiety and fear	Inadequate social behaviour	Avoidance	Changed behaviour
Anger, aggression, hatred and rage	Runs away from challenging social situations	Suppression	Changed emotions
Sadness and depression	Physically agitated and restless	Denial	Changed defence mechanisms
A need for love, unconditional acceptance, support and protection		Escapism	

FIGURE 4.1: OVERVIEW OF EMERGED THEMES AND SUB-THEMES

4.3.1   Theme 1: Assessment of emotions

With regard to the raw data that I obtained during the assessment sessions, I was able to assess the emotional functioning of both the participants by means of the alternative assessments that I employed in the form of Gestalt therapy. I now discuss the sub-themes that emerged, with regard to the assessment of emotions.

4.3.1.1   Sub-theme 1.1: Anxiety and fear

Both participants seemed to experience feelings of anxiety and fear. I initially observed that Jennifer was anxious and fearful in the research environment, as she seemed afraid when I closed the door, had a scared look on her face, and mentioned that her friend was waiting for her outside. Jennifer did not appear to trust adults at that stage, and apparently felt anxious and fearful around people that she did not know (Appendix E: Session 1 [22 February 2006], p. 8). In addition, Jennifer's behaviour during session two displayed her apparent feelings of anxiety and fear, as I observed that she was frightened when she heard the wind at the door of the research venue (Appendix E: Session 2 [2 March 2006], p. 16). I related Jennifer's feelings of anxiety and fear to possible psychological distress that she experienced after the sexual abuse (Appendix E: Reflection [2 February 2006], p. 6; Reflection [20 February 2006], p. 7).

My observation of Jennifer's feelings of anxiety and fear was confirmed by comments by significant others, such as her mother, who stated that: *"She sleeps restlessly at night. She screams and she throws her pillows[10]"*. She further said that: *"Jennifer has nightmares, something is bothering her. She dreamed of Uncle Michael[11]"* (Appendix E: Interview with Jennifer's mother [2 February 2006], p. 4, 6). I confirmed that Jennifer had experienced these emotions, as she stated the following during session two: *"When I go to the toilet at night and I sit on the toilet, I do not want to flush the toilet as it is freaky. It seems that there is someone walking around in the toilet.   There are mice. It scares me to death. Sometimes I sleep in my brother's room, then I hear all the mice.   Then you do not know what is happening around you. I see a lot of white things hanging in his room. It looks like ghosts. My mother's room is at the back of our house. I am scared someone will break the door down and kidnap me[12]"* (Appendix E: Session 2 [2 March 2006], p. 20).

Jennifer also displayed signs of anxiety and fear when she spoke about her foster parents' home. During session two I requested her to mark in red the places in which she felt unsafe. She immediately

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10 Translated into English for dissertation purposes from: *"Sy slaap bietjie onrustig in die nag. Sy gil. Sy gooi die kussings"*.

11 Translated into English for dissertation purposes from: *"Sy kry nagmerries. Iets hinder haar. Sy het van Oom Michael gedroom"*.

12 Translated into English for dissertation purposes from: *"As ek in die aande toilet toe gaan en ek sit op die toilet, wil ek nie die toilet trek nie, want dit is te freaky en dit voel of iemand daar binne rondloop. Daar is muise. As ek dit hoor, skrik ek my boeglam. Partykeer slaap ek in my broer se kamer, dan hoor ek al die muise. Dan weet ek nie wat aan die gang is nie, rondom jou nie. Sien klomp wit goed daar hang in sy kamer. Lyk soos spoke. My ma se kamer is naby die uitgang van ons huis. Bang iemand breek die deur en ontvoer my"*.

marked the bathroom and the storeroom in her foster parents' home, while saying: *"It felt as if someone was in the bathroom[13]",* and: "*The storeroom was cold and dark.   There could have been snakes[14]"* (Appendix D: Visual data and Appendix E: Session 2 [2 March 2006], p. 24). In addition, Jennifer felt anxious and fearful when she imagined the perpetrator being physically close to her. During session four she placed a clay ball representing the perpetrator as far away as possible from a clay ball representing herself (Figure 4.2). She also placed her family members between herself and the perpetrator. This behaviour might be an indication that she was afraid of the perpetrator and wanted her family's protection against him (Appendix D: Visual data and Appendix E: Session 4 [6 March 2006], p. 33).

FIGURE 4.2: INITIAL FEELINGS OF FEAR AND ANXIETY REGARDING THE PERPETRATOR

Jennifer's behaviour during session five further confirmed that she felt anxious and afraid, as she did not allow the perpetrator and her foster mother to live with her in her castle, but placed them in a black room. In response to my question: *"What would you do if you accidentally walked into the black room?"* She responded that: *"I will just want to run away[15]"* (Appendix D: Visual data and Appendix E: Session 5 [14 March 2006], p. 40)*.* In addition, Jennifer's drawing in session six marked the perpetrator as a black meercat that ate other animal's eggs, further indicating possible feelings of anxiety and fear (Appendix D: Visual data and Appendix E: Session 6 [27 March 2006], p. 43).

In the case of Annie it became apparent that she also experienced initial feelings of anxiety and fear when she commented during session two that: *"Then a bird came and he wanted to eat one of the rock*

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13 Translated into English for dissertation purposes from: *"Dit voel of daar iemand in die badkamer is".*
14 Translated into English for dissertation purposes from: *"Dit was donker daar en koud. Daar kon slange in gewees het".*
15 Translated into English for dissertation purposes from: *"Ek sal net wil uithardloop".*

rabbits[16]. In response to my question regarding how it felt when the bird wanted to eat the rock rabbits, she replied by saying: *"Scared"*, and then: *"They told each other to quickly come into their house and to run fast, because the vulture is behind us[17]".* During story seven of the same session Annie said that a wolf wanted to eat a teddybear while he was drinking water, and that the world was dangerous (Appendix D: Visual data and Appendix E: Session 2 [2 August 2006], p. 72). Annie therefore seemed to experience feelings of anxiety and fear, especially when she was having contact with strangers.

Annie seemed to display fear and anxiety when she was thinking of the perpetrator. During the sixth story in session two she explained that the girl in the picture was scared, as there was a criminal in her house that wanted to rob her, but that the police took him to jail (Appendix D: Visual data and Appendix E: Session 2 [2 August 2006], p. 70). Besides fearing the perpetrator, Annie appeared to fear her father's aggression as she commented: *"The first time I heard my father's gun make a noise I was scared that my eardrums might burst[18]"* (Appendix E: Session 4 [14 August 2006], p. 87). She also seemed to experience feelings of anxiety and fear during the court proceedings. During session four Annie explicitly stated: *"Then we went to court. Then we sat in a big hall. Then I got scared[19]"* (Appendix E: Session 4 [14 August 2006], p. 85). In addition, during session seven she commented that: *"Someone breaks in and makes noises, and when they look again, he is not there. Then when they look behind them again, he is behind them. Then he stabs them with a knife or he shoots them with a gun[20]"* (Appendix E: Session 7 [23 August 2006], p. 104). According to these experiences Annie seemed to fear that the perpetrator might harm her as she testified against him in court. Annie's experience of anxiety and fear was thus confirmed by her own expressions, by background information, and by documents provided by her social workers and caregivers. For example, a report by Annie's previous social worker stated that Annie was scared of snakes (Appendix B), which might be indicative of her fear regarding the sexual abuse. In the same manner, Annie expressed her fears during session

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16 Translated into English for dissertation purposes from: *"Toe kom 'n voël daar aan en toe wil hy een van die dassies eet".*
17 Translated into English for dissertation purposes from: *"Bang. Hulle sê kom vinnig in die huis in, en hulle moet vinnig hardloop, want die aasvoël is agter ons".*
18 Translated into English for dissertation purposes from: *"Die eerste keer toe ek hoor my pa se 'gun' so geluid maak was ek bang my oordromme gaan bars".*
19 Translated into English for dissertation purposes from: *"Dan gaan ek hof toe. Dan sit ons in so groot saal. Dan word ek bang".*
20 Translated into English for dissertation purposes from: *"Iemand kom breek in en dan maak hy geluide en as hulle weer kyk is hy nie daar nie. Dan as hulle weer agter kyk dan is hy agter hulle. Dan steek hy hulle met 'n mes of hy skiet hulle met 'n gun".*

six, saying that she was scared of ghosts that came into her room at night and attacked her physically (Appendix E: Session 6 [18 August 2006], p. 98).

4.3.1.2   Sub-theme 1.2: Aggression, anger, hatred and rage

Based on the raw data that I obtained, and the analysis that I conducted, both Jennifer and Annie appeared to be experiencing feelings of aggression, anger, hatred and rage. During the interview with Jennifer's mother, for example, she commented that: *"Jennifer and her brother fight with one another. They grab each other by the hair and bite each other[21]"* (Appendix E: Interview with Jennifer's mother [2 February 2006], p. 4).

Jennifer seemed to harbour feelings of anger and aggression towards both her foster mother and the perpetrator. During session three she placed her foster mother and the perpetrator on a black island, possibly indicating aggression, anger and rage towards them (Appendix D: Visual data and Appendix E: Session 3 [3 March 2006], p.27). During session five she placed the perpetrator in a dark, black room, in her drawing of her castle (Figure 4.3). She time and again narrowed her eyes when she spoke and thought about the perpetrator, in her discussion of the scenario (Appendix D: Visual data and Appendix E: Session 5 [14 March 2006], p. 36, 39). I interpreted her non-verbal communication as being indicative of anger, aggression, rage and hatred towards the perpetrator.
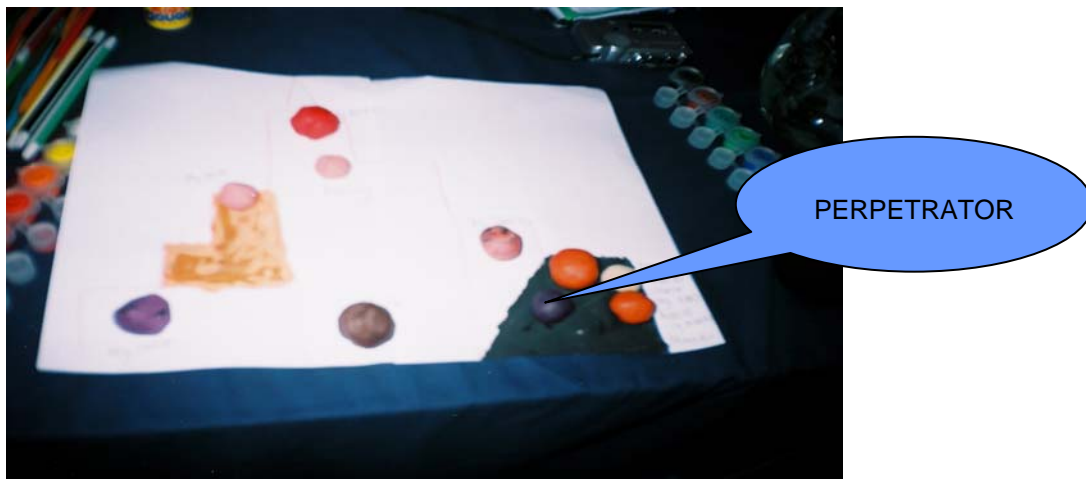

FIGURE 4.3: SIGNS OF ANGER AND AGGRESSION TOWARDS THE PERPETRATOR

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21 Translated into English for dissertation purposes from: *"Sy en haar boetie het baklei. Toe gryp hulle mekaar aan die hare en byt mekaar".*

Jennifer also displayed signs of aggression and anger while she was creating clay figures representing her foster mother and the perpetrator during session two. She handled the clay roughly and used force to shape the figures (Appendix E: Session 2 [2 March 2006], p. 23). Moreover, at the end of session two she destroyed her foster mother's and perpetrator's clay figures, by breaking them up and throwing them away (Appendix D: Visual data and Appendix E: Session 2 [2 March 2006], p. 26). In addition to her feelings concerning the perpetrator, Jennifer seemed to be angry with her foster mother, because she did not stop the sexual abuse and allegedly physically abused Jennifer. Jennifer's mother remarked that Jennifer had commented that: "*I am not worried about her anymore. I do not want her. She must stay away from me*[22]" (Appendix E: Interview with Jennifer's mother [2 February 2006], p. 5).

Jennifer's behaviour and expressions during session seven confirmed the fact that she experienced these feelings of aggression, anger, hatred and rage towards her foster mother and the perpetrator, as she said that people picked her rosebush's roses. In response to my question regarding what she felt like doing when others picked her roses, she commented: *"I feel like hitting and shouting at them*[23]*"*. I then directly asked her whether or not she also felt like this when she was living with her foster parents, upon which she replied positively, stating that she did not want to live with them, and felt angry (Appendix E: Session 7 [8 May 2006], p. 46, 49).

Annie also appeared to experience feelings of aggression, anger, hatred and rage, although to a lesser extent than in the case of Jennifer. During session two Annie said that a vulture was experiencing anger as he could not catch the rock rabbits. During story six she explicitly mentioned that the girl in the picture became angry (Appendix D: Visual data and Appendix E: Session two [2 August 2006], p. 70). Furthermore, during session four Annie commented: *"I wish that the people, that do not like you, will die. They should just fall down*[24]*"* (Appendix E: Session 4 [14 August 2006], p. 88). In addition, feelings of hatred, anger, aggression and rage could be detected during session five, when Annie commented: *"I want to kill people that are racist*[25]*"* (Appendix E: Session 5 [15 August 2006], p. 93).

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22 Translated into English for dissertation purposes from: *"Sy worry nie meer oor haar nie. Sy sê reguit ek wil haar nie hê nie. Sy moet wegbly van my af".*
23 Translated into English for dissertation purposes from: *"Om hulle te slaan en om op hulle te skree".*
24 Translated into English for dissertation purposes from: *"Ek wens die mense wat nie van tannie hou nie, wil dood gaan. Hulle moet net neer val".*
25 Translated into English for dissertation purposes from: *"Ek wil mense doodmaak wat rassisties is".*

Annie especially seemed to display feelings of anger and aggression toward her father (the perpetrator). During session two she commented that: *"She had a good mother, but a bad father[26]"* (Appendix E: Session two [2 August 2006], p. 70), and during session three she said that she did not want all her family to live together, implying that she did not want to live with her father (Appendix E: Session 3 [10 August 2006], p. 76). During session four she mentioned that: *"I became angry when my father hit my mother[27]"* (Appendix E: Session 4 [14 August 2006], p. 85).

Available background information and documents provided by her social workers and caregivers confirm these views and expressions of Annie. One of the social workers, for example, documented that Annie experienced anger and aggression towards her parents, as her father sexually abused her and her mother abandoned her (Appendix B). Secondly, Annie seemed to experience feelings of aggression and hatred toward boys in general, commenting during session six that: *"Boys should not live[28]"* (Appendix E: Session 6 [18 August 2006], p. 96)*.

4.3.1.3   Sub-theme 1.3: Sadness and depression

Both Jennifer and Annie seemed to be experiencing feelings of sadness and depression with regard to the sexual abuse that they had been exposed to. Initially, I observed Jennifer to be sad as she seldom smiled or laughed. She only spoke when I asked direct questions, and then merely responded with short answers (Appendix E: Session 1 [22 February 2006], p. 8). In addition, Jennifer could not think of one experience that made her happy during the past four years (Appendix E: Session 1 [22 February 2006], p.11). As the field work progressed, Jennifer commented that her rosebush only had a few, small flowers, as other people had picked her roses and leaves. I asked her whether they had hurt her when they picked her flowers, upon which she replied by saying "yes" (Appendix D: Visual data and Appendix E: Session 7 [8 May 2006], p. 45, 47). During session nine, when I asked Jennifer how the tree felt when people picked its fruit, she replied: *"It makes my heart feel bad[29]".* I enquired about the worst part of the house that she drew next to the tree, upon which she replied: "*The windows are too small to let all the light in[30]"* (Appendix D: Visual data and Appendix E: Session 9 [13 June 2006], p. 57).

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26 Translated into English for dissertation purposes from: *" 'n Goeie ma, maar 'n slegte pa".*
27 Translated into English for dissertation purposes from: *"Ek word kwaad toe my pa my ma geslaan het".*
28 Translated into English for dissertation purposes from: *"Seuntjies moet nie lewe nie".*
29 Translated into English for dissertation purposes from: *"Laat my sleg voel in my hart".*
30 Translated into English for dissertation purposes from: *"Die vensters is te klein vir al die lig om in te kom".*

Besides my own analysis of the assessments that I conducted, the following comment made by Jennifer's mother confirmed the fact that Jennifer experienced feelings of sadness: *"Jennifer cried a lot[31]"* (Appendix E: Interview with Jennifer's mother [2 February 2006], p. 1, 2).   Jennifer's behaviour during session three further confirmed her feelings of sadness, as she mentioned that islands were usually brown and black, thereby choosing colours that might be an indication of feelings of sadness and depression (Appendix E: Session 3 [3 March 2006], p. 27).   In the same manner, Jennifer chose to use brown clay to represent the perpetrator (Appendix D: Visual data and Appendix E: Session 4 [6 March 2006], p. 33).   During session five Jennifer explicitly verbalised the fact that when her foster mother screamed at her, it made her feel sad, and, as if she wanted to cry (Appendix E: Session 5 [14 March 2006], p. 39).

During the assessment sessions with Annie it became apparent that she too experienced feelings of sadness and depression. For example, during session two I asked Annie how the boy or girl in her story felt, upon which she replied: *"She feels unhappy[32]".* I then enquired about what their other friends thought when they fought, and she replied: *"They think they should make peace and be happy[33]".* During Annie's fifth story she commented: *"… she could not get out and she felt unhappy[34]"* (Appendix E: Session 2 [2 August 2006], p. 69). Comments such as these might be indicative of Annie's need to experience more happiness and joy, based on her feelings of sadness and depression, especially regarding peer group relationships. Available background information, and documents written by Annie's social workers and caregivers confirmed the fact that Annie experienced negative feelings, and the fact that Annie tended to cry easily (Appendix B).   Besides her apparent negative experiences with regard to the peer group, Annie seemed to feel sad and depressed concerning her parents. During session two I asked Annie how the dog in her story felt when his mother and father went missing, upon which she replied: "*He feels sad, because he cannot see them anymore[35]"* (Appendix E: Session 2 [2 August 2006], p. 73). During session seven she commented: "*Because it makes him sad, because he sees his family dead[36]"* (Appendix E: Session 7 [23 August 2006], p. 104). Annie's feelings of sadness and depression appeared to stem from the fact that she did not have contact with her parents at that stage.

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31 Translated into English for dissertation purposes from: *"Jennifer het verskriklik gehuil".*
32 Translated into English for dissertation purposes from: *"Sy voel 'unhappy'".*
33 Translated into English for dissertation purposes from: *"Hulle dink hulle moet vrede maak en gelukkig wees".*
34 Translated into English for dissertation purposes from: *"Sy kon net nie uitkom nie, en sy voel ongelukkig".*
35 Translated into English for dissertation purposes from: *"Hy voel hartseer, want hy kan hulle nie meer sien nie".*
36 Translated into English for dissertation purposes from: *"Want dit maak hom hartseer, want dan sien hy sy familie wat dood is".*

Thirdly, Annie seemed to experience feelings of sadness and depression regarding the sexual abuse. During session four she commented: *"I want to cry about what my father did[37]"* (Appendix E: Session 4 [14 August 2006], p. 89). In addition, during session eight, Annie remarked*: "When bad stuff comes, life feels difficult for me. Then life feels more worse than good[38]"* (Appendix E: Session 8 [24 August 2006], p. 110). Statements like these might be regarded as indications that the sexual abuse resulted in Annie experiencing feelings of sadness and depression.

4.3.1.4   Sub-theme 1.4: A need for love, unconditional acceptance, support and protection

From the raw data that I obtained during the assessment sessions, from my observations of Jennifer and Annie, from interviews with significant others in Jennifer's life, and from the analysis of documents regarding Annie, I gathered that both participants experienced a need for love, unconditional acceptance, support and protection. In the case of Jennifer, she preferred to visit her extended family, as she seemed to feel that they partially fulfilled her need to be loved, accepted and supported (Appendix E: Session 2 [2 March 2006], p. 19). In this regard, she commented that her extended family was friendly with her. She further insinuated that they supported and accepted her (Appendix E: Session 4 [6 March 2006], p. 31).

During session four Jennifer expressed her need for her family's protection, support and closeness, by placing a clay ball representing herself in the middle of a white page, with the clay figures representing her family members surrounding her (Appendix D: Visual data and Appendix E: Session 4 [6 March 2006], p. 33). During session seven she confirmed this need by saying that the branches of her rosebush were sticking out, which might be an indication that she was reaching out for support, protection, love and acceptance. In addition, Jennifer's comment, that someone was taking care of her rosebush, might be an indication that she needed people to support and take care of her emotionally (Appendix D: Visual data and Appendix E: Session 7 [8 May 2006], p. 45, 46).

In the case of Annie, I observed her expressing the need for support, acceptance and love even more intensely than in the case of Jennifer (Appendix E: Reflection [1 August 2006], p. 66 and Reflection [2 August], p. 74). During Annie's creation of her clay figure in session seven, she chose to create Father

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37 Translated into English for dissertation purposes from: *"Ek wil huil as wat my pa gedoen het".*
38 Translated into English for dissertation purposes from: *"As daar 'bad stuff' kom, voel die lewe vir my swaar. Dan voel die lewe vir my slegter as wat dit goed is".*

Christmas, who accepted and loved her (Figure 4.4; Appendix D: Visual data and Appendix E: Session 7 [23 August 2006], p. 103). During session five Annie mentioned that she wanted to be rich, as people could then make her feel important (Appendix D: Visual data and Appendix E: Session 5 [15 August 2006], p. 92). She appeared to think that, if she were rich, she might be able to fulfil her need for acceptance, love and support. However, it became apparent that Annie was trying to fulfil this need by pleasing different people in her life (like her peer group) in order to gain their acceptance and love (Appendix E: Session six [18 August 2006], p. 98).

FIGURE 4.4: A NEED FOR LOVE, UNCONDITIONAL ACCEPTANCE AND SUPPORT

Annie's behaviour during sessions three and four further confirmed her need for acceptance, as she regularly tried to please me, in an attempt to gain my approval, making comments like: *"I will never forget that you are beautiful[39]",* and: *"I am sorry I was late today for the prettiest auntie[40]"* (Appendix E: Session 4 [14 August 2006], p. 85). She constantly asked me if I thought her answers were correct, and if they made sense. In addition, Annie asked my opinion about specific movies before stating if she liked them or not (Appendix E: Session 4 [14 August 2006], p. 87). My observation and interpretation of Annie's behaviour during session four were confirmed by the background information and documents written by her social workers and caregivers, reporting that she displayed a definite need to be loved and accepted (Appendix B). It further became apparent that Annie wanted more love, acceptance and attention from boys than from girls, as she said (during session four): *"I have more boy friends than girl friends[41]".* When I asked her why she replied: *"Boys give more attention[42]"* (Appendix E: Session 4 [14

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39 Translated into English for dissertation purposes from: *"Ek sal nooit vergeet dat tannie mooi is nie".*
40 Translated into English for dissertation purposes from: *"Ek is jammer ek was laat vandag vir die mooiste tannie".*
41 Translated into English for dissertation purposes from: *"Ek het meer seunsvriende as meisiesvriende".*
42 Translated into English for dissertation purposes from: *"Seuns gee meer aandag".*

August 2006], p. 89). This last statement seems contradictory to Annie's remark that boys should not live (refer to section 4.3.1.2), and might be indicative of the fact that she was experiencing ambivalent feelings towards the opposite sex, based on the sexual abuse that she had been exposed to.

4.3.2   Theme 2: Assessment of behaviour

The raw data that I obtained, and the analysis that I conducted, enabled me to assess some difficulties that the participants experienced with regard to their behaviour, which I now discuss.

4.3.2.1   Sub-theme 2.1: Inadequate social behaviour

From the raw data that I obtained during the assessment sessions, from my observation of the primary participants, and from interviews with significant others in Jennifer's life, I derived that both primary participants seemed to firstly isolate themselves socially, tending to withdraw during social encounters. Secondly, they appeared to display a need for adequate social relationships and social acceptance.

During the first and second assessment sessions with Jennifer she *withdrew* from participating optimally, responding with short answers, and only speaking when I asked her direct questions. As such, she provided limited information and participated half-heartedly and passively (Appendix E: Session 1 [22 February 2006], p.8, 9 and Session 2 [2 March 2006], p. 22). During session three it became apparent that Jennifer preferred seclusion and feared intimacy. In response to my question if she wanted to invite her parents and her brother to come and live with her on her island, she immediately said "no". In this manner, Jennifer did not invite any human beings to live with her on her island, which might be an indication that she isolated and withdrew herself from social interaction with others (Appendix D: Visual data and Appendix E: Session 3 [3 March 2006], p.27; Reflection [3 March 2006], p.28). Besides my own analysis of the assessments, the following comment made by Jennifer's mother confirmed Jennifer's tendency to isolate herself: *"She has one friend[43]"* (Appendix E: Interview with Jennifer's mother [2 February 2006], p.4). This might be an indication that Jennifer tended to withdraw from friends and feared intimacy with them at the time when I commenced with intervention.

Jennifer's behaviour during session seven confirmed her tendency to withdraw as she commented that her rosebush had thorns, which might indicate that she wanted to isolate and protect herself. In

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43 Translated into English for dissertation purposes from: *"Sy het een maatjie".*

addition, her response, that there were no animals around her rosebush, might indicate that she felt lonely and socially isolated (Appendix D: Visual data and Appendix E: Session 7 [8 May 2006], p.45, 46). In another session Jennifer physically and emotionally withdrew, and isolated herself from the perpetrator and her foster mother by placing them on a separate black island (Figure 4.5; Appendix D: Visual data and Appendix E: Session 3 [3 March 2006], p.27; Reflection [3 March 2006], p.28).
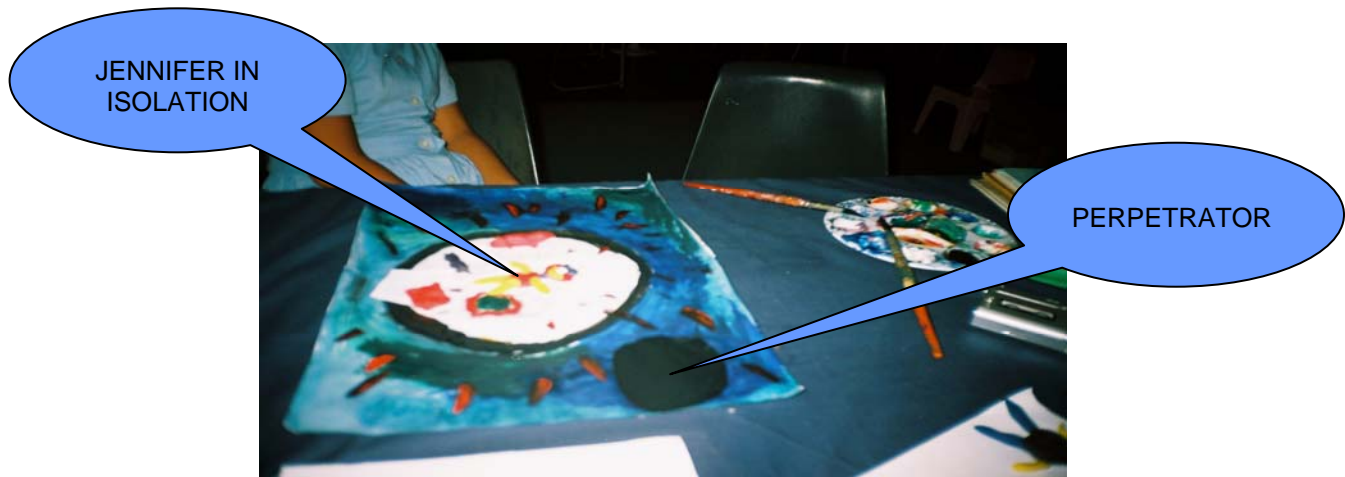
FIGURE 4.5: SIGNS OF SOCIAL WITHDRAWAL AND ISOLATION

In the case of Annie, she also seemed to **withdraw and isolate herself**, although to a lesser extent than Jennifer. She participated actively during most of our sessions (Appendix E: Session 1 [1 August 2006], p. 62), but displayed some withdrawal behaviour during sessions three and five, answering questions by saying that she did not know the answer (Appendix E: Session 3 [10 August 2006], p. 75; Session 5 [15 August 2006], p. 92). Annie's tendency to socially isolate and withdraw from her peer group immediately after the sexual abuse had occurred, was indicated by her remark: *"Then I always scolded at people, but now I don't do that anymore, because I have become soft[44]"* (Appendix E: Session 8 [24 August 2006], p. 109).

I furthermore identified a **need for more adequate social relationships** displayed by both participants. Jennifer seemed to be bullied at school, and, during session five she placed two boys from her school in a dark room in the castle that she had drawn. She stated her reason for placing them in this room as: *"Tiaan mocked my dad's car. He bothers me while I am working. Teased Destiny. Said that her father is poor[45]"* (Appendix D: Visual data and Appendix E: Session 5 [14 March 2006], p. 38). This might be an indication that Jennifer was experiencing poor social group relationships at the time.

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44 Translated into English for dissertation purposes from: *"Toe het ek altyd met mense geraas, maar nou doen ek dit nie meer nie, want nou het ek sag geword".*
45 Translated into English for dissertation purposes from: *"Tiaan het my pa se kar gespot. Hy pla my die heeltyd terwyl ek werk. Spot vir Destiny. Sê haar pa is brandarm".*

Jennifer's mother confirmed this possibility by commenting that: *"She has one friend[46]"* (Appendix E: Interview with Jennifer's mother [2 February 2006], p. 4). One possible explanation for Jennifer reportedly only having one friend lies in her tendency to withdraw from her peer group and to fear intimacy with others. Jennifer's behaviour during session three confirmed this possibility, as she did not invite any human beings to live with her on her island (Appendix D: Visual data and Appendix E: Session 3 [3 March 2006], p. 27, 28). A statement by Jennifer during session one further confirms this when she, in response to my question whether or not she missed her friends from her old school, said "no". Jennifer therefore appeared to withdraw socially and emotionally from the friends that she had when she was residing at her foster parents' home (Appendix E: Session 1 [22 February 2006], p. 10).

Although Jennifer indicated that she had more than one friend during session one (Appendix E: Session 1 [22 February 2006], p. 8), I knew this not to be true, based on my observation of Jennifer on the playground, both as researcher and as intern educational psychologist at her school. Jennifer thus appeared to be fantasising that she was involved in social interactions with her peer group (Appendix E: Session 1 [22 February 2006], p. 11), indicating a possible need for more adequate social relationships, companionship and peer group interaction. During session two, Jennifer voiced this need by telling me that nobody came to visit her at her parents' home (Appendix E: Session 2 [2 March 2006], p. 20). She also commented in session four that she liked to visit her extended family, as she could then play with other children (Appendix E: Session 4 [6 March 2006], p. 30, 31).

Annie seemed to experience an even more intense ***need for social relationships***. During session two, that focused on storytelling, Annie time and again emphasised her need for companionship, friendship, social interaction and peer group relationships. In addition, she appeared to display a need to participate in age-appropriate activities with her peer group (Appendix E: Reflection [2 August 2006], p. 74), commenting that: *"One day her friend came, it was a bird. Then he took her out of her house for a bit[47]"*; *"They first flew out of the house. Then they went to a park or playgrounds. Then they came back again and ate stuff like 'KFC'[48]"* (Appendix E: Session 2 [2 August 2006], p. 69) and: *"I don't have time to play.*

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46 Translated into English for dissertation purposes from: *"Sy het een maatjie".*
47 Translated into English for dissertation purposes from: *"Eendag toe kom haar vriend, dit was 'n voël. Toe vat hy haar 'n bietjie uit die huis uit".*
48 Translated into English for dissertation purposes from: *"Hulle het eers uit die huis uit gevlieg toe gaan hulle na 'n parkie of speelgronde. Toe kom hulle weer terug en hulle het goeters geeët soos 'KFC'".*
49 Translated into English for dissertation purposes from: *"Ek het nie tyd om te speel nie. Ek wil, maar ek het nie tyd nie".*

I want to, but I don't have the time[49]" (Appendix E: Session 4 [14 August 2006], p. 88). Annie further commented: "*Then she went to her friend. Her friend was a rat. Then she stayed with her friend, because he saw that she only had short clothing on*[50]" and: "*Then one of the owls picked her up with their feet and they put her on top of a mountain and they then spoke to her*[51]". During story seven Annie said: "*Then she went to live with her friends. Then they came to visit her and also stayed there,*[52]" expressing her need for more adequate social relationships, age-appropriate play, and peer group interaction (Appendix E: Session 2 [2 August 2006], p. 72).

At the time of the intervention Annie's peer group relationships therefore appeared to be inadequate, characterised by her being teased and bullied at school, often because of her race (Appendix E: Session 3 [10 August 2006], p. 76 and Session 4 [14 August 2006], p. 85). During session two she confirmed this apparent lack of healthy peer group relationships, by saying: "*He wants to play with the boy, then the other girls say no, I want to play with the boy, then they fight*[53]" and later: "*She looks out of her window how everyone is playing outside and she cannot*[54]" (Appendix E: Session 2 [2 August 2006], p. 69). In addition, during session three she commented that: "*I like to make friends and not to always fight*[55]" and: "*Sometimes Klankla is nasty towards me*" and later: "*She is jealous and gets angry. She tells lies to the auntie*[56]" (Appendix E: Session three [10 August 2006], p. 80). Annie further stated that: "*When I am looking for my book, they do not give my book to me, and, when I speak, they say the same*

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50 Translated into English for dissertation purposes from: *"Toe gaan sy na 'n vriend toe. Haar vriend was 'n rot. Toe het sy by haar vriend gebly, want haar vriend het gesien sy het net kort klere aan"*.
51 Translated into English for dissertation purposes from: *"Toe tel een van die uile haar op met hulle voete en toe sit hulle haar bo die berg en toe gesels hulle met haar"*.
52 Translated into English for dissertation purposes from: *"Toe het sy by haar ander vriende gebly. Toe het hulle vir haar kom kuier en ook daar gebly"*.
53 Translated into English for dissertation purposes from: *"Sê nou maar hy wil met die seuntjie speel, dan sê die ander meisie nee, ek wil met hom speel, dan baklei hulle"*.
54 Translated into English for dissertation purposes from: *"Sy sien uit die venster hoe almal buite speel en sy kan nie"*.
55 Translated into English for dissertation purposes from: *"Ek hou daarvan om vriende te maak en nie altyd te baklei nie"*.
56 Translated into English for dissertation purposes from: *"Klankla is partykeer mislik met my. Sy is 'jealous', dan word sy kwaad. Dan vertel sy vir die tannie liegstories"*.
57 Translated into English for dissertation purposes from: *"As ek my boek soek, dan gee hulle nie my boek vir my nie, en as ek praat, dan sê hulle dieselfde goed soos ek"*.

things that I do,[57]" and also: *"They take some of my stuff without asking, and they say things about me[58]"* (Appendix E: Session 6 [18 August 2006], p. 97). During session seven Annie said: *"The one bumps the other one, or the one took his marble or pencil first. Then the other one says 'give it back'. Then he says 'No, it's not your pencil, it's mine'. Then they start fighting[59]".* It thus became apparent that Annie was experiencing inadequate peer group relationships at the time of my study. This emotion seemed to be gender-related as Annie commented that: *"Boys tease me when I am busy on the computer, then they push any button[60]"* (Appendix E: Session 6 [18 August 2006], p. 97). This once again supports the possibility that Annie might have experienced ambivalent feelings concerning males (refer to sections 4.3.1.2 and 4.3.1.4).

4.3.2.2   Sub-theme 2.2: Runs away from challenging situations

According to the raw data that I obtained, and the analysis that I conducted, both participants appeared to run away from challenging situations. Jennifer, for example, ran away after the perpetrator had physically abused her brother, as she felt powerless to help him. In addition, she ran away to her friend's house when her foster mother hit her friend with a broom (Appendix E: Session 1 [22 February 2006], p.10, 13 and Session 5 [14 March 2006], p.40). Furthermore, Jennifer ran away when she saw a snake, thereby indicating her need to flee from the sexual abuse (Appendix E: Session 2 [2 March 2006], p. 24). Also, during session six, I asked Jennifer what she could do when her foster mother fought with her, upon which she replied: *"I can only run away[61]"* (Appendix E: Session 6 [27 March 2006], p.43).

In the case of Annie, she displayed the tendency to run away from challenging situations, especially when she felt helpless and powerless. During the assessment, Annie, for example said that she fled to their neighbour's house, after her father had shot her baby sister (Appendix E: Session 4 [14 August 2006], p. 86).

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57 Translated into English for dissertation purposes from: *"As ek my boek soek, dan gee hulle nie my boek vir my nie, en as ek praat, dan sê hulle dieselfde goed soos ek".*
58 Translated into English for dissertation purposes from: *"Hulle het goed van my gevat, sonder om te vra, en dan sê hulle goed van my".*
59 Translated into English for dissertation purposes from: *"Die een stamp die ander een, of die een het eerste sy 'marble' of sy potlood gevat; dan sê die ander een 'gee terug'. Dan sê hy nee, dit is nie jou potlood nie, dit is myne. Dan begin hulle baklei".*
60 Translated into English for dissertation purposes from: *"Hulle terg my as ek rekenaar doen, dan druk hulle enige knoppie".*
61 Translated into English for dissertation purposes from: *"Ek kan net weghardloop".*

4.3.2.3   Sub-theme 2.3: Physical agitation and restlessness

Initially, I observed the fact that both participants appeared physically agitated and restless. I observed Jennifer constantly fidgeting with her hands and looking around the research venue, throughout our first interview (Appendix E: Session 1 [22 February 2006], p. 8). During our second session, Jennifer displayed restlessness by time and again standing up to look out of the window, or at pictures on the wall. She also took objects out of her bag, such as her timetable (Appendix E: Session 2 [2 March 2006], p. 21). When she referred to the perpetrator, she constantly moved around on her chair and appeared physically restless (Appendix E: Session 5 [14 March 2006], p. 39).

Several comments made by significant others, like Jennifer's educators, confirmed my own observations. Her class teacher, for example, insinuated that, before the assessment sessions started, Jennifer physically moved around in class a lot. She furthermore fidgeted with her hands and feet on a regular basis (Appendix C: Informal discussions with Jennifer's educators [27 March 2006] and Appendix E: Reflection [27 March 2006], p. 44).

Although I observed that Annie was less restless than Jennifer, she did seem physically agitated and restless during session two. She appeared to display this behaviour due to feelings of anxiety, after realising that she had to provide stories for various pictures (Appendix E: Session two [2 August 2006], p. 67). During session four Annie also appeared restless when she discussed the family violence that she had been exposed to at her parents' home. She constantly fidgeted with her hands and looked around the research venue (Appendix E: Session 4 [14 August 2006], p. 86).

4.3.3   Theme 3: Assessment of defence mechanisms

Both Jennifer and Annie seemed to employ defence mechanisms in attempts to protect themselves against the emotional distress relating to the sexual abuse.

4.3.3.1   Sub-theme 3.1: Avoidance

Based on the raw data that I obtained, and the analysis that I conducted, both participants appeared to avoid discussions regarding the sexual abuse. Jennifer seemed to avoid thinking about the most recent

years of her life – being the time that she experienced the sexual abuse (Appendix E: Session 1 [22 February 2006], p.11].   She also seemed to avoid discussing her experiences at her foster parents' home, by providing short and closed answers during our first interview (Appendix E: Session 1 [22 February 2006], p.10). In addition, during session two, upon being requested to tell me more about her foster parents' house, Jennifer replied: *"I cannot remember everything that was in there. Only my room and bathroom. I only had a small piece of room. I just quickly want to go to the toilet[62]".* Upon returning to the assessment situation, Jennifer tried to avoid the assessment activity by talking about schoolwork (Appendix E: Session 2 [2 March 2006], p.21). Furthermore, during session four Jennifer avoided creating clay figures representing her foster mother and the perpetrator (Appendix E: Session 4 [6 March 2006], p, 32).   Jennifer's behaviour during these sessions seems to be an indication that she chose to avoid thinking or talking about the sexual abuse.

Although to a lesser extent, Annie also appeared to employ avoidance as a defence mechanism. During session four, for example, Annie asked me whether or not I was going to ask her how her father had raped her, and then commented: *"No, no, no[63]".* She also said that she could not remember the sexual abuse, as she was too young (Appendix E: Session 4 [14 August 2006], p. 83). It thus appeared that Annie was trying to avoid questions or discussions relating to the sexual abuse, even after five years.

4.3.3.2   Sub-theme 3.2: Suppression

Both primary participants seemed to suppress memories regarding the sexual abuse.   Jennifer, for example, commented during session two that the perpetrator did not talk, kiss or sexually abuse her (Appendix E: Session 2 [2 March 2006], p.24, 25). Later on, during session four, I asked Jennifer why she did not like the perpetrator, upon which she commented that: *"He was always being nasty[64]"* (Appendix E: Session 4 [6 March 2006], p. 34). During session five Jennifer said that she had placed the perpetrator in the dark room in her castle because he screamed at her when she did not get any homework (Appendix D: Visual data and Appendix E: Session 5 [14 March 2006], p. 39). Comments like these might be an indication that Jennifer had suppressed her memories regarding the perpetrator and the sexual abuse. Jennifer's behaviour during session eight confirmed this hypothesis, as she did

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62 Translated into English for dissertation purposes from: *"Ek kan nie meer alles onthou wat daarin was nie. Net my kamer en badkamer. Ek het net 'n klein stuk kamer gehad. Ek wil net gou toilet toe gaan".*
63 Translated into English for dissertation purposes from: *"Tannie gaan my nie vra hoe my pa my 'gerape' het nie? Nee, nee, nee".*
64 Translated into English for dissertation purposes from: *"Hy was altyd mislik".*

not express (draw) any negative experiences, although this was part of the activity's instruction. Therefore, it appeared that Jennifer suppressed memories regarding challenging experiences (Appendix D: Visual data and Appendix E: Session 8 [22 May 2006], p. 54). Jennifer also seemed to suppress her emotions concerning her friends in her previous school (Appendix E: Session 1 [22 February 2006], p. 10).

In the case of Annie, she too appeared to suppress memories regarding the sexual abuse (Appendix E: Reflection [14 August 2006], p. 90). During session four I asked her if she could remember the sexual abuse, and she simply replied by saying: *"No[65]".* In response to my question, whether or not the sexual abuse had angered her, she replied: *"I do not know. I was small. I did not know[66]"* and later: *"I cannot remember it. It was a long, long time ago[67]"* (Appendix E: Session 4 [14 August 2006], p. 83). It thus appeared that Annie was suppressing her memories regarding the sexual abuse that she had been exposed to, and for which her father had been imprisoned.

4.3.3.3   Sub-theme 3.3: Denial

On the basis of my analysis of the assessment and observation of Jennifer, I concluded that she seemed to deny that the sexual abuse had taken place. In response to questions relating to the alleged sexual abuse, Jennifer repeatedly denied any sexually related behaviour by the perpetrator. In addition, when I asked her if the perpetrator ever spoke to her while he was living with them, she also replied by saying: *"No[68]"* (Appendix E: Session 2 [2 March 2006], p.24, 25). During session four, in response to my question whether or not there was anything that the perpetrator did to make her feel unhappy, apart from him being nasty towards her, Jennifer again replied by saying: *"No[69]".* (Appendix E: Session 4 [6 March 2006], p. 34). Jennifer therefore appeared to deny that the sexual abuse had taken place. However, through the creative use of techniques and media I could elicit her expression of negative feelings towards the perpetrator.

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65 Translated into English for dissertation purposes from: "*Nee".*
66 Translated into English for dissertation purposes from: "*Ek weet nie. Ek was klein. Ek het nie geweet nie".*
67 Translated into English for dissertation purposes from: "*Ek kan dit nie onthou nie. Was te lank lank terug".*
68 Translated into English for dissertation purposes from: "*Nee".*
69 Translated into English for dissertation purposes from: "*Nee".*

Although Annie did not deny that the sexual abuse had taken place, it became apparent during session three that she did deny the negative feelings that she experienced towards the perpetrator, possibly due to him being her father. She commented that she wanted her family back, implying that she wanted her father back as well (Appendix D: Visual data and Appendix E: Session 3 [10 August 2006], p. 75), and thereby denying the negative feelings that she harboured (secretly nursed in her mind) towards him.

4.3.3.4   Subtheme 3.4: Escapism

Based on the raw data that I obtained and the analysis that I conducted, the primary participants appeared to employ escapism as defence mechanism. Jennifer, who seemed to use fantasising as an escapism mode, often fantasised about birthday parties with her peer group, commenting: *"We went swimming. Then we went to the Wimpy. The next day we had a 'sleepover party' at my friend[70]"* (Appendix E: Session 1 [22 February 2006], p. 11). Jennifer also seemed to employ swimming as a means of cleansing and escaping from her painful experience. During session six she, for example, fantasised that she was a wave, and she drew herself as one (Visual data and Appendix E: Session 6 [27 March 2006], p. 43). In addition, during the last session Jennifer fantasised that she and her mother lived together in a house that had a swing, birds, trees and flowers. When I asked her why she said that the swing was the best part of the house, Jennifer commented: *"Because, I can swing the whole day[71]"* (Appendix D: Visual data and Appendix E: Session 9 [13 June 2006], p. 58), once again expressing her need and tendency to escape from reality. Jennifer therefore appeared to experience a need for escapism, and used fantasising in an attempt to fulfil this need.

Annie seemed to display an even more intense need to escape from reality (Appendix E: Reflection [2 August 2006], p. 74) than Jennifer. During session two, I requested Annie to tell me a story about individual pictures, resulting in the following response at story five: "*Her grandmother did not want her to go out of their house. Then she was always trapped. She could never go out of the house,[72]"* and later: "*It felt like a jail for her[73]".* In this manner Annie seemed to feel trapped and to experience a need to escape. Annie's other stories confirmed her need to escape. Besides fantasising that she had a mother who bought her clothing, Annie fantasised about peer group interaction, saying*: "…they went to the*

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70 Translated into English for dissertation purposes from: "*Ons het gaan swem. Toe Wimpy toe gegaan. Die volgende dag 'sleepover party' by my maatjie gehou".*
71 Translated into English for dissertation purposes from: "*Want, ek kan die heeldag 'swing'.*
72 Translated into English for dissertation purposes from: "*Haar ouma wou nie gehad het sy moes uit die huis uit gaan nie. Toe was sy altyd 'getrap'. Sy kon nooit uit die huis uit gegaan het nie".*
73 Translated into English for dissertation purposes from: "*Sy voel asof dit 'n tronk is vir haar".*

movies and then they watched the movie. Then they put on their new clothing and sat outside[74]" (Appendix D: Visual data and Appendix E: Session 2 [2 August 2006], p. 68). In addition, during session three, Annie fantasised that she had a car, a house and money. She also fantasised that she was a model (Appendix D: Visual data and Appendix E: Session 3 [10 August 2006], p. 75; Session 4 [14 August 2006], p. 88, 89; Session 5 [15 August 2006], p. 93). Annie thus seemed to also employ fantasising to fulfil her need to escape.

Annie's actions during session four further emphasised her wish to escape from reality, as she commented that: *"I think I live in a big house, and, everywhere I go, there are cameras. When I walk out there should be cameras[75]"* (Appendix E: Session 4 [14 August 2006], p. 89). Later on in the same session she fantasised that she was a teacher and that her dolls were her students. She further said that she imagined that she stood next to a famous soccer player and that he kissed her (Appendix E: Session 4 [14 August 2006], p. 89). During session six Annie fantasised that she lived in America and that she had rich and famous parents (Appendix E: Session 6 [18 August 2006], p. 96). She also commented during session seven that her clay figure lived in America (Appendix E: Session 7 [23 August 2006], p. 104). Annie's tendency to use fantasising in an attempt to fulfil her need to escape was confirmed by the background information and documents provided by her social workers and caregivers, who reported that Annie had fantasised that a man with a gun kidnapped her, and that a second man tried to shoot her while she was walking from school. One social worker, for example, wrote that Annie has a "big imagination" (Appendix B).

4.3.4 Theme 4: Assessment of changes subsequent to intervention

From the raw data obtained during the assessment sessions, my observation of the primary participants, and interviews with significant others in Jennifer's life, I detected that both the primary participants displayed emotional and behavioural changes over the course of the intervention. Both Jennifer and Annie participated more actively, and experienced change in their peer group relationships. They expressed less feelings of uncertainty, and displayed higher levels of self-awareness. In addition, they expressed their emotions more easily and appropriately, and did so in a developmentally appropriate manner.

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74 Translated into English for dissertation purposes from: "*Toe gaan hulle fliek toe en toe kyk hulle fliek en toe trek hulle hulle nuwe klere aan en toe sit hulle buite*".
75 Translated into English for dissertation purposes from: "*Ek dink in 'n groot huis bly en orals waar ek gaan is daar net kameras. As ek uitstap moet daar kameras wees*".

4.3.4.1   Sub-theme 4.1: Changed behaviour

Initially, I observed Jennifer's participation as being half-hearted and passive. She withdrew during the initial sessions, and tried to isolate herself by providing short answers to my questions and requests (Appendix E: Session 1 [22 February 2006], p. 8, 9). However, later on in the research process I observed that Jennifer was expressing herself more adequately by means of creative activities. She participated more actively and shared detailed information (Appendix E: Session 4 [14 March 2006], p. 36). She seemed to participate in a socially more acceptable manner in her peer group, as the assessment progressed. My observation was confirmed by an informal discussion that I conducted with Jennifer's class teacher later on in the research process, who emphasised that Jennifer was concentrating and participating more actively in the classroom (Appendix C).

I regard Jennifer's participation and behaviour towards the end of the intervention as indicative of an improvement of her social skills and her ability to form and maintain relationships (Appendix E: Session 1 [22 February 2006], p. 13; Session 2 [2 March 2006], p. 15, 16, 18; Session 3 [3 March 2006], p. 27; Session 4 [14 March 2006], p. 36; Session 8 [22 May 2006], p. 53 and Session 9 [13 June 2006], p. 56). I also observed that Jennifer was experiencing improved interpersonal relationships in her peer group, and in her extended family, as the study progressed (Appendix E: Session 4 [6 March 2006], p. 31, 52; Session 8 [22 May 2006], p. 51 and Session 9 [13 June 2006, p. 59). My last informal discussion with Jennifer's English teacher confirmed my observation, as the educator emphasised the fact that Jennifer was interacting more openly with her and with the children in her class at that stage (Appendix C).

As the intervention progressed, Jennifer further appeared to display less physically agitated behaviour, and she appeared to prolong her concentration focus and engagement (Appendix E: Session 8 [22 May 2006], p. 51, 52). During my last informal discussion with Jennifer's class teacher, she confirmed my observation, stating her opinion that Jennifer was more relaxed and less fidgety during class activities. As a result, she reportedly performed better academically (Appendix C).

In the case of Annie, she seemed to become more assertive as the intervention progressed. Her tendency, to try and please people, in order to gain their acceptance and love, decreased (Appendix E: Session 6 [18 August 2006], p. 98). In addition, I observed that Annie was physically more relaxed and comfortable during later sessions as she displayed less anxiety and physically agitated behaviour (Appendix E: Session 7 [23 August 2006], p. 102 and Session 9 [25 August 2006], p. 113).   She

expressed socialising changes in her peer group, as well as decreased feelings of anger. Annie confirmed my observation: *"I am not as angry as I always was at the children's home. Then I always scolded people, but now I don't do that anymore, because now I am soft and I don't think of myself anymore,[76]"* and also: *"Then I became more friendly with them. Then I said I was sorry to everyone. Then they said they were sorry to me. Then we became friends. Then I started getting a lot of friends[77]"* (Appendix E: Session eight [24 August 2006], p. 110).

4.3.4.2   Sub-theme 4.2: Changed emotions

Initially, during the observations and analysis that I conducted, Jennifer appeared to be experiencing intense feelings of uncertainty (Appendix E: Session 1 [22 February 2006], p. 8, 9). However, as the intervention progressed, Jennifer seemed to gain more confidence (Session 9 [13 June 2006], p. 56, 58, 59) and to experience feelings of adequacy, especially with regard to her drawing skills (Appendix E: Session 2 [2 March 2006], p. 15, 16, 17; Session 3 [3 March 2006], p. 27; Session 5 [14 March 2006], p. 36; Reflection and Session 8 [22 May 2006], p. 51, 54). In addition, during the initial stages of the assessment, Jennifer seemed frightened by environmental noises, experiencing anxiety as a result. However, during sessions seven and eight she seemed less anxious, and appeared more relaxed (Appendix E: Reflection and Session 8 [22 May 2006], p. 51, 54, 55 and Session 9 [13 June 2006], p. 58).

As the intervention progressed (towards session six), Jennifer appeared to display self-discovery and insight into her emotions. She was able to make creative connections between herself and her rosebush (Appendix E: Session 7 [8 May 2006], p. 47). In this manner, Jennifer seemed to display some of the feelings that she had ensconced inside herself at the onset of the study (Appendix E: Session 2 [2 March 2006], p.24, 25). She also seemed more aware of her feelings regarding the perpetrator, towards the end of the study (Appendix E: Session 5 [14 March 2006], p. 37). She similarly, appeared happy as the sessions progressed (Appendix E: Session 2 [2 March 2006], p. 15, 17, 18; Session 6 [27 March 2006], p. 42; Session 8 [22 May 2006], p. 51 and Session 9 [13 June 2006], p. 58). Her feelings of happiness and joy could be observed in her drawing during session nine, when she drew

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76 Translated into English for dissertation purposes from: *"Nie meer so kwaad soos wat ek altyd was by die kinderhuis nie. Toe het ek altyd met mense geraas, maar nou doen ek dit nie meer nie, want nou het ek sag geword en ek dink nie meer aan myself nie".*
77 Translated into English for dissertation purposes from: *"Toe begin ek meer vriendelik met hulle te word. Toe sê ek vir almal jammer. Toe sê hulle jammer vir my. Toe begin ons vriende te word. Toe het ek baie vriende begin kry".*

a colourful and happy picture (Figure 4.6; Appendix D). She seemed to be hopeful, as she believed that she might be able to grow into an emotionally stronger person (Appendix E: Session 9, [13 June 2006], p. 57). During an informal discussion with Jennifer's class teacher, she confirmed my observations as follows: *"Jennifer's eyes are bright[78]"* (Appendix C and Appendix E: Reflection, [3 March 2006], p. 29).

FIGURE 4.6: INDICATIONS OF HAPPINESS AND JOY

As the field work with Annie progressed, it became apparent that she too seemed to be more aware of herself and her identity as a person, towards later stages of the intervention (Appendix E: Session 5 [15 August 2006], p. 93 ; Session 7 [23 August 2006], p. 105 and Reflection Session 8 [24 August 2006], p. 112). Annie for example said: *"Because when they fought in my father's house, I became angry. When I came into the children's home, I took it out on other children[79]"* (Appendix E: Session 8 [24 August 2006], p. 110). Annie therefore appeared to have become aware that her negative experiences and feelings might have caused her to behave aggressively and inappropriately at earlier stages. As such, she seemingly displayed higher levels of emotional insight and self-discovery, as the study progressed. In this regard she commented: *"Because sometimes it feels like I can see through life, like what is going on with people and everything[80]"* (Appendix E: Session 8 [24 August 2006], p. 108). She therefore became more aware of her own emotions, but also of other people's emotions, and seemingly became more empathetic, as summarised in a remark that she made: *"I don't think of myself anymore. I also think of other people, what they feel[81]"* (Appendix E: Session 8 [24 August 2006], p. 109).

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78 Translated into English for dissertation purposes from: *"Jennifer se ogies blink".*
79 Translated into English for dissertation purposes from: *"Want toe hulle baklei het in my pa-hulle se huis het ek kwaad geword. Nou toe ek in die kinderhuis gekom het haal ek dit uit op die ander kinders".*
80 Translated into English for dissertation purposes from: *"Want partykeer voel dit vir my ek kan deur die lewe sien. Wat met mense aangaan en alles".*
81 Translated into English for dissertation purposes from: *"Ek dink nie meer aan myself nie. Dink ook aan ander mense, wat hulle voel".*

As in the case of Jennifer, Annie seemed to display joy and happiness as the sessions progressed (Appendix E: Session 7 [23 August 2006], p. 103). She appeared to experience hope for the future, and wanted to put the sexual abuse behind her emotionally. In this regard she commented: *"…just a picture that explains everything that happened to me. I am putting it behind and I am going on with the good things[82]"* (Appendix E: Session 8 [24 August 2006], p. 110). In this manner, Annie appeared to be more focused on the here-and-now, than on her past.

In the final stages of the study Annie started expressing negative feelings regarding her mother, thereby displaying feelings that she seemed to have suppressed at the onset of the study (Appendix E: Reflection Session 7 [23 August 2006], p. 106). Annie further appeared to experience feelings of adequacy more often, especially regarding her physical appearance, schoolwork and spelling skills. As a result, she appeared more confident during her participation in activities (Appendix E: Session 6 [18 August 2006], p. 95).

4.3.4.3   Sub-theme 4.3: Changed defence mechanisms

At the onset of the intervention the primary participants appeared to rely on defence mechanisms, in their attempts to cope with reality. However, towards the end of the research process, both participants seemed willing to confront reality and the circumstances of their lives. As the study progressed, Jennifer, for example, no longer preferred to avoid activities relating to her foster mother and the perpetrator (Appendix E: Session 5 [14 March 2006], p. 36). In this manner, it appeared as if Jennifer had become aware of the sexual abuse. Accordingly, she chose not to suppress her memories regarding the traumatic experience (Appendix E: Session 5 [14 March 2006], p. 39, 40).

In the case of Annie, she also seemed more willing to discuss the sexual abuse towards the end of the intervention. She avoided discussions concerning the sexual abuse to a lesser extent than at the onset of the intervention (Appendix E: Session 4 [14 August 2006], p. 85), and seemed willing to discuss how the sexual abuse had made her feel, saying: *"I want to cry when I think of what my father did to me[83]"* (Appendix E: Session 4 [14 August 2006], p. 89). In addition, at the onset of the intervention, Annie fantasised that, if she had more money, people might love and accept her. During session eight, on the other hand, she said that: *"…the world does not revolve around money. It is also about other stuff. Not*

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82 Translated into English for dissertation purposes from: *"Net 'n prentjie wat vertel van alles wat met my gebeur het, sit ek agter en ek gaan aan met die goeie goeters".*
83 Translated into English for dissertation purposes from: *"Ek wil huil as wat my pa gedoen het".*

just about people that are rich[84]*"* (Appendix E: Session 8 [24 August 2006], p. 110). This change in perception might be an indication that Annie realised that financial abundance does not necessarily equate love and acceptance. Annie seemed to be emotionally less burdened at the end of the study, which might be an indication that she experienced less of a need to escape. In this regard she said that: *"…I put that with it to show that I feel more free*[85]*"* (Appendix E: Session 8 [24 August 2006], p. 109).

4.4   CONCLUSION

In this chapter I presented the results of my study in terms of the themes and sub-themes that emerged. I relied upon direct quotations and references to the relevant appendices, in order to confirm the results that I presented.

In the next chapter I interpret my results and present them as findings, relating my results to existing literature. I discuss my findings in terms of my secondary research questions, as formulated in Chapter 1. Based on the previous chapters and the findings of my empirical study, I come to a number of conclusions, revisiting my primary research question. I conclude with a few recommendations, based on the findings of this study.

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84 Translated into English for dissertation purposes from: *"Die wêreld om geld draai nie. Dit gaan oor ander goed ook. Nie net oor mense wat ryk is nie".*
85 Translated into English for dissertation purposes from: *"Ek het dit saam met dit gesit om te wys ek voel meer vry".*

CHAPTER 5

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

"As one becomes aware of what has been done, one can establish what remains to be done"
(~ Personal diary ~ Oelofsen, 2006).

5.1   INTRODUCTION

In Chapter 4 I reported on the results of my study. After reflecting on the research journey that I undertook with the two primary participants, I presented the results of the study in terms of the themes and sub-themes that emerged. In this chapter, I firstly provide a brief overview of the previous chapters. I then discuss my main findings in terms of the question whether or not Gestalt therapy proved to be effective in assessing the psychological functioning of two selected primary school girls who have been sexually abused, by presenting my findings in terms of the secondary research questions formulated in Chapter 1. Hereafter, I come to final conclusions, and indicate the limitations and possible contributions of my study. I conclude by formulating recommendations based on the study.

5.2   OVERVIEW OF THE PREVIOUS CHAPTERS

Chapter 1 served the purpose of orientating the reader regarding the study and what to expect in the dissertation. I informed the reader about the nature of my study, and presented an overview of the rationale for undertaking the study. I then discussed the assumptions that I made at the onset of my study. I formulated the research questions and stated the purpose of the study. I also briefly defined the concepts underlying the study, namely *Gestalt therapy, alternative assessment, sexual abuse* and *primary school girls,* in order to better orientate the reader with regard to the meanings that I ascribed to these concepts within the context of this study. I briefly introduced the paradigmatic perspective from which my study took its stance, and clarified my research design, data collection and documentation methods, and data analysis and interpretation strategies. I reflected on my role as researcher, and briefly discussed the ethical considerations of the study. I also provided the reader with a layout of the dissertation, as an overview of what was to follow in Chapters 2 to 5.

As this study was informed by literature regarding *Gestalt therapy, alternative assessment* and *sexual abuse*, I explored existing literature related to these topics in **Chapter 2**, in order to locate the study theoretically. I commenced the chapter by defining *child sexual abuse* as a wide range of sexual

behaviours that take place between a child and an older person. I then identified behaviours that are sexually abusive, namely sexual kissing, touching, fondling of genitals, and oral, anal, or vaginal intercourse. I discussed whether or not child sexual abuse is a clinical syndrome (can be identified by specific symptoms) or a life event (causes different emotions and behaviours), and explained the traditional assessment approach when assessing children who have been sexually abused. Thereafter, I described typical emotional and behavioural symptoms of children who have been sexually abused, focusing more specifically on short- and long-term consequences of sexual abuse for children. I also identified some factors that might influence these consequences of child sexual abuse.

I explored assessment in terms of its history and the traditional educational psychological approach to assessment. I contemplated the feasibility of traditional and alternative assessment approaches for the assessment of children who have been sexually abused, and briefly indicated some future directions for alternative assessment. Then I explored Gestalt therapy, firstly paying attention to the origins of Gestalt therapy.   Thereafter, I defined the Gestalt approach to therapy as an intervention technique that encourages clients to focus on the immediate present and to express their true feelings openly. I also discussed the basic principles and concepts that might be applied, and explained the Gestalt cycle as one possible framework for alternatively assessing primary school girls who have been sexually abused. In addition, I explored Gestalt activities that might be adapted for children. I concluded Chapter 2 by presenting my conceptual framework, referring to the challenges that are often faced when assessing children who have been sexually abused. I highlighted possible similarities between alternative assessment and Gestalt therapy, and explored the Gestalt approach as a possible assessment method that might assist in overcoming assessment challenges.

In **Chapter 3** I explained the manner in which I had planned and conducted my empirical study. I commenced the chapter by discussing the qualitative approach anchored in an interpretivist paradigm as the selected paradigmatic perspective underlying my study. I described the research methodology that I implemented in terms of my selected research design, namely a clinical case study design situated within the context of psychotherapy outcome research. For the purpose of the study, I purposefully selected two cases, namely two primary school girls who had been sexually abused, based on predetermined selection criteria. I identified the secondary participants in my study (significant others in Jennifer's life, namely her mother and her educators), based on their knowledge and understanding of Jennifer's functioning. In the case of Annie, I relied upon an analysis of documents provided by her social workers, educators and caregivers, as additional data sources.

I then explained the intervention that I facilitated as part of the study, namely the use of alternative assessment based on Gestalt therapy, to assess the psychological state of the two selected primary school girls. I discussed the various data collection and documentation strategies that I employed, namely alternative assessment based on Gestalt therapy, analysis of documents containing background information, observation, interviews, informal discussions, visual data, field notes and a researcher journal. I discussed the manner in which I thematically analysed and interpreted the data, as well as my attempts to enhance the rigour of my study. I concluded the chapter by explaining the ethical principles that I adhered to in planning and undertaking my study.

In **Chapter 4** I reported on the results of my study. I commenced the chapter by reporting on the research process in terms of my observations of the research participants and the research process itself. Thereafter, I presented the results of my study, discussing them in terms of the main themes and sub-themes that emerged. The four primary themes that emerged were *assessment of emotions, assessment of behaviour, assessment of defence mechanisms,* and *assessment of changes subsequent to the intervention.* In the next section, I interpret and discuss the themes and sub-themes that emerged in the light of relevant literature. I structure my discussion of the findings in accordance with the research questions, as formulated in Chapter 1.

5.3   FINDINGS OF THE STUDY

In this section, I present the main findings of my study in terms of the secondary research questions formulated in Chapter 1.

5.3.1   Secondary research question 1: What is the potential impact of sexual abuse on primary school girls?

In Chapter 2, I provided a summary of findings obtained from existing literature regarding the possible short-term consequences of child sexual abuse (refer to Table 2.1). Based on my empirical study, I found that the short-term consequences, as described by the authors that I consulted for Table 2.1, closely resemble the emotional and behavioural functioning of the primary participants in this study, at the time of my field work. Although the two participants were unique beings, they did display similar patterns of emotional functioning after being exposed to sexual abuse. I summarise my results of the emotional and behavioural functioning of the participants in Table 5.1, by highlighting in colour the

potential effect of the sexual abuse on the primary participants who were assessed by me, against the background of available literature. This is followed by a discussion of my findings.

TABLE 5.1: POSSIBLE EMOTIONAL AND BEHAVIOURAL SYMPTOMS
EXPERIENCED BY THE PRIMARY PARTICIPANTS

Emotional	Interpersonal	Cognitive	Sexual	Physical
Depression[86]	**Social isolation**	**Distortions of the truth**	Sexual phobia	Enuresis
Feelings of guilt and shame	Stigmatisation	Dissociation	Stigmatisation	**Bladder infections**
Anxiety	**Fears intimacy**	Personality disorders	Fears intimacy	Cramps
Aggression and defiance	**Lacks confidence**	**Concentration disturbances**	Mistrusts others	Sore throat
Mistrusts adults	**Inadequate social relationships**	Projection	Inadequate sexual relationships	**Sleep disorders**
Withdrawal	**Negative self-image**	Disorganisation	Heightened sexuality	Eating disorders
Helplessness	**Drop in academic performance**	Hallucinations	Masturbation	Skin diseases
Shyness	**Passive participation**	Flashbacks	Promiscuity	Hypochondria
Regression	Clinging behaviour	**Fluctuating school achievement**	Prostitution	**Vaginal pain, bleeding and infection**
Hatred and anger	**Poor peer-group relationships**	Suicide attempts	Confusion about sexual identity	Anal pain, bleeding and infection
Cruelty towards animals	**Withdrawal from friends or family**	**Reliving the trauma**	Age-inappropriate sexual knowledge	Injury to mouth corners and lips
Overdependence		Distorted body image	Inability to separate sex and love	Sexually transmitted diseases
Frightened		Separation anxiety	Flirtatious sexual behaviour	Pregnancy
Rage		**Illusions**		**Nightmares**
Powerlessness		Hypervigilance		Psychosomatic consequences
Negative self-concept		Self-mutilation		**Physically agitated behaviour**
Fears and phobias				Finds it difficult to walk
Emotional lability				Frozen watchfulness
Post-traumatic stress disorder				**Restlessness**
Mood swings and irritability				Toileting difficulties
Repetitive play in which aspects of the abuse are expressed				

Based on the information summarised in Table 5.1, it is clear that I was not able to assess *all* the symptoms described in existing literature during my field work with the two participants. This might be ascribed to the fact that my study focused specifically on two primary school girls, and that the existing literature content, as summarised in Table 2.1, is relevant to children across ages, sexes, cultures and family settings. In the next sub-sections I discuss the psychological symptoms that I was able to assess

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86 The emotional and behavioural symptoms that the primary participants displayed during alternative assessment are highlighted in colour.

during the alternative assessment of the two primary participants, in terms of the categories of short-term consequences identified in Chapter 2 (Table 2.1).

5.3.1.1 Emotional symptoms

During the course of this study I found that both Jennifer and Annie were experiencing emotional difficulties, such as feelings of aggression, sadness, depression and anxiety. These findings correspond with the findings of an empirical study conducted by Freeman and Morris (2001), who found that children, who have been exposed to sexual abuse often develop post traumatic stress disorder, of which anxiety is a symptom. In addition, Annie seemed to display negative perceptions and emotions towards boys, like anger and aggression, despite her having several friends of the male gender. These findings correlate with the findings of an empirical study conducted by Hartman (2002), who found that girls regularly experience hatred and fear towards males, after they have experienced sexual abuse by male perpetrators. The primary participants in my study appeared to mistrust adults, and displayed feelings of helplessness and powerlessness. These findings are confirmed by existing literature, that emphasises that negative experiences such as helplessness and powerlessness are typical consequences of sexual abuse (Hornor, 2004; Möller, 2004; Mulryan *et al.*, 2004; Rape Wise, 2004; Shaw, 2004; Tyler, 2002; Freeman & Morris, 2001; Hartman, 2002).

The primary participants in this study further expressed feelings of inadequacy and uncertainty. As a result they appeared to have developed negative self-concepts. Hornor (2004), Du Plessis (1999), Hartman (2002), as well as Le Roux (1992) confirm these empirical findings as characterestic of children who have been sexually abused. In my study, Jennifer seemed to feel that she had been violated after the sexual abuse, and that her boundaries had not been respected. Although Annie did not experience this emotion as intensely as Jennifer, both participants appeared to experience irrational fears and to feel unsafe. These emotional experiences of the participants, assessed during the sessions that I facilitated, are confirmed by existing literature (refer to Tyler, 2002; Hartman, 2002).

As Annie resided in a children's home, she experienced feelings of abandonment and rejection. This was not the case with Jennifer. However, Jennifer did experience nightmares and sleep disorders, symptoms that are confirmed by existing literature (Hornor, 2004; Van Schalkwyk, 1990). Both Jennifer and Annie also experienced feelings of loss. In addition, Annie felt guilty and shameful regarding the

sexual abuse, a finding that is confirmed by Du Plessis (1999), who found that victims of sexual abuse often blame themselves for the abuse.

The primary participants in my study tended to shy away, especially when they were requested to talk about the sexual abuse. This finding corresponds with findings in relevant literature that identify this tendency as a typical emotional characteristic of children who have been sexually abused (Hornor, 2004; Möller, 2004; Mulryan *et al.*, 2004; Rape Wise, 2004; Shaw, 2004; Tyler, 2002; Freeman & Morris, 2001; Du Plessis, 1999; Gillis, 1996; Hartman, 2002).

5.3.1.2   Interpersonal symptoms

At the initial stages of the study Jennifer responded with short answers, and only spoke when she was spoken to, thereby participating half-heartedly and passively. Although Annie did not display this behaviour to the same extent, she did also display passive participation during sessions three and five. As the assessment sessions progressed, it became apparent that the primary participants feared intimacy, and experienced a need to be loved, accepted and protected. They displayed a need for age-appropriate play, social interaction, peer group activities and companionship. In this regard, Annie tried to please people to gain their friendship and acceptance.   Moreover, both participants seemed to lack social skills and confidence.   Studies by Möller (2004) and Tyler (2002) confirm these findings, indicating that the participants in these studies also experienced social relationship challenges, especially when they socialised in their peer groups, due to the lacking social skills and confidence of the participants.

The two primary participants in my study tended to run away from challenging social situations. In this manner, they tended to isolate themselves and withdraw during social interaction. In addition, both participants experienced fluctuating school achievement. These findings confirm relevant findings that are reported in existing literature, stating that children, who have been sexually abused, find it challenging to concentrate, and consequently often experience challenges regarding academic performance (Gillis, 1996).

5.3.1.3   Cognitive symptoms

The participants in my study experienced concentrating disturbances. Hornor (2004) and Du Plessis (1999) confirm this finding as a typical cognitive consequence of child sexual abuse. I further found that the primary participants employed defence mechanisms such as avoidance, denial, escapism, fantasising and suppression, in attempts to protect themselves against the emotional distress of the sexual abuse that they had been exposed to. By consulting psychoanalytic psychology (Barlow & Durand, 2001, Meyer, Moore & Viljoen, 1997) and relevant literature on child behaviour (Thompson & Rudolph, 2000), I concluded that both participants used defence mechanisms to protect themselves against anxiety and pressure. The findings of a study conducted by Le Roux (1992) correspond with my findings, as he found that children, who have been sexually abused, often use defence mechanisms to protect themselves against the trauma of the abuse.

5.3.1.4   Sexual symptoms

I was not able to assess highly sexualised behaviour during the assessment of the primary participants, due to the format that I employed during the sessions. A possible reason for my inability to assess such symptoms might be found in other research reports (Mulryan *et al.,* 2004; Dammeyer, 1998; Kendall-Tackett *et al.,* 1993; De Young, 1986), that state that sexualised behaviours are developmentally specific, with sexualised symptomology usually submerging during latency. As such, as both the participants in my study were attending primary school at the time of my field work, sexualised symptomology might have been submerged and might only become apparent during adolescence. Another possible explanation for my inability to assess highly sexualised behaviour during the alternative assessment of the two primary participants, might be that the format of my assessment activities did not focus on the assessment of sexual symptoms. Therefore, I have doubts with regard to the potential use of the Gestalt activities that I employed during the assessment sessions, with regard to the assessment of sexual symptoms. This is a theme which needs to be researched further.

5.3.1.5   Physical symptoms

I found that both Jennifer and Annie experienced physical challenges such as being agitated and restless. This finding is supported by the findings of empirical studies conducted by Möller (2004), as well as by Freeman and Morris (2001), stating that the participants in their studies displayed

restlessness and hyperactive behaviour on a regular basis.   The participants in my study further displayed an intense interest in their environments, which might possibly be related to their restlessness.

5.3.1.6   Synthesis regarding the potential impact of sexual abuse on primary school girls

Based on my discussions in the previous paragraphs, I can conclude that the experience of sexual abuse resulted in a wide range of behaviours and emotional challenges for the participants in this study. However, I did not specifically find that sexual abuse caused the primary participants to develop a syndrome of specific symptoms, as highlighted by Summit's (1983) description of the potential effects of sexual exploitation on children, which is known as the *"Child Sexual Abuse Accommodation Syndrome"*. Therefore, my findings with regard to the potential impact of the sexual abuse on the two primary school girls do not correspond with Summit's (1983) findings, but correspond with findings in literature published by Kuehnle (1998), which highlights the view that child sexual abuse is a life event that results in different behaviours and emotions in child victims. As such, I found that various factors had an impact on the emotional, behavioural, interpersonal, cognitive and physical consequences of the sexual abuse, influencing the participants' experiences of the traumatic event. In this regard, during the course of the study, I found that Jennifer appeared to experience the sexual abuse as more traumatic than Annie, possibly due to the perpetrator being much older than herself (46 years age difference). This finding agrees with the findings of a study conducted by Finkelhor (1979), who found that the greater the difference in age between the victim and the perpetrator, the more traumatic the events are for the victim. In addition, in Annie's case, she was abused by her biological father, who is closer related to her than Jennifer's perpetrator, namely her foster mother's boyfriend. This hypothesis is confirmed by Le Roux (1992), who states that children typically experience sexual abuse as more traumatic when the perpetrator is closely related to them.

As my study progressed, I attempted to generate other possible explanations for the differences between Annie's and Jennifer's experiences and displayed emotions and behaviours. Firstly, Annie experienced the sexual abuse five years previous to the commencement of the field work. Secondly, she also received intervention sessions for the sexual abuse that she had been exposed to. These facts might explain why she appeared to experience the sexual abuse as less traumatic than Jennifer. This is, however, a hypothesis that needs to be researched further.   In addition, I found that Annie's fearful anticipation of the court proceedings and cross-questioning, as well as the presence of her father

in court might have been additional factors that intensified the effect of the sexual abuse. This possibility corraborates with conclusions by Le Roux (1992), who found that testifying against a family member might intensify the traumatic experience for a child who has been sexually abused.

5.3.2   Secondary research question 2: What does the use of Gestalt therapy as alternative assessment technique entail?

The process of alternative assessment based on Gestalt therapy, by means of which I assessed both primary participants, closely resembles the process of Gestalt therapy, as described by a number of authors (Rhyne, 2001; Thompson & Rudolph, 2000; Friedman, 1999; Oaklander, 1988). Although literature pertaining to the use of Gestalt therapy as an assessment technique appears to be emerging, and somewhat limited by nature, I included activities during the assessment that are traditionally used during Gestalt therapy. However, the main goal of the assessment activities was to assess the emotional functioning of two primary school girls who had been sexually abused. In an attempt to reach my goal, I found that I had to use a variety of activities during the assessment like drawings, collages, pictures, puppets, storytelling, tasting, relaxation, clay activities, writing and painting (refer to chapter 2, section 2.4.4 and Appendix D).

As the assessment progressed, I found that the use of Gestalt therapy as an alternative assessment technique also entailed supporting the primary participants during the assessment to express their feelings by means of creative activities. As such, their creations during the assessment were a meaningful way for the participants to express their feelings, as they provided opportunity to use creative media as a bridge between inner and outer realities.   In this manner, my findings match the findings of studies conducted by Rhyne (2001), Thompson and Rudolph (2000), Friedman (1999) as well as Oaklander (1988), who found that the very act of creating helps clients to express their feelings and establish their self-identities. In this regard, findings reported in relevant literature (Rhyne, 2001; Friedman, 1999; Oaklander, 1988) confirm my finding that, instead of simply talking about something, the participants expressed their emotions through creative activities.

I furthermore found that when participants were busy creating, I obtained new information, that differed from information that was communicated verbally as the participants expressed emotions that were challenging to talk about, such as their negative emotions regarding the sexual abuse and the perpetrator. These findings fit the findings of several authors, such as Rhyne (2001), Friedman (1999)

and Oaklander (1988), who explain that Gestalt activities have more staying power than a mere cognitive experience, as Gestalt experiments motivate clients to express emotions that are difficult to talk about.

As my study progressed, I found that the assessment and progress of the primary participants were indeed based on certain stages of the Gestalt cycle, as indicated by means of their participation during assessment activities. These stages, as described in relevant literature (refer to figure 2.1), and the description of typical activities that characterise these stages (Matthew & Sayers, 1999; Clarkson, 1989; Yontef, 1979), correspond with the activities that the primary participants in this study actualised during the research process. The stages that the participants in my study underwent during the assessment, thus closely resemble the *sensation* stage, the *awareness* stage, the *mobilisation* stage, the *action* stage and the *contact* stage, as explained in the above-mentioned literature.

Matthew and Sayers (1999) explain the stages of the Gestalt cycle in terms of the potential manner in which they might be evident during therapeutic sessions. They mention that, during the *sensation* stage of the cycle, there is often a blockage between sensation and awareness. I found this to be apparent during the first few assessment sessions with the primary participants in my study. Both participants, for instance, were initially unable or unwilling to articulate what they felt regarding the sexual abuse. As such, they were probably in the *sensation* stage of the cycle at that point.

According to Clarkson (1989), the second stage of the Gestalt cycle, namely the *awareness stage*, is characterised by a sensation of which the client is conscious as an awareness. I found that both participants underwent a stage in which they became aware of the sexual abuse, which became the focal point of their consciousness. For instance, during sessions two to nine, Jennifer became aware of her feelings regarding the perpetrator and the sexual abuse. In this manner, as the research progressed, I found that change was not possible without awareness, as both participants presented with improved emotional functioning after I had motivated them to become aware of their emotions and behaviours during activities. I therefore found that awareness could be used as a natural fit during alternative assessment, based on Gestalt therapy principles, by motivating the primary participants to become aware of their experiences, sensations, emotions and needs. These findings correspond with findings reported in relevant literature, regarding the awareness stage of the Gestalt cycle, that indicate that therapeutic growth might be facilitated by motivating clients to become aware of their feelings that

had been walled off inside themselves (Rhyne, 2001; Thompson & Rudolph, 2000; Friedman, 1999; Clarkson, 1989; Oaklander, 1988).

The next stage of the Gestalt cycle, namely the mobilisation stage, is usually characterised by the *mobilisation of energy*, which is a state of emotional and physiological arousal, where clients are generating energy for movement, or for heightening their senses to receive maximum input from the environment (Yontef, 1979). As my study progressed, I found that both the participants reached this stage towards the end of the research process, as both of them reviewed their options, accepted some of these, and rejected others. For example, Annie actively tried out new possibilities and began experimenting with new forms of socially acceptable behaviour. In this manner, energy was successfully channeled, leading to the *action* stage (Yontef, 1979), as the participants' behaviours were recognised as significant and appropriate.

Finally, during the *contact* stage (Yontef, 1979) of the assessment, both participants were momentarily completely taken up with the *what* that they had created and discovered. A significant observation with regard to the contact stage was that it was characterised by the expression of feelings and emotions. Both participants expressed sadness, anger and frustration regarding the sexual abuse. This corresponds with the views of Yontef (1979), who found that true contact opened gateways to change and facilitated movement in the Gestalt cycle. Applying this view to my study, I found that, although the Gestalt cycle is traditionally used during intervention sessions with adults, it might be implemented successfully during the assessment of younger children.

5.3.3   Secondary research question 3: How might Gestalt therapy be used (or not) as an alternative assessment technique with primary school girls who have been sexually abused?

Assessing children who have been sexually abused might be challenging, as they often experience poor communication skills, high levels of emotional distress and acute psychological disturbance (Geldard & Geldard, 2002). I found this to be true in the case of both the participants in my study, as they also experienced difficulties with regard to communication during the first two sessions, especially with regard to the sexual abuse that they had been exposed to. Both participants further appeared to display emotional and psychological distress. However, I found that these challenges could be partially overcome by means of alternative assessments based on Gestalt therapy, due to the intervention

techniques focusing on non-verbal cues and behaviour. As such, I found that assessment based on Gestalt therapy could be used with the girls, who were initially shy and afraid to discuss the sexual abuse that they had been exposed to. In this manner, the primary participants seemed able to communicate their innermost emotions and thoughts, due to the nature of the Gestalt assessment activities in which they participated. This finding matches the findings of Rhyne (2001), who highlights one of the benefits of Gestalt therapy as the possibility that it might provide a mode of support through the use of creative activities.

I further found that alternative assessment based on Gestalt therapy possibly enabled me to address some of the limitations of standardised assessment media, as this alternative approach to assessment accommodated diversity, and seemed to be relevant to the participants' various backgrounds. Furthermore, I was able to implement techniques in a flexible manner, resulting in it being easier for the participants to express their feelings regarding the sexual abuse. In this manner, I found that alternative assessment based on Gestalt therapy was relevant, friendly, interesting and familiar with regard to the primary participants, as the activities were similar to those that formed part of their life-worlds and play-worlds.   This finding corresponds with relevant literature that describes the potential use of alternative assessments with children, for example Myers (2005), McLean (1996), Worthman (1996), Hutinger (1994), Meisels (1994) as well as Linder (1991), indicating that alternative assessments might provide a clearer picture of the individual child and a richer understanding of the psychological and emotional effects of a traumatic experience, than those obtained by means of traditional assessments.

As my research progressed, I found that the participants' levels of emotional and behavioural functioning seemed to improve, possibly due to the research process (in the form of assessment) that had been facilitated. Towards the end of the assessments the primary participants appeared happier and more content than at the onset of the study. They no longer appeared to experience such intense feelings of aggression, anxiety and sadness. In addition, the changes that the participants underwent during the intervention appeared to have resulted in an improvement of their interpersonal relationships and communication skills.   In this manner, as the research progressed, I found that the primary participants were seemingly able to establish several relationships with peers and adults towards the end of the study. It therefore became apparent that their social skills had improved.

I regard alternative assessment based on Gestalt therapy as an effective technique for assessing the emotional wellbeing of the two primary school girls who had been sexually abused. In addition,

assessment in this format enabled me to determine the participants' typical behaviour, as well as the defence mechanisms that they employed in an attempt to escape reality. Lastly, I found this mode of assessment to be an effective intervention technique, as it resulted in some changes in emotional and behavioural functioning of the primary participants. These findings correspond with findings reported in relevant literature relating to the benefits of Gestalt therapy with regard to emotional healing in other words changed levels of emotional functioning.   Rhyne (2001), Thompson and Rudolph (2000), Friendman (1999), as well as Clarkson (1989) explain that Gestalt therapy might offer children the opportunity to express their inner feelings and thoughts, and to resolve these. The resolution of feelings and thoughts supposedly results in changed levels of emotional functioning. In this manner, existing literature confirms my finding that the use of Gestalt therapy as an assessment technique supported the primary participants in this study in expressing their emotions more easily, and in this manner brought about enhanced levels of emotional functioning. This emotional relief is often described in literature as a secondary effect of emotional wellness (Rhyne, 2001).   As such, it appeared that the primary participants in my study could vent painful feelings and gain mastery over anxieties and other emotional challenges during the assessment, by active rather than passive means.

5.4   FINAL CONCLUSIONS REGARDING THE PRIMARY RESEARCH QUESTION

My study was guided by the following primary research question: "*To what extent can Gestalt therapy be used as an alternative assessment technique with primary school girls who have been sexually abused?*" The purpose of this study was therefore to explore and describe the use of Gestalt therapy as a possible manner of assessing the psychological functioning of two primary school girls who had been exposed to sexual abuse. In an attempt to achieve the purpose of the study, I implemented alternative assessment based on Gestalt therapy (during nine individual sessions with each of the participants), according to the guidelines offered in existing literature relating to Gestalt therapy principles.   In conducting Gestalt therapy assessment, I utilised informal and alternative media throughout the course of the study, namely drawings, paintings, activities with clay, fantasy, puppets, taste, relaxation, collages, storytelling and writing. In addition, I made use of observation, field notes, a reflective diary, visual data, analysis of written documents, and informal discussions and interviews, in order to uncover the emotional and behavioural difficulties that the two primary participants were experiencing.

Based on the results that I obtained, I found that alternative assessment based on Gestalt therapy enabled me to assess the emotional and behavioural symptoms of two primary school girls who had been sexually abused, focusing on the short-term consequences of the abuse. I further found that this particular assessment approach enabled me to assess the defence mechanisms that the participants employed in attempts to escape the reality of their lives, and to protect themselves against the emotional distress related to the sexual abuse. In this manner, alternative assessment based on Gestalt therapy seemed to provide the primary participants with media for expressing their emotions and thoughts during the assessments, in an indirect manner, by means of creative activities. Furthermore, the alternative assessment supported the two primary participants emotionally in a variety of manners. They displayed enhanced levels of emotional functioning after the process had been completed, although this was not the primary aim of my intervention with the participants.

Based on the findings of the empirical study that I conducted, I can therefore conclude that alternative assessment based on Gestalt therapy proved to be an effective and applicable technique for assessing the emotional state and behavioural symptoms of two primary school girls who had been sexually abused. The assessment sessions provided the primary participants with media for expressing their emotions and thoughts, as their creations provided a meaningful way of expressing their feelings. As such, I conclude that the assessment sessions (in the format in which I conducted them) supported the participants to communicate through the media that they had created. In addition, the Gestalt therapy-based assessment seemed to have motivated the primary participants to become more aware of their experiences, sensations and emotions. In this manner, it became apparent that the assessment sessions provided the primary participants with safe media for expressing their emotions that might have been walled off inside themselves at the onset of the study, whilst further facilitating therapeutic growth. As a result, the participants' relationships, behaviour and emotional functioning could be assessed, which appeared to also improve, due to the assessment technique, which was based on Gestalt therapy.

I found that the intervention process (in the form of Gestalt therapy-based alternative assessment) seemed to have assisted the two primary participants in various areas of their functioning, namely in their emotional well-being, establishment of relationships and social skills. I can further conclude that the primary participants' improvement of their emotional functioning positively impacted on their confidence and self-expression. It is important to consider, however, that alternative assessment based on Gestalt therapy, as a mode of assessment, can possibly only be implemented in one-on-one

situations, within a relationship of trust. In addition, it requires careful observation, active listening and sensitive communication with participants by the assessor.

5.5   LIMITATIONS OF THE STUDY

I identified a number of potential limitations during my study. Firstly, as I fulfilled the role of observer, I often relied upon my own perceptions. I furthermore served as a single research source – subject to my personality and thought processes. In this manner, I experienced some difficulty in detecting and preventing research-induced bias in my study. As a qualitative researcher, I was often susceptible to subjectivity, as a close link was formed between the primary participants and myself (the researcher). Despite the fact that this might appear to be a limitation, I did not strive for objectivity (based on my selected paradigm). Instead, I strove to gain insight into the two primary participants' life-worlds, experiences and perceptions. I remained, however, aware of this potential limitation throughout my study, and constantly reflected on my role as researcher and the possibility of researcher-bias. In addition, I aimed to counteract this potential limitation by undertaking a comprehensive literature study, by having ongoing discussions with my supervisors, and by reflecting in a researcher journal.

Secondly, my study relied on only two case studies, which were limited to primary school girls who have been sexually abused. In this manner, my results will only be credible in terms of this selected group. Although the challenge of generalisability of the results and findings might be mentioned, generalisability was not the aim of my study, as I selected to employ an interpretivist stance. Instead, I aimed to provide in-depth descriptions of two cases, in order to gain elaborate data on the perceptions and experiences of the two primary participants. Further research would, however, be required if the results were to be applied on a larger scale. I do, however, believe that I provided ample evidence which may be utilised by readers for transferability purposes.

Thirdly, my selected data collection methods provided a vast amount of raw data, and led to my analysis being time-consuming. Although this might be regarded as a challenge, the fact that the study is based on only two case studies, allowed time for thorough data collection and in-depth analysis. The fact that these activities were time-consuming adds a certain value to the study, as the time spent on data collection and analysis contributed to the quality of the assessment relationships.

Fourthly, the audio-recordings that I made might have altered or restricted the normal interaction between the participants and myself. In an attempt to minimise this potential limitation, I showed the recording device to the participants prior to using it, in an attempt to enable them to get used to the audio-recorder.

Fifthly, a degree of emotional involvement developed between the two primary participants and myself as researcher. I did, however, repeatedly reflect on my emotions, and guarded against becoming too emotionally involved. My training in Educational Psychology also assisted me in addressing this challenge. I further faced the challenge of fulfilling the dual role of researcher and interventionist. In an attempt to address this challenge, I continuously reflected on my dual role, and constantly kept in mind that my primary role was that of researcher, which entailed observation, participation, attentive listening, and abiding by ethical guidelines.

Next, as I grew up in a children's home, my own background and experiences may have influenced my perceptions and understanding of the participant who resided in the children's home. I had to constantly remain conscious of this potential limitation, and I aimed to monitor my "lived-experiences" during the research process by means of a researcher journal. In a similar manner, as I was an intern psychologist at the time of the field work, at the other participant's school, my presence and involvement at the school might have influenced the participant's behaviour. In an attempt to address this potential challenge, I explained to the participant that my primary role was that of researcher, and not of educator, and that she could rely on the confidentiality of the research process.

In the seventh place the fact, that the participant residing in the children's home received prior intervention from her social workers, specifically relating to the sexual abuse, can be regarded as another limitation. In addition, this participant had been exposed to sexual abuse five years prior to the commencement of this study, as opposed to the participant I selected at the school at which I was conducting my internship. Therefore, the assessment sessions of the participant residing in the children's home may not have adequately uncovered the short-term consequences that the participant experienced immediately after the sexual abuse. The possibility thus exists that these factors might have impacted on the results and findings that I obtained. In an attempt to address this potential limitation, I was constantly aware of the differences between the two participants, especially when analysing and interpreting the raw data that I obtained. In addition, I reminded myself of my primary role

of researcher and the fact that I needed to interpret the progress and outcomes of the assessment process in its various phases, whilst allowing for alternative explanations.

Finally, as the participant who resided in the children's home had received prior intervention for the sexual abuse, the alternative assessment that I conducted might not have been the sole contributor to this participant's enhanced levels of emotional functioning towards the end of my study. However, the study aimed at and was designed to assess the psychological state of two primary school girls who had been sexually abused, and not to establish to what extent the assessment supported the children to adapt emotionally. This was an unexpected finding that emerged as a secondary outcome of the study. However, the positive therapeutic relationship, the establishment of other meaningful relationships, and social and emotional development might also have been of therapeutic value, and could have impacted on the results and findings of my study.

5.6   POTENTIAL CONTRIBUTIONS OF THE STUDY

This study holds potential value for various reasons. Firstly, the results of my study contribute to the literature base on alternative assessment and preventative measures for children who have been sexually abused, as these children often face psychological trauma that might result in short- and long-term impaired emotional development. My study could further add value to emerging literature on psychological assessment and emotional support for children who have been sexually abused, as relevant literature indicates that little attention has been given to the investigation of alternative forms of assessment, with specific reference to girls who have been sexually abused. Therefore, my study might result in insight and the possible use of more creative ways of assessing and supporting girls who have been exposed to such trauma. Based on the findings of my study, practitioners might start exploring and considering the implementation of alternative ways of assessing young children, possibly within diverse contexts. As such, my study could extend support repertoires already available to children who have been sexually abused, and make it easier for them to overcome the damaging consequences of the abuse.

Children who have been sexually abused often find it challenging to express their emotions, due to their developmental levels, poor communication skills, emotional distress, defence mechanisms, lack of confidence and decreased attention span. In addition, they might experience shyness, depression, guilt, shame and anxiety. For this reason, findings of my study do indicate the benefits of this expressive assessment technique (such as alternative assessment based on Gestalt therapy). In this

regard, the findings may be valuable for people in helping professions (such as social workers, play therapists and psychologists).

Finally, I obtained elaborate, in-depth information on the outcomes of alternative assessment based on Gestalt therapy. Such information provides insight into the emotional state of children who have been sexually abused, and into the process of emotional change, as experienced by the two primary school girls who participated in this study. Furthermore, the information that I obtained provides insight into the two participants' experiences of Gestalt therapy as an alternative assessment technique. My findings could add to relevant literature on the experiences (specifically emotional experiences) of children who have been sexually abused. My study therefore might yield clinically useful information, as the themes and sub-themes that emerged might provide a foundation for designing and testing educational psychological assessments within the context of educational psychology training and continued psychological courses.

5.7   RECOMMENDATIONS

In this section I make recommendations with regard to training, practice and further research.

5.7.1   Recommendations for training and practice

I recommend that alternative assessment based on Gestalt therapy be included in the practical training and courses of social workers and educational psychologists. If people in helping professions are made aware of this technique, it might create the possibility of alternative assessments based on Gestalt therapy being implemented more often. Subsequently, findings from my study seemingly indicate that children who have been sexually abused might benefit from this intervention technique.

I recommend that schools, children's homes and places of safety increase the availability of informal media, such as crayons, paint, clay, puppets, collages, pictures and stories for children who have been sexually abused, as these creative activities in themselves appear to be non-threatening and possibly self-healing for children. In this regard, I recommend that creative toys be considered as important on donation lists of large companies and donating institutions, as they might promote social and emotional assessment and change. In addition, I recommend that caring professionals (including social workers, educational psychologists, dentists, play therapists, audiologists, occupational therapists, pediatricians,

speech therapists, dieticians, nurses and general medical practitioners) obtain a collection of these creative media for children to play with. Moreover, practitioners might start exploring and considering the implementation of alternative modes of assessing young children, possibly within diverse contexts.

5.7.2   Recommendations for further research

As mentioned previously, it appears that limited research has been undertaken in the field of alternative assessment based on Gestalt therapy for children who have been sexually abused. Therefore, I recommend that further studies be conducted in this field of research, with the purpose of extending on the current knowledge base. In this manner, those who sponsor, perform, and regulate assessment research might want to find ways of simplifying and extending research studies.   The following areas of interest may be explored in future research:

- Research that explores the application potential of Gestalt therapy as an alternative assessment technique with a larger sample of children who have been sexually abused, across different cultures, languages, ages and genders.

- Research on the application potential of other forms of alternative psychological assessment for children who have experienced sexual abuse.

- Research regarding the effects of child sexual abuse on the psychological and behavioural functioning of children who have been sexually abused.

- Research that explores the possibility of social workers, play therapists and educational psychologists being trained in and applying alternative assessment based on Gestalt therapy for children in children's homes, places of safety, schools and private practices.

- Research on potential factors (namely parental support, onset of abuse, duration of the abuse, court proceedings, relationship to the perpetrator and the nature of the sexual abuse) that might have an impact on the emotional, interpersonal, cognitive, sexual and physical consequences of child sexual abuse, by means of Gestalt therapy-based alternative assessment.

- Research that explores the relationship between the use of Gestalt therapy as an alternative assessment technique and the development of emotional intelligence.

- Research on the effect of alternative assessment based on Gestalt therapy on resilience and emotional well-being.

- Comparative research regarding the effectiveness of educational psychological assessment traditionally implemented with children who have been sexually abused, as opposed to the effectiveness of alternative assessment based on Gestalt therapy.

5.8   CONCLUDING REMARKS

My study was guided by the following primary research question: *"To what extent can Gestalt therapy be used as an alternative assessment technique with primary school girls who have been sexually abused?"* As such, I attempted to explore whether or not Gestalt therapy can be used as an alternative assessment technique to assess the psychological state of two primary school girls who experienced sexual abuse.

Reflecting on the findings that I obtained, it appears that Gestalt therapy could indeed be used successfully and effectively during the assessment of two selected primary school girls who have been sexually abused. Although one person's solution is not necessarily another's, as situations differ, it became apparent that therapy models imply extensive potential value, when applied to alternative assessment. In this study, the focus on Gestalt therapy appeared to offer the two primary participants the opportunity to express their feelings, thoughts and experiences, especially regarding the sexual abuse. Furthermore, the Gestalt therapy activities provided the participating children the opportunity to express their emotions in a safe and secure environment, which seemed to provide them with a feeling of safety to express themselves. I can therefore conclude that alternative assessment based on Gestalt therapy can be effectively applied as one possible assessment modality for children who have been sexually abused.

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