

THE INFLUENCE OF INCEST ON ADOLESCENCE:
A SOCIAL WORK PERSPECTIVE

BY

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SUMMARY

This research explores the effect of incest on adolescents, according to the person-centred approach. The researcher was prompted by her observation of the escalating rate of incest in South Africa, and thus decided that an exploratory study on this theme was essential for social work practitioners.

The literature study indicated that little research has been conducted on black children who are exposed to incest in South Africa. Therefore this research was conducted with the intention of exploring the effects of incest on adolescents according to the person-centred approach, in order to fill the gap in knowledge.

A qualitative method was used to collect data. Ten unstructured interviews were conducted with two respondents, who were purposefully selected. All ten sessions are reflected in this thesis in order to indicate how the person-centred approach can be implemented. Data was analysed according to the nineteen propositions of the person-centred approach.

The literature study revealed that the occurrence of incest is not limited to certain geographic regions and social classes, but that it covers a broad spectrum of occupations, income and racial groups. It also showed that incest perpetrators are mostly males with deviant sexual patterns, low self-esteem and poor social skills, that mothers in families where incest is likely to occur possess personality traits that somehow warrant an incestuous assault on their daughters by the father, that children who are at risk of being incest victims are children with low self-esteem and lack self-confidence and also that incest is actually a symptom of severe family dysfunction.

This study showed that, irrespective of the time frame from the occurrence of the abuse, incest affects the emotional functioning of the victims and until dealt with, the emotions do not just disappear with time. Incest was found to affect the individuals' self-image and their interpersonal relationships. Incest also causes depression in the victims.

The person-centred approach in dealing with incest victims is recommended in this study. This approach gives clients full control over the therapeutic process, which makes them feel respected and empowered. It focuses on the individual rather than the problem and enables clients to discover themselves through realizing and dealing with symbolised and unsymbolised experiences in their lives.

The researcher also recommends that further research be conducted to see how the person-centred approach could best assist in giving therapy to families or groups where incest was experienced.

The following are key concepts in the study:

1. Incest
2. Adolescence
3. Person-centred approach
4. Propositions
5. Empathy
6. Advanced empathy
7. The perpetrator
8. The victim
9. Personality
10. Therapy

OPSOMMING

Hierdie navorsing ondersoek die uitwerking wat bloedskande op die adolessent het aan die hand van die persoongesentreerde benadering. Die navorser is aangespoor deur haar waarneming dat 'n ondersoekende studie in hierdie veld noodsaaklik is vir welsynpraktisyns weens die toenemende voorkoms van bloedskande in Suid-Afrika.

Die literatuurstudie het aangetoon dat weinig navorsing gedoen word op swart kinders wat in Suid-Afrika aan bloedskande blootgestel word. Hierdie navorsing is dus onderneem met die oogmerk om die uitwerking van bloedskande op adolessente aan die hand van die persoongesentreerde benadering te ondersoek om die gaping in kennis te vul.

'n Kwalitatiewe metode is gebruik om data in te samel. Tien ongestruktureerde onderhoude is gevoer met twee respondente wat doelgerig geselekteer is. Al tien sessies word weerspieël in die verslag om aan te dui hoe die persoongestreepte benadering geïmplementeer kan word. Data is volgens die negentien voorstelle van die persoongesentreerde benadering verwerk.

Die literatuurstudie het aangetoon dat die voorkoms van bloedskande nie beperk is tot sekere geografiese gebiede en sosiale klasse nie, maar dat dit oor 'n breë spektrum van beroepe, inkomste en rassegroepe strek. Dit het ook gewys dat die seksuele molesteerders meestal manlike persone is met afwykende seksuele patrone, 'n lae selfbeeld en swak sosiale vaardighede, dat moeders in huise waar bloedskande waarskynlik sal plaasvind oor persoonlikheidseienskappe beskik wat op die een of ander wyse 'n bloedskandelike aanranding deur die vader op die dogters magtig, dat kinders wat die gevaar loop om die slagoffers van bloedskande te word, kinders met 'n lae selfbeeld en 'n gebrek aan selfvertroue is, en dat bloedskande in

werklikheid 'n simptome van ernstige gesinsdisfunksie is.

Hierdie studie het getoon dat ongeag die tydsgewrig waarin die misbruik plaasgevind het, bloedskande die emosionele werking van die slagoffers beïnvloed het, en tot tyd en wyl daarmee gehandel word, verdwyn die emosies nie met die tyd sommer vanself nie. Daar is gevind dat bloedskande individue se selfbeeld en hulle interpersoonlike verhoudings geaffekteer het. Dit het ook tot depressie by die slagoffers gelei.

Die persoongesentreerde benadering in die hantering van die slagoffers van bloedskande word in hierdie studie aanbeveel. Hierdie benadering bied volledige kontrole van die terapeutiese proses aan kliënte en dit laat hulle gerespekteer en bemagtig voel. Die fokus val op die individu eerder as op die probleem en dit stel kliënte in staat om hulself te ontdek deur die besef en hantering van gesimboliseerde en nie-gesimboliseerde ervarings in hul lewes. Die navorser beveel aan dat verdere studie onderneem word om te sien hoe die persoongesentreerde benadering ten beste kan help wanneer terapie toegepas word op gesinne of groepe waar bloedskande ondervind is.

Die volgende is sleutelbegrippe in die studie:

1. Bloedskande
2. Adolessensie
3. Persoongesentreerde benadering
4. Voorstelle
5. Empatie
6. Gevorderde empatie
7. Die molesteerder
8. Die slagoffer
9. Persoonlikheid
10. Terapie

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CHAPTER 1

GENERAL ORIENTATION

1.1 INTRODUCTION

Incest has become the most popular term in the media and the courts in South Africa and the most suitable and just sentence for the perpetrator is the subject of heated debate. The question that remains is how the victims is able to deal with betrayal by people they were supposed to trust as well as what impact this ordeal have on her personality development. This study is therefore undertaken with the intention to show what incest could do to it's adolescent victims and how the person-centred approach could be applied in helping the victims work through their negative emotions and experiences.

This chapter provides a general orientation to the study, including the problem formulation, motivation for the choice of subject, the aim and objectives of the study, assumption of the study, the research methodology and definition of key concepts.

1.2 PROBLEM FORMULATION

According to Erikson's theory (1968) (Mussen& Conger 1984:511), adolescence consists of a major conflict between identity versus role confusion, in which the young person must solidify many elements of childhood identity and form a clear vocational and personal identity. Failure to solve this conflict can result in failure to acquire a positive self image and the ability to deal with life challenges.

Mrazek (1981:22) indicates that sexual abuse has long-lasting negative effects on self-esteem and sexual identity, which result in feelings of helplessness and worthlessness. These effects stigmatise adolescents and they feel unable to cope with life's demands, such as developing effective social roles, self-respect and establishing healthy relationships. Thus, incest has overwhelming effects on adolescents which if not dealt with, could lead to self-destructing behaviour. Incest exposes developmentally immature children to sexual activities for which they are not psychologically or biologically ready.

When the children in question realizes that what happened to them is not socially acceptable, they become angry and feel powerless, worthless and unable to trust the world since the very same people who were supposed to protect them were the ones who abused them. Sometimes the victims become involved in a process of self-blame and begin to feel guilty for what happened to them (Blume 1990:xiv).

According to Schurink and Smith (1995:14) victims of incest have a tendency to become involved in prostitution as they lose self-respect and present themselves as sex objects. In support of this statement Schurink and Smith (1995:15) cite Visser (1994) who, in her research with prostitutes found that 25 percent of her respondents were victims of incest. There are also effects such as pregnancy, sexually transmitted diseases and psychological effects which may completely destroy the children's future.

Victims of incest have negative feelings towards and about the perpetrator or themselves bottled inside them, which unless identified and dealt with can stay with them, interfering with adult functioning and preventing healing or change. Some go on carrying this burden until they are unable to function socially; others commit suicide or become psychologically disturbed because of their failure to cope with these feelings. Thus incest should not be seen as just an unfortunate event that happened to a child, but according to Blume(1990:19) "an act that

kills not all at once, not totally, but one way or the other, sooner or later, piece by piece or the whole child”.

Incest is in fact the most devastating form of abuse a child could endure. It combines all forms of abuse, contains the violence and violation of physical and emotional abuse and damages trust and disrupts bonding (Blume 1990:19). It is therefore not easy for the child to overcome all these devastating experiences at once. Even if the child receives immediate therapy or social workers intervene by taking her to a place of safety, the pain may not be so easily cured.

According to Magwaza (1994:390) within the South African black culture the extended family system, including large numbers of illegitimate children, may create an idiosyncratic system of family and power relations which can impact on the child’s perception of family relationships. Granted that, children in such families are at high risk of being sexually abused, in most black families children remain with their families after abuse because of lack of alternative resources such as foster care and the families are regarded as the primary support systems that should be used to rehabilitate the child. Despite this unique situation, Magwaza (1994) argues that no known research has been done with black children to tap their perceptions of family relationships and their experiences of incestuous abuse. This serious problem calls for professionals like social workers, to find alternative methods to intervene in such situations. In this study the problem can be formulated as follows: **“Black children are continually exposed to the risk of being sexually abused by their primary care givers and there are few rehabilitation facilities in these areas, which implies that victims may not easily get professional help”**.

1.3 MOTIVATION FOR THE CHOICE OF THE SUBJECT

A study of South African and international literature revealed that there is very little research on the effects of incest on adolescence.

This study was also motivated by the story of one young girl from a rural area who was well known to the researcher. This girl came to Pretoria to stay with her uncle and his family. Just before she turned eleven years old, her uncle began to molest her and she eventually fell pregnant. To protect his good name, her uncle took her to a doctor to have an abortion. It was only after experiencing the pains of abortion that she told her aunt the truth. In the end she was taken back to the rural area with the belief that she was the evil one. Nothing was done to ensure that this poor girl obtained professional help to overcome all the trauma she went through. Instead all the blame was put on her as if she had looked for it.

This led the researcher to ask the following questions: Why did such a responsible man leave his wife for an immature child? Why didn't she tell anyone before things got worse? How many children or families experience such events? What can be done to help the victims of incest? These questions further motivated the researcher to conduct a study to try and answer some of the questions. Above all, the researcher has always been empathetic towards the victims of painful experiences at a tender age, and wished to reach out and help them to restructure their lives.

1.4 THE AIMS AND OBJECTIVES OF THE STUDY

The aim of this study is to investigate the effect of incest on adolescents in order to determine how the person centered approach can be applied to explore the incest victims experiences and feelings.

To achieve this aim the objectives of the study are to explore the available knowledge on the phenomenon of incest and its effects on adolescents and to investigate how the person-centred approach can be applied in exploring the incest victims' experiences and feelings.

1.5 ASSUMPTION OF THE STUDY

The negative effects on incest victims can be effectively dealt with through the use of the person-centred approach in therapy.

1.6 RESEARCH METHODOLOGY

Bailey (1987:33) regards methodology as the philosophy of the research process, which includes the assumptions and values that serve as a rationale for research and the standards of criteria the researcher uses for interpreting data and reaching conclusions. In the social sciences research, the term refers to how the researcher approaches problems and seeks answers to aspects of society in order to provide a valid understanding of the particular phenomenon under study (Taylor et al 1994 in Calteaux 1994:61). Thus methodology is a process that seeks to add knowledge through systematic problem solving, an approach which requires identifying problems, posing questions, making observations, selecting data sources, selecting samples, classifying observations, analyzing and interpreting data, and validating theories (Grinnell 1988:128).

In social work research, as in other social sciences research, there are two possible methodological approaches: quantitative and qualitative research. These two methodologies can be distinguished by their purposes, logic, language and strategies (Grinnell 1988:185).

Quantitative methods aim at testing and validating predictive, cause-effect hypotheses about social reality, qualitative method is aimed at assembling detailed descriptions of social reality (Grinnell 1988:185).

Quantitative methods rely on deductive logic and study social reality from an objective viewpoint, whereas qualitative methods employ inductive logic derived from concepts and theory from the social reality being studied (Schurink 1993:168).

Quantitative methods employ numerical language by translating constructs and concepts into operational definitions. Qualitative methods employ natural language and express, ideas in the language of the system being studied.

In quantitative research data are collected through social surveys, structured interviews and census data. Qualitative research relies on participant observation and purposeful conversation with minimal effects on the systems being studied (Schurink 1993:168).

According to Rogers (1987:483), individuals exist in a continually changing world of private experiences. This private world is only known in a genuine or complete sense to the individuals themselves and it is only through interaction with these individuals that others can get to know the reality of their experiences. The **qualitative method** is used in this study since it offers the respondents a relaxed and unhurried atmosphere to enable them to be open and share their deepest and subjective experiences at their own pace. Grobbelaar (1994:85) states that the qualitative method is the suitable method in a study where a child is concerned since it is more natural, personalised and supportive in such a situation. This method allows the researcher to provide the necessary support for the victims while collecting the necessary information.

1.6.1 Type of research

According to Stumpf (1994:7), a researcher has a choice of three different types of research, namely **basic research**, which aims at making contributions to the forming of theories through broad generalisations, **applied research**, which seeks to develop principles that enable people to obtain desired objectives, and **developmental research** which is designed to make knowledge known that has relatively immediate applications aimed at improving social work interventions through the testing of theoretical concepts in actual problem situations.

This study can therefore be seen as *developmental research* since it aims at making recommendations that can be applied by social workers in dealing and understanding the effects of incest on adolescence. It will also have an *applied research* component as the knowledge can be used to solve problems. It will thus be useful for the social work profession.

1.6.2 Research design

A research design can be defined as the arrangement of conditions for data collection and analysis in a manner that aims to combine relevance of research purpose with economy in procedure (Mouton & Marais, 1990:32). In support of this statement Mouton et al.(1990:34) state that the aim of a research design is to plan and structure a given research project so that the eventual validity of the research findings is maximized. Thus a design specifies the unit of analysis, the sampling procedure, the variables on which information is to be obtained, the data collection and measurement procedures and also the plan for data analysis. A research design can therefore be seen as a plan which includes every aspect of a proposed research study from the conceptualisation of the problem right through to the dissemination of the findings (Grinnell 1988:219).

This study follows the **descriptive design**, which according to Mouton et al (1990:44), purports to be a reliable portrayal of what is perceived, to give a truthful image of the matter investigated, to divide reality into concepts, with the aim of describing that which exists as accurately as possible. This is achieved through participant observation, case study and ethnomethodology. This study uses the **case study method** for data collection.

1.6.3 Research procedure and strategy

Natural observation is used as data collection procedure. This method emphasizes observing what happens in connection with the phenomenon being studied in its natural setting (Bailey 1987:243). Thus no attempt is made to manipulate or even to measure in any refined sense. Rather, the observer tries to record relevant events, always alert to instances of co-variation from which to abstract variable and interrelations among them.

The case study method is used which according to Grinnell (1988:201) involves only a few persons. It studies individual cases intensively, their life history, present feelings, thought of patterns and focuses on the many interaction between all the independent variables. Through this method the researcher conducted in-depth interviews with two victims of incest aged between 14 and 16. The interviews are conducted as a means of therapeutic intervention in order to allow the researcher to get as much information as possible from the respondents.

1.6.4 Pilot study

1.6.4.1 *Literature study*

A literature survey was conducted at Human Sciences Research Council's library on available books and articles dealing with the phenomenon of incest in order to find relevant concepts for the study and to ascertain that this topic has not been exhausted by other researchers. The researcher also conducted a computer search through the university of Pretoria and Unisa.

1.6.4.2 *Consultations*

Experts who had researched on the topic of child sexual abuse and also conducted research with children using the case study method were consulted.

Dr G Spies (Senior Lecturer, Dept of Social Work University of South Africa) followed a systemic approach to a study of incest, and recommended changing the research topic from concentrating on the family as a whole to specific effects incest has on adolescents.

Dr W. Schurink (Chief Researcher, Human Sciences Research Council) who has conducted several qualitative studies with children, concentrating on child abuse, child sexual exploitation and prostitution and street children, discussed the target population, and the aims of the study and how to use a qualitative method like case studies in data collection.

Ms Mohlala (Senior Social worker at Jabulani Place of Safety), was consulted for authorisation for the study to be undertaken with clients of the organisation. It was confirmed that adolescents who were victims of incest were available to be used for the study.

1.6.5 Overview of the feasibility of the study

This study was feasible since the population of the study was available. The case study method used has proven successful in several other studies undertaken with adolescents or when dealing with sensitive issues of sexual abuse, such as Schurink's studies in 1993 and 1995 with children involved in prostitution.

The researcher also conducted a pilot study at Jabulani welfare complex, in the division called Legae la rona. Ten sessions were conducted with three girls who were previously exposed to incest aged thirteen, fifteen and sixteen. During the pilot study the researcher discovered that children at this division have already underwent some form of therapy. Therefore their experiences and feelings toward incest have already been dealt with and thus could not be well tapped in this research. Due to this experience, the researcher decided to conduct her study at the division called the Place of safety with newly admitted children. She also ensured that all her respondents have not underwent any kind of therapy before this research.

The researcher also proved that the case study method was most suitable for a sensitive topic like incest as respondents are not at ease with strangers during the initial contact. It was also found that detailed information could be gathered through in-depth interviews.

1.6.6 Description of the research population, delimitation of sample and sampling method

The research population will be victims of incest from Black families aged between 12-16. The respondents will be from the clients of the Jabulani Place of Safety in Soshanguve near Pretoria.

This research aims at studying two respondents who will be randomly selected from the available list in the society. The respondents will be selected without showing bias for any personal characteristics. Bailey (1987:87) refers to this method as a **simple random sampling**.

1.7 DEFINITIONS OF KEY CONCEPTS

Incest is the sexual abuse of children by persons closely related to them or family members with whom marriage is forbidden by law or taboo (Spies 1993:197). It is a form of sexual abuse which entails the involvement of a dependent, developmentally immature child or adolescent in sexual activities by an older person for that older person's own sexual stimulation or gratification. It is an act that is imposed on a child or an adolescent who cannot give informed consent because of age or developmental stage. Central to the abuse is the misuse of power and the betrayal of the child's trust by an older individual. Abusive activities may include exhibition, sexualised kissing, fondling, masturbation and digital or object penetration (Giardino et al. 1992:2 and Driver & Droisen 1989:3).

In this study incest refers to the involvement of the child in sexual intercourse by a closely related adult, such as a father, step-father or primary care giver, who by reason of authority, subjects the child to a form of sexual abuse in order to fulfill his sexual desires. Activities like fondling, kissing, touching or exposure of sexual organs will not be included.

Adolescence: This is a period of searching for an identity and developing a system of values that will influence the course of an individual's life (Corey & Corey 1987:107). Erikson 1968 (Mussen et al 1984:511) defines adolescence as a stage of identity versus role confusion, in which individuals develop a sense of self-confidence, sexuality roles and find their place in the larger society.

Adolescence can be seen as a bridge between childhood and adulthood in which most of the childhood traumas and experience are dealt with or integrated into the individual's mind in developing a sense of self. During this stage children begin to identify themselves as beautiful or ugly, intelligent or foolish, worthwhile or worthless, and these perceptions, whether positive or negative, depend on their earlier experiences of life and are incorporated into their sense of self.

1.8 SUMMARY

This chapter described the problem that led to this study. The motivation for, aim and feasibility of the study were discussed together with the research methodology and the key concepts defined. Chapter 2 deals with the phenomenon incest. In chapter 3 the person-centered theory will be discussed. Chapter four will consist of empirical findings and data analysis and, conclusions and recommendations will be discussed in chapter 5.

CHAPTER 2

THE PHENOMENON INCEST

2.1 INTRODUCTION

Incest is not a new phenomenon, it has occurred throughout every age and culture. The biblical account of an incestuous union between Lot and his two daughters is one of the earliest references to intra-familial sex (Thorman 1983: 61). Many researchers in the field of human sciences have researched and discussed incest from different perspectives on its occurrence and existence (Finkelhor 1979 & De Young 1982). This chapter will cover a literature review of the theoretical views on incest, the nature of incest, different views on the causes of incest and its effects on the victims.

2.2 THEORETICAL VIEWS ON INCEST

According to Thorman (1983:10-11), definitions of incest vary from culture to culture. Behaviour considered incestuous in one society may be regarded as non-incestuous in another. To stress her argument Thorman (1983) indicates that there are certain societies, such as the Kalanga of Java and Yakuts of Siberia, who actually encourage sexual intimacy between family members. These societies regard incest as a tradition that ensures prosperity and brings fortune to the daughter or son or to their families. In contrast, other societies, such as the Akamba in East Africa, strictly forbid sex between family members and believe that incest brings about great disaster, such as crop failure and floods.

Incest taboo is therefore strictly enforced with rules such as that a girl must carefully avoid contact with her father between the time she reaches puberty and her marriage, and the usual penalty for incest is death. Social theorists, psychoanalysts and feminist disagree with the motion that definitions of incest vary from culture to culture and that there are certain cultures that encourage incest. These theorists argue that although cultures differ from each other in many ways, the incest taboo is a universal phenomenon. Cultural differences lie in the particular forms of the incest taboo, the range of persons to whom the prohibition applies and the punishments that attend its violation (Van der Mey 1986:27 & Herman 1981:50). In trying to define incest, the above theorists occupied themselves with explaining the origin of the incest taboo and the reasons for its perpetuation (Herman 1981:51).

2.2.1 Social theorists view

Social theorists view incest as an act that disrupts the function of the family in the society. According to them incest confuses role functioning and makes it impossible to reinforce discipline within the family. Incest also discourages its members from socialising outside the family and therefore threatens the growth and survival of society (Thorman 1998:11). Van der Mey (1986), Spies (1988) and others support the view that incest causes role confusion and the isolation of the incestuous family from its community. However, they do not emphasise the effects it has on society, but instead focus on the effect it has on the individual and the family.

2.2.2 Psychoanalysts view

According to the psychoanalysts incest is brought about by the unconscious sexual desires of daughters for their fathers (Thorman 1983:12). The girl's eroticised interest in her father is a reaction to the discovery that males are preferred to females. Eventually she turns to her father hoping that a special and

privileged relationship with him will elevate her into the superior company of men (Herman 1981:57). The view that daughters initiate incest is strongly criticised by the humanists who argue that this undermines the role of the father as an adult with the ability to make decisions. Furthermore, psychoanalysts are criticised for denying the truth that men are initiators of incest, since it will degrade the most respected men in the society (Herman 1981:55).

2.2.3 A feminist view

According to the feminist incest is part and parcel of a patriarchal social structure that oppresses women (Thorman 1983:13). Feminists blame society for giving men absolute power over women. These powers result in men regarding women and children as their legal property, which they can use in any way they please. The feminist view is criticised for failing to indicate why other men with the same powers do not abuse their children, and also for failing to see that the family structure and the mother may play a role in the occurrence of incest (Van der Mey et al 1986:40). In their criticism, Justice and Justice (1979:58) illustrate that incest is sometimes a matter of circumstances or opportunity like poor psychological functioning of the perpetrator.

2.3. THE NATURE OF INCEST

Incest is not limited to certain geographic regions and social classes. Russell (1995) point out that incest includes a broad spectrum of occupations, incomes and racial compositions and that there is no relationship between incest and either parental education or social class. The nature of incest will be discussed as follows: the beginning of incest, the preferred gender of the victims, occurrence and the process of incest as well as it's duration.

2.3.1 The beginning of incest

Incest does not have a specific age at which it begins, and can begin during infancy, puberty or adolescence. In most cases it begins when the victim does not have the verbal or cognitive capacities to describe to herself or others what she is experiencing, or when she has never heard of rape or learned about love making. This means that the victim is introduced to the world of sexuality by being violated and abused (Blume 1990:11).

Van der Mey (1986:47) argues that incest can start as early as two or three years of age and can continue until it is revealed, the reason being that by the time it starts the child does not understand what is happening to her. Van der Mey (1986) cites Burgess (1977) who found that in 44 cases of incest 27,7 percent of the victims were between the ages of 1 and 5. Another example that supports Van der Mey's argument is the incest case reported in the Pretoria News. 22 January, 1998. In this case children from 2 to 8 years were abused by their uncle, who taught them that sexual intercourse is a game that is acceptable and played by all children.

2.3.2 The preferred gender of the victim

Herman (1981), De Young (1982) and others believe that the great majority of sexual perpetrators are males and that girls are abused considerably more often than boys. According to research 95 percent of reported incest victims are females, and boys are more often exposed to physical abuse and girls exposed to sexual abuse (Van der Mey 1986:49). However, Finkelhor (1986) argues that this may be due to lack of attention to abused boys and that if research concentrated on males as much as it does on females it might be found that boys are exposed to as much sexual abuse as girls.

2.3.3 The occurrence of incest

Incest occur in different ways, according to the occasions on which the victim is exposed to the abuse. According to Kennedy and Manwell (1990:20-21) incest may occur once or several times by a single abuser, or by different abusers abusing the same victim, or through the same abuser exploiting several members of the family.

The occurrence of incest varies from the use of force, affection and power. Driver and Droisen (1982:12) indicate that force is rarely used in incest, since children's natural dependence and powerlessness are used against them. The closer the relationship with the perpetrator, the less necessary force is applied and the less likely the perpetrator is to use violence. In her study of 80 incest victims, De Young (1982) found that only five victims were raped, and in most cases the victims had a good relationship with their fathers. The offender disguises the abuse by his use of affection, gentleness, caring and love for the child. He convinces the child that responding to his needs is a way of showing love for him. In this case the offender first develops and grooms a special relationship with the intended victim as if it was a love affair. It is only when the relationship has grown to the extent that the child feels comfortable with the presence of the father that the perpetrator will start making sexual advances.

According to Blume (1990:6), power is also used by offenders in abusing their own children. In this situation the offender takes advantage of the child's emotional and psychological dependency on him and uses it to sexually exploit her. Eventually the child is left with no choice, not merely because the perpetrator is bigger, older or socially dominant, but because her emotional and physical survival depends on her experiences (Blume 1990:6).

2.3.4 Incest as a process

Sgroi, Blick and Porter (1982) (cited in Giardino, Finkel, Giardino & Seidl 1992:2) see incest as a deliberately planned process that is characterised by an increase in contact between the perpetrator and the child victim. This ongoing process occurs in five phases namely, engagement, sexual interaction, secrecy, disclosure and suppression.

2.3.4.1 The engagement phase

In this phase the perpetrator, usually the father, engages the child around non-sexual issues and becomes a friend or a person who provides material rewards and meets the psychological needs of the child. The father's aim is to build a unique kind of trust in the intended victim. The type of trust being built is one in which the father is to be trusted more than any other person. Then the intended victim is treated as more special than the other siblings or the mother. This eventually leads to the intended victim's alienation from other siblings and allows the perpetrator to be alone with her frequently. Horton, Johnson, Roundy and Williams (1990:88) state that, during this stage the father begins to violate the daughter's boundaries by intruding in what should be the daughter's private places such as the bathroom or the bedroom. However, no sexual advances will be made at this stage since this is only done to win the daughter's trust and make her feel comfortable in his presence.

2.3.4.2 Sexual interaction phase

This may be regarded as an action phase in which the perpetrator engages the child in age-inappropriate sexual contact. The perpetrator manipulates the relationship developed in the engagement phase to include sexual contact. Sexual contact usually progresses from exhibitionism and inappropriate kissing to fondling or ultimately to oral or genital contact.

During this stage the father constantly evaluate the daughter's psycho-social state and her ability to expose the relationship. If the abuse is not reported or exposed after the first sexual contact, the perpetrator will then choose a safer place and time to make his next sexual advances with the victim. Such a place and time are chosen in order to minimise exposure of the relationship but also to maintain the appearance of normality (Giardino et al 1982: 8, Horton et al 1990:89).

2.3.4.3 Secrecy phase

In this stage the perpetrator's objective is to ensure access to the child and to facilitate a continuation of sexual contact. Maintaining secrecy is essential to the perpetrator's continued access to the child. Secrecy is maintained through direct or indirect coercion and through bribes or threats (Giardino et al, 1982:8).

2.3.4.4 Disclosure phase

Disclosure may be accidental either through observation by a third party, signs of physical or genital injury, diagnosis of sexually transmitted disease or the occurrence of pregnancy. With accidental disclosure intervention may be difficult because neither participant nor members of the family may be willing to reveal the secret. On the other hand, disclosure can be purposeful, where the child consciously reveals the abusive activity, depending on a variety of reasons such as the child's developmental level (Giardino et al, 1982:8).

2.3.4.5 Suppression phase

According to Sgroi et al (1982), in Giardino et al (1992:8) after disclosure, suppression may occur because of denial, guilt or fear of family disruption by care givers or the perpetrator who may in turn exert pressure on the child to retract her accounts of the abusive events.

Incest is thus a process that is maintained by the manipulative relationship between the perpetrator and the victim. Through this relationship the perpetrator is sure of his access to the victim and of the fact that his secret is maintained. It is through this relationship that most victims feel that they were responsible for their abuse or looked for it in order to get the perpetrator's attention (Blume 1990:25).

2.3.5 Duration of incest

The duration of incest is hard to determine. Incest usually does not stop with one act, but becomes an ongoing part of the child's life experience. Unless the secret is revealed and something is done to stop it, incest does not contain itself, but may pass from daughter to daughter, or child to grandchild (Blume 1990:9). However several studies have shown that more incestuous families tend to have one victim, mostly the eldest child, whereas a considerable number of families have two or more victims (Bentovim, Elton, Hilderbrand, Tranter & Vizard 1988:20).

2.4 PATTERNS THAT CONTRIBUTE TO THE OCCURRENCE OF INCEST

According to Thorman (1983), several theorists have tried to focus on the issue of incest to determine why children are sexually abused by people who are supposed to be taking care of them and protecting them from any abuse. In trying to reach a conclusion the feminists maintained their focus on the male offender, whilst others focused on the mother of the incestuous family and the role of the child in incest (Blume 1990, Thorman 1983). Lastly there are systemic theorists, who believe that the family in which incest occurs has a role to play in causing and maintaining incest (Spies 1993:202). These views will be discussed in order to determine how incest occurs in certain families.

2.4.1 The incestuous father

Driver and Droisen (1989:12) reveal that feminists view the incestuous perpetrator as someone who, for whatever reason refuses to love or respect children. The offender has a sexual motivation that is not only directed at seeking gratification, but committing an act of aggression or violence. These offenders see having sex with a child as a kind of punishment to the daughter and the mother. The incestuous perpetrators (particularly fathers) are seen as being patriarchal or authoritative, they exploit their authority and abuse their own intra-familial power. They attempt to control their wives and children as their own personal properties. They also have a tendency to describe women and children as subservient to men (Meiselman 1990:20). This kind of incest perpetrator exerts authority through threat and fear and without respect.

According to Faller (1990:55) psychological theorists view incest offenders as having deviant sexual patterns that make them sexually attracted to children. These offenders have more stereotyped views of sex role behaviour and lack empathy for children. They view the child unrealistically and put themselves in situations such as alcohol or drug abuse, where sexual abuse increases (Driver et. al 1989:14). These offenders differ in their deviant sexual patterns. In some cases, like most pedophiles, the offender experiences sexual arousal only with children. The primary sexual orientation of these offenders is children, and they will have little or no involvement with adult sexual partners. Such offenders may have experienced psychological blockage deriving from their early traumatic experiences in sexual behavior. They may be men who found themselves impotent in their first sexual attempts or abandoned by their first lovers and thus come to associate adult sexuality with pain and frustration. This avenue having been filled with trauma, they choose children as a substitute gratification. Finkelhor (1984:43) sees these offenders as being thwarted, incapable of winning attention from older females and eventually turning to children as they are unable to defend themselves.

Other abusers experience sexual arousal with many types of people, including children. A substantial proportion of their interactions with others is sexualised. According to Faller (1990:55), some of these offenders even go to the extent of being aroused by animals and inanimate objects, such as clothes, rubbers and specific body parts.

Lastly there are abusers who are sexually aroused by children in specific situations. These may be situations of stress, in which the offender regresses, instances where other sexual outlets are absent, or contexts in which the physical interaction between the offender and the victim precipitates sexual arousal such, as the offender observing or having contact with the child's body. Despite the fact that the original sexual arousal and abuse may have occurred accidentally, it is likely to be sufficiently gratifying as to result in subsequent non-accidental sexual abuse (Faller 1990:50).

Blume (1990:35) concentrates on the psychological function of incestuous fathers. She views the perpetrating fathers as timid, unassertive, weak, ineffectual, immature, with low self-esteem and poor social skills. Inwardly these sexually abusive fathers suffer from psychological distress, emotional isolation and emotional immaturity. Their thinking on sexuality is distorted and they lack adequate skills in impulse control. Most of them do not lead self-fulfilling lives, feel chronically resentful towards others and lack the ability to share their emotions with other adults. Eventually, these adults turn to incest in a vain attempt to meet their emotional needs. Other offenders go to the extent of acting helpless and needy, as if they need to be taken care of by their own children (Mactz & Holman 1987:17). These perpetrators feel powerless in their outside world or in their adult relationships. They abuse children in order to meet the needs that relate to acceptance and approval and to enhance the sense of personal worth and self-esteem. In her work with incestuous fathers and stepfathers, la Fontaine (1990:103) discovered that these men lack confidence and are very self-centred.

Bentovim et al (1988:37) argue that the perpetrator's historical background has a significant impact on the occurrence of incest. In their research Bentovim et al (1988) discovered that a reasonable number of their respondents had grown up in families where there was sexual abuse or physical abuse by the perpetrator or other members. In explaining how childhood experiences contribute to the propensity of sexual abuse, Faller (1990:58) points out that the former incest victim becomes a perpetrator in an effort to cope with his unbelievable sexual traumatic experience, by taking the abusive role. Horton et al. (1990:52) support this by stating that sexually abusive fathers victimise others in trying to combat feelings of powerlessness inherent in being a victim by eventually identifying with the perpetrator and reversing roles in order to become the powerful one rather than the victim. By becoming the victimiser, the perpetrator is reenacting the characteristics of his own victimisation in an attempt to restore the feeling of being in control. The perpetrator reveals poor socialisation in conveying that sexual abuse of others is appropriate as it was modeled to him.

De young (1990: 10) indicates that experiences like physical abuse also play a role in incest occurrence. In a father-daughter incest study, forty three percent of the incestuous fathers in the clinical sample had been physically abuse. De Young (1990) also found that fathers who come from broken homes or had experienced negative relationships with their parents have a tendency to abuse their children since they themselves were emotionally deprived as children. As a result these fathers tend not to care about other people's emotions.

2.4.2 Mothers in incestuous families

According to Van der Mey (1986:59), mothers are generally not participants in father-daughter incest, except in bizarre cases where the mother may actively participate in the abuse by restraining the daughter while the act is occurring. However, even if they do not actively participate in the abuse act, mothers are seen as having a role in producing and maintaining father-daughter incest.

Thorman (1983:20) portrays mothers in incestuous families as possessing personality traits that somehow warrant an incestuous assault on their daughters by the father. These mothers are seen as unloving, hostile and unable to establish healthy relationships with their husbands and family members. In such cases the daughter feels emotionally abandoned by the mother and thus accepts her father's sexual advances in order to get the emotional support that she misses from her mother. Renvoize (1982) citing Tsai and Wagner (1978) who indicate that most incest victims feel more bitterness and resentment towards their mothers than towards the molesting father. This is because they feel that their mothers paved way through their resentfulness and negligence and allowed the abuse to occur.

Justice and Justice (1979) characterise the wives in father-daughter incest as frigid or having no sex with their husbands. This lack of sexual interest leads to dissatisfaction on the part of the husband who then turns to the daughter for sexual fulfilment. The mother keeps herself tired and is in a chronic state of fatigue that makes it impossible to carry her sexual and nurturing role, or she is weak and submissive and feels completely dependent on her husband. Her dependency and non-assertiveness prevents her from taking steps to protect her daughter. According to Renvoize (1982:115), these mothers may consciously or unconsciously encourage their daughters to fuss over the father, even to take over their sexual role by keeping themselves away from home and constantly leaving the daughter and the father alone. Cohen (1983:156) reveals that current clinical observation indicates that mothers are at times aware of the incest occurrence and feel relieved when the daughter assumes their sexual role, as they see this as a means of maintaining stability within the family. According to him these dynamics incidentally, might, explain the fact that in most reported cases it is the daughter and not the mother who exposes the incest.

Another way mothers contribute to father daughter incest is through non-fulfilment of their nurturing role in the family. Herman (1981:45) indicates that mothers in incestuous families are, for some reason, unavailable to their husbands and children. The families adapt to this stressful situation by reassigning many of the mother's traditional obligations to the oldest daughter. The family may come to rely on this daughter for a great part of the housework and child care and for emotional support and comfort. For the daughter, the duty to fulfil her father's sexual demands may evolve almost as an extension of her role as "little mother" of the family. At the same time the new role that the daughter assumes reminds the father of his wife when she was still his bride-to-be, thus the excitement the mother once aroused in him is now aroused by the daughter.

As in the case of incestuous fathers, the mothers' backgrounds suggest severe deprivation. Many of them experienced some form of abuse as children, ranging from physical abuse, sexual abuse, emotional resentment to complete abandonment (Van der Mey et al 1986:59) . Having unmet childhood needs, the mother wants to become the child, dynamically, her over-dependence results in a role reversal with her own daughter. Her intense ambivalence towards her own mother, which she displays to the daughter brings about hostility and feelings of rejection between the mother and the daughter, eventually setting the stage for incest. The mother, who herself was once a victim, may be aware of the incest but fail to protect her daughter due to her lack of maternal skills and her weak internalised social restraints regarding the social taboo (Cohen 1983:156).

This view of blaming the mother for the occurrence of incest is often criticised by feminists who see this as a scapegoat for the actual assault. They argue that blaming the mother for the occurrence of incest is a way of oppressing women and reinforcing the cultural value that the mother should serve the needs of everyone else first before considering her own needs. According to the feminists view the mother should be seen as a victim in the family in which incest occurs

rather than as an offender. Mothers are seen as victims who are oppressed by men using their patriarchal power which is promoted by social structures. They thus see the patriarchal society setting the stage for incest to occur rather than the mother in the incestuous family (Keen & Keen 1995: 54).

2.4.3 The incest victim

Theories on the victim of incest also differ. Some view the daughter involved in incest as seductive and attracting or tempting her father to be sexually involved with her in order to take over her absent or passive mother's role or to gain attention or affection from an adult (Finkelhor 1979:234 & Thorman 1983:62). Others view the daughters as innocent, defenseless victims who are generally conditioned to obey adults and have few resources other than compliance with authority, lack knowledge of what is appropriate sexual activity and are also unaware of their right to refuse unwanted sexual contact (Friedrich 1990:13).

2.4.3.1 *Sexually acting out children*

According to Thorman (1983:19), many daughters who become involved in incest suffer from feelings of low self-esteem and lack self-confidence. This plays an important part in their sexual relationship with their fathers. Their strong need for nurturing and acceptance leaves them vulnerable to sexually manipulation by adults (fathers), who realise that their daughters are looking for fulfilment of important emotional needs. Eventually they form special relationships with their fathers, which puts them in a position of some semblance of power within the family and helps them gain feelings of worthiness. Having assumed the role of surrogate mother and the many responsibilities that the mother usually carried out, they also gain authority over younger children in the family, which becomes a positive factor of the incestuous relationship. Daughters involved in incestuous relationships seek to become allied with their incestuous fathers in order to share their power rather than falling under their authority

(Thorman 1983:20 & De Young 1982:27).

According to Mrazek et al (1981:100), incest victims appear to have negative feelings towards their mothers, who are perceived as cruel and unjust, and thus accept sexual advances from their fathers as a revenge against their non-nurturing mothers. Some of these children tend to act in ways that actively encourage adults to approach them sexually. These victims are generally attracted to adults and therefore take an active role in the occurrence of incest.

Van der Mey (1986:62) cites Cantwell (1981) who strongly criticises this view of blaming the child's behaviour, arguing that the seductiveness on the part of the incest victim is a result of sexual victimisation itself. To support her argument Cantwell indicates the child develops unusual sexual behaviour as a result of the sexual abuse. The child also tends to define herself as a sexual object since she has been treated that way, and thus learns to relate to herself and to others in a sexualised manner.

2.4.3.2 *The innocent victim*

According to Finkelhor (1986), it is important to emphasise that true causal responsibility for incest lies with the offenders, since they initiate the sexual activity. He argues that theories that see the victims as having a role in the abuse overemphasise the role of victims and try to protect the perpetrator. According to him, children are completely innocent and are subjected to the abuse by adults who are motivated to abuse children and fail to overcome their internal inhibitions to abuse children. Finkelhor (1986) indicates that children have certain characteristics that put them at high risk of being abused by adults around them. According to Krivascka (1990:131) the following children are most likely to become victims of incest:

- *Children who are emotionally insecure or deprived:* Such children have a strong need for attention, affiliation and nurturance and acceptance. They may be easily manipulated by an adult who provides them with such attention and acceptance. Once the abuse begins, the emotional dependence on the perpetrator may supersede the need to report and discontinue the abuse.
- *Children who may be in an unusually trusting situation:* Children who are in a highly trusting relationship with an adult may make it easier for the abuse to be rationalised.
- *Children who lack knowledge of sexual abuse:* Children who do not know about sexual abuse and are unaware of their right to refuse unwanted sexual contact are at high risk. Such children also lack the concepts or language to express what is happening to them and are thus unable to report the abuse.
- *Children who lack general knowledge of or access to sex education:* In the absence of sex education, children may not have a context within which to place what is happening to them. Lack of knowledge of what is appropriate and normal sexual activity may lead children to have misconceptions about what is happening to them and may reinforce the keeping of a secret.
- In addition, children's powerlessness makes them vulnerable to abuse. Children are generally conditioned to obey adults and have few resources other than compliance with authority figures. Hence children may not even think of disobeying someone who has asked them to participate in sexual activity.

2.4.4 The incestuous family

In analysing the incestuous family, the systemic approach argues that incest is not the result of a neurotic disorder in the victim or a manifestation of a personality problem in an adult family member. They suggest that incest is best understood when it is regarded as a symptom of severe family dysfunction (Thorman 1983:63). To support this argument, Spies (1988:88) cites Taylor (1984) who states that Family members influence one another through their relationships. Interrelating develops a set of patterns unique to each family. As an organization, a family possess a set of rules including hierarchy. Spies (1988:88) goes on to say that incest is not just the sexual contact between adult and child, but an act that symbolises severe malfunctioning and also serves a particular purpose in the systemic functioning of the family.

Thorman (1983:63) indicates that incest plays a role in maintaining the unity of the family when the family is called upon to cope with problems that threaten to destroy it, and all family members are involved in condoning and supporting the incestuous behaviour because it is needed to preserve the stability and unity of the family. Therefore an inquiry into the causes of incestuous behaviour must examine how the family system functions so as to encourage the development of certain patterns of interaction among family members. Areas that will be looked into include the quality of the marital relationship, role definitions and family boundaries.

2.4.4.1 The quality of the marital relationship

According to Spies (1994:42), incest implies mainly a distance between spouses. It can be referred to as a result of sexual incompatibility between spouses or as a result of marital conflict associated with high levels of stress and tension. The marital relationship in the incestuous family can be described as poor and unsatisfying. Marital partners sometimes act out their frustrations through

violence, but in most cases they resort to long periods of silence and avoid any personal contact. In certain instances they go to an extent of sleeping in different rooms or beds, which implies the end of the sexual relationship. It is during these periods of conflict or withdrawal that the father uses the daughter as a source of comfort and turns to her for companionship and affection to relieve the stress resulting from the marital conflict. Trying to make her father's life more pleasant the daughter eventually accepts his sexual advances (Thorman 1983:70). Both the father and the daughter attempt to overcome the problems in the marriage by escaping into an incestuous relationship, a process which Spies (1994:43) refer to as "*the stabilization of the marital relationship*".

2.4.4.2 Role definitions

Incestuous families are characterised by role reversal amongst family members, which serves as the primary incongruent hierarchy that maintains incest. According to Trepper and Barret (1986:17), role reversal in these families may occur in four patterns, namely father executive, mother executive, third generation and chaotic structures.

- a. *Father executive pattern*: In this structure the father is dominant-aggressive, with fairly rigid and stereotyped views of male-female relationships. The mother is either emotionally or physically absent from the family. The daughter thus assumes the responsibilities heretofore provided by the mother including emotional and sexual closeness with her father. With the inception of the incestuous relationship, the father moves out of the parental role into a spouse role towards the daughter. Towards his wife he moves out of the spouse role into a parental role. On the other hand the daughter moves from the child position to a mother position (Trepper et al, 1986:17 & Spies 1994:43).

- B. Mother executive:* In this case of a dominant mother, the female fulfils the role of mother towards her spouse who then finds himself functioning in many respects as one of the children with little or no parental responsibility. His needs sometimes sexual, are then fulfilled by the daughter who is actually a generational peer. The male then withdraws from his actual marital relationship to establish a marital relationship with his own daughter (Spies 1994:43).
- C. Third generation pattern:* In this structure the mother is not completely withdrawn, but will sometimes act as an observer in the family or a third party. She is at times very removed and distant from her husband and children and at other times she moves closely and with great executive force. The daughter's role in this structure is a confused one since she has to move from daughter to wife from time to time. She functions as the wife in her mother's absence and as a daughter in her presence. The father is thus involved in a sexual relationship with both the mother and the daughter. He also fluctuate between the parental and sibling subsystem (Trepper et al, 1986:20).
- d. The chaotic pattern:* In this pattern there is functionally no executive subsystem present or available. The parents and children function on the same level with regard to their formal roles. Most members of the family show immature judgement, displaying little impulse control and express the need for immediate gratification. Incest in this family may occur to more than one member of the family, between the father and daughter(s) or amongst sibling members (Trepper et al 1986:20).

2.4.4.3 Intra-familial and extra-familial boundaries

According to Trepper et al (1986:28), the family's boundary is the key variable in determining its overall structure, which, in turn, is the most powerful factor influencing what goes on inside as well as between the family and its environment.

2.4.4.3.1 Intra- familial boundaries

Boundaries within the incest families are enmeshed and diffused, due to emotional isolation of family members and role exchange and role confusion in the family's functioning. Family members are pressed into service to meet each other's needs regardless of age or developmental stage. Children in incest families perform developmental tasks appropriate to adults, and parents abdicate certain important responsibilities in order to compete with their children for limited emotional resources (Trepper et al 1986:29). These families are characterised by a lack of autonomy and the power of self-differentiation. Personal boundaries are diffuse and interaction produces symbiotic relationship patterns in which each member feels that his/her survival is dependent on the emotional and psycho-social status of the other members. Control in incest families is a critical factor since independent thought and behaviour by family members may threaten the structure of the family system. Thus members who show autonomous behaviour can become targets of escalating abuse, including physical and other forms of abuse (Trepper et al 1986:30).

2.4.4.3.2 The extra-familial boundaries

According to Renvoize (1982:100) "Incestuous families bind themselves together with ropes of mutual dependence, fear of separation, and secrecy, and if any member tries to break away the bonds are ruthlessly tightened. Locked together by their emotional relationships, they insulate themselves away from the rest of

the world.” Indeed, the boundary between the incestuous family and the community is rigid and closed. This isolation can be closely related to the secrecy that surrounds the problem within the family system. The incestuous family functions as a system with little self-confidence as its members are constantly on the defense in the process of maintaining the secrecy of incest (Spies 1994:44).

Incestuous families have little contact with the external world. They have few or no friends, do not have any contact with families and neighbours and are largely isolated on a social level. This isolation from the community is also meant to avoid critical social feedback that could serve to influence members behaviour. Others to whom family members might turn for sharing their experiences and intimacy are regarded as hostile intruders who in some way threaten the survival of the family unit (Trepper et al 1986:28 & Spies 1988:106). The family’s insulation is sometimes fostered by the dominating behaviours of the father, who increases power in the family by controlling the channels of communication between the family and the community. He may even go as far as monitoring phone calls and limit community activities of their family members (Hoorwitz 1983:517). Cohen (1983:155) concurs that incestuous fathers seek to control the lives of all family members by whatever means they think effective, including threats, intimidations or bribes. These fathers justify their actions by claiming that they are merely protecting their families against bad outside influence. Spies (1994:41) sees the rigid boundaries between the family and the community as a component of maintaining the family’s secret. This also explain why the number of reported cases of incest are viewed as the tip of the iceberg, and why many cases go unreported.

2.5. THE EFFECTS OF INCESTUOUS ABUSE ON THE VICTIM

There is no doubt that incest violates the dependent child's expectations of parental care, leading to confusion of roles, and boundaries for the child and other members of the family. However, the destruction goes far beyond that. The effects of incest range from initial or short-term effects to long-term effects. Short-term effects refer to those effects that the victim experiences or displays during or immediately after the incest or its disclosure. The most consistent short-term effects are emotional and physical. Long-term effects on the other hand go beyond the victim's emotions to various manifestations of behaviours, attitudes, or opinions that the victim has or displays long after the occurrence of incest (Van der Mey et al 1986:67).

2.5.1 Short term effects

According to Russell (1995:46), immediate effects of incest include living in constant fear of another occurrence of the abuse, feelings of anger and hostility towards the perpetrator, depression that comes from feeling helpless and without any hope of stopping the abuse. Russell (1995) found that 70% of incest victims experienced fear, 50% experienced anger and hostility towards the perpetrator, 35% suffered from depression and 25% felt isolated from the rest of the world. Considerable research such as that of Cole (1994:28) has established that survivors of incest frequently suffer from physical problems related to their sexual functioning. In her research (Cole 1994:27) found that survivors often report somatic complaints such as headaches, stomach pains and sexually transmitted diseases. However, Cole (1994) quoted researchers such as (Goldstein 1987) who argue that incest victims suffer from less incest-related physical problems than believed, thus they held the opinion that victims report physical problems not because they always exist, but as a way of getting attention or as an expression of their feelings of helplessness.

2.5.2 Long-term effects

Herman (1981:96) terms the effects of incest “the victim’s inheritance” because even though the victim may try as hard as she can to put the experience behind her and get on with her life, the memories will continue shaping her relations with others, her attitudes to life and her self image. The most pervasive long-term consequences of incest are the effects it may have on the victim’s self-image. These effects stem from years of being weighted down with feelings of anger and guilt (Justice et al. 1979: 182). The victim feels angry at her parents for having exploited her and also at herself for being unable to do anything to stop the incestuous behaviour. In her study with victims of incest, Russell (1995:55) discovered that 90% of the victims have a negative self-concept, which derives from feelings of inferiority, worthlessness and self-hatred. Thorman (1983:143) also indicates that some incest victims experience such extreme anger towards themselves that they turn to mutilate themselves as a form of punishment for having failed to stop the abuse and the guilt of feeling responsible for the incest.

Herman indicates further that incest victims also feel uniquely different from other people. They tend to have a sense of being outsiders and cut off from ordinary human interactions, which comes from the belief that they are the only ones who have had sex with a parent and are thus unworthy to live a normal life. Russell (1995:56) indicates that 40% of her respondents felt they were different from other people. Another effect of incest on the victims is depression. Russell (1995:58) revealed that almost 70% in her studies experience mild to severe depression that sometimes leads victims to be involved in self-destructive behaviour like attempted suicide, drug abuse and even prostitution. Herman (1981:100), also indicate that incest victims complain of major depressive symptoms in adult life, with 30 % of them having attempted suicide at some point in their lives, and 20% who once became alcohol or drug dependents.

According to Herman(1981:101), the depression could be related to the isolation the incest victims experienced since they have difficulty in forming trusting relationships resulting from being betrayed by both their parents. Thus victims tend to expect abuse and disappointment in all intimate relationships. Eventually they find themselves in a world of isolation or having chosen relationships or husbands that match their expectations of being exploited. Thorman (1983:142) sees the victim's depression as caused by guilt feelings and shame attached to incest that adds to the depth of the victim's depression and low self-esteem. Generally, most incest victims have a poor self-image and are unable to cope with other changes and developments in their lives and end up living a depressed life.

2.6 SUMMARY

Incest is not a new phenomenon. Social theorists, psychoanalysts and feminist have shown interest in exploring this phenomenon. From their different perspectives they have contributed a great deal to the knowledge on this phenomenon. Their arguments help to provide an understanding of the nature of incest, patterns that contribute to its occurrence and the effects incest could have on it's victims. As pointed out incest is not limited to certain geographic regions and social classes, but includes a broad spectrum of occupations, incomes and racial compositions. It begins mostly when the child is very young and immature and the preferred gender is female. The offenders, mostly males, use the power they have over children to exploit them. Incest occurs through a process which starts with the offender establishing a special relationship with the intended victim. When this relationship has developed to the extent that the child trusts the offender more than any other person, the offender then takes advantage of the relationship to sexually exploit the child.

CHAPTER 3

THE PERSON-CENTRED APPROACH

3.1 INTRODUCTION

According to Meyer, Moore and Viljoen (1989:375), the person-centred approach is based on the belief that an individual has a constructive potential, fundamentally goal-directed nature, progressiveness and ability to change. This approach emphasises the importance of the people's subjective experience of themselves and the influence these experiences have on personality development.

Rogers (1987) believes that people are the central figures in the actualisation of their own potential, with the environment playing only a facilitative or inhibiting role. What is needed for individuals' cognitive development is an unconditional acceptance by other people around, accepting the particular persons for what they are and creating an environment that makes them feel free to develop external restrictions. Thus the therapist's role in this approach is to create an environment which allows individuals to see and accept themselves exactly as they are so that they can fully actualise the whole of their potential.

This chapter explores the propositions underlying the person-centred approach, the development of personality according to this theory and the person-centred approach to therapy. It also explores the person centred theory on adolescence and the effects incest has on adolescents according to this theory.

3.2 PROPOSITIONS UNDERLYING THE PERSON-CENTRED APPROACH

According to Rogers (1951:482) the person-centred theory is grounded on nineteen propositions which are viewed as determining the individuals' personality and behaviour. In this theory the individual is referred to as the organism. This organism interacts constantly with the dynamically changing world, called the phenomenal field. The phenomenal field is the totality of all the individual's experiences and includes both the individual's perception of external objects and events, awareness of experiences related to himself/herself. Through the interaction of the organism and its phenomenal field the self- concept is formed, which represents the person's conscious experience of himself/herself. This formed self-concept provides valuable guidelines for growth and development, because it reveals the characteristics and ideals which the individual strives. Rogers (1987:483-522) explains his formation of the self and how it directs behaviour according to nineteen propositions.

(1) *Every individual exists in a continually changing world of experiences of which he is the centre (Rogers 1987:483).*

This proposition means that individuals live in their private world based on their experiences, which may be consciously and unconsciously perceived. This private world of experiences changes continuously since individuals daily experiences are always changing. Rogers (1987:483) points out that an important truth about this private world of individuals is that it can only be known in any genuine sense, to the individuals themselves. No matter how adequately scientists attempt to measure individuals' behaviour or thought, no one can know exactly how the experience was perceived. Du Toit, Grobler and Schenk(1998:4) support this view stating that individuals can only give outsiders a glimpse of what is going on inside their private world, and outsiders can only form an idea of an experience from what they have told them.

(2) *The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, "reality" (Rogers 1987:484).*

In terms of this proposition, individuals do not react to some absolute social reality, but in accordance with their own perceptions of reality. For instance, children who were brought up in a family following a particular religion may not necessarily follow or accept that religion as their own. It is only when they are convinced that such a life is reality to them that they will accept it as their religion. Rogers (1987:486) asserts that human beings' consistent relationship to the outside world came about through the agreement of their own sequence of sense-reactions with the sequence of reactions existing outside them. Thus, like experience, reality is basically a private world of the individual.

(3) *The organism reacts as an organized whole to this phenomenal field (Rogers 1951:486).*

Du Toit et al (1998:45) view this proposition as implying that individuals complete with all their ideas, feelings, behaviour, needs, values and physical attributes have a tendency to move towards achieving one goal. This movement proceeds in an organised way so that it is not possible to determine where a particular reaction started or ended amongst the above-mentioned attributes.

(4) *The organism has one basic tendency and striving - to actualise, maintain, and enhance the experiencing organism (1987:488).*

What Rogers (1987:488) refers to in this proposition is the tendency of individuals to assimilate food, to behave defensively and to achieve the goal of self-maintenance even when the usual pathway to that goal is blocked. Rogers believes that individuals move in the direction of greater independence or self-responsibility in order to achieve self-government, self-regulation and autonomy away from control by external forces. The ultimate force behind this movement

is the peoples unrelenting will to come to grips with themselves, a wish to grow and to leave nothing untouched that prevents growth.

(5) *Behaviour is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived (Rogers 1987:491).*

According to Du Toit et al (1998:14), this proposition implies that behaviour is essentially purposeful endeavours by individuals to satisfy their needs as experienced in their life. Rogers (1987:492) holds that behaviour is not caused by something which occurred in the past, but that present tensions and present needs are the only ones which the organism endeavours to reduce or satisfy. Thus behaviour is associated with needs and needs motivate behaviour.

(6) *Emotion accompanies and in general facilitates such goal-directed behaviour, the kind of emotion being related to the seeking versus the consummatory aspects of the behaviour, and the intensity of the emotion being related to the perceived significance of the behaviour for the maintenance and enhancement of the organism (Rogers 1987:492).*

Rogers (1987:493) believes that the intensity of the emotional reaction *appears* to vary according to the perceived relationship of the behaviour to the maintenance and enhancement of the organism.

(7) *The best vantage point for understanding behaviour is from the internal frame of reference of individual himself (Rogers 1987:494).*

Rogers (1987:494) holds that behaviour is a reaction to the field as perceived, is motivated by needs and accompanied by emotion. Therefore the three dimensions might best be understood by gaining as far as possible, the internal frame of reference of persons themselves, and seeing the world of experience as nearly as possible through their eyes.

(8) *A portion of the total perceptual field gradually becomes differentiated as the self (Rogers 1987:497).*

As individuals develop, a portion of the total private world becomes recognised as “Me”, “I” or “Myself”. The conscious self is not necessarily coexistent with the physical organism but also accommodates some of the environmental elements or experiences. The extent to which these environmental elements are incorporated as a part of the self depends upon the extent to which such an element is perceived as within the control of the self.

(9) *As a result of interaction with the environment, and particularly as a result of evaluation interaction with others, the structure of self is formed - an organised, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the “I” or the “Me” together with values attached to these concepts(Rogers 1987:498).*

By this Rogers (1987:498) mean that as individuals interact with their environment they gradually build up concepts about themselves, about the environment and about themselves in relation to the environment. During their interaction with the phenomenal field, individuals appear to value those experiences which they perceive as enhancing themselves, and to place a negative value on those experiences which seem to threaten them or which do not maintain and enhance them. The formed structure of the self becomes a fluid yet organised picture of the attributes and relationships of the self, as well as the values attached to the picture (Du Toit et al 1988:24).

(10) *The values attached to experiences, and the values which are a part of the self structure, in some instances are values experienced directly by the organism, and in some instance are values introjected or taken over from others, but perceived in a distorted fashion as if they had been experienced directly (Rogers 1987:498).*

Values attached to experiences and forming part of the self may be shaped by individuals own experiences, but may also be taken over from others and assimilated into the self as if they had been experienced personally (Rogers 1987:498).

11. As experiences occur in the lives of the individual, they are either symbolised, perceived, and organised into some relationship to the self, denied symbolisation or given a distorted symbolisation because the experience is inconsistent with the structure(Rogers 1987:503).

Individuals tend to accept conscious experiences that have some relationship with their self-structure either because they meet a need of the self or because they are consistent with their perceptions of themselves. Certain experiences are ignored because they are irrelevant or do not fulfil any need of the self. However, these experiences may exist in the ground of individuals phenomenal field but are ignored and only recalled or drawn from the ground when they happen to meet a particular need of the self. Individuals also have the ability to discriminate between threatening and non-threatening stimuli and to react accordingly, by blocking out, either consciously or unconsciously, threatening or uncomfortable experiences and to distort those experiences which cannot be symbolised in order to fit in with the self.

(12) Most of the ways of behaving which are adopted by the organism are those which are consistent with the concept of self (Rogers 1987:507).

As the organism strives to meet its needs in the world as it is experienced, the form which the striving takes must be a form consistent with the concept of self. Thus behaviour is not merely directed at need satisfaction, but also has to agree with the individual's self-perception (Rogers 1987:507 and Du Toit et al 1998:27).

(13) Behaviour may, in some instances, be brought about by organic experiences and needs which have not been symbolised. Such behaviour may be inconsistent with the structure of the self, but in such instances the behaviour is not owned by the individual (Rogers 1987:509).

Individuals with a certain self-perception who manifest behaviour inappropriate to that self, would choose to deny such behaviour rather than change their entire self-perception. For instance, in moments of great danger or other emergency stress, individuals may behave with efficiency and ingenuity to meet the needs for safety, without bringing such situations, or the behaviour called forth to conscious symbolisation. In such instances, the conscious self feels no degree of government over the actions which took place since the self was not in control. This results in behaviour not being regarded as part of the self (Rogers 1987:509).

(14) Psychological maladjustment exists when the organism denies awareness of significant sensory and visceral experiences, which consequently are not symbolised and organised into the gestalt of the self-structure. When this situation exists, there is a basic or potential psychological tension (Rogers 1987:510).

According to Rogers (1987), un-symbolised experiences or distorted symbolisation of experiences which cannot be incorporated into the self structure create tension and stress. This leads to a discrepancy between the experiencing organism as it exists and the concept of self which exerts a governing influence upon behaviour. Eventually conscious control becomes more difficult as the organism strives to satisfy the needs which are not consciously admitted, and to react to experiences which are denied by the conscious self. Tension then exists, and if individuals become aware of this tension or discrepancy, to any degree, they feel anxious and become unsure of their direction.

(15) Psychological adjustment exists when the concept of the self is such that all the sensory and visceral experiences of the organism are or may be assimilated on a symbolic level into a consistent relationship with the concept of self (Rogers 1987:513).

Psychological adjustment occurs when all or a maximum of experiences can be symbolised congruently with the peoples' self-perception. The new self-structure is able to accept and take in consciousness of the organic experiences. Then clear integration and a sense of direction are achieved, and individuals feel that their strength can be and is directed toward a clear purpose of actualisation and enhancement of a unified organism. This enables individuals to express their experiences in a more controlled way as negative and positive experiences are incorporated into the self (Rogers 1987:513).

(16) Any experience which is inconsistent with the organisation or structure of self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self-structure is organised to maintain itself (Rogers 1987:515).

Du Toit et al (1998:41) see this proposition as implying that experiences that conflict with individuals self-perception are considered threatening to the self. The greater the number of such experiences, the more intent the self structure becomes on self-preservation. If the self cannot defend itself against deep threats, the result is a catastrophic psychological breakdown and disintegration.

(17) Under certain conditions, involving primarily complete absence of any threat to the self structure, experiences which are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences (Rogers 1987:517).

When individuals are faced with circumstances that pose no threat to the self, experiences that conflict with the self can be symbolised and explored. During this process the self is reviewed and reorganised.

(18) When individuals perceive and accept into one consistent and integrated system all their sensory and visceral experiences, then they are necessarily more understanding of others and are more accepting of others as separate individuals (Rogers 1987:520).

When individuals are able to symbolise most of their experiences and to integrate them into a total self-concept, these individuals will display an attitude of being more relaxed in being themselves, more sure of themselves, more realistic in their relation with others, and are able to accept others as separate unique individuals.

(19) As individuals perceive and accept into their self-structure more of their organic experiences, they find that they are replacing their present value system, based so largely upon introjections which have been distortedly symbolised, with a continually organismic valuing process (Rogers 1987:522).

As individuals come to perceive and symbolise more of their sensory experiences, they come to examine the values that they have introjected and have used as if they were based upon their own experiences. They gradually come to experience the fact that they are making value judgements in a way that is not their own. Then they begin to place an assured value upon their experiences and rely on the evidence of their own senses. Eventually they discover that their own senses can provide the data for making value judgements and for continuously revising them. Through this experience individuals learn to put their confidence in a valuing process rather than in some rigid, introjected system of values. They no longer need to adopt other people's values nor does it matter to them if other people praise them or not. Instead, they become independent individuals, who

embark on a process of evaluation, continually testing and examining their values.

3.3 THE DEVELOPMENT OF PERSONALITY

According to Meyer et al (1989:384), Rogers believes that personality development starts as early as infancy. From this stage individuals functioning is directed towards fulfilling their own needs and judges what is advantageous as positive and what is disadvantageous as negative. Then individuals develop gradually as a result of interactions with the social environment, and as a consequence of the evaluation of others, individuals begin to exert an influence on their personality.

Rogers (1957) emphasises on the role of significant others in developing individuals' personality. In fact Rogers considers positive regard from others as fundamental to the functioning of individuals, and people closely connected to individuals are referred to as "significant others". Rogers believes that there are two basic needs underscoring and directing personality development, namely the need for positive regard by others and the need for positive self-regard. The need for positive regard from other human beings' basic need for approval, love, to be respected and accepted as they are. Positive self-regard indicates the value people attach to specific self-experiences or the total self-concept.

The need for positive self-regard depends primarily on the fulfilment of the need for positive regard from others. It is only when individuals have developed a congruent self-concept that an independent self-regard can develop depending only on individuals own values (Meyer et al 1989:380 & Moller 1995:226). Since positive regard from others appears to be more important in personality development, Rogers(1957) emphasises positive regard from others more than positive self-regard. He believes there are two types of positive regard from others: Unconditional positive regard and conditional positive regard.

3.3.1 Unconditional positive regard

Meyer et al.(1989:386) define unconditional positive as when individuals are accepted by significant others for what they are, just as they are. They are accepted as persons with specific needs which are peculiar to themselves and which are not measured against the needs of others, nor are others needs forced on them. Individuals in this environment do not need to fulfil specific requirements to gain the esteem of their significant others and are therefore able to acknowledge all their needs and express their feelings. Their self-concept is free to include all their experiences and there is congruence between their potential and their self-concept.

According to Rogers (1961:187), unconditional positive regard allows individuals to reach what he calls "the good life", which is the process of movement in a direction which the human organism selects when it is inwardly free to move in any direction. This kind of acceptance is the ideal climate for individuals' personality development, and is consequent to complete actualisation of potential and allows individuals to realise all their innate abilities. Positive regard from others enables individuals to grow to be congruent persons who are open to new experiences without any preconceived structure.

These fully developed individuals are open to and conscious of all their experiences and can incorporate them into their self- concept. They see themselves as they really are and have a self-concept that corresponds with their actual potential. Rogers (1961:187-195) maintains that congruent persons have increased trust in themselves, they are able to feel responsible for their choices and take responsibility for their own behaviour, and have the ability to adjust to a changing environment in a creative way.

3.3.2 Conditional positive regard

According to Meyer et al (1989:386), conditional positive regard is when individuals are accepted when they fulfil certain conditions laid down for them by their significant others. To be accepted and have their need for love and approval from others satisfied, the individuals must follow the values of other people and be able to reach their expectations. These conditions of worth become incorporated into their self-image. Eventually individuals see themselves in accordance with the values attached to them by significant others. This unfortunate situation leads to a lack of congruence between individuals' self-concept and their organismic experiences. For Rogers (1961) it is a sad fact that these individuals' self-concept is based not only on their organismic experiences but also on their efforts to win approval from others by incorporating their values into their own self-concept. This reduces their ability to actualise their potential and impairs their development towards a fully functioning person.

3.4 THE PERSON-CENTRED APPROACH TO THERAPY

According to Rogers (1977) (Meyer et al 1989:393), the main purpose of therapy is to bring about constructive personality change, both on a superficial and a deep seated level. Such change supposes greater integration, less internal conflict, the use of energy for an efficient lifestyle and a move away from immature to mature behaviour. The person-centred approach is based on the belief that individuals have within themselves vast resources for self-understanding, for altering their self-concept, their attitudes and their goal-directed behaviour.

Rogers(1977) also believes that these resources can be tapped only with a definable climate of facilitative psychological attitude where the client takes the central role and take responsibility for their own change. In Rogers'(1977) view, the emphasis is not just on a method or technique but on the quality of the relationship between the people in the therapeutic situation. Thus the therapist's

role in this approach is that of a facilitator who creates a climate of unconditional positive regard, warmth and empathy in which the clients feel free and safe to allow change and to strive towards congruence and actualisation of their potential (Meyer et al 1989:393). When coming to the therapeutic process, Rogers(1977) believes therapy starts with the therapists assessing their attitude and orientation, then the establishment of a therapeutic relationship and lastly, the process of therapy.

3.4.1 Attitude and orientation of the therapist

Rogers (1951:24) believes that the major concern in therapy is the therapists' attitude toward the worth and significance of individuals. He indicates that therapists must have an attitude that sees all individuals as having worth and dignity in their own right and be able to show this at the verbal and behavioural level.

One of the uppermost aspects to be considered by the therapist is having an attitude of respect for the individual. Rogers (1951:24) points out that for intervention to be successful, the therapist must have the ability to accept the client's capacity and his right for self-direction and the belief in the individual's ability to select and choose his own values. He emphasised this belief in human kind by indicating that the therapist must constantly act upon this hypothesis "that the individual has sufficient capacity to deal constructively with all those aspects of his life which can potentially come into conscious awareness" (Rogers 1951:24). This hypothesis implies that the therapist must be able to create an interpersonal situation in which material may come into the client's awareness and be able to accept the client as a person who is competent to direct himself.

Rogers (1951) also believed that the therapist in the person-centred approach must have the ability to provide the client with an unconditional positive regard and also be able to refrain from judgement. In Rogers (1951:35) view the counsellor should convey the message that says the following to the client “to be of assistance to you I will put aside myself- the self of ordinary interaction - and enter into your world of perception as completely as I am able. I will become in a sense another self for you- an alter ego of your own attitude and feelings - a safe opportunity for you to discern yourself more clearly, to experience yourself more truly and deeply, to choose more significantly”. This kind of an attitude is what Rogers(1977) calls an unconditional positive regard that creates a climate which allows the individual to grow and also enable the counsellor to establish a special therapeutic relationship with the client.

Another factor that Rogers (1951:29) views as of importance for the therapist is individualisation. In terms of proposition one, the world of experience is for each individual, in every significant sense a private world since the individual is the only one who can know how the experience was perceived. Thus the therapist’s function is to assume in so far as he is able the internal frame of reference of the client, to perceive the world as the client sees it, to perceive the client as he is seen by himself, to lay aside all perception from external frame of reference while doing so and to communicate something of this empathetic understanding to the client. Individualisation in this sense implies that the therapist should be able to live the attitudes of the client as expressed instead of observing them. According to Du Toit et al (1998:79) individualisation implies that the therapist must be able to treat each client as a unique individual with unique thoughts, needs, behaviour, feelings and values. The therapist must be able to demonstrate consistent willingness to extend understanding irrespective of the clients behaviour and of whether the facilitator approves the behaviour or not.

Rogers(1987) stresses the fact that the therapist must be able to create an atmosphere in which the individual's ability to self-determination is promoted. According to Rogers (1987:488) self-determination refers to the individual's ability to maintain himself, to assimilate food, to behave defensively in the face of threat and to achieve the goal of self maintenance even when the pathway to that goal is blocked, it is in fact the individual's ability to move in the direction of greater independence or self responsibility. Self determination is therefore more than a choice made by the individual, but it includes the protection of the individual's self, his values, and that which is known to him. Thus it is of importance for the therapist who has a goal to help the client reach a stage of self actualization to give the client the right to self regulation and autonomy during therapy.

Rogers (1977:14) believes that the key factor of the client centred approach is a conscious renunciation and avoidance by the therapist of all control over, or decision-making for the client. It is the facilitation of self-ownership by the client and the placing of the locus of decision-making and the responsibility for the effects of these decisions. Thus the therapist cannot decide what the client's goals should be or what would be best for the client.

Self determination as stated by Du Toit et al (1998:94) means that clients determine for himself what he wishes to discuss and how he wishes to discuss it, how he experience and perceive himself in his world, what his needs are how he wishes to satisfy these needs, what are his values and what will be his values, which experiences does he perceive as threatening and in which direction to move in the exploration of painful experiences. Therefore the facilitator has to have a complete trust on the individual's ability to evaluate his outer and inner situation, understanding himself in his own context, making constructive choices as to the next steps in life, and acting on those choices as to the next steps in life. Based on this trust, the therapist should then help the client release these capacities by creating a climate of realness, understanding and caring.

3.4.2 The therapeutic relationship

Rogers (1961:40) defines the therapeutic relationship as one in which one of the participants intends that there should come about, in one or both parties, more appreciation, more expression and more functional use of the latent inner resources of the individual. It is in fact a relationship aimed at promoting development and more mature and adequate functioning of the other individual. Rogers believed that creating a helping relationship is the most important factor in therapy. He saw a helping relationship as a tool that opens channels whereby others can communicate their feelings and their private perceptions to the therapist. The helping relationship according to Rogers (1977:9) is characterised by three components which are genuineness, acceptance and empathy.

Genuineness: Genuineness implies that the therapist should become himself/herself in the relationship, he/she doesn't approach the client as a professional individual nor put up any personal facade or objectives. This means that the therapist becomes aware of his feelings in so far as possible, rather than presenting an outward facade of one attitude, while actually holding another attitude at a deeper level. Rogers (1961:33) indicates that genuineness involves the willingness on the side of the therapist to be and to express in words and behaviour the various feelings and attitudes that exist in him. The therapist has to be open about the feelings and attitudes that are flowing within the therapeutic process. Egan (1990:224) refers to this kind of the therapist ability to explore their relationship with their clients as immediacy, which is a skill through which the therapist is able to challenge the client with what is happening in their relationship, in order to improve their therapeutic relationship or to help the client improve his relationship with other people.

Egan (1990) indicates that there are three ways in which immediacy can be used during therapy, which are self involving statements, relationship immediacy and here and now immediacy. Self involving statements are present tense or personal responses to the client, such as showing appreciation to the client's progress or initiatives during therapy and encouraging him to take the same initiatives in improving his other relationships. This also involves giving the client negative self involving statements such as directly challenging negative behaviour that the client might be revealing during therapy and how could this be affecting his relationships in real life.

The second pattern is relationship immediacy which refers to the therapists' ability to discuss with the client where one stands in his/her overall relationship with him or her. Here the focus is not on the transaction at hand but on the way the relationship has developed.

Lastly is the here-and-now immediacy in which the therapist discusses with the client what is happening between them in the here and now given transaction. It is not the entire relationship that is considered but only the specific interaction. The therapist uses the here- and- now immediacy to focus on a key issue in the client's interpersonal life. He/she begins to explore the possibility that the behaviour which the client is revealing might be an example of his/her self-defeating approach to interpersonal relationships in her day-to-day life. In this way the therapist makes himself transparent to the client, the client can see right through what the therapist is in the relationship and experiences no hold back on the part of the therapist.

Rogers (1961) believes that it is only through providing the genuine reality within, that the other person can successfully seek for the reality in him. The fact that the therapist is permitting herself to be as she is, the client also tends to discover that same freedom and feels free to present himself as he is during therapy.

Acceptance: According to Rogers (1961:34) acceptance means a warm regard for the client as a person of unconditional personal-worth of value no matter what his condition, his behaviour or his feelings. It means a respect and liking for him as a separate person, a willingness for him to possess his own feelings in his own way. It involves the therapist's willingness to accept the client with his attitudes at that moment, no matter how negative or positive, or how much they may contradict other attitudes he has held in the past. This acceptance of each fluctuating aspect of this person makes it for him a relationship of warmth and safety.

Empathy:

Rogers (1980) as stated in Egan (1990:124) views empathy as a way of being with and understanding the client, entering the private perceptual world of the other and becoming thoroughly at home in it. Empathy involves being sensitive moment by moment to changing felt meanings which flow in this other person, to fear or rage, or tenderness or confusion or whatever that he or she is experiencing. It means temporarily living in the other's life, moving in it delicately without making any judgements.

Egan (1990:123) quotes Mayeroff (1971) who sees empathy as an essential part of caring for another person, which involves the ability to understand the other person and his world as if one is inside it. To be able to see, as it were, with his eyes what his world is like to him and how he sees himself. Instead of merely looking at him in a detached way from outside, as if he were a specimen. To be able to be with the other person in his world, going into his world in order to sense from the inside what life is like for him, what he is striving to be and what he requires to grow.

Looking at these two definitions empathy is a way of being with the client, to be able to sense accurately the feelings and personal meanings that are being experienced by the client and be able to communicate this understanding to the client on a verbal and non verbal level. According to Du Toit et al (1998:142-143) empathy requires a great deal of concentration, and communication skills for the therapist to be able to attend, observe, listen and understand the client's behaviour, needs, perceptions about one's self, emotions involved in the client's situations and the client's own values and those adopted from others.

In Egan's (1990:129) view the technology of empathy involves translating your understanding of the client's experiences, behaviours and feelings into a response through which you share that understanding with the client. Rogers (1977:11) sees empathy as being so powerful that it is almost a sufficient condition for client progress, because through reflection of the client's understanding by the therapist, the client is influenced to move onto a deeper level of his experiences and is able to understand and accept himself more than he/she did before.

The perception of empathy as a healing agent was also supported by Egan (1990:135) who saw empathy as a tool of civility that helps the therapist in establishing a therapeutic relationship with the client, stimulate the client's self-exploration, gives the therapist the opportunity to test his/her understanding of the client and to provide support to the client through out the helping process. However, Rogers (1977:15) believed that empathy which is only based on what the client is saying is not enough to help the client grow. He therefore argued that empathy should not only be based on the meanings of which the client is aware, but even those just below the client's level of awareness. In support of this statement, Egan (1990) differentiated between basic empathy and advance empathy, with basic empathy aimed at showing understanding of the client's symbolised self as indicated in the above discussion, and advanced empathy aimed at understanding and communicating the client's un-symbolised experiences and distorted symbolisations.

Egan (1990:215) indicates that, unlike basic empathy which focuses on the client's problem and his feelings, advanced empathy goes further than that since it maintains focus on the resources that are buried deeply in the clients and often have been forgotten by them. Advanced empathy deals with both the overlooked positive side and the overlooked shadow side of the client's experience and behaviour. It goes beyond the expressed to the partially expressed and the implied, to assist the client develop a new and useful perspective.

Whilst basic empathy could be used during information gathering to support and encourage the client to share his experiences and to show acceptance and understanding to the client. Advanced empathy challenges the client to look deeper into his experiences or situation and to take responsibility in resolving it. According to Egan (1990:216) advanced empathy can take a number of forms, which are making the implied explicit, identifying themes, connecting islands and helping the client move from less to more. In making the implied explicit, advanced empathy focus on giving expression to what the client only implies, this form of advance empathy places demands on clients to take deeper look at themselves and challenges the clients to see their problems from a more objective frame of reference.

Advanced empathy also includes helping clients identify and explore behavioural themes in problems and opportunities, especially self defeating patterns of behaviour and emotions. Thematic material might refer to feelings, behaviour, experiences or some combination of these. Once the therapist recognize a self-defeating theme or pattern he/she communicates this pattern to the client in a way that enables the client to check it out.

Advanced empathy also help the therapist to build bridges between the islands of feelings, experiences and behaviours revealed by the client in the process of self exploration, this is what Egan (1990:218) refers to as connecting islands. This form of advanced empathy helps the client fill in missing links and be able to

realize how his experiences, feelings and behaviour are interrelated.

The last form of advanced empathy is helping the client move from the less to the more. Through this form of advanced empathy, what is said confusedly by the client is stated clearly by the helper and what the client presents at a superficial level is re-presented by the helper at a deeper level.

3.4.3 The process of therapy

Rogers (1951:132) defines therapy as a learning process through which clients learn new aspects of themselves, new ways of relating to others and new ways of behaving. However, Rogers (1951) strongly criticises the learning theory which imposes certain ways of learning behaviour on the process of therapy, since he believes that individuals are unique and have their unique ways of developing themselves or striving towards their self-actualisation. Thus success in person-centred therapy is not assessed according to the steps followed during the process as the learning theory and the problem-solving model do. Success is actually determined by the characteristic change or movement of clients during therapy. The therapist's responsibility during the process is to move along with clients to where they want to be. In discussing the person-centred therapeutic process, Rogers (1951) makes a distinction between the early phase of therapy and the later phase, indicating the clients position when they begin therapy and when the therapy ends.

Rogers indicates that the clients' development in therapy is not easily achieved. During the process clients might sometimes move forward and then backward before they really come out of the shell. Thus therapists and clients need to work hand in hand in order to achieve growth in clients' life. Rogers' (1951:132-186) makes a distinction between the early phases of therapy and the end of therapy, which the researcher has tabulated, to indicate the development of the client during therapy.

Table 1. CLIENT DEVELOPMENT DURING THERAPY

BEGINNING OF THERAPY	END OF THERAPY
<p>MATERIAL PRESENTED Clients' exploration material revolves around the various aspects of the problem and the symptoms, showing no understanding of relationship between past, present and current behaviour.</p>	<p>Concern is more with the self than the problem. There is exploration of feelings and attitudes related to the problem area, an increased insight and self-understanding, followed by discussion of reoriented behaviour.</p>
<p>PERCEPTION AND ATTITUDE TOWARDS SELF Clients tend to criticise themselves strongly, feeling worthless and judging themselves in terms of standards set by others.</p>	<p>Individuals become realistic in their self-perception and are able to accept themselves as they are. They are able to acknowledge their feelings, attitudes and values.</p>
<p>MANNER OF PERCEPTION High level abstractions and wide generalisations in perceiving the environment.</p>	<p>The environment is perceived differently with limited generalisations rooted in primary experiences.</p>
<p>INCORPORATION OF EXPERIENCES Experiences which do not fit with the self are denied and distorted.</p>	<p>Denied experiences are brought into awareness and dealt with effectively.</p>
<p>THE VALUING PROCESS Clients live largely by values introjected from others and from the cultural environment.</p>	<p>Value judgement is supplied by clients' own senses and experiences.</p>
<p>INTERPERSONAL RELATIONSHIPS Clients' believe that they are unworthy and unacceptable.</p>	<p>There is a realisation that they are accepted respected and loved.</p>
<p>PERSONALITY Confused with little ability to deal with reality and stress-creating situations.</p>	<p>An increased unification and integration of personality, increased objectivity in dealing with reality and stress.</p>
<p>BEHAVIOUR Behaviour is relatively immature, accompanied by defensiveness and a lack of tolerance and no valid evaluation for the results of steps taken.</p>	<p>There is discussion of the outcomes of behaviour, a relatively mature behaviour, followed by a decrease in defensive behaviours.</p>

3.5 THE PERSON-CENTRED THEORY ON ADOLESCENT

According to Meyer et al (1989:384) Rogers (1951) emphasised the study of the individual as a whole, proposing general principles of development rather than formulating specific stages. For Rogers the most important issue is the active role individuals play in actualizing their own inherent potential. Thus Rogers does not discuss personality in terms of particular life stages. The main focus is on the development of the self-concept, which depends mostly on individuals' interaction with their environment. Mellor (1995:230) concurs pointing out that Rogers' theory is not focussed on personality but on psychotherapy.

Another factor which made Rogers not discuss particular life stages is the fact that he believed that all individuals have a unique personality, determined by the perceptions of themselves, and that people live in their own private world, which is not likely to be understood by anyone other than the people concerned (Gouws & Kruger 1994:78). Eventually Rogers did not define or conclude how people are expected to have developed personally at a particular stage.

However for the purpose of this study the researcher accepts that adolescence is the period when individuals strive to develop a positive self-regard, independent of other people's judgement, and be able to reach a point of self-actualisation where there is congruence between their self-concept and their experiences. This is the stage at which individuals should be able to develop their own values and have a personality characterised by unique and creative adjustment to new situations.

3.6 THE EFFECTS OF INCEST ON ADOLESCENCE ACCORDING TO THE PERSON CENTRED THEORY

Rogers (1987:483-485) indicates that all individuals live in a continually changing world of experience of which they are the centre, and that they react to this world in accordance with their own perceptions, which is reality to them. This implies that the way particular situations affect individuals depend on the way they perceive the experience, and this becomes reality to them. This makes it difficult for outsiders to predict or to generalise whether a particular situation (incest) was viewed negatively or positively by the persons involved, since the individuals' private world is only known, in any genuine sense, to the individuals themselves. What a researcher can assess is the way the individuals view themselves in that particular situation.

Rogers (1987) also indicates that individuals' world of experiences changes constantly, which means that what was perceived as negative in the past may not necessarily be perceived as negative in the future. This is due to individuals' ability to strive towards self-actualisation by themselves. Rogers indicates that individuals have an inborn ability to achieve the goal of self-maintenance even when the usual pathway to that goal is blocked. Thus the way incest affects individuals may vary according to their ability to grow towards self-maintenance. Therefore this study is not based on pre-conceived ideas on how incest could or did affect those who were exposed to it, but **aims to determine how the respondents (adolescents) view themselves in the light of what happened to them.**

3.7 SUMMARY

The person-centred theory is based on the belief that all individuals exist in their private world of experiences which make them unique persons. This theory emphasises studying the individual as a whole, and thus does not concentrate on different developmental stages. The way the environment and significant others shape the individuals' personality is stressed in Rogers theory. According to Rogers (1977), if individuals grow in an environment in which they are accepted as they are and other people's values are not imposed on them, they become congruent persons who are able to realise their potential. Rogers calls this an unconditional positive regard from others.

Individuals who are conditionally accepted by others cannot grow to realise their own potential or establish their own values and goals in life, which is an unfortunate environment to grow in. To indicate how personality is developed, Rogers (1987) formulated nineteen propositions which he believes moulds the individual's personality and motivates behaviour on various levels of consciousness and unconsciousness.

Rogers theory is not a personality theory, but one that focuses mainly on psychotherapy. Rogers (1951) believes that the therapist's attitude and orientation is the most important aspect in therapy, and therapists must have an attitude in which respect for the individual is of outmost importance and must act on the hypothesis that individuals have the ability to strive towards their self-actualisation. Based on this belief, Rogers (1951) indicates that therapists must not take a leading but a facilitative role in therapy and allow the clients to take responsibility for their own development. Thus the therapists' responsibility is to develop a relationship based on an unconditional positive regard for clients: be able to accept clients as they are, be genuine and also be able to enter into the clients' world through an empathetic understanding.

Rogers(1951) believes that successful therapy should lead individuals to be open to experiences, have increasing trust in themselves and develop their own values system on which behaviour is based. Since Rogers believes that individuals are all unique and have unique perceptions about different situations, according to the person-centred theory it is not possible to generalise on how incest affects adolescents exposed to it. Therefore an attempt will be made to obtain the individuals' perceptions of incest and how it has affected their self-perception.

CHAPTER 4

EMPIRICAL FINDINGS AND DATA ANALYSIS

4.1 INTRODUCTION

This research was conducted at Jabulani welfare complex, situated in Soshanguve near Pretoria. This complex is sub-divided into three welfare divisions, namely the place of safety for short stay, children's village and detention for juveniles. The place of safety was chosen as the area of study since the researcher wanted to focus on respondents who had not yet undergone any therapy. The study was conducted from March to July 1999. The agency's senior social worker with experience in person-centred therapy, supervised the researcher after every session with the respondents.

Research procedure: Natural observation was used as a data collection procedure. This means that the respondents were observed in their natural setting without any attempt to manipulate their psychological functioning. The case study method, which studies the life history, the present feelings and patterns of thoughts of individual cases intensively and focuses on the interactions between all independent variables, was implemented as a method of data gathering (Grinnell 1988:201).

Research design: This study is a descriptive design, which purports to portray what is perceived, give a truthful image of the matter investigated and divide reality into concepts, with the aim of describing that which exists as accurately as possible (Mouton et al 1990:44). This design guided the research population, sampling and data analysis as follows:

Population: The research population are the victims of incest from Black families aged between 12-16. The respondents are from the clients of the Jabulani Place of Safety in Soshanguve near Pretoria. This research studied two respondents who were randomly selected from the available list in the society.

Sampling method: The respondents were selected without showing bias for any personal characteristics. Bailey (1987:87) refers to this method as a **simple random sampling**. Only two children from the list of incest victims were selected as respondents.

Data analysis: Data is analysed in a descriptive form. All ten sessions held with the respondents are indicated in the data analysis, revealing the aims of the sessions, the assessment of the client and how the person-centred approach skills and techniques were applied during the data-gathering process. The nineteen propositions of the person-centred approach were revealed with the indication of how they fitted into the client's situation.

4.2 THE DATA GATHERING PROCESS

Rogers (1951:23) indicates that therapists should develop hypotheses (aims) upon which they base their therapeutic work, and this should be done on the foundation of the person-centred approach. However, the developed hypotheses (aims) should not be taken "on faith" or achieved all at once, but be adopted tentatively and partially and put to the test. In this regard the researcher developed certain hypotheses(aims) which she intended to test on every session. These hypotheses(aims) were not necessarily followed as the client's needs were of much importance. In order to avoid confusion over how the term "hypothesis" is used in research, the researcher used the term "aims".

At the end of each session the researcher made an assessment of the client. Egan (1990:164) points out that assessment is necessary in therapy in order to help both the therapist and the client, as it indicates what is going on with clients, enables the therapist to see what the clients do not see and need to see and helps make sense out of the clients chaotic behaviour, in order to help them manage their lives and develop their resources more effectively.

4.2.1 Case 1: Renee (Age: 15 Years)

4.2.1.1 *Background information*

Renee was abandoned by her mother when she was only two years old, and left in the care of her father, who started to abuse her physically and sexually from the age of four. She was then rescued from this situation by her grandmother at the age of six. Renee remained in the custody of her grandmother until she was ten when her grandmother died. She was then put in the custody of her aunt, who knew nothing about Renee's earlier experiences with her father.

At the age of 13, Renee started showing problematic behaviour, which her aunt couldn't cope with. Being unable to handle Renee alone, the aunt went to the social worker, who suggested that Renee's father should be involved in raising his child. Eventually Renee's father was called in and he volunteered to take Renee with him. Against her will, Renee was taken to her father's place. Three months later the cycle of physical and later sexual abuse started again. Renee reported the matter to the police and was referred to the place of safety.

Despite being abused, Renee was also experiencing other problems. First she was not happy at the place of safety due to the strict rules that she had to follow. Renee also felt quite lonely in dealing with her problem of being sexually abused since she had no one to lean on. Having been abandoned by her mother and rejected by her aunt, Renee had no support system.

4.2.1.2 *A brief review of interviews*

Session 1

Aims

- to establish a therapeutic relationship with the client
- to get to know the client: her self-perception and world-view

Content

During this session Renee shared her frustrations of being in a place of safety. Her problem was all the rules she had to adjust herself to, which made her feel controlled like a child. Renee felt powerless to handle this situation by herself and thus requested the researcher to recommend that she be transferred to another children's village or else be taken to her aunt. Renee also indicated that another problem with the place of safety is that they do not have activities that could help her avoid thinking about her experiences with her father, as she is looking for a situation to help her renew her life.

Renee: "I have a problem which I want you to help me with. I am not happy in this place and I want you to write a letter on my behalf so that I can be transferred to another children's village or be sent back home."

Researcher: "You seem quite devastated, would you like to tell me more about your frustrations in this place."

Renee: "This place has so many rules that tends to annoy me. They treat us like children. They do not allow us to go anywhere, watch television as we wish or do anything that we are not told to do. It's

like we are in jail.”

Researcher: “So you feel imprisoned and also powerless to control your own life.”

Renee: “My problem is that I find it hard to stay in one place without any activity to keep myself busy with. Staying in one place makes me think about all the problems I had with my father, which I would like to avoid. Now with all these rules, I am constantly reminded why I ended up in this place anyway.”

Researcher: “It appears to me that the problem is not only with the rules as such, but you also have a problem with dealing with what happened between you and your father, and you are thus looking for a place that could help you escape these experiences.”

Renee: “I am actually looking for something to help me to forget any experience that I had in the past so that I can start a new life, as though I was never raped by my father and I never lived the life I lived before. Right now I am stuck in this place, which feels like a prison, while he is going on with his life.”

Researcher: “It must be hard for you to accept what your father did to you, that you even wish you can change yourself.”

Session continued about Renee’s feelings about what her father did to her, also how difficult it is for her to adjust to a place with rules which do not give her some control over her own life.

Evaluation

The main theme discussed in this session was Renee's inability to adjust to the place of safety and its rules. The aim of establishing a working relationship and getting to know the client were achieved. The client's focus is more on her problems than on herself. Feelings and attitudes explored are mostly negative. The client shows little regard for herself and her ability to deal with situations.

Session 2

Aims

- to establish a therapeutic relationship with the client
- to get to know the client: her self-perception and world-view

Content

The second session also started on Renee's problem with the place of safety. However, this time it was not just the rules but the mistreatment by the care officers. Renee indicated that she was hurt by the fact that one of the care officers told other children that she was raped by her father and treats her with a bad attitude. This increased the frustrations Renee had with the place of safety. Eventually she wanted to leave with the researcher. The care officer's actions also made her feel quite bad about herself and inferior to other children. She began to think that perhaps she was bewitched not to have a happy life. She had lost hope about overcoming all her problems or adjusting to her new home. Once again, Renee felt like eloping to a place where her life could be renewed.

Researcher (after Renee had shared her experiences with the care officer): "You must have felt quite humiliated to realize that everyone knows your secret."

Renee: "I felt bad because I do not know what other children think of me, maybe they now see me as a bad girl who is so bad that she even slept with her father, maybe they see me as this dirty person who one should try to avoid" (started crying).

Researcher: "That must be quite devastating to think about, but it appears to me that you feel that your father's abuse makes you bad and dirty, therefore you are afraid that now that other children know about the abuse they will see you the same way you see yourself."

Renee: "Being abused by my father is the worst thing that ever happened to me, it left me feeling empty and dirty like I'm just a piece of garbage and that's something that you would not want everybody to know. Ever since the care-officer told other children, I just feel like everybody think that I'm bad news so I try to avoid other people as much as possible. After school I just stay in my bedroom lie on my bed since I don't want to see the look on other people's faces."

Researcher: "It must be difficult for you to cope with everything going on in your life. On the one hand, you are trying to deal with being abused by your father, then the strict rules of this place and also poor treatment by the care officers."

Renee: "The thing is that in my life things seems to move from bad to worse, life is never fair to me, I just do not understand why the care officer chose to hate me. All these things make me think that maybe my grandmother was right when she told me that I am bewitched so that everything should go wrong in my life. I don't think I will ever have a happy life."

Researcher: "From what you say I get the feeling that you think that some supernatural powers have control over your life."

Renee responded by saying that she believes that she is bewitched because every time she tries to put her life in focus something terrible will happen, and that all her efforts to get out of her situation seem to make things worse. So she has lost confidence in her ability to improve her life.

Evaluation

This session's theme still focussed on Renee's inability to cope at the place of safety and the poor treatment she got from the care officers. The client has little regard for herself, she does not believe in her abilities to deal with stress-creating situations. The world is viewed in general as being unfair and that is reality to her.

Session 3

Aims

- to establish a therapeutic relationship with the client
- to get to know the client: her self- perception and world-view
- to acquire information about the incest occurrence

Content

Renee was beginning to feel incompetent due to her inability to cope or adjust herself to the place of safety. She also began to feel guilty that she might have done something to deserve the ill-treatment she received from the care officers. Renee felt that she had a part to play in every bad thing that happened in her life, including being at the place of safety. She indicated that she had never lived a

stable life, having to move from one place to another all the time. Also that she never felt happy in her life since she had to adjust to new situations from time to time.

Renee: "I have been talking to other children about my problems with getting used to the rules in this place and having problems with the care officers, but none of them seems to have any of these problems. So I am beginning to think that maybe the problem is with me, maybe I should have stayed as far away from the care-officers as possible or maybe I'm just not good enough for this place."

Researcher: "So you feel incompetent for not adjusting as easily as other children in this place?"

Renee: "Well, this reminded me that I have never found it easy to adjust to new situations. After my grandmother took me from my father, it was very difficult for me to adjust to the homelands way of living and to get used to all the things my grandmother expected me to do. However, things went well because my grandmother was very patient with me. When she died, I went to stay with my aunt and I had to get used to new rules and responsibilities and also a new way of living, and this was very difficult to me, and my aunt wouldn't understand me. Hence she ended up calling my father to take me. Perhaps if I had behaved well in my aunt's place I would not have ended up with my father nor in this place like an orphan"(started crying).

Researcher: "It must have been quite difficult for you as a child to live such an unstable life, but from what you say I get the impression that you seem to be blaming yourself for all the unfortunate experiences in

your life.”

Renee: “Partly I think I really blame myself, especially for ruining the relationship with my aunt. Mostly I blame my father for not taking the responsibility he was supposed to take. Instead, he turned my life upside down and now I’m the most miserable person because of him”.

Researcher: “You must be quite disappointed with your father for having failed you as his child.”

Renee indicated that there’s nothing good her father did for her except to abuse her from time to time and that she wishes she was not his child.

Evaluation

During this session see that a therapeutic relationship has been established. The client was beginning to share with trust and it was easier for the researcher to get to know the client and her perceptions of the world. The client’s feelings of self blame and worthlessness was a prominent theme during this session.

Session 4

Aims

- to talk about the client’s needs, values and goals
- to discuss alternative ways of dealing with challenges
- to reveal the client’s strength to deal with her situations

Content

Renee continued to talk about the abusive relationship she had with her father. She indicated that her father abused her from the moment she opened her eyes. She remembers how her father used to lock her up in the house without food the whole day until he came back from work. She was not allowed to play with other children or to go outside the house. He would beat her for no apparent reason, and eventually ended up sexually molesting her. Renee's only happy moments were when she was in the care of her grandmother. When she finally had to come back to her father's care, she knew that she had to expect the worst, and indeed, once again her father stripped her of the little respect she had for herself.

Researcher (after Renee shared about her father's abuse): "It must have been quite devastating to go through such a painful life."

Renee: "Well, when my grandmother took me there was hope that I would live a normal life, but that was short-lived. When my grandmother passed away, my father once again got the chance to abuse me again. Because for him I am not a child but something to be abused. All he could think of when he saw me was how best he could hurt me. I do not know what I did in life to deserve such an evil father."

Researcher: "It seems to me that you are full of hate and anger towards your father for what he did to you."

Renee: "There's no other way to feel about someone who caused you as much pain as my father did. Every time I think about him, it brings such a lot of painful memories that I can't help but just start crying, sometimes I wish I could just kill myself in order to do away with this pain."

Researcher: "Well, this must be quite devastating for you, but having survived so much pain already, I think that you have more strength than you credit yourself."

Renee indicated that although she survived a painful childhood sometimes the painful memories of her past make her feel powerless to face the future. The session continued on this issue.

Evaluation

In this session the client shared her experiences and feelings about the sexual abuse. Negative feelings and attitudes towards her experiences were explored. The client places a little value on herself and her life. She is in a state of depression that comes from feeling powerless to overcome the pain of being abused, which is seen in her tendency to want to kill herself.

Session 5

Aims

- to talk about the client's needs, values and goals
- to discuss alternative ways of dealing with challenges
- to reveal the client's strength to deal with her situations

Contents

Renee started the session by requesting that we try to avoid talking about her father and what he did to her, because she would like to put that in her past and act as if it did not happen and that her father never existed. The researcher reflected on her anger, which she was not ready to bury with the memories of her father. Renee indicated that she feels that her father hated her to abuse her

in the way he did; she will never forgive him and she wishes to find a gun and kill him as revenge for what he did to her. Renee also complained about the lack of support from her aunt and her other relatives and thought that maybe they think she is lying about the abuse.

Researcher (After Renee told her that she wishes to find a gun and kill her father): "So when you think of your father, you get so carried away with anger and hate that you think taking revenge would help you feel better?"

Renee: "I hate my father and I feel that even his death cannot reconcile what he did to me. I know that going on with such anger will not help me, but it just feels like the best thing to do. I hate my father and I wish he was dead."

Researcher: "Correct me if I'm wrong, but what I hear throughout is that, although you are angry with your father, you also have a strong need to overcome your experiences with him, you just haven't figured out how to do it."

Renee: "Well, sometimes I do try to forget about him and concentrate on developing myself in order to become an independent person, but the hurt in me always drags me down every time I try. I just can't do it without thinking about the fact that I was abused."

Researcher: "So you feel as though there is this dark cloud of anger that always pulls you down whenever you try to rise. You have therefore lost confidence in your abilities to overcome this situation since you think you will fail anyway."

Renee: "Sometimes I feel that it would be better if I had support from my aunt or any of my relatives, but since I came here, none of my relatives ever comes to visit me or phones me just to show support. Maybe they think that I am lying about my father's abuse or they just do not care."

Researcher: Another thing that makes you sad is the fact that you feel alone in dealing with the abuse and wish there was someone to help you carry the load.

The session continued on the discussion of how Renee could use the support from her relatives. Renee indicated that she needs to know whether her relatives still accept her as they did. She eventually requested the researcher to make arrangements for her to phone her aunt.

Evaluation

The theme of this session was Renee's feelings and perceptions about her father. The client's needs and goals were explored, which appeared to be to overcome the anger and hatred she has towards her father. It was found that the client's experiences which do not fit with the self are denied and distorted. The client still showed little ability to deal with stress-creating situations. In dealing with issues she prefers using defence mechanisms such as avoidance.

Session 6

Aims

- to talk about the client's needs, values and goals
- to discuss alternative ways of dealing with challenges
- to reveal the client's strengths to deal with her situations

Content

Renee came to the session looking very sad as though she had been crying. After the researcher had reflected on her sadness, she started crying. She then told the researcher that she tried to phone her aunt, who showed no enthusiasm in talking to her or any willingness to pay her a visit. This made her think that perhaps her aunt no longer loves her as she thought. It also made her feel quite rejected and quite disappointed. However, Renee was still optimistic about her relationship with her aunt and indicated that perhaps her aunt was just not feeling well that day.

Researcher (after Renee shared her frustration about her aunt's response): "So you were disappointed because you thought your phone call would improve the situation between you and your aunt but, unfortunately, you didn't get the results you expected?"

Renee: "I have always trusted my aunt and knew that I could always rely on her. But somehow I feel that my admission to this place is good riddance for her, she has finally found a way to get rid of me."

Researcher: "I seem to be a bit lost in what you have said about your relationship with your aunt. On the one hand, you have a good and reliable relationship with her but, on the other, she wants to get rid of you."

Renee: "I have a very good relationship with my aunt. Maybe I'm just being too harsh to say she wanted to get rid of me. I know that she would never do that; it's just that I miss her so much and wish she could see the importance of coming to see me."

Researcher: "So you think that you were just overreacting to the fact that she does not see the importance of visiting you?"

Renee: "Perhaps she was not in a good mood that day or she was frustrated because she doesn't have money to visit me since she is not working and thus didn't want to worry me about her situation."

Researcher: "It appears to me that you are quite optimistic about your relationship with your aunt."

Renee indicated that she believes that as soon as her aunt gets money she will come to visit her. Especially now that she has talked to her, her aunt will eventually change her mind and try to contact her.

Evaluation

The main theme of this session was the lack of support from other family members. The client shared a lot of negative feelings about her aunt's poor support, which makes her feel alone in dealing with the abuse problem.

Session 7

Aims

- to determine how emotions and needs determine the client's behaviour
- to encourage the client to establish her own values, based on her experiences and perceptions of the world
- to encourage the client to acquire a positive self-esteem

Content

The field social worker from the homelands indicated that Renee's aunt can no longer accept her back and wishes to detach herself from Renee's life. The researcher shared this with Renee, who found it hard to believe since she was hoping to see her aunt come to visit her soon. She denied the fact that her aunt must have taken that decision alone, and indicated that perhaps her aunt's sister, who is not so fond of her, must have talked her aunt into this decision.

Renee (after the researcher told her about her aunt's decision): "I don't think that my aunt could have taken this decision by herself, her sister who hates me must have talked her into taking that decision. I know my aunt loves me and would never say something like this."

Researcher: "So you think that your aunt is not capable of taking such a strong decision against you?"

Renee: "Well, it is just that there was nothing wrong between my aunt and me before I left home. She was even sad that I was leaving. So why would she suddenly decide not to take me? We had quite a good relationship and she has no reason to reject me. That is why I believe that her sister has something to do with this decision."

Researcher: "If I remember correctly during our early sessions you once told me that if you had listened to your aunt you wouldn't have ended up in this place. That gave me the impression that there might have been something wrong between the two of you, but I might be completely wrong."

Renee: "I know that I was not such an ideal child, but that cannot make my aunt reject me. Why must she have conditions to accept me? If I were her own child, would she reject me because of my behaviour? No, this is all because I'm not her child. Maybe I was wrong all along to think that she loves me."

Researcher: "So, in other words, you manifested certain behaviour that could have strained the relationship with your aunt, but you didn't expect it to have such a great impact?"

Renee: "I don't understand why my aunt would make such a big deal out of this, because generally I was a good child who would do wrong at times but it was not an everyday thing. I feel that my aunt wants to get rid of me. (started crying) I wonder why everyone around me has to hate me, maybe I should just kill myself. In that way it would be better because nobody loves me."

Researcher: "So you feel that your life is worthless because you do not get the love you need from people around you?"

Renee: "I'm just feeling quite hurt by all this, maybe in time I will come to accept this" (started crying).

Evaluation

This session's main theme was the exploration of relationships between the client and significant others, particularly her aunt. The client still shows a tendency to criticize herself, feeling worthless and judging herself in terms of standards set by others, which was seen when Renee wanted to kill herself for not being loved by others. The client also shows little ability to deal with reality and stress-creating situations. Experiences which do not fit with the self are denied and

distorted, as seen when Renee denied that her aunt wishes to detach herself from her.

Session 8

Aims

- to determine how emotions and needs determine the client's behaviour
- to encourage the client to establish her own values, based on her experiences and perceptions of the world
- to encourage the client to acquire a positive self-esteem

Content

In this session Renee confessed that she was lying about her relationship with her aunt during the previous sessions when she indicated that they had a good relationship. In reality, their relationship was strained by her poor behaviour. However, she didn't expect such a serious step from her aunt since she had put up with her for years. Renee was full of regret for pushing her aunt to the point where she is now. She wished her aunt would give her a second chance as she has learnt her lesson. Renee indicated that she was just wrongly influenced by bad friends and, given a chance, would leave with her friends and learn to behave well.

Renee: "I lied to you about having a good relationship with my aunt. The truth is that I used to trouble my aunt a lot, I did the opposite of what I said during the previous sessions. I would never listen to my aunt and did all the terrible things that no one could put up with, but my aunt did."

Researcher: "It must be hard on you to confess that you were not honest in our last sessions."

Renee: "I realise that I have actually hurt someone who cared for me and unless I come to accept that I was wrong and change my behaviour, things will always stay the same with me. I really regret what I used to do to my aunt. I feel that somehow I pushed her too far."

Researcher: "It seems to me that you think your behaviour might have contributed to your aunt's taking a decision that she can no longer accept you."

Renee: "What happened is that before my father came to fetch me, I became wild. I would go away with friends without coming home or attending school, lie and never listen to my aunt. It was all due to the bad friends I had, who made me think that I needed my independence. Right now, look where my independence got me, in a place I never thought I would be. I wish I was able to tell her to give me a second chance, I will really try to change my ways."

Researcher: "So you are disappointed at yourself for having strained a relationship which you valued?"

Renee: "I have disobeyed and disrespected my aunt in many ways, and she was deeply hurt by this. The truth is that I never meant to do so. I just didn't want to be controlled, as it reminded me of my father's abuse."

Researcher: "So your disobedience was not only related to your need for independence but also to the need to protect yourself from being abused?"

Renee: "That's what I thought, but I was completely wrong. However, I have realised my mistakes, and am now prepared to do what is right in order to restructure my life."

Evaluation

Once again this session focused on exploring the relationship between Renee and her aunt. The client's values and goals were discussed and she also came up with alternative ways to deal with her situation, such as changing her behaviour. There was exploration of feelings and attitudes related to the problem area, increased insight and self-understanding followed by a discussion of reoriented behaviour. Denied experiences, such as poor behaviour that strained the relationship with the aunt, were brought into awareness and dealt with effectively. There was a discussion of the outcomes of behaviour, followed by a drop in defensive behaviour.

Session 9

Aims

- to encourage the client to improve her interaction with others
- to discuss the client's future goals and how they can be reached
- to prepare the client for termination and terminate

Content

Renee came to the session looking quite bright and happy, and wanted to find out the researcher's opinion about dating. She indicated that she has met someone from the detention, who makes her feel good about herself. However, she was quite reluctant to get involved as she was afraid of being misused or rejected in the end. She indicated that her main goal is to develop herself and adjust to her new home before establishing any close relationship.

Renee: "I have met this guy from the detention and he is quite wonderful, but other people think that dating is a sign of being a bad girl, so I do not know what to do."

Researcher: "So you feel torn apart because you do not know which way to follow. On the one hand, you seem to be attracted to this wonderful person and yet, on the other, you have a need to become a good girl?"

Renee: "The truth is that Max (not his real name) makes me feel good about myself; he is very funny and I really enjoy his company. But if people say that it is wrong, then I will have to stay away from him because I don't want trouble in this place."

Researcher: "So you feel that you should act on other people's values rather than your own?"

Renee: "I am also reluctant to make any bond with boys or have girlfriends because I know that such relationships can lead one astray. I feel that I should just be nice to others without any attachment"

Researcher: "It seems to me that you feel you cannot trust other people hence you are afraid to get too close to them. Perhaps that could be one of the reasons you are having doubts about Max."

Renee: "My fear with Max is that he could be using me, and maybe I could get too close to him and then the next thing he is discharged from the detention, then I won't know where I stand. Another thing is that I cannot trust myself enough not to be easily influenced to do things I do not want to do. Hence I feel avoiding having friends would be better for me at this stage."

Researcher: "So you are afraid of exposing yourself to abuse or rejection and you also do not trust yourself in dealing with relationships?"

Renee: "The thing is that I need to develop myself first without relying on other people, and I feel that I am getting used to this place. I am beginning to involve myself in other activities that can keep me busy. Right now I have joined the girls rugby and basket ball team and I think for the moment I should just concentrate on that."

Evaluation

The theme of this session was interaction between Renee and other children in the village. The client was encouraged to establish her own values, based on her experiences and perceptions of the world, and to improve interaction with others. The client is now able to acknowledge her feelings, attitudes and values. She perceives the environment with limited generalisations rooted in primary experiences and values judgement is supplied by her own sense and experiences. The client also shows an increased unification and integration of personality and an increased objectivity in dealing with reality.

Session 10

Aims

- to encourage the client to improve her interaction with others
- to discuss the client's future goals and how they can be reached
- to prepare the client for termination and terminate

Content

Renee decided to establish relationships with other children in the place of safety and also to date Max. However, these relationships were not what she expected. When they were out on a trip to Soweto, Renee was persuaded by a friend to accompany her to her home, which she said was nearby. Renee suggested that they should rather inform the care officers, but the other girl thought it was not a good idea and promised that they would be back before anyone realised that they were gone. Renee accompanied her and eventually they came back very late when everyone was looking for them. On their arrival Max hit Renee for having left without even telling him. Although Renee didn't see Max's actions as abuse, she felt belittled because he did that in front of other children. However, this made her realise her weakness when it comes to friends. In the end she accepted that she still had to work on establishing her own values and learn to trust herself better than she does at present.

Researcher (after Renee told her about her disappearance at the trip). "It seems to me that you are still not able to stand for what you think is right by the way you indicated the previous week."

Renee: "What happened with Barbara (not her real name) reminded me why I needed to avoid friendships because they make me do things I have no intention of doing. Right now I told myself that I want to

live a straight life, but just when I allow someone into my life, something wrong happens.”

Researcher: “So you think that you should avoid friends in order to gain control of your life?”

Renee: “Perhaps I need to learn to trust my judgement better, even Max told me that I should learn to say no when people boss me around. I was aware that what I was doing was wrong and I also told Barbara that we should inform the care-officers but she refused. If only I had done what I believed was right I wouldn’t have been in trouble.”

Researcher: “So you think that in future you have to learn not to be easily influenced by others?”

Renee: “Even Max told me that I should never allow friends to boss me around otherwise I will never become the good person I want to be. He was so upset with what I did that he ended up beating me in front of all the children.”

Researcher: “From what you are saying I get the impression that you think that Max has a right to punish you because you were wrong.”

Renee: “Even the care officers said that he did well by beating me, because my behaviour is annoying. I also do not think that what Max did was wrong. I was actually glad that at least there was someone who was helping me get on track, so that in future I should learn to follow the rules, and stick to my goals of changing my behaviour to become an obedient child.”

Researcher: "So changing your behaviour is so important to you that you are even willing to take the punishments from other people?"

Renee: "I did not see Max beating me as a punishment, it was just a reaction from someone who cared about me. He was concerned that something bad could have happened to me."

Researcher: "So Max's reaction made you feel important?"

Renee: "Although I didn't like the fact that he had beaten me in front of other children, I realised that at least there is someone in life who really cares about me, and that made me feel good."

At the end of this discussion the researcher indicated to the client that she would no longer be able to see her. However, arrangements were made for the agency's social worker to continue with therapy.

Evaluation

This session still focused on Renee's interaction with significant others and how to improve interaction with others. The client still needs to learn to improve her interaction with others, especially with regard to establishing her own values and trusting herself. However, the client has realised that she is accepted, respected and loved.

4.2.2 Case 2: Casey (Age 13)

4.2.2.1 *Background information*

Casey used to stay with her unemployed mother, her stepfather, who was the breadwinner, and three step-siblings. Casey was sexually abused by her stepfather for a period of three years before the abuse was reported. She was also physically abused by her mother, who would beat her each time she tried to tell her about the sexual abuse by the stepfather. Being the eldest child, Casey took charge of many household responsibilities, including taking care of her younger siblings and her mother who has a heart problem.

Casey also had problems with being in the place of safety. Her main worry was that since she had been admitted to the place of safety her mother had never come to visit her. That made her feel rejected and isolated from the rest of the family. Her greatest need was to be reincorporated with them. Casey had a good relationship with the stepfather, who used to meet her emotional needs such as attention, appreciation and love, which her mother never provided her with. This made her not report the abuse earlier since she felt confused about the double messages he was sending. However she could not cope with the abuse, Casey eventually confided in her teacher, who reported the matter to the social workers, who then decided to remove her from home.

(1) Session 1

Aims

- to establish a therapeutic relationship with the client
- to get to know the client: her self-perception and world-view

Content

Casey was crying when she came to the session. Eventually the whole session centred on her immediate emotions. She indicated that she was not happy at the place of safety since she missed other members of her family, particularly her mother and her siblings. Casey felt unaccepted by other children in the place of safety and that also added in her problems.

Casey: "I am not happy here and I want to go home. I miss my mother and ever since I came here I only saw her once, I also miss playing with my younger siblings, since children in this place hate me, especially one girl called Brenda, who always beats me no matter how much I try to avoid her."

Researcher: "So you feel unaccepted and unsafe in this place and think that you were better off at home?"

Casey: "I feel that going away could solve all my problems, because I do not even know what I'm doing here and for how long I will be in this place without seeing my family, and that frustrates me a lot."

Researcher: "It appears to me that you are worried about your family and you therefore anxious to be united with them."

Casey: "I am more worried about my siblings. I just wish I could see how they are doing. Maybe I will be fine. During the Christmas holidays I went to visit my grandmother, and I was hoping that maybe one day I would see them but they didn't come."

Researcher: “You must have been quite disappointed when your expectations of seeing your siblings was not met.”

Casey indicated that she feels that her life is incomplete if she goes on without knowing how her siblings are. The researcher reflected on the love she had for her siblings and the interview was terminated.

Evaluation

The theme of the session was Casey’s negative feelings about the place of safety and being separated from her family. The aims of getting to know the client and establishing a therapeutic relationship were achieved. The client’s exploration material revolved around the various aspects of the problem and symptoms, showing no understanding of relationships between past, present and current behaviour. The client feels unworthy and unacceptable.

Session 2

Aims

- to establish a therapeutic relationship with the client
- to get to know the client: her self-perception and world-view

Content

Casey was once again sad because since she was admitted to the place of safety nothing had been done to ensure that she had contact with her family. Although she was taken to her grandmother, it just cannot be compared with being with her real family. Casey indicated that, although she had problems with her mother and stepfather, she did not deserve to be separated from them.

Casey: "Since I have been in this place nothing was done so that I could get to see my other family members. Being separated from my family is very hard for me. Although at home I was not always happy because I didn't have a good relationship with my mother, but that didn't mean I deserved to be taken away. That is very cruel."

Researcher: "It seems to me that you were quite attached to your family, which makes it difficult for you to cope without them?"

Casey: "I cannot go on like this, I really miss my family. Sometimes I even regret why I told my teacher about my stepfather's abuse. Perhaps if I had kept quiet about it, I would still be with the rest of my family."

Researcher: "So you feel that being separated from your family is more painful than what was going on when you were at home?"

Casey: "I think that I am sadder in this place than at home. Although my parents used to abuse me, it wasn't so bad. When I told my teacher about my life at home, I only meant for the abuse to stop, not for me to be removed."

Researcher: "You seem to regard your removal from home in a completely negative way."

Casey: It is because I love my parents and no matter how bad our relationship was, I need to be with them.

Evaluation

The theme of this session was Casey's negative feelings about being separated from the rest of her family. This session was still aimed at getting to know the client and establishing a working relationship, both of which were fulfilled. The client's exploration material still revolves around the various aspects of the problem and the symptoms. She has little ability to deal with reality and stress-creating situations. She also shows no concern for herself, concentrating more on the family. Experiences, such as being at the place of safety, are distorted as they do not fit with the self.

Session 3

Aims

- to establish a therapeutic relationship with the client
- to get to know the client: her self-perception and world-view
- to acquire information about the incest occurrence from the client's perception

Content

In this session Casey revealed that her relationship with her parents was not so good, especially with her mother, who used to discriminate her from other children and punished her for things done by the other children. The only person who seemed to care was her stepfather, who would protect her from her mother's attacks and also make sure that her other needs, such as clothes, were met.

Researcher: "During the previous interview we talked briefly about your relationship with your parents, which you said was not so good. Would you perhaps like to tell me more about that?"

Casey: "Life at home was very difficult for me. Although I knew that my mother loved me, she would hardly show that to me. Sometimes I was convinced that she hated me from the way she treated me. She would always criticise me and punish me even for things I did not do."

Researcher: "It must have been hard for you to believe that your mother loved you when she is acted in the opposite way?"

Casey: "Well, at times she would say that she loved me, but most of the time she would tell me that it was just a mistake to have me and then she would call me with names that would make me feel like the most useless person in the world. When she bought clothes, she would buy for the other children and not for me. Whenever one of the children did something wrong, she would beat me and say that I should have stopped them."

Researcher: "That must have made you feel unwanted, especially when punished for things you didn't do?"

Casey: "I felt unfairly treated, but at least my stepfather would sometimes intervene on my behalf. At times when my mother didn't buy me clothes, he would buy them for me and even give me some pocket money. He would always take my side whenever my mother hit me and also indicated that it was not my responsibility to take care of the other children. But as long as he was not there, my mother would make me wash the children, clean the house and even cook."

Researcher: "So your stepfather made you feel quite important and protected. It was just unfortunate that he was not always at home, as his absence would mean more work for you."

Casey: "I didn't mind taking care of my siblings or doing other household responsibilities. The problem was that my mother used to force me to work even if I didn't want to."

Researcher: "It seems to me that you really care for your siblings and that you didn't mind doing things for them."

Evaluation

The theme of the session was exploration of interaction in Casey's family. A working relationship appears to have been established as the client is more prepared to share more personal information. The client lives largely by values introjected from her mother and there is no valid judgement from the client's own sense and experiences. This could be seen when Casey believed that her mother loved her because she said so, irrespective of the negative experiences she had with her.

Session 4

Aims

- to talk about the client's needs, values and goals
- to discuss alternative ways of dealing with challenges
- to reveal the client's strength to deal with her situations

Content

Casey came to the session looking quite depressed, after the researcher had probed her sadness. She indicated that her mind was just preoccupied with the ordeal of being sexually abused by her stepfather and how her mother would beat her every time she told her about the abuse. What depressed Casey most was the thought that perhaps she should have done something earlier to stop the abuse, but she didn't. Therefore all the thoughts made her feel quite angry at herself.

Researcher: "You appear to be quite depressed today. Can we perhaps talk about the way you are feeling?"

Casey: "I am just feeling bad today and I don't know why. Maybe it is because I have been preoccupied with thoughts of how my parents used to treat me, especially about my stepfather's rape."

Researcher: "You must have experienced it badly if even thinking about it depresses you?"

Casey: "I was very frustrated. I think what frustrated me most was the fact that he kept on doing this over and over again. Whenever I tried to tell my mother, she would say that I was lying and hit me for telling lies about my stepfather."

Researcher: "That must have made you feel quite helpless?"

Casey: "I felt like my life was controlled by him, but somehow I felt obliged to do what he said because I knew he was the one who bought me clothes and cared for me better than my mother. Sometimes he would actually tell me that if I told anyone about the abuse, he

would stop buying me clothes or stop intervening when my mother beat me, then there would not be anyone who cared for me.”

Researcher: “It must have been confusing for you to have someone whom you thought cared for you to send such double messages, and also put you in a corner by expecting you to be secretive?”

Casey: “I was really confused and did not know what else to do. As I kept quiet about it I began to feel guilty and also responsible, like I was allowing it to happen. However, I knew that if I told someone it would stop, but I didn’t know who else to tell since my mother didn’t believe me.”

Researcher: “So you felt that by keeping quiet you were also participating in the abuse?”

Casey: “I actually hated myself during that time. I felt dirty and I was always afraid that other children would realise that there was something wrong with me so I kept it all to myself. Until one day when another teacher insisted that I should tell her what was wrong with me. Then I told her about the abuse, even though most of the time I would deny that there was anything wrong with me. But that day I just felt like telling her.”

Researcher: “You must have felt relieved that you finally managed to tell someone?”

Casey: “Actually, I was more scared that my mother would beat me, but the results became more unacceptable than being beaten by my mother, and I was taken away from home and brought here.”

Researcher: "Being brought to this place must be quite awful for you, that you feel you were better off being ill-treated by your parents than being here?"

Casey indicated that all that she wanted was to be re-united with her family, irrespective of what happened, because she values her family's survival more than anything else, even her safety or her future.

Evaluation

The theme was the exploration of the occurrence of incest and the client's perception of and feelings about this experience. It was found that, although Casey viewed the experience as negative, she feels sadder because she was removed from home than the sexual abuse. The client showed less anger towards the perpetrator, which is contrary to Russell's (1995) findings as indicated in chapter 2 of this dissertation. The client showed a negative self-concept, which derived from the feelings of inferiority and self-hatred. The client also feels uniquely different from others, which comes from the belief that she is the only one who has had sex with her father.

Session 5

Aims

- to talk about the client's needs, values and goals
- to discuss alternative ways of dealing with challenges
- to reveal the client's strength to deal with her situations

Content

Casey indicated that she was not willing to talk. When the researcher tried to reflect her feelings, such as depression, sadness or anxiety, which they might talk about, the client just kept quiet without any response. Ten minutes later the researcher indicated that she was free to go if she did not want to attend the session, but she chose to stay. She spent almost 30 minutes looking around the room and then looked at the researcher. Later she indicated that we should rather make an appointment for the next session. An appointment was then made and Casey left.

Evaluation

The client was looking quite tense when she came to the session. However, her feelings could not be confirmed as there was no verbal communication. Although at first the researcher felt insecure with the long silence, she realised that all that the client needed was just her presence to work out whatever she was feeling that day. From time to time the researcher had to avoid the temptation of taking control of the session.

Session 6

Aims

- to talk about the client's needs, values and goals
- to discuss alternative ways of dealing with challenges
- to reveal the client's strength to deal with her situations

Content

Once again Casey was not willing to share anything. She came to the session at the exact time the interview was scheduled. When the researcher asked how she was feeling, she quickly indicated that she was fine but that did not mean she wanted to talk. She then stayed with the researcher for another 30 minutes, playing with her feet, and then asked the researcher to make another appointment for the next session.

Evaluation

During the session the researcher hypothesised that the client's silence was defensive behaviour to avoid sharing what she was not prepared to share, as though there was some information which she could end up being tempted to share and was not supposed to say. This made the researcher suspect that there could be information about the client's family interaction which she didn't want the researcher to know, because the last time they talked they were exploring her family interaction.

Session 7

Aims

- to determine how emotions and needs determine the client's behaviour
- to encourage the client to establish her own values, based on her experiences and perceptions of the world
- to encourage the client to acquire a positive self-esteem

Content

The researcher asked Casey if she would perhaps prefer to have another activity during the session, but she showed no interest. The researcher then suggested that perhaps she wished to communicate through drawings, and again Casey showed no interest.

Researcher: "I am beginning to feel a bit tense with the silence that has been going on in our last sessions, to some extent I feel responsible for your silence."

Casey: "My silence has nothing to do with what happened during our sessions or with you. I will tell you when I'm ready but I still do not feel like talking today" (Casey then continued with her silence).

Evaluation

Once again, the researcher viewed the silence as a means of defence from the client to avoid sharing deeper information about her family situation. Hence the researcher felt that perhaps she might have probed too much into her family situation, which made the client feel the need to withdraw. Another hypothesis was that perhaps the silence was just a way of feeling in control of what was going on in the session, therefore researcher should withdraw and try to empower her.

Session 8

Aims

- to determine how emotions and needs determine the client's behaviour
- to encourage the client to establish her own values based on her experiences and perceptions of the world
- to encourage the client to acquire a positive self-esteem

Content

During this session the researcher was surprised by Casey's enthusiastic attitude. She waited for the researcher outside, and as she came into the session room, Casey hugged the researcher and held her hand until they both took their seats. Then Casey began to share about the fact that the schools were about to close and she was due to go to her grandmother, which she was not so enthusiastic about.

Researcher (after Casey had shared her reluctance at going to visit her grandmother): "The last time we talked about your visit to your grandmother you indicated that you enjoyed it. I wonder what it is that makes you a bit reluctant this time?"

Casey: "It is just that I get bored at my grandmother's place, I don't get to do anything. I just sit there the whole day while she is working and will never let me do anything. I am not used to that kind of life where you are just taken care of like a puppet."

Researcher: "So you feel you need to be involved in fulfilling certain responsibilities?"

Casey: "I am not used to being treated like that. At home my mother used to make me do almost all the household work and that made me feel important, and I know that now that I am not at home at least my mother misses all the things I used to do."

Researcher: "So lack of responsibility does not actually fit in with your hard working character and makes you feel less important?"

Casey: "Another thing that makes me feel reluctant to go is that it seems to me that the social workers are no longer willing to get me to have contact with my real family. And if I agree to always go there, they will end up saying that I should rather stay with my grandmother."

Researcher: "So you are afraid that if you get too comfortable with visiting your grandmother, you might end up getting permanently separated from your own family?"

Casey: "I do not understand why they should always want me to have contact with my grandmother instead of my mother?"

Researcher: "Your other fear is that your grandmother might end up replacing your mother."

Casey: "I am afraid it might happen like that and that is one thing I am trying to avoid, because I am very concerned about my mother. If I don't get to see her again, who will take care of her when she gets sick?"

Researcher: "It appears to me that you used to fulfil quite a big role at home. At first you had to take care of the younger siblings, clean the house and now you say you also had to take care of your mother?"

Casey: "My mother is very sick, she has heart problems and I used to be the one who took care of her when she was really sick. At times I wouldn't even go to school when she was very sick. Right now I am really worried as to what will happen to her when she gets sick, and who will take care of her and the younger children."

Researcher: "So the concern you have for your mother is the one facilitating your need to go back home?"

Casey: "Of course I am concerned about her that is why I feel that I should go back home, and what will happen there will be my problem."

Researcher: "You seem to be more concerned about the welfare of your family than yours."

Casey: "I worry about them" (started crying). The interview was terminated.

Evaluation

The theme of this session was Casey's unwillingness to visit her grandmother, which was seen as a threat to her reunification with her family. Casey still shows little regard for herself and her needs and her goals seem to be completely detached from self-maintenance. Her concern about her family seems to be over-emphasised as though the family cannot survive without her. The client has a poor self-image and shows little ability to cope with changes and developments in her life.

Session 9

Aims

- to encourage the client to improve her interaction with others
- to discuss the client's future goals and how they can be reached

Content

Casey appeared to be more relaxed than the previous session and indicated to the researcher her reasons for being quiet during the previous sessions. She explained that sometimes when she is going through bad emotions she prefers to be quiet rather than to talk about it. Casey indicated that she feels that somehow her tendency to keep quiet when she is depressed contributed to the poor relationship she has with her mother.

Casey: "The other time I promised to tell you why I kept quiet during other sessions. It is just that I felt really bad when I thought about my stepfather's rape and I didn't want to talk about it any longer."

Researcher: "So you felt that you needed to go through those emotions all by yourself?"

Casey: "I feel that it helps me, even my mother knew that when she had upset me I would just keep quiet without talking to her until such time that I felt ready to talk."

Researcher: "So you use silence as a weapon to get back at your mother?"

Casey: "I know that my mother gets really frustrated when I do that and she would start calling me names and tell me that I am a witch, but I would just keep quiet until she become nice again. However, I have never thought of it as a weapon but, come to think of it, I think in in a way it is, indeed, my way of attacking my mother."

Researcher: "I wonder what this behaviour represented in our relationship?"

Casey: "Well, it is just that I thought we might end up talking about my stepfather's rape again, which I was no longer ready to do. Then I decided to keep quiet to avoid depressing myself with these thoughts."

Researcher: "It must have been hard on you to deal with those emotions without sharing them with someone."

Casey: "It is hard, but the problem is that I really cannot talk when I'm depressed. Although other people, like my mother, would think that I'm just being stubborn, I know that it has nothing to do with being stubborn, it is only my way of dealing with stress."

Researcher: "So you feel misunderstood by other people, especially your mother?"

Casey: "At times I think that's the reason my mother tends to treat me aggressively, because I can't express my feelings so she thinks I can take whatever the treatment she gives me."

Researcher: "You think that your silence sends a different message to the one you want to send?"

Casey: "Perhaps if I could learn to express myself verbally, things could improve between my mother and me. Then I could tell her if I dislike what she is doing or tell her how dissatisfied I am with her attitude towards me."

Researcher: "So you realise that silence is not such an effective method of dealing with stressful situations as other people around you may not know how you are feeling."

Casey indicated that she has also realised that other children tend to avoid her when she does not talk and that affects her friendship with them. In the end she promised to work at changing this behaviour.

Evaluation

The theme of this session was Casey's behaviour to deal with depression through silence and her need to be reunited with her family. The aims of the session were not achieved as the client has not reached a stage where she could concentrate on anything except being reunited with her family. The client shows little understanding of relationships between past, present and current behaviour, which is seen in her tendency to want to be reunited with her family, irrespective of all the abuse she went through in the care of her parents. There is no acknowledgement of her own feelings, attitudes and values. The client is in a state of depression, which is due to her inability to adjust to the place of safety.

Session 10

Aims

- to encourage the client to improve her interaction with others
- to discuss the client's future goals and how they can be reached

- to prepare the client for termination and terminate

Content

It was just a week before the winter school holidays and Casey was still apprehensive about visiting her grandmother. She would have preferred to be visiting her family instead of her grandmother. Once again, Casey 's main concern was her family. She indicated that she only had one goal at this stage, which was to see herself being reunited with her family. Even if this meant a disruption of her school terms, she would not mind as her needs are not so important.

Casey: "The agency's social worker told me that she has made arrangements for me to visit my grandmother. But I don't want to go there, I wish they would rather leave me in the place of safety if they don't want me to visit my mother."

Researcher: "So you are reluctant to visit your grandmother as this does not fulfil your needs?"

Casey: "I really do not find it worthwhile to go there. It just reminds me how much I miss being reunited with my family. Each time I try to ask my grandmother about my mother and the other children, she refuses to talk about them as though they do not exist."

Researcher: "It hurts you to realize that your grandmother does not put as much value on your family as you do?"

Casey: "I wish she would tell me what is happening with them. Her silence worries me, as though there is something wrong which she does not want me to know."

Researcher: "It seems to me that you think that something wrong will happen to the family since you are no longer there."

Casey: "I always ask myself who is taking care of my mother if she gets sick, because that was what I used to do. At times I would even stay away from school just to make sure she was well taken care of. I also wonder what will happen to my siblings if she is sick, who will see to it that they eat and bath before they go to school? When I think of all this I just feel like running away from this place."

Researcher: "You seem to be quite concerned about your family. However, most of the time you talk about your family with little regard to yourself or your needs."

Casey: "I never think about myself. I do not even know what I need or what my future plans are."

Researcher: "From what you are saying I get the impression that you put more value on your family's existence than on yourself."

Casey: "Because if I don't, my family will reject me. Right now maybe my siblings think that I have abandoned them for a better place, whereas I am sitting here and thinking about them every day. As for my mother, she must be quite upset with me for leaving her hence she does not even come to visit me."

Researcher: "So it is actually the fear of being rejected by your family that makes you so eager to be reunited with them?"

Casey: "I think that my mother blames me for telling the people that my stepfather used to abuse me and that she used to beat me. I wish to know how she feels about me after all this and to go back and show her that I didn't mean to hurt her."

Researcher: "It appears to me that you feel guilty for having reported the abuse?"

Casey: "I regret that I ever did that. Right now I look forward to seeing how my mother will react when she sees me."

The session continued with Casey indicating that to know that her mother loves her is very important for her. Thus she felt that if she could be reunited with her family she would make up for all her mistakes and try to win her mother's love. To her this was a primary goal of life.

Evaluation

The theme of the session was Casey's negative perceptions about visiting her grandmother and her fear of being rejected by the other members of the family if she was not reunited with them soon enough. Casey seems to exist only in the context of her family and has no intention of becoming an independent individual. This poor self-image could be related to the roles she used to fulfil in her family, which made her feel important only in that context.

4.3 ANALYSIS OF DATA ACCORDING TO PERSON CENTRED THEORY'S NINETEEN PROPOSITIONS

Proposition 1

Every individual exists in a continually changing world of experiences of which he is the centre (Rogers 1987:483).

When considering this proposition it was discovered that as the incest victims are exposed to these experiences their world also changes, which requires adaptation to this new world. In the first place the victims' self-perceptions change, they no longer regard themselves as children, but as adults seeing that they have already been exposed to the adult world of sexuality. Therefore they see themselves as different from other children. This could be seen in Renee's situation, who thought that if other children knew about the abuse, they would view her differently, as she also views herself as different from them. The same holds in Casey's situation who tend to view herself as a little mother in the family who has to take care of everyone's needs except her own. In both cases the respondents had to be moved from their homes to the place of safety. This meant that the victims had to adapt themselves to a new world which was not easy for them (see sessions 1 to 3 of Renee and 1 and 2 of Casey). Thus their removal is not always to their benefit. This could be seen clearly in Casey's situation, who viewed her removal from home as cruel.

Proposition 2

The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, "reality" (Rogers 1987:486).

Reality, according to Renee, was the fact that her father hated her. When he abused her, this experience confirmed her perceptions and thus made her react with complete hatred and anger towards her father, so much so that she wished

for his death (see session 4). Renee also had her perception of reality that her aunt loved her. When she was faced with rejection by her aunt, this was denied as it was not a perceived reality to her (see sessions 6 and 7).

Casey's perception of reality was the fact that her parents loved her, irrespective of all the abuse to which they exposed her to. Casey still felt the need to be reunited with them as her definition of love was real to her, irrespective of how an outsider might view this (see sessions 2 and 4).

Proposition 3

The organism reacts as an organized whole to this phenomenal field (Rogers 1987: 486).

When considering this perception, it was discovered that the individual's experiences and perceptions truly direct her ideas, feelings, behaviour, needs and values. Renee's reactions after the abuse were as negative as she perceived them. She was preoccupied with ideas of committing suicide. She placed little value on herself. She would express feelings of worthlessness and incompetency, and also isolated herself from other children in the village (see sessions 7 and 9).

Casey, who viewed her removal from home negatively, directed her feelings, needs and values towards going back home. Her needs were centred on going back home and her family's welfare more than anything else (session 2)

Proposition 4

The organism has one basic tendency and striving - to actualize, maintain and enhance the experiencing organism (Rogers 1987:487).

When considering this proposition, the researcher discovered that although individuals could be hopeless or on the verge of suicide, somehow they tend to believe in their inner strength to strive towards self-actualization. This was particularly seen in Renee's case, who initially wanted to kill herself (sessions 4 and 7), but in session 8 said the following "I am now prepared to do what is right in order to restructure my life. I will try to concentrate on my studies, finish school and become an independent person." Renee realized that the path to self-actualization may not be easy. She has made it her goal to actualize and maintain herself.

Casey lived with the abuse for almost two years until she eventually developed the need to protect herself and to come to grips with herself. She therefore told her teacher about the abuse with the intention of bringing this to an end. This shows the individual's ability to grow despite outside pressures, such as being rejected by the stepfather or beaten by her mother (see session 4).

Proposition 5

Behaviour is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived (Rogers 1987:491).

Having experienced rejection from her mother who abandoned her and the abuse from her father at her early age, Renee learnt that relying on other people is not safe. She then developed the need to be self-reliant and saw control by other people as negative. When she was placed in the custody of her aunt, who wanted her to adhere to certain rules and become a dependent child, Renee revolted against this as it was threatening her need to be independent and have self-control. This eventually strained the relationship she had with her aunt. Thus her behaviour was directed to satisfy her need for independence (see session 8).

Casey, who grew up being accepted conditionally by her mother, learnt that to gain love one has to fulfil certain roles in the family. Thus, being away from the family meant that she could not fulfil her usual roles and she was not receiving any affection from the family. Having a strong need for approval Casey resented her admission to the place of safety and wanted to go back home, where her need for approval would be satisfied (see session 3)

Proposition 6

Emotion accompanies and in general facilitates such goal-directed behaviour, the kind of emotion being related to the seeking versus the consummatory aspects of the behaviour, and the intensity of the emotion being related to the perceived significance of the behaviour for the maintenance and enhancement of the organism (Rogers 1987:492).

In considering this proposition the researcher confirmed that as individuals strive to maintain themselves, the behaviour that is shown is accompanied by emotions. This could be seen in Renee's case, who feared that relying on other people could lead to rejection or abuse. To protect herself, she should avoid any dependence and control by other people. Thus her behaviour, which was seen as disobedience by her aunt, was actually facilitated by fear of being rejected or abused if she began to trust another adult. Renee had this to say about her relationship with her aunt, "I have disobeyed and disrespected my aunt in many ways, and she was deeply hurt by this. The truth is that I never meant to do so. I just didn't want to be controlled, as it reminded me of my father's abuse."

In Casey's situation this could be seen in her emotions towards the place of safety. Having one goal, which is to be reunited with her family. Casey tends to view anything at the agency as a threat to her reunification to her family. She therefore rejects visiting her grandmother, who is seen as wanting to replace her mother. She also denies herself any happiness at the agency as this do not

enhance her self concept, which is that of someone who takes care of her family.

Proposition 7

The best vantage point for understanding behaviour is from the internal frame of reference of the individual himself (Rogers 1987:494).

Taking this proposition into consideration, the researcher could easily understand respondent's behaviour, such as Renee, who rejected the rules at the place of safety. In trying to understand this from her frame of reference, it became clear that it was not the rules that Renee was against, but fear of being controlled by adults, such as care officers, because she was exposed to a lot of abuse in adults care. When this fear was dealt with, Renee could easily fit into the place of safety's system and procedures. This was also seen when observing Casey's determination to go home, irrespective of the risk it posed of her being sexually abused again. This is something difficult for an outsider to understand, but when viewed from her frame of reference, one could understand that for Casey, who is used to taking care of her siblings, it is very difficult for her just to abandon them.

Proposition 8

A portion of the total perceptual field gradually becomes differentiated as the self (Rogers 1987:497).

Having grown up with little love, as she was abandoned by her mother, abused by her father and lost her grandmother, Renee developed the self as someone unacceptable and unloved. She then treated her aunt with the avoidance attitude. However, when she realised that her aunt could cope with her behaviour, the unloved self changed into the loved self. This new self didn't last, since her aunt eventually rejected her and the old self of an unlovable person came back (see

session 7 where Renee wanted to kill herself because no one loves her).

Despite being ill treated by both her parents Casey believed that she was loved. No matter what happened between her and her parents Casey always saw herself as a loved child. Even when her mother sent different messages to love, it didn't make any difference to the already formed self (see session 3).

Proposition 9

As a result of interaction with the environment, and particularly as a result of evaluation interaction with others, the structure of self is formed - an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the "I" or the "Me" together with values attached to these concepts (Rogers 1987:498).

Having grown up in an abusive environment, where she was abused by her significant others, Renee only got negative messages about herself and that she was an unloved child. Eventually she developed a negative perception about herself. In most of the sessions Renee would always refer to herself as a worthless child, who is hated by everyone around her. This also made her place a negative value relationships with other people as they were seen as a threat to her survival (see session 9).

Casey, who grew up receiving conditional love from significant others, then developed a sense of self that she was not good enough. Casey then placed great value on pleasing her family even if it meant putting her life at risk (see session 8).

Proposition 10

The values attached to experiences, and the values which are a part of the self structure, in some instances are values experienced directly by the organism, and in some instances are values introjected or taken over from others, but perceived in a distorted fashion as if they had been experienced directly (Rogers 1987:498).

Due to experiencing rejection and abuse as a child, Renee developed the value of self-reliance shown in her need for independence reflected in session 8. However, certain values, such as being worthless, were values which she introjected from the evaluation she got from others. She incorporated this in a distorted form and saw herself as a worthless person.

Casey, who was treated in a way that made her feel less important, with little regard for her needs, incorporated this experience into her self structure and showed no interest in herself. Seeing that only the other members of the family were regarded as important by her mother, this value was then introjected and perceived in a distorted form as if it were her own value that her family comes first.

Proposition 11

As experiences occur in the life of the individual, they are either symbolized, perceived, and organized into some relationship to the self-structure, denied symbolization or given a distorted symbolization because the experience is inconsistent with the structure of the self (Rogers 1987:503).

When Renee, who had developed the self structure of being loved by her aunt, was faced with her aunt's rejection, this experience was denied at first by indicating that her aunt didn't have money to visit her. Eventually when told that

her aunt no longer wanted her back, Renee denied this by indicating that her aunt could never take such a decision by herself, and that she was perhaps influenced by her sister, thus distorting the information to fit into the existing self structure.

Casey, who believed that her parents loved her, denied the reality that her parents mistreated her and preferred to go back home as being separated from the family did not fit with her self-structure.

Proposition 12

Most of the ways of behaving which are adopted by the organism are those which are consistent with the concept of self (Rogers 1987:507).

Believing that she was not loved and that other people around her would either abuse or reject her. Renee rejected all control by adults in order to defend herself from being abused.

Having developed the concept of self based on taking care of others, Casey finds it difficult to cope in the place of safety where she cannot behave as a caretaker since being taken care of is not consistent with her established self-concept.

Proposition 13

Behaviour may, in some instances, be brought about by organic experiences and needs which have not been symbolized, such behaviour may be inconsistent with the structure of the self, but in such instances the behaviour is not owned by the individual (Rogers 1987: 509).

Although Renee always isolated herself from the other children in the place of safety and avoided establishing friendships, she had a strong need to be accepted, which was not symbolised. This was seen when Renee once violated

the rules of the place of safety not to leave the visited area without informing the care officers in a trip. Renee was then convinced by one of the children that she should accompany her to a nearby place, without thinking about the consequences, that she agreed to accompany her. However, this was quite inconsistent with her self structure and the act was regarded as a mistake (see session 10).

Seeing that Casey had a tendency to deny her own attitudes, needs, feelings and behaviour, it was difficult to indicate whether a particular behaviour is denied as it does not fit the self-structure or because the self- structure was not of importance after all.

Proposition 14

Psychological maladjustment exists when the organism denies awareness significant sensory and visceral experiences, which consequently are not symbolized and organized into the gestalt of the self-structure. When this situation exists, there is a basic or potential psychological tension (Rogers 1987:510).

Renee had always denied her need for other children's company. When she eventually found a girlfriend and a boyfriend, she could not easily accept this into herself structure and thus felt the need to confirm this with the researcher as this realisation was confusing to her. The realisation of her need to develop friendships also created tension as she feared being abused or rejected in the long run.

Casey: Who have developed the self-structure of a person who takes care of others, she would deny the need to be taken care of. However, when she realizes that she feels good when her grandmother takes care of her, she becomes confused and fears that being too comfortable with her grandmother's

care might threaten her need to be reunited with her family. Eventually tension is created as to whether to continue with the visits to her grandmother or stop them. This was revealed in one of the sessions where Casey indicated that although she enjoys the affection she gets from her grandmother, she is no longer willing to go there, as this could mean that in the end she will be placed in her grandmother's custody instead of being reunited with her family.

Proposition 15

Psychological adjustment exists when the concept of the self is such that all the sensory and visceral experiences of the organism are or may be, assimilated on a symbolic level into a consistent relationship with the concept of self (Rogers 1987:513).

As Renee began to accept her need to associate with other children, she adjusted herself to be able to incorporate this need. As this occurred she began to reach out to other children and also acknowledged her feelings for Max.

Casey had little regard for herself and thus didn't reach the stage where individual experiences were assimilated into the concept of self as they were denied in most cases.

PROPOSITION 16

Any experiences which is inconsistent with the organization or structure of self may be perceived as a threat, and the more these perceptions there are, the more rigidly the self-structure is organized to maintain itself (Rogers 1987:515).

When Renee had accepted her need to rely on someone else she tried to establish contact with her aunt and also develop relationships with other children in the place of safety. She was then told that her aunt no longer wanted to be her

guardian. Although Renee initially denied this, when she reached a stage of accepting the reality of what she was told, the old self was then established to be more rigid than before and she began to see the need to be self-reliant again (see session 8).

The experience of being in the place of safety was a threat to Casey's developed self-structure of taking care of other family members. As she continued staying at the place of safety, feeling more threatened, her self-structure was organized more rigidly to maintain itself.

Proposition 17

Under certain conditions, involving primarily complete absence of any threat to the self structure, experiences which are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences (Rogers 1987:517).

Although Renee was disappointed by the fact that she was easily influenced by Barbara, this did not make her immediately go back to the old self. In fact, this experience was examined and the self structure was revised to assimilate and include such experiences. Instead of avoiding friendships, Renee indicated that perhaps she should learn to trust her judgement better and learn to say no when others want to boss her around (see session 10).

Seeing that Casey's experiences at the place of safety and a move to self-dependence and self-love were viewed as a threat to the developed self-structure, all new experiences were denied and the self-structure remained the same.

Proposition 18

When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as a separate individual (Rogers 1987:520).

As Renee came to accept her need to rely on other people without fear of rejection and exploitation, she was then able to accept others more comfortably. She saw them as separate individuals rather than in a general form such as other people are abusive as before. This could be seen on how Renee interpreted Max's actions of beating her as a concern; also when she did not blame Barbara for getting her in trouble but herself for not trusting her judgement, which is a shift from the statement in session 8 where she indicated that her friends played a role in the way she behaved at her aunt's place.

Casey, who denied all her sensory and visceral experiences, had difficulty in accepting others, such as her grandmother who was viewed as a threat in her reunification with her family.

Proposition 19

As the individual perceives and accepts into his self-structure more of his organic experiences, he finds that he is replacing his present value system based so largely upon introjections which have been distortedly symbolized with a continually organismic valuing process (Rogers 1987:522).

Renee's values, such as the importance of isolation to avoid abusive relationships, were replaced by establishing and valuing relationships with significant others. This in turn, changed her perceptions about herself to being an acceptable and lovable person (see the last session).

Casey was still unable to develop her own values as her family values were still regarded as of greater importance.

4.4 SUMMARY

During the data gathering process the researcher used several communication skills, to encourage the respondents to share their experiences and emotions and to enable the researcher to communicate her understanding of what the respondents were saying. Skills used included: *Attentiveness* by attending verbally and non-verbally to the client. *Listening* to the respondents and send a message that they are respected and accepted irrespective of their experiences. *Empathy* as a way of being with the respondents in their situation so much that the researcher was able to identify and reflect what the respondents were feeling (Du toit et al 1998:117-166).

Advanced empathy which enabled the researcher to help the respondents to see their situations from a more objective frame of reference and identify their own resources that could enable them to deal with their situations effectively (Egan 1990:214). *Questioning* which was used in order to stimulate the respondents to share factual and affective information, to explore various subjects at various emotional level and to get the respondents to enlarge on what they have already said (Kadushin 1990:180). Another skill used was *paraphrasing* which enabled the researcher to give feedback to the respondent and highlight particular situations for them to consider (Hepworth & Larsen 1990:143).

The data was analysed from the information gathered in all ten interviews with each respondent. The researcher reflected how the person- centred approach was applied to avoid concentrating on the problem but on the person. The researcher has discovered that although we cannot generalize the effects incest has on adolescence, incest does not leave those who experienced it unmarked. It affects them in several areas of life, which are indicated in chapter 5.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter 1 discussed the formulation of the problem; motivation for the choice of the subject; the aims and objectives of the study; assumption of the study; research methodology and the definition of key concepts of the study.

Chapter 2 discussed the phenomenon of incest under the following subheadings: the theoretical views on incest, the nature of incest, the factors that lead to the occurrence of incest, and the effects of incestuous abuse on the victim.

Chapter 3 covered the person-centred approach and discussed the propositions of the person-centred approach; the development of personality according to this theory, the person-centred approach to therapy, and adolescence, and the effects of incest on adolescence.

Chapter 4 dealt with the empirical findings and data analysis of this study. The data gathering process, the session held with the respondents and data analysis according to the nineteen propositions of the person-centred theory were discussed.

Chapter 5 consists of the summary, conclusions and recommendations of the study. This includes the assessment of the aims and objectives of the study; conclusions drawn from the literature study and the empirical findings, and recommendations.

5.2 ASSESSMENT OF THE AIMS AND OBJECTIVES OF THE STUDY

5.2.1 The aims of the study

The aim of this study as indicated in section 1.4 chapter 1 have been achieved. Through an empirical study, the researcher investigated the effects of incest on adolescents. The person- centered approach, techniques and skills were used to explore the incest victims' experiences and feelings.

5.2.2 The objectives of the study

The objectives of this study were to

- **explore the available knowledge on the phenomenon of incest and the effects it has on adolescents**

In achieving this objective the researcher undertook a literature review (see chapter 2) to define the phenomenon "incest" according to different approaches, the nature of incest, the factors that lead to the occurrence of incest, and the effects of incestuous abuse on the victims.

- **investigate how the person-centred approach can be applied in exploring the victims' experiences and feelings**

This objective was achieved through an empirical research conducted by the researcher with two respondents who had been exposed to incestuous relationships. The researcher used the person-centred approach to investigate how this method could be implemented in dealing with adolescents who have been exposed to an incestuous relationship.

5.3 SUMMARY AND CONCLUSIONS FROM THE LITERATURE STUDY

- In the literature study it was found that the occurrence of incest is not limited to certain geographic regions and social classes, but includes a broad spectrum of occupations, incomes and racial compositions. There is no relationship between incest and either parental education or social classes (Russell 1995).
- It was also found that incest does not have a specific age at which it begins. It can begin during infancy, puberty or adolescence. In most cases, it begins before adolescence, when the victim has never heard about rape or sex and continues until it is revealed (Van der Mey 1986:47).
- It was found that the occurrence of incest varies from the use of force, to affection and power. However, force is rarely used, since children's natural dependence and powerlessness are used against them. The perpetrators take advantage of children's emotional and psychological dependency on them and use that to exploit them sexually (Driver & Droisen 1982:12 and Blume 1990:6).
- The literature study revealed that incest perpetrators are mostly males who for whatever reason refuse to love or respect children. These men have deviant sexual patterns which make them sexually attracted to children or men and women. They have low self-esteem and poor social skills and suffer from psychological distress and emotional isolation. They thus abuse children in order to enhance their sense of personal worth and self-esteem (Faller 1990:55 and Blume 1990:35).

- It was found that mothers where incest is likely to occur possess personality traits that somehow warrant an incestuous assault on their daughters by the father. These mothers are unloving, hostile and unable to establish healthy relationships with their husbands and family members. They lack sexual interest, which leads to dissatisfaction on the part of their husbands, who then turn to their daughters for sexual fulfilment (Thorman 1983:20 and Renvoize 1982:115).
- It was also found that mothers who were physically, sexually or emotionally abused as children may sometimes be aware of the incest but fail to protect their daughters due to their lack of maternal skills and their weak internalised social restraints regarding the social taboo (Van der Mey et al 1986:59 and Cohen 1983:156).
- The literature study revealed that children who are at risk of being incest victims are children with low-self esteem and who lack self confidence. These children have a strong need for nurturing and acceptance, which leaves them vulnerable to being sexually manipulated by adults who realise their emotional needs and take advantage of them (Thorman 1983:20).
- It was also revealed that children who are in a highly trusting relationship with an adult may make it easier for the abuse to be rationalised. Children who do not know about sexual abuse and are unaware of their right to refuse unwanted contact maintain the occurrence of the abuse. These children lack the concepts or language to express what is happening to them and are thus unable to report the abuse (Krivascka 1990).
- Concerning the characteristics of the incestuous family, it was found that incest is actually a symptom of severe family dysfunction. These families are characterised by poor marital relationships between spouses, which are associated with high levels of stress and tension. The fathers turn to their

daughters for companionship and affection to relieve the stress resulting from the marital relationship (Spies 1994:43).

- It was found that incestuous families consist of role reversal patterns which serve as the primary hierarchy in maintaining incest. In these families the mother is either emotionally or physically absent from the family, forcing the daughter to assume the roles provided by the mother including emotional and sexual closeness to the father, or families where the mother is not completely withdrawn but will sometimes act as an observer in the family. In this situation, the father is thus involved in a sexual relationship with both the mother and the daughter. In certain circumstances, the parents and children function on the same level of roles, this is where incest is likely to occur with more than one member of the family (Spies 1994:43).
- Incestuous families' boundaries play a significant role in influencing and maintaining the occurrence of incest. Incestuous families are characterised by enmeshed and diffused intra-familial boundaries due to emotional isolation and role confusion in the family's functioning. These families have little contact with the external world since the boundary between the family is rigid and closed in order to maintain the secrecy of incest (Spies 1994:44).

5.4 SUMMARY AND CONCLUSIONS FROM THE EMPIRICAL STUDY

- This study found that the effects of incest cannot be necessarily distinguished in terms of short-term or long-term effects, which is supported by the findings of Van der Mey et al (1986:67) and Russell (1995:46). The researcher found that, irrespective of the time frame from the occurrence of the abuse, incest affects the emotional functioning of

the victims and until dealt with, the emotions do not just go with time. This concurs with the findings of Van der Mey et al (1986) and Russell (1995). In this study it was found that emotions which accompany the occurrence of incest are so intense that they actually end up facilitating the individual's behaviour and opinions or perceptions of the self and the world.

- Incest was found to affect the individual's self-image. This differs however according to the individual's frame of reference. One respondent (Renee) expressed anger towards the perpetrator and herself, which led to feelings of worthlessness and self hatred. The other respondent (Casey) showed no regard for herself or her needs and had little interest in becoming an independent individual.
- Incest victims tend to isolate themselves and are afraid to bond with others since they have difficulty in trusting relationships. Therefore they tend to expect exploitation and disappointment in other relationships.
- Depression also follows the experience of incest. In both cases, the respondents showed symptoms of depression. Renee showed symptoms of severe depression which lead to destructive behaviour such as threatening to kill herself and also wished to kill the perpetrator. Casey tried to dissociate herself with what happened by avoiding talking about the abuse. She also had guilt feelings for having reported the abuse and causing family disruption, which contributed to her depression. This confirms Herman's (198:100) and Russell's (1995:58) argument (see chapter 2).

- Victims of incest tend to act on other people's values or have values which appear to be distorted, which derives from the experiences they had with their significant others. Casey appeared to be living solely according to values introjected from her parents, and tended to value her parents' needs more than her own. Renee established values based on fear and the need to protect oneself from the world, which was perceived as cruel.
- The removal of victims of incest from their home may not always be in the best interest of the client. In certain circumstances as seen in this study, it may reinforce the feelings of guilt. In such cases, the place of safety is therefore seen as a punishment for the victim, who is eventually isolated from the rest of the family and also has to adjust to new ways of living, which adds to the stress the victim is already experiencing.
- The person-centred approach seemed to be an effective method to deal with adolescents who have been exposed to incest, because it allows the respondents to gain full control of the therapeutic session. Having being exposed to experiences which occurred without their control, incest victims need a situation which can make them feel of worth and in control of their lives. The person-centred approach gives the respondent the opportunity to discuss what she wants whenever she feels ready, which makes them feel empowered as their decision is respected in the therapeutic process.
- The person-centred approach allows the researcher/therapist to remove the professional facade and function on the client level, which makes the client feel that she is given credit for her own development. An act which is important when dealing with persons who have lost confidence in their abilities to change or control their own world, such as incest victims.

- The person-centred approach focuses on the individual rather than the problem, enables the individual to discover herself through realizing and dealing with denied experiences in her life; to establish her own values, know her needs and goals in life and strive for self-actualization. This proved to be an effective therapeutic approach when dealing with incest victims, especially adolescents who have reached a stage of personal identity.

5.4 RECOMMENDATIONS OF THE STUDY

- Considering the effectiveness and advantages of the person-centred approach in dealing with incest victims, the researcher therefore recommends the use of this approach by social workers or therapists dealing with incest victims to help them work through the emotions and experiences which, if not dealt with effectively, might haunt them for the rest of their life.
- It is recommended that social workers dealing with incest victims acquire in- service training on the person-centred approach, seeing that the effects of incest are so intense that if victims are not helped to deal with all their symbolised and unsymbolised experiences, intervention may not be as effective as it is intended to be.
- It is also recommended that social work shift from helping people solve their problems, to giving therapy aimed at developing individuals, enabling them to get to know themselves better and to realize their abilities to enable and equip them to deal with challenges on their own. This shift should start with training student social workers in the person-centred approach, so that they can concentrate on the clients not on problems.

- Therapy with incest victims should target on helping the individuals develop self-esteem and self-worth to enable them to resist being taken advantage of and to have the strength to stop such an act should it happen in future.
- Establishing a good therapeutic relationship with incest victims is actually a means to an end. Having being exposed to relationships where they were controlled and exploited, incest victims need a therapist they are able to trust, who won't just extract information from them and then tell them what to do. They need to enter into a relationship where they are made to feel loved and accepted without any demands on them.
- Therapy with incest victims should start where the client is. The therapist should avoid designing objectives of what she expects to happen in therapy as the victims may not be ready to share what she expects to hear, especially in the case of incest, where the clients may not be ready to share any information about the occurrence of incest until a trusting relationship is established with the therapist.
- It is also recommended that therapy with incest victims should be designed on a long-term basis to allow the client to take full control of the therapeutic process without the therapist feeling pressure by time and thus being tempted to direct the therapeutic process.
- Incest victims, especially adolescents, should be given a choice of whether they prefer to receive therapy from home or to be removed from their home situation. Removing them without their consent confirms their loss of control over their own life, which also reinforces their feelings of worthlessness.

- It is recommended that incest victims must first be informed about their removal from their families, have clear knowledge of the reasons for their removal, for how long they will be removed and what will happen to them and their families during the time they are removed.
- Places of safety should consider hiring care-officers who have undergone an auxiliary social work course, to familiarise themselves with the sensitivity of the work of social workers and know the ethical codes of social workers. Since any unprofessional conduct to the abused child could cause more psychological damage and contradicts the services of the place of safety.
- This research has used a small sample and only concentrated on a particular age group. It is therefore recommended that further research in this topic, inclusive of all age groups and families, be conducted to see how the person-centred approach could best fit in giving therapy with individuals, families or groups which experienced incest.

5.5 CONCLUDING REMARKS

This study described the phenomenon of incest, and different views on incest, its nature and occurrence, as well as fathers, mothers, children and families where incest is likely to occur. The person-centred method was discussed thoroughly. An empirical study was conducted to investigate the incest victim's experiences and feelings and how the person-centred approach can be applied as an intervention method to these victims. The person centred approach and its implementation in dealing with incest victims was also discussed.

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