Chapter 5

Research findings

5.1 Introduction

This chapter contains the empirical findings of the research. It comprises three main sections: Analysis: The case of Uamii, Analysis: The case of Lisa and the Theoretical comparative analysis: The cases of Uamii and Lisa. First the researcher will analyse the therapy stories of the two adolescent-participants. In order to reveal the complexities of each case, these analyses will incorporate observations regarding the process and products of the Gestalt play therapy, the Therapy diaries and objets d’art. Some of these images are featured in the text as client ‘verbalisations’. The observation notes of the therapist – being a scientist-practitioner and a full participant in the process – will be integrated.

The researcher will then endeavour to synthesise the cases to form a comparative theoretical narrative in Section 5.4. In this section the researcher will incorporate Gestalt theory, the authority argument and information from the semi-structured interviews with parental figures. Attention will be awarded to commonalities and variation between the two case studies.

In this chapter the researcher will refer to herself as the therapist to differentiate the two roles of scientist and practitioner. From a unitary Gestalt perspective it should, however, be noted that any distinction between the therapist and researcher is superficial and that both roles form the field of the therapy and research project.

5.2 Analysis: The case of Uamii

The case of Uamii, being the most complicated, is described first. Her history, assessment and therapeutic process involving Kepner’s (2003) four Healing tasks, will be covered.

5.2.1 Historicity

Uamii is a fourteen-year old Grade 8 girl. She has survived intrafamilial rape (a word that neither Uamii nor her mother initially expressed) “about four times” when she was eight and nine years old. Seeing that many children, according to Summit (1983: 190, original emphasis), “understate the frequency and duration” of the abuse, it is possible that Uamii did too. At that time, Uamii displayed no emotional-behavioural signs. Only in Grade 5, during a Life Skills lesson, Uamii realised what exactly had happened to her. One of the barriers to disclosure identified by Collings et al. (2005: 271) is “the simple reason that they are not aware that they have been abused”. In that year, her mother reported, her behaviour changed “completely”. “Everybody, the brothers, the aunts, worried and asked me [what was wrong with Uamii]. I talk. I fight, but nothing comes out.” Analogously,
over the years Uamii tried to compel her mother to ask her what was wrong: She left her panties lying around. She told her mother, “You think you know me, but you don’t!” These could be considered CSA ‘signs’, signs of which the true meaning only existed in Uamii’s mind, but which left “the caregivers puzzled” (Jensen, 2005: 474). Only at the age of fourteen did Uamii gather enough courage to disclose by writing a cellular text message to her mother who was (safely, because Uamii expected to be scolded) in a town 500 kilometres away from her. Uamii was one of the many “teenage girls [who] silently experience sexual abuse at the hand of uncles and stepfathers” (NPC, 2010: 84). It affirms the finding by Smith et al. (2000: 283) and Collings et al. (2005: 278) that a child raped by a relative is more likely to keep the rape undisclosed for longer than a victim of non-familial sexual abuse.

In the time that the 500 km return journey took, Uamii’s mother collected herself. She was very understanding and supportive, but insisted that Uamii had to see a psychologist. Having heard of the work being done at the school after the rape and murder of Magdalena, the parents contacted the therapist.

### 5.2.2 Assessment

The therapist finds the tripartite assessment suggested by Webb (2007a: 4) valuable to determine the protective and detrimental features as they relate to the traumagenic event, the client and the field. The model has organisatory value, and in subsequent sessions more information can be included and ideas refined. Much information is often forthcoming during the intake interview, but it will be shown that the projections, and how Uamii made them, also contributed to the ongoing assessment. In Table 5.1 the tripartite assessment of Uamii is summarised.

<table>
<thead>
<tr>
<th>Characteristics of the traumatic event</th>
<th>Characteristics of the child</th>
<th>Characteristics of the field</th>
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<tr>
<td>Increased risk</td>
<td></td>
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<tr>
<td>• Reoccurring and cumulative event</td>
<td>• Middle childhood during CSA – younger is more vulnerable</td>
<td>• Pre-disclosure: Family non-supportive</td>
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<td>• Long duration</td>
<td>• Female</td>
<td>• Post-disclosure: Trauma directly impacts on family; they are anxious and overwhelmed</td>
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<td>• Physical injury to child</td>
<td>• Experiential isolation – no shared experience</td>
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<tr>
<td>• Perpetrator is member of family</td>
<td>• Coping style – avoidance and egotism</td>
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<td></td>
<td></td>
<td>Decreased risk</td>
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<tr>
<td>• Family structure intact</td>
<td>• Cognitive level – capable of understanding abstract concepts</td>
<td>• Post-disclosure: Family very supportive</td>
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<td>• Strong ties with religious / cultural belief system</td>
<td>• Extended family – nurturing</td>
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<td>• Religion – strong anchor</td>
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Table 5.1: A tripartite assessment of Uamii’s field

Because Uamii’s mother and father did not even suspect what Uamii was going through, they could not be supportive during the time of the sexual abuse or the six years prior to the disclosure. The disclosure precipitated a personal and familial crisis, refer to Section 5.4.2.1.
Uamii presented with PTSP indicative that the CSA was unfinished business – a fixed gestalt that was ever pressing for closure. She explained that she had sent the cellular text message because “I just could not hold it in any longer”. It is interesting to note that in a study by Kellogg and Huston (1995: 309), 76% of the survivor-subjects disclosed unwanted sexual experiences because “I couldn’t hold it in any longer”; in Dippenaar (2006: 230) the alleged sexually abused adolescent disclosed because “I cannot endure it any longer”.

The unfinished business resulted in contact modifications. The mother reported that Uamii “was not the child that she used to be”. Uamii was aggressive and brusque towards her. Her mother wanted to know whether the defiance was a normal adolescent reaction. She interpreted Uamii’s signs by applying the age repertoire (Jensen, 2005: 478). Steele and Malchiodi (2008: 265) similarly note that parents ask, “How do I know if what I am seeing and hearing from my child is normal?” Uamii avoided the perpetrator, and during family holidays she would steer clear of any contact with him, “I can’t look him in the eyes”. Consecutive sessions revealed that Uamii also applied, amongst others, the contact modifications egotism and intellectualisation. These habitual styles impaired Uamii’s relationships with her family and peers, “She only wants to stay in her room”. The mother also mentioned, “She is so distracted, I talk, but she doesn’t register”. Dissociation, distractibility and attention problems, anger outbursts, rebelliousness, revengefulness and withdrawal from friends and family have been noted in survivors of traumatic experiences (Ferreira & Read, 2006: 184-185; Biyong & Theron, 2000: 4-5; Marvasti, 1994: 324; Perry, 2000: 7).

Gestalt assessment is an ongoing process, and involves not only what a client says or does, but also how she does it. The Pre- and post-therapy sandtray (which formed part of Session 9 and will be discussed later in the section) clearly depicted the insidious and lasting impact of the CSA on Uamii and her family.

Image 5.1: The pre-therapy part of Uamii’s Pre- and post-therapy sandtray

In Image 5.1 the dining-room table – which should be symbolic of familial unity and togetherness – is empty. The perpetrator-monster is central and omnipresent, he smiles because “He thinks he got away”. Uamii hides behind the bed with an assault rifle (“to kill myself”) and a devil’s fork (“for punishment” of herself). Uamii relates that her mother – imprisoned with a dangerous animal – asks
her, “Why are you doing this to me? I tell her not to say anything, she’s just acting”. In the next section the reason for Uamii’s defiance will be clarified.

5.2.3 The process of therapy: Gestalt Healing tasks

In this section the therapeutic process will be described, using the four Healing tasks proposed by Kepner (2003). In as much as objets d'art are creative expressions of Uamii by Uamii, they will be included in the description.

5.2.3.1 Healing task 1: Building a therapeutic relationship

“Gestalt therapy has increasingly emphasized the therapeutic relationship as the most healing factor in Gestalt practice” (Joyce & Sills, 2006: 43). During the intake interview Uamii was adamant that she did not need any therapy, “I’m strong and I think I have forgiven him”. This resistance was welcomed as a sign of choicefulness, which is so often impaired after what can be considered the choiceless capitulation during rape. It is suspected that the invitational discussion following on Uamii’s declaration convinced her to “try therapy for three sessions and see how it goes”. The fact that she acknowledged that she dreamt of becoming a psychologist established a working alliance; Uamii would also examine whether psychology was really what she would like to study.

As will be shown in the following analysis of the Healing tasks, the relationship with the therapist was strengthened by a dialogic approach, embraced by the opinionated Uamii. Uamii also co-designed (Mackewn, 2004: 133) the Door experiment and suggested modes of concretisation, such as playing out the negative and positive parts of herself.

5.2.3.2 Healing task 2: Strengthening the self

Awareness of and strengthening the self is imperative if some past business (and therefore some parts of the self) is rejected or dissociated. This Healing task was cyclically and repeatedly addressed through a number of experiments.

Session 1: At the beginning of the first session the therapist enquired whether Uamii had something that she would like to explore – and unlike most young Namibians, and to the astonishment of the therapist – Uamii responded positively. She wanted to know why she was an introvert.

The Door drawing (Image 5.2) consisted of a door that could open (drawn by the therapist) and a drawing of Uamii’s secret (drawn by Uamii) tailored to fit behind the door. A game followed: the therapist would knock on Uamii’s heart-door at the age of five, six and seven, and because there was no secret yet, she opened her door widely. At age eight Uamii pasted the secret behind the door and when the therapist subsequently knocked – at the ages of eight, nine, ten, eleven, twelve, thirteen and fourteen – Uamii would not open her heart-door.
Following the projection, Uamii dialogued the reasons why the door was locked. Consequent to the experiment, her meaning-making changed: she was not introverted because she was different [read: unacceptable] from her peers, but because she protected herself and her family. In her Therapy diary Uamii wrote, “I didn’t want people to see my secret because I thought they would blame me for what had happened and that they would be angry for not telling them and I didn’t want my two families to start a refuge [sic: dispute]”. Uamii illustrated her raised awareness by adding many different locking devises to the door: a padlock, a chain, a lock, and she explained that the door was rusted too. The session ended with an exploration of what might oil the rusted hinges: “the love”.

This experiment visually and kinaesthetically depicted how much and why Uamii’s organismic integrity was shattered and how much and why she was alienated from the environment field.

Uamii was displeased when the therapist informed her that the session was over, as she still wanted to work on ‘the secret’. This became a pattern: Uamii was totally dedicated to “her therapy” and was willing to push her own and organisatory boundaries.

Session 2: Most of Session 2 was dedicated to homework that was misunderstood by Uamii. She was tasked to oil her heart-door in the ways that she identified (self-nurturing); however, she came back with a barrage of complaints of being devalued by her parents.

During this session the Cognitive Behavioural Therapy (CBT) triangle model, namely the think-feel-respond cycle (Celano et al., 2002: 66; Shelby & Berk, 2009: 20), was dialogued using Uamii’s real-life examples. In one, her father did not believe that a story she had written was actually her own and alleged that she must have copied it. Uamii cognitively agreed to the CBT exploration, but as noted by Nolen-Hoeksema et al. (2008: 406) ruminators are cognitively inflexible, and by Lee and Hoaken (2007: 290) that dysfunction of the dorsolateral PFC following chronic interpersonal violence causes difficulty to “set-shift”. It was difficult for Uamii to generate alternative ways of looking at things. She suggested that it would be helpful if “we can act it out”. To amplify intrapersonal dynamics (Joyce & Sills, 2006: 103) the Empty chair technique was applied with the two parts of herself (the negative topdog and the positive underdog) sitting opposite each other. Uamii alternated between the two roles / chairs (Oaklander, 1988: 153), with the following an extract of the ‘dialogue’:
Negative Uamii: “I feel misjudged. I think he doesn’t think I’m capable of writing it. I’m quite sad that he doesn’t believe me.”

Positive Uamii: “I don’t think he meant it that way. He meant it’s too good... he’s quite shocked that a child your age can write such a beautiful story.” [Later]

Positive Uamii: “Well, maybe if you just sit and talk about it... Tell him how you feel?” [Later]

Positive Uamii: “I think your effect on my life is quite negative. I always look at things, you know, in a negative way, which can end up hurting me or somebody else.”

Negative Uamii: “Well, the reason why I’m looking at things negatively is because I’m used to it. I got used to everything turning out wrong.”

Positive Uamii: “Well, the obvious solution is... looking at both sides and then choosing which side you like better. And I really think you should look at the positive side, because no one wants to feel down or upset all the time.”

The solution – that the two opposing sides should both be considered and the most valid one chosen – is choiceful and integrative. Oaklander (1988: 158) declares that reconciliation of polar selves is healthy. When Uamii became aware of how she was undermining herself, she referred to herself as “stupid” in her Therapy diary. This session, although unbeknown to the therapist at the time, was groundwork for the cognitive misattributions exposed in the 9FPS.

Session 3: Following on Session 2, Uamii reported that she gave her father a hug, even though the therapist was aware that she could not hug herself yet (self-nurture). Drawing a Supporting image16 (Meijer-Degen, 2006: 72, 125) is valuable to increase awareness of internal and external fields that give the client a ‘good feeling’. This experiment also contextualises the CSA within the history of the client, namely that “the trauma is just one part of life and that good things have happened, too” (Steele & Malchiodi, 2008: 278). In Uamii’s case, the Supporting image increased her self-appreciation of how she survived for six years (Echterling & Stewart, 2008: 198). Included in the drawing (the available collage material was not used by Uamii) are supportive persons, good memories, previous triumphs over adversity, successes, personal characteristics, et cetera. Uamii mentioned, amongst many others, her valued Afrikaans Bible, her confessional dog and how cycling took her mind off self-disparaging thoughts. The therapist is of the opinion that this experiment strengthens the therapeutic holding environment which is needed before embarking upon the trauma incident.

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16 Uamii’s Supporting image is full of identifiers such as names of persons and places, and could not be depicted for the sake of anonymity.
5.2.3.3 Healing task 3: Contact with the trauma

Because wanting to forget the trauma is often an integral part of coping with the trauma, this task is based on the paradoxical theory of change. Kepner’s (2003: 5-6) *Undoing, redoing and mourning* of the traumatic experience are important aspects of trauma work.

**Session 4:** Uamii announced – when she walked into the office – that she had accepted a sleep-over at her friend’s house. It was the first time in about three years, a sign that her field was expanding.

The 9FPS is an experiment through which full awareness of the traumatic incident is augmented. It includes a pictorial, sequential representation of the incident – the trauma narrative – which enhances emotional awareness and augments awareness of the client’s meaning-making. Image 5.3 is Uamii’s pictorial narrative and Table 5.2 her verbal narrative of the sexual abuse. Elaborations – following the therapist’s encouragement or questions – are indicated in this way: [].

![Image 5.3: Uamii’s pictorial narrative of the sexual abuse: the Nine Figure Picture Story](image-url)
| WINDOW 1 (Pillar of strength): The first picture is in Grade 2 at school where I met my best friend, Mary. That is her father and that was my father. Our fathers knew each other and that's how we met. [Eight. This is Elizabeth, just one year older than me, and this is Anne. She’s also my best friend, she now lives in South Africa, and this… I can’t remember his name actually, but he was schooling at my school; he was also my friend. Mary moved there because her father was transferred. And then, since our parents knew each other and my father introduced me to Mary, that's how we became friends. I was telling her my name and she was telling me her name and I asked her whether I can show her around the school.] [Town 1] |
| WINDOW 2: The second picture is where the woman that worked for us, the first day she came. That’s me. The first day she came I actually didn’t know her that well. So we actually sat down, we’re talking. She told me about herself and I [inaudible] told her a little bit of me. [Elizabeth. She actually came to clean the house and also to wash clothes… so.] |
| WINDOW 3: The next picture is my father taking out money to… sending it to [Town] so my uncle could come and stay with us. [In my parent’s room.] |
| WINDOW 4: The fourth picture is my uncle when he came. I was actually excited to I have someone to talk to, so… I was excited to see him because I could talk to somebody in the night when my auntie wasn’t there. [That’s my father and my mother and me and my uncle. My sister wasn’t there yet. That’s his bag; it actually looks like a perfume bottle.] [Laughter] |
| WINDOW 5 (The worst part): This is where… This is my secret. It was… the first day he called me in and asked me if I could remember what we did behind my grandmother’s house. Which was actually confusing, because I was eight years old and I didn’t know what he was talking about. I asked him what he was talking about and then he told me to come over. I then came over and sat beside him. He said, “Take off your clothes”. I actually felt uncomfortable taking them off and told him “NO.” And then he said it’s okay, it wouldn’t hurt and then he took off my clothes while I was trying to stop him. My auntie is out here and she was hanging out the clothes. I was shouting, but unfortunately she didn’t hear me. And first he closed the curtains and then he took off my clothes. I was trying to stop him. And then… then he raped me. And then… I can also remember, my mother told me that … my mother told me that there was one day that I was bleeding and then she asked me what had happened and I said I fell. At first he told me my mother said I should do it because it’s something I can do. And then after, when I asked him if I can tell my mum I did it, he said no it’s a secret, our secret.] |
| WINDOW 6: The next picture is in Grade 5, where I heard my teacher when she talked to us about rape. And I was quite shocked. And I was crying. Mary was also there and she was comforting me… asking me what was wrong. I just didn’t tell her. [Actually the teacher also called me and asked me what was wrong. I said I was upset about something that happened at my home. After I found out, I was devastated; I cried and I cried. I couldn’t stop… I actually blamed myself for allowing it. I also felt thankful for Mary that she was there, because she comforted me and told me it’s okay.] [Town 2] |
| WINDOW 7: The next picture I just became like an introvert… I didn’t do anything. I didn’t listen when people were talking to me. I just was… I wasn’t there actually. Grandmother used to scold me, because I didn’t do anything right. [I always used to sit behind her bed and cried.] |
| WINDOW 8: The next picture is here. I am sitting, talking to you. I actually can’t believe that I actually told you this, because it was very difficult keeping it in for such a long time. [Windhoek] |
| WINDOW 9 (Pillar of strength): The last picture is me, my parents and my sister enjoying ourselves at the sea. [Sea-side resort] |

Table 5.2: Uamii’s verbal narrative of the sexual abuse
Uamii twice interrupted the process of drawing, probably to relieve stress: once to relate why she stopped modelling and later to share that her great-grandfather had died. She did not want to take a break or discontinue the activity.

The drawing and narration of the 9FPS were followed by a phenomenological enquiry in much the same way as proposed by Joyce and Sills (2006: 132-134). Feelings, thoughts and beliefs regarding the unfinished business were brought to full awareness.

As shown, emotional avoidance and blunting with ensuing emotional outbursts (as reported by her mother) are often sequel to a traumatic event. Although Uamii is intelligent and articulate, the Feeling faces (Bloomquist, 1996: 121) broadened the range of emotions available and enabled her to label her feelings. Uamii identified confused, scared, hurt, regretful, sad, miserable, angry, negative, disappointed, lonely, withdrawn, grieving, and subsequently, angry and guilty. Her anger was directed at herself (“I didn’t tell the first time”), at her parents (“They shouldn’t have allowed him to stay there. I felt they had to pay”), and at the perpetrator (“He took advantage of me”). Uamii concurred that she felt regretful, “I didn’t shout loud enough and I didn’t run out”. She was ashamed that she had accepted the sweets proffered by the perpetrator. Now, following the disclosure, Uamii felt guilty because, “I believed him about my mother... because of that I was pushing her away”.

Oaklander (2006: 43) asserts that it is because of their egocentricity that children “blame themselves for the traumas that occur in their lives”. The chosen Feeling faces were pasted on the 9FPS.

Joyce and Sills (2006: 134) propose that beliefs should be examined against reality and that alternative points of view could be generated. Uamii struggled to identify anything that the girl in the picture ‘did right’ or instances of when she was courageous. Only with encouragement and initial guided questioning could Uamii recognise the little girl’s bravery. As her awareness grew, Uamii’s posture (her body was sagging onto her arms) improved. “I fought against him”, “I shouted”, “I started locking my room”, “I would not let Auntie out of my sight”. She pasted a pink star on the 9FPS for every brave deed, thirteen in all. Uamii diarised the polar perspectives: “When I use [sic] to look in the mirror [for six years] all I saw was a coward and all the negative words you could think of”. Now she could acknowledge, “She [little Uamii] did everything in her power” [to avert the sexual abuse].

Although the 9FPS is the trauma story, Uamii could embrace it as her survival story. It is after the 9FPS that Uamii verbalised that her life-story could be inspirational.

Session 5: This session was a continuation of issues related to the 9FPS. As discussed in Section 4.3.2, the previous session was long and the therapist realised that Uamii had applied contact modifications. Nonetheless, the session was valuable. The trauma narrative had been articulated. Uamii was able to identify the highlight of the 9FPS, “When I told my mother and got help. If I didn’t, I might have committed suicide, or would still be mad at the same people, or I might not have
a relationship”. Shyly Uamii explained, “With a guy”. She seemed to have assimilated most of the knowledge generated by the 9FPS.

Possible residual guilt was the focus of Session 5. Psychoeducation on the automatic lubrication of the vagina was done (Celano et al., 2002: 68). Because survivors think that lubrication is a sign that “I wanted it”, they are too ashamed to mention it. Uamii laughed heartily, which is possibly a contact modification, but also because they never spoke about such things at home. Afterwards Uamii acknowledged that her vagina did get wet and that it made her feel incredibly guilty.

During this session preparation was also done for the great-grandfather’s funeral – where Uamii expected to encounter the perpetrator – by using Oaklander’s (2006: 162) “nurturing the senses”.

Session 6: The moment she entered the office after the funeral, Uamii declared that she had had a dream. Dreamwork was done as proposed by Oaklander (1988: 147). Additionally, a depiction of the dream was drawn (Image 5.4).

The picture of Uamii’s dream had three parts. In Part 1 the perpetrator is beaten up by a member of the family. In Part 2 Uamii sits right opposite the perpetrator in a stretch Mercedes. She sits on her childhood blanket and has her teddy bear on her lap. The perpetrator asks her, “Why did he hit me?” Uamii answers, “Don’t you remember…”, “I wanted to say the word… rape… but I couldn’t get it out”. The driver of the Mercedes is her chauffeur. In Part 3 the perpetrator stands between his mother and grandmother, in chains.

The session included a role-play related to Part 1 of the dream: a member of Uamii’s family (Uamii) furiously boxed the pillow-perpetrator (the therapist). Uamii tried to dramatise what she had wanted to say to the perpetrator in the motorcar (Part 2); however, despite urging her on, the contact was flat and devoid of emotion.

The therapist was exultant that Uamii not only had the agency to face the perpetrator in her dream, but that she applied self-support (the blanket and teddy). Having a chauffeur means that Uamii makes decisions about routes and destinations. Uamii named this picture “Power” because “I took his power away from him. I chained him down. I confronted him and I got revenge”.

Image 5.4: Uamii’s Power dream drawing
Session 7: In Session 6 it was clear that Uamii could not verbalise her discontent with the perpetrator (she did box him energetically, though). Survivors often hold misconceptions and confused emotions about the perpetrator, especially when he is a beloved family member, and the client introjected the message that she should forgive him. During the intake interview Uamii revealed this shouldism when she explained that she did not need therapy because, “… I think I have forgiven him”.

This session was dedicated to undoing and redoing conceptualisations about the perpetrator. Uamii and the therapist explored the Combating of Rape Act (OPM, 2000a) to determine what word should be used; it was rape. Then the tricks of the perpetrator (i.e. how he defeated her resistance) were dialogued. “He took money out of my father’s savings and bought me sweets”. “He said he and my mother discussed it and she agreed. If I do not do it she will be angry”. His deceit elucidated why Uamii had caged (Image 5.1) and “tortured” her mother; it was not ‘normal’ adolescent insolence.

The dialogue was wrapped up with scriptotherapy, i.e. a Letter to perpetrator (Celano et al., 2002: 70), refer to Image 5.5. Uamii decided to call the perpetrator “Snake”. He is dangerous and slithery. The therapist believes that the snake may also have sexual connotations.

Polarities – about being conniving and innocent, remaining silent and speaking out, retribution and forgiveness, punishment and yielding the perpetrator to God – were revealed and explored. To foster awareness of the shouldism and topdog-underdog dichotomy, the therapist asked Uamii to visualise herself when she was eight. She was invited to add to the letter what the eight-year old would have liked to say to the perpetrator. Uamii was asked to use her left hand. In this short message little Uamii’s pain was movingly revealed.

Session 8: For the therapist this session was the most poignant, and alongside the 9FPS, the most important. It was clear that the perfectionistic Uamii still blamed herself – taking responsibility for what was not her fault. During this session a Letter from little Uamii to big Uamii and in reply, a
Letter from big Uamii to little Uamii, Image 5.6, were composed. As suggested in Celano et al. (2002: 69) a photograph of the eight-year old Uamii was displayed to facilitate the scriptotherapy. Uamii stared at the photo as though she saw for the first time how young and vulnerable she had been then. Cloitre et al. (2006: 62) suggest that placing the CSA in the context of the survivor’s childhood may provoke “(often for the first time)” a developmentally sensitive understanding that she was just a child and therefore not blameworthy.

Awareness of the helplessness of the eight-year old and therefore her innocence, was put into words by Uamii, the fourteen-year old. She had to nurture herself. Moreover, she became aware that limitations prevented little Uamii to “fight back” (Celano et al., 2002: 69). The needs of little Uamii and the growing assimilation of concepts by big Uamii were illustrated in the letters.

I feel like God is punishing me for something I did wrong. I know everybody has a purpose in life but I don’t see the purpose of a child of this age to be eaten alive. I know you, everyone, has a purpose in life but I don’t see the purpose of a child of this age to be eaten alive. Every child has a heart so why is she sick? Is this what I have to go through to be the same as you? I would rather die than have this cage that we have to have no happiness. If I did anything bad and face all difficulties or even run away when he gets angry. The feeling I don’t understand. Special is why did vagina, get well, safe to say I didn’t cry as when he was crying and screaming, I had to stop crying because she pains.

I’m guilty every you feel that way as you said. He has a purpose. I believe that your purpose in life is to be happy and make people with your words. I wanted to tell not to feel guilty for it is not your fault. She got me for that is her job to become weak during sexual intercourse just ask & to see same job before in the early morning blue sky. It is also not your fault that the child. Did not hear you. You make various reasons for example thinking you saw another insect or you were watching a scary movie and got frightened. You cried with when fighting him of, I mean how could you when he was a man older, stronger and taller than you. But I’m sure you tried your best. Drawing memories of something ease-thinking ease-thinking which he closed the. Could you honestly make that something was wrong when he closed this curtain, down the pain of an night. I don’t think so.

Remember you were 8 years old!!

You are not guilty and I’m always here to comfort you too! Teddy, Blanket, Egg and Bounty.

One reason why you did not tell earlier was because you were contained and afraid people might blame you.

Image 5.6: Uamii’s letters from the self to the self

During both scriptotherapy sessions awareness was raised about Uamii’s increased bodily tension. In Session 7 her fist was clenched and in Session 8 she wrote so fast and feverishly that she had to shake out her hand.

5.2.3.4 Healing task 4: End phase

Session 9: Nearing the school examination – and for that reason termination of the therapy – Session 9 was dedicated to change through the medium of a sandtray. Uamii made a Pre- and post-therapy
sandtray. For an exposition of the Pre-therapy sandtray, refer to Section 5.2.2. For the second sandtray Uamii was asked to use the same figurines and was allowed to add a few. She only added two figurines representing her sister and friend and a dinner plate inscribed, “I love you mum”.

**Image 5.7: The post-therapy part of Uamii’s Pre- and post-therapy sandtray**

In this sandtray the family’s integrity was restored. The mother was released and Uamii could leave her hiding place behind the bed. The empty dining-room table had become a space of familial unity and conviviality. The monster was caged with the vicious lion and devil’s fork (the cage was placed upside down so that the trapdoor couldn’t be opened). In spite of this, the father kept his assault rifle next to the table. Uamii knew that he was struggling to get to terms with the sexual abuse. The sandtray was a projective and expressive metaphor of Uamii’s “becoming” (Parlett, 2005: 57) and an affirmation “that life can indeed get better” (Sweeney & Homeyer, 2009: 311).

**Session 10:** An Out of the ashes clayfigure - described by Echterling and Stewart (2008: 206) – was used to raise awareness that the CSA memory cannot be erased, but that hope can prevail despite the experience. In addition Lampert (2003: 12) recommends the use of clay to get in touch with the shut-off sensory sensations. The Letter to the Perpetrator was burned and the ashes mixed with clay. After a review of all her artwork and a visualisation of the future, Uamii was asked to mould a symbol of hope from the clay, refer to Image 5.8.

**Image 5.8: Uamii’s Out of the ashes clayfigure**

In Uamii’s story, the flower, “Lily, was trampled on. But she stood up again. The sun shone on her and gardener’s wife watered her and fed her fertiliser. Her roots grew strong… … stronger than it had been. She still has the scars”. Uamii knows the aberrant memory cannot be erased, but has clearly reorganised her meaning-making of the trauma to resourcefulness and growth.
In the last session the therapist read the story of the Phoenix: the mythological bird with a colourful plumage and a tail of gold, which rose from the ashes and of which it is said that its cry is that of a beautiful song. Uamii’s meaning-making was exposed in her diary, “My previous life was not good, but like the Phoenix I will be reborn. My cry will be my writing”. (Refer to Image 5.14.)

5.2.4 Summary

Uamii carried the secret of her sexual abuse for six years. Over the years – with the typical egotism of the middle childhood, Uamii rehearsed what had happened and increasingly found herself not only culpable, but also cowardly. In addition, Uamii perceived her environment field as unsupportive, critical and dangerous.

After every session the therapist noted in the Observation guide how carefully Uamii was dressed and perfumed (“It’s actually body spray”) and how proud her posture was. Was this a deflection, a redirection of attention? Certainly nobody would have guessed her inner turmoil. It was also observed – relating to the physiological metaphor of the Gestalt cycle of experience (Lobb, 2005: 31-32) – that Uamii often ‘chewed’ over what to do and how to do it. She carefully considered the available drawing media before she chose coloured pencils. Cogitating was her habitual pattern.

The therapist noted a lack of words for body parts (vagina) and a difficulty to verbalise other words (rape). Until Grade 5 (about three years after the first incident) Uamii did not even have a word for what had happened to her. Note Uamii’s horror in Window 6 of the 9FPS (she’s right in the front). During the intake interview neither Uamii nor her mother could declare whether penetration had actually taken place. In Session 6 Uamii reported that she could not verbalise the word “rape” in her dream, and in Session 5 Uamii’s uncontrollable laughter when the therapist spoke about self-lubricating vaginas was probably an attempt to break contact, i.e. deflection.

During the therapy much attention was awarded to undoing, redoing and mourning the trauma. Over time Uamii increasingly used the dissociated words. Cowardice was transformed into bravery, self-deprecation into self-appreciation, and the secret into a survivor’s story.

The therapist experienced Uamii as very focused and increasingly confluent during the therapeutic process – far beyond what could be expected of a fourteen-year old. Uamii wanted to understand and overcome her traumagenic past. Oaklander (2006: 25) posits, “Children who […] have been traumatized in some way, tend to grow up too fast”.

In the next section the case of Lisa will be analysed. Attention will be awarded to her historicity, assessment and each of the therapeutic sessions.
5.3 Analysis: The case of Lisa

5.3.1 Historicity

Lisa is a fourteen-year old Grade 8 girl. She survived two traumatic events, namely a physical attack ten days prior to Magdalena Stoffels’ rape and murder, and a sexual attack 22 days after the murder of Magdalena. The sexual attack occurred when Lisa took a shortcut through a dry riverbed on her way to school; the same riverbed in which Magdalena had lost her life. Two men accosted Lisa. While the one tried to grab hold of her, the other pulled off his pants and said, “Bring her here”. Lisa broke free and ran to school. She immediately and purposefully disclosed (Collings et al., 2005: 276), first at school and then at home. Lisa, who had attended the trauma debriefing group at school, was invited to attend individual therapy.

5.3.2 Assessment

Lisa and her family have been attacked four times. Her mother was violently attacked in a riverbed in 2006. Lisa was assaulted twice and her brother was attacked with a knife while hanging out with his girlfriend right in front of their house. The last mentioned assault occurred just after Lisa’s therapy was terminated, and the incident was used to assess the outcome of the therapy. In Table 5.3 Lisa’s tripartite assessment is summarised.

<table>
<thead>
<tr>
<th>Characteristics of the traumatic event</th>
<th>Characteristics of the child</th>
<th>Characteristics of the field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased risk</td>
<td>Female</td>
<td>Environment field dangerous</td>
</tr>
<tr>
<td>• 2x single event</td>
<td>• History of previous exposure to trauma</td>
<td></td>
</tr>
<tr>
<td>• Physical injury to child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased risk</td>
<td>• Cognitive level – capable of understanding abstract concepts</td>
<td></td>
</tr>
<tr>
<td>• Short duration</td>
<td>• Coping skills – a healthy approach style</td>
<td></td>
</tr>
<tr>
<td>• Perpetrator is a stranger</td>
<td>• Immediate posttraumatic intervention</td>
<td></td>
</tr>
<tr>
<td>• No disruption of family or community structure</td>
<td>• Strong ties with religious / cultural belief system</td>
<td></td>
</tr>
<tr>
<td>• Family – nurturing and supportive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Religion – strong beliefs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Supportive friends, school and community</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5.3: A tripartite assessment of Lisa’s field

In preparation for drawing tasks the therapist first asks a client to draw a rough scribble (refer to Session 1). Lisa wanted to use these Rough lines (Image 5.9) to depict the impact of the assaults. In her Therapy diary she noted, “This wasn’t good at all because my world became smaller, I had this thing called negativity… After this incident I didn’t want to trust my older male friends. I even got scared that I don’t want to leave the house. This also caused associate with Magdalena’s fate. I also became so scared, I just don’t have that freedom to go out with my friends or go pay my friends a visit, like I used to… [sic]”
Lisa’s mother observed that Lisa had difficulty to sleep, was weepy, emotionally unstable and her schoolwork – the pride of her parents – deteriorated after the physical assault. These and other reactions were noted by Ferreira and Read (2006: 184-185), Biyong and Theron (2000: 1-6), Marvasti (1994: 324) and Perry (2000: 7). The two attacks and family history seemed to cause feelings of great vulnerability and associated anxiety; Celano et al. (2002: 66) hypothesise that “learned helplessness” might develop in such cases.

The contact modifications of avoidance, supersensitivity, egotism, isolation and retroflection were noted. Lisa’s self – the environment is part of the fundamental structure of the self – was estranged. Her avoidance was generalised to all boys and men.

### 5.3.3 The process of therapy: Gestalt Healing tasks

#### 5.3.3.1 Healing task 1: Building a therapeutic relationship

It was very easy to establish and maintain a working alliance with Lisa. She is, her mother noted, a “sunshine child”; moreover, Lisa was a thorough and enthusiastic client.

#### 5.3.3.2 Healing task 2: Strengthening the self

Two drawing experiments were used to raise Lisa’s awareness of her organism-environment field. Because Lisa is artistic, she enjoyed the process and the products of drawing.

**Session 1:** In preparation for the drawing exercise, a rough scribble was done with the left and right hand, with eyes open and eyes closed, pressing hard and softly and drawing fast and slowly. Lisa was also encouraged to experiment with different drawing media. Only after the multisensory experiment was she asked whether she would like to make a drawing of herself as an animal. Before the phenomenological inquiry the therapist and Lisa looked at her drawing from close up, from far, and upside-down (Blom, 2006a: 94). Lisa remarked, “Cute”.

The *Self as an animal drawing* (Meijer-Degen, 2006: 75-76) (Image 5.10) provided an opportunity for Lisa to talk about herself and to own the projection, “It’s exactly like it is at home”. She consequently made a list of her ‘good and weak points’ in her diary – a personality function of the self. Although the assaults were never mentioned, Lisa said the activity was valuable because, “If
you, like I now have a problem, you can talk to someone. It will make you feel better”. She named the drawing “Lovingfull picture” [sic].

Image 5.10: Lisa’s *Self as an animal* and *Supporting image drawings*

**Session 2**: Lisa’s *Supporting image* (Meijer-Degen, 2006: 72, 125) (Image 5.10) was remarkable. Her mother is in the central position and it included her home, brother (he represented the rest of the members of the family), her dog, the church and youth group, the school and her friends. Lisa’s dream of becoming a lawyer is depicted at the top of the picture. She is able to self-celebrate and to self-nurture. Already in the second session Lisa changed her meaning-making: a positive definition of the personality-self in relation to the traumatic incidents was noted.

While exploring these drawings, Lisa’s awareness was sharpened of who she was (and still is) before the traumatic incidents. A sense of self and of historicity was achieved. The fullness and colourfulness of the way in which Lisa explored her life space, indicated a good prognosis.

3.3.3.3 **Healing task 3: Contact with the trauma**

**Session 3**: Lisa produced two *9FPSs* in two consecutive sessions: one illustrated the sexual abuse, and the other the physical attack. Lisa wanted to deal with the sexual abuse first\(^\text{17}\). Refer to Image 5.11 and Table 5.4.

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\(^{17}\) Because of technological failure, this session was not recorded. The client’s verbalisations and observations were noted down in the therapist’s process notes and observation guide.
Lisa interrupted the process of drawing the 9FPS several times to sharpen and arrange the coloured pencils, to arrange the therapist’s notes and to add some detail to the first picture. Adding detail to Window 1 or Window 9 (the pillars of strength) – when the drawing process becomes challenging – is self-nurturing.

Most importantly, during Lisa’s verbal narrative the therapist realised that she did not draw or relate the sexual part of the incident, verifying that it was unfinished business. This omission affirmed the dynamics of becoming ‘not me’ and of evasion, often associated with sexual abuse. It also relates to the ASD criterion of avoidance. The therapist, cognisant of the importance of facing the abuse (Joyce & Sills, 2006: 133, 183; Oaklander, 1988: 248), asked Lisa whether we could discuss the avoidance. Lisa understood that it would be more valuable if she could face the incident. For grading purposes Lisa said that she would visualise her mother standing right behind her with her hand on her shoulder (a grading experiment suggested by Joyce and Sills (2006: 102)). She then drew the currently displayed Window 4, and pasted it over the window drawn initially.
Table 5.4: Lisa’s verbal narrative of the sexual abuse

Following the pictorial and verbal narratives of the 9FPS, emotions were identified and explored. These were: happy (before the incident), confident (when she realised that she had made it), shocked, scared, nervous, lonely, sad, angry, guilty and confused. Lisa acknowledged that she felt guilty because, despite many previous warnings, she had taken a short-cut to school through a riverbed. To foster awareness and address the stigmatisation related to her risk-taking action (Celano et al., 2002: 65), the therapist and Lisa measured the distance from her house to the school, which was 5.3 km. Over the highway and through the riverbed the distance is less than a kilometre. Lisa concluded, “It was them [the two perpetrators], it was their fault”. Only when she was safely at school and realised that she could have been raped and murdered like Magdalena, Lisa became angry. Lisa still took her History examinations.

Clay et al. (2009: 419) assert that successful interventions should not only be trauma-focussed, but should also underscore the survivor’s achievements and positive changes. Lisa seemed to be intuitive; she knew something was wrong even though it seemed as though the perpetrators were going to walk past her. Oaklander (2006: 68) posits that, “the body knows things before the intellect”. Lisa gave herself a star for her sixth sense. It was rewarding for Lisa to honour what she had done to survive by pasting stars on the 9FPS. Lisa named her 9FPS drawing the “Picture of excellence” [sic]. At the end of the session Lisa confided, “I will strongly recommend [my cousin] to

Lisa’s cousin was apparently raped, and was later seen by the therapist.
come to you”. Lisa’s comments uphold the paradoxical theory of change: organismic health requires full experiential contact with the unfinished business (Joyce & Sills, 2006: 133; Serok, 2000: 42).

**Session 4**: A second 9FPS of the physical assault was done, first a pictorial narrative (Image 5.12) and then the verbal narrative (Table 5.5).

![Image 5.12: Lisa's pictorial narrative of the physical abuse: the Nine Figure Picture Story](image)

This time the drawing process was not interrupted. After the discussion of emotions during the first 9FPS session, Lisa was able to deliberate her anger. “Angry is a bad feeling, but it is valuable. The angry made me so strong that I hit him bloodnose”. The therapist was, however, unsure whether Lisa’s statement was an introjection or assimilation. Lisa awarded herself seven stars: for standing up for herself [“my man staan”], for rescuing her sister-in-law, for retaining both cellphones and for immediately telling her mother. “My mother always says I must tell her if something bothers me… to get it out of my heart and then they can help.”

On the way back home, Lisa showed me the place near Shoprite where this assault had taken place. Lisa reclaimed the field where she had established no-go boundaries after the attack.
WINDOW 1: Ons was op pad winkel toe [ek en my skoonsuster, Juliet] en toe't ons vriende langs die pad gekry en toe het ons hulle gegroet... ons het nie eintlik lank gesels nie... maar net gegroet en toe loop ons. Toe vra ek vir Juliet wat maak haar ma. Toe sê sy sy's net by die huis. [Juliet het blou aan. En dis Sokkies.] [Lisa's dog].

WINDOW 2: Ons was in die pad; toe hy ligte so geflikker.

WINDOW 3: En toe'm ons nou geloop en toe sien ons nou hierdie twee kome voor aan. Maar ons het mos nie gedink hulle gaan iets doen nie, want hulle het die baie... gelyk of hulle hulle se eie kop so goed gesels het en so. So ons het hulle eintlik nie ríerig waar kop toe gevat nie.

WINDOW 4: En toe kom keer hy vir my vas en hy vra vir my ek moet my phone vir hom gee. Toe sê ek sê vir hom “Ek sal nie.” En hierdie ene – terwyl hy besig is met my – sit hy nou op haar. En Sokkies blaf nou net daar... hy speel nou net met die mense. [Hy’s geraas op my. Hy vou haar phone nou by haar gekry het. Terwyl hy nou op haar geset het, het sy geskree “Help” en so.]

WINDOW 5: En toe slaan hierdie ene vir my... Hierin in die gesig in... Met sy vuis. Hy [Sokkies] het ook nou daar gespeel. Hopeless. [Smile] En hoe hy sokke nou gegil, maar niemand het gehoor nie. En hy was, hierdie outjie, was net om die draai gewees. Hulle het daar gestaan, maar hulle hette gehoor nie.

WINDOW 6: En okay, toe hy nou vir my geslaan het, toe slaan ek em hom nou terug. En toe bloei sy neus en...

WINDOW 7: …dit is toe die tyd toe hy hardloop. Dis nou toe ek hierdie ander ene gegooi het... met’n klip. 'n Baie groot klip.

O, ek het nie daar gekry dat hy vir my teruggegooi het nie. Hy t ‘n ander klip gevast en toe het hy my agter my rug gegooi. En toe hardloop hy...]

WINDOW 8: En toe het ek haar gehelp om op te staan en toe ek haar gevra, “Is jy oraait?” Toe sê sy gesê, “Ja, thanks”. Toe loop ons winkel toe.

WINDOW 9: En hier het ek by die huis aangekom. [O, ek het haar een skoen nie ingekleur nie! Hier is my ma. Sy was buitekant gewees op die stoep en toe het ek ingekom. En toe gaan sy in, in die huis in en toe kom ek agterna. Toe sê ek haar eers... in die huis in. Toe was sy so kwaad gewees. My broer-goed het ook die twee gaan gesoek, want hulle sou nie so ver wees nie. Maar toe kry hy nie vir hulle twee nie. Die twee outjies het gesê hulle het die twee outjies gesien wat gehardloop het...]

[Die een outjie was ‘n kleurling ou en die ander ou was ‘n swart ou. Nee – ek ken hulle nie – maar daar is viende van my wat sê... nee dis seuns wat saam met hulle by een skool is. En daai twee is baie stout.]

Table 5.5: Lisa’s verbal narrative of the physical abuse

Session 5: Although Lisa had readily expressed her anger in the previous session, the therapist invited Lisa to work some more with emotions. A balloon was used as a metaphor to explain that internalising emotions (or uncontrolled externalisation) might not be such a good idea (see Balloons of anger in Hall et al., 2002: 517).

Lisa admitted that she was angry with many people: the attackers, her callous classmates (who had made a joke of the attack), her cousin, sister, sister-in-law (who had shamed her by remarking that she had known she should not walk alone in a riverbed), and the passer-by (who had hooted, but had done nothing to assist her). She was also furious with the police who had claimed that they “can do nothing about the attack, because there should have been people patrolling the river”, despite many
public statements following Magdalena’s death. Lisa concluded, “It was them [the two perpetrators], it was their fault”.

The session ended with a Letter to the perpetrator (Image 5.13)(Celano et al., 2002: 70). “Sis, are you not ashamed of yourselves?” The letter was read aloud to the ‘perpetrator’ (on an empty chair), while the therapist urged Lisa on to verbally and bodily express her anger.

Image 5.13: Lisa’s Letter to the four perpetrators

5.3.3.4 Healing task 4: End phase

Session 6: The therapist suggested formats for the termination session: a lecture, an Oprah Winfrey-type interview (DVD recorded), designing a poster, or writing a letter to a local newspaper. Thereby Lisa could share her insights and advise others about physical and sexual assaults.

Lisa chose an Expert interview, in which she was the expert and the therapist the interviewer. A Phone-in slot was inserted to highlight issues that were significant in Lisa’s case. The therapist ‘received’ the calls and presented Lisa with the issues ‘raised’. Baggerly (2007: 360) suggests that setting up such a talk show can identify residual misattributions.

Before the interview Lisa and the therapist made themselves camera-ready, which is sensory and bodily nurturing. During the interview, Lisa mentioned how she had confined her space by staying at home, “which caused my friends to abandon me”. Lisa advised a phone-in parent whose daughter
had been sexually abused: “He can tell her that he is always there for her… no matter what, through good times and bad times”. She recommended to children walking in the veld: “Expect the unexpected”. Many Namibians still hold introjects that psychologists are for ‘mad people’. Lisa responded to this phone-in question, “Psychologists make you do things to bring back your lifestyle as it was before, it’s not only for mad people… then you realise these are things that you can do at home to help yourself and these are things that you can do to help another person”. The dramatic play had affirmative and evaluative value.

Gauged by the Expert interview Lisa had clearly assimilated the abuse incidents and in doing so could officiate as an expert on the matter. Because Lisa’s meaning-making proved to be inclusive and because the posttraumatic signs had abated, the therapist and Lisa agreed to terminate the therapy.

Celebration: The therapist, Lisa and her class-mate (also a client) had milkshakes to celebrate the end of their therapy and all the new knowledge that we gained. We decorated cards with a special message for each other (Oaklander, 2006: 48).

5.3.4 Summary

Although Lisa survived non-contact sexual abuse by a stranger, the historical and contextual field of the traumatic incident impacted on her functioning. Lisa was assaulted twice; first physically and thereafter sexually. Between these two attacks Magdalena Stoffels – a learner from her school with whom Lisa identified – was brutally raped and killed in a riverbed near their school, in similar circumstances in which Lisa was accosted. However, many factors alleviated the impact of the sexual abuse: Lisa has a highly supportive field, she has strong religious, familial and community anchors, the therapy started soon after the incident and Lisa is academically and socially self-confident. By her own daring and clear-headedness, Lisa defeated the four perpetrators.

Lisa applied herself to the therapy whole-heartedly, probably because the posttraumatic reactions troubled her so much. Additionally, she was also methodological and meticulous (she first made guiding pencil drawings which she then coloured). She took pleasure in her objets d’art (her family is artistic) and creating a Therapy diary.

In The case of Uamii and The case of Lisa it was shown how each client made meaning of the trauma and of the therapy. Because Gestalt recognises “singularity” (Philipsson, 2005: 2), neither Uamii nor Lisa can be considered exemplary of how adolescents make meaning of traumatic experiences or of therapeutic interventions.
5.4 **Theoretical comparative analysis: The cases of Uamii and Lisa**

Patton (2002: 235) asserts that in qualitative studies a small sample should yield two kinds of results: (a) detailed descriptions documenting the uniqueness of each case (as in the Sections 5.2 and 5.3) and (b) a cross-case analysis of shared patterns and common themes related to the phenomenon and/or participants. In this section the trauma stories and the therapy stories of Uamii and Lisa will be compared respectively under the sections *The process of the clients* and *The process of therapy*. In the last section, *The goals of Gestalt play therapy*, it will be determined if and in what way the goals of Gestalt therapy have been achieved.

As a caveat the reader is reminded that the case studies differed very much: the survivors had experienced different levels of sexual abuse, they were embedded in different fields, they were from different cultural groups and their process and temperaments differed greatly.

5.4.1 **The process of the clients**

Oaklander (2006: 158) defines a client’s process as her “way of being in the world”. This section deals with a theoretical comparison of the ways Uamii and Lisa were in their worlds following their CSA experiences, i.e. their trauma stories. Mention will also be made of their PTSP from a neurobiological perspective.

5.4.1.1 **Posttraumatic signs and patterns**

The theme Normalcy *versus* difference (Urman *et al.*, 2001: 407-409) was illustrated by how Uamii and Lisa were before their traumatic experiences (pre-trauma normalcy) and how they became as a consequence of the sexual abuse (difference). In Lisa’s *Self as an animal* and *Supporting image* drawings, normalcy was easily pictured. Sadly, in many ways, normalcy was interrupted for Uamii six years ago; ‘difference’ became her ‘normal’ way of experiencing and doing things.

Following Cohen (2002: 3) and Claveaux (*sine anno*: 11) it could be forwarded that both Uamii and Lisa were suffering from a disturbance of the demobilisation phase of the Gestalt cycle of experience. In Uamii’s case the inability to let go of the unfinished business was a longstanding pattern. For six years Uamii ruminated about the figure of her traumagenic experiences. She was confined to her middle zone and the trauma seldom receded to the ground. Similarly, but of much shorter duration, Lisa acknowledged that she had difficulty concentrating on other things and that she had flashbacks. Uamii and Lisa thus met the PTSD/ASD criterion, reexperiencing the trauma event. “The ego relives and thereby tries to master and reduce the anxiety” (Sadock & Sadock, 2003: 625).

Paradoxically, in both cases the ego-repetition caused increased arousal, a PTSD/ASD criterion. Lisa wrote in her diary, “There were times where I just sat quiet and I would get this flashback”,...
confirming the proposal made by Schaefer (1994: 298) that it is during relaxed times that the unfinished business presents itself. Lisa’s mother reported that Lisa was emotionally labile and that she experienced sleeping difficulties. For Uamii, “Rust is onmogelijk” (Claveaux, *sine anno*: 9).

Possibly due to the arousal, Lisa (in the acute phase of the traumatic incident) and Uamii (following the disclosure) had scholastic difficulties for what appeared to be the first time in their lives.

Not being able to differentiate, close and withdraw from the traumagenic figure, the Gestalt cycle of experience was disrupted. A number of contact modifications were noted. Uamii revealed avoidance, deflection, retroflection, egotism (preoccupied thoughts), intellectualisation (using the intellect to make meaning), owning (accepting all responsibility), aggression (torturing her mother), bluntness and isolation. For Uamii these contact modifications became fixed patterns of behaviour and led to an impaired sense of self (Joyce & Sills, 2006: 112; Mackewn, 2004: 105). “Tannie, I want to know why I’m an introvert”. Lisa divulged avoidance, supersensitivity, egotism, isolation and retroflection, but of much shorter duration. As proposed by Mackewn (2004: 106) regarding contact modifications, impaired self-environment relations were reported by both Uamii and Lisa; similarly, Cloitre *et al.* (2006: 55) assert that trauma memories of the past “profoundly dictate” the way survivors live in the here and now and that it leads to restriction of socialisation and movement. In the *Pre-therapy sandtray* and in Window 7 of the 9FPS Uamii hides behind a bed, all alone. Her relationship with her parents is appalling and she has not slept over with friends since Grade 5. Likewise, Lisa wrote, “… my world became smaller”, echoing the hypothesis of Cloitre *et al.* (2006: 55) that survivors’ “experiential worlds get smaller and smaller”.

Mackewn (2004: 107) is of the opinion that contact modifications always serve (or have served) a purpose under the field circumstances of a client. Although both Uamii and Lisa applied avoidance (a PTSD/ASD criterion), the meaning-making underlying the modification seemed to differ. Lisa avoided all her “older male friends” to safeguard herself from another attack; she generalised (refer to Cohen & Mannarino, 2004: 821; Valent, 2007: 7) the danger. Conversely, it seemed as though Uamii avoided others because she was scared that they might (magically) discover her secret, or that she might divulge it in a moment of weakness. In both cases avoidance was a protective, creative adaptation. This confirmed the proposal made by Lobb (2005: 29), that contact with the environment is continually determined by one’s definition of self. Lisa avoided men because she perceived herself as powerless; Uamii avoided her peers because she perceived herself as unacceptable.

Of the “recurrent and intrusive, distressing… thoughts” (APA, 2000: 438) (similar to egotism), the self-attribution of culpability and concomitant feelings of guilt and shame are perceived to be highly detrimental to healing (Celano *et al.*, 2002: 65). “Shame”, according to Kaufman (quoted in Parlett, 2005: 58) “is a wound felt from the inside, dividing us both from ourselves and from one another”. Uamii blamed herself, her parents and the perpetrator; “I blamed myself, I allowed it to happen, I do not deserve happiness”. The delayed disclosure possibly related to “feelings of complicity”
(Goodman-Brown et al., 2003: 526) which were aggravated by the abuser’s love-bargaining strategies (Niederberger, 2002: 63) and the fact that he was a member of the family (Goodman-Brown et al., 2003: 533). On the other hand, Celano et al. (2002: 65) indicate that self-blame – resulting from an error in judgement (walking unaccompanied in the riverbed) and not meeting adults’ legitimate expectations, such as in Lisa’s case – should not be dismissed. Blame was self-attributed by Uamii and other-imposed in Lisa’s case. Self-blame contributed to the layers of veiledness for Uamii, while shame imposed by the field (which is the self) made Lisa very angry. Both survivors felt a “disconnect” within the organism-environment field (Parlett, 2005: 58).

Uamii’s disconnect with her family – associated with Internalised coping (Chaffin et al., 1997: 233; Tremblay et al., 1999: 938) – was multifaceted. As shown, she blamed her father (a) for allowing the perpetrator into their home and (b) her mother for ‘giving the perpetrator permission’ to have sex with her (one of the perpetrator’s strategies to overcome her resistance). Celano et al. (2002: 65) call this misattribution “nonperpetrator family blame”. Uamii’s anger with and insolence towards her mother can be contributed to these cognitive distortions.

The emotions revealed by Uamii and Lisa (refer to the Feeling faces pasted on the 9FPSs) are thoroughly unpleasant and overwhelming. The cultural field does not sanction some of these, e.g. anger, guilt and revengefulness. No wonder that survivors spit these out and develop “emotional numbing” (Cohen & Mannarino, 2004: 821). During therapy both Uamii and Lisa divulged introjects, the cultural-religious expectation that survivors should forgive and forget. Polarities were noted in Uamii’s letter to the perpetrator, “Seeing you made me want to see you suffer. But as the Bible says, “moet jou nie aan sondare steur nie want so sal hulle ook vergaan” [Don’t take notice of sinners, so they will perish]. Similarly, Lisa wrote in her diary, “I just wished for something real bad to happen to them but I also left them in God’s hands”.

After the sexual assault Lisa immediately told her family, teachers and peers what had happened to her on the way to school. Her mother phoned friends and church members for support. Conversely, Uamii was locked in inner conflict, an impasse. “Wat er in het verleden was is niet meer bevredigend en de toekomst is te bedreigend” (Claveaux, sine anno: 7). Uamii admitted to suicide and homicide ideation, “I wanted to commit suicide, but my sister needs me”. The disclosure-cellular text message was an explosive response to the tension and energy applied to restrain the unfinished business. The cellular text message was also the start of Uamii’s journey towards homeostasis.

5.4.1.2 The process of the clients: A neurobiological perspective

Uamii wrote in her Therapy diary regarding her life, “…I tried fixing what had happened but I got stuck and left everything. With the helping hand of an angel I put back the puzzles. What a relief it is now my mind and soul can all be at ease again”. For the researcher, this metaphor of a bewildering jigsaw puzzle – in which certain pieces are in the wrong sequence, some in the wrong places and
others seem to be missing, and moreover, with no guiding picture – is an apposite description of a trauma memory as described in the Section 2.2. The implicit memory is sensorimotor, fragmented, non-sequenced and non-verbal (Baggerly, 2007: 347; Dalenberg, 2006: 294-295; Kensinger, 2009: 102; Malchiodi, 2008a: 10)

As shown, in response to a traumatic event, a fight or flight response is precipitated by the release of stress hormones and activation of the sympathetic nervous system (Kensinger, 2009: 100; Perry, 2000: 2-3; Valent, 2007: 6). The case of the petite, fourteen-year old Lisa is typical of the fight or flight response and well illustrated in her two 9FPSs. During the first, physical assault, Whitey hit her with his fist “just here” but she retaliated by boxing him “bloodnose”. She threw a “very big stone” at Blackie (who was sitting on top of her sister-in-law), much bigger than the one he had thrown at her. During the sexual attack she screamed “very loudly – although he warned me. Otherwise nobody would have heard me. The traffic [on the highway] was heavy”. Then she ran very fast to school. The vivid flashbacks reported by Lisa possibly have reference to the increased activity in the temporo-occipital regions and the fusiform gyrus (Kensinger, 2009: 101, 106, 107). Fortunately, during the acute posttraumatic period people at home, school, church and the community were all ears to Lisa’s story. The talking should have contributed to the processing of the CSA. Four days after the sexual attack Lisa entered therapy. Lisa approached the therapeutic tasks head-on with creative spontaneity.

Uamii was not so lucky. She valiantly fought back and shouted, but was only eight. She had to apply the Surrender / Adapt survival strategy (Valent, 2007: 9). The perpetrator raped her at least four times over a period of two years. It could be expected that her body alarm did not restore to homeostasis, and her fight-flight mechanism was trapped in “continuous looping” (Baggerly, 2007: 346). Because Uamii did not disclose, she could only process the event(s) with the Concrete operational reasoning capacity available during middle childhood. She could barely look at the trauma holistically and appeared to encode it in a piecemeal, analytic way. There was no one to challenge, dispute and refute her meaning-making and ultimately her autobiographical memory.

It is suspected that Uamii’s constant cognitive-verbal analysis of the trauma (mainly a left hemispheric and cortical activity) influenced the development of her process and temperament. Uamii presented as a contemplative, exploratory and intellectualised client – which is why the collaborative examination of projections suited her. Mackewn (2006: 106-107) cautions about such fixed patterns, because being overly cognitive and egotistic, being interpretive and applying preconceptions, lead to restricted awareness which often presents as rigidity and relational difficulties. Additionally, her life script was influenced by a topdog-underdog inner struggle. The topdog was her self-assured, righteous and cerebral self, embedded in a well-controlled environment; the underdog (reminiscent of the little rape victim) was the emotionally needy, cowardly and timid self who lived in a dangerous environment in which nobody could be trusted (not even mothers). As
a case in point, Uamii had attended modelling classes for years (which accounted for her proud posture), but stopped when she came second in a competition. Losing was unacceptable. Uamii couldn’t socialise with peers because the underdog might reveal itself. She didn’t need therapy because she was strong. “[S]he cannot risk being vulnerable because if [s]he is, [s]he will lose the fragile self [s]he has” (Oaklander, 2006: 95). Yet, once convinced to try therapy, Uamii approached the therapeutic tasks with focused commitment.

In this section it was shown that both Uamii and Lisa were affected by the CSA. However, the severity and duration of their distress differed significantly. Some of the variation seems to be the consequence of their meaning-making, i.e. the level of their awareness and how they ‘thought’ about the incident(s). The relevance and practical value of the theoretical Gestalt cycle of experience and modifications of contact were illustrated by the two case studies.

5.4.2 The process of therapy

This section deals with a theoretical comparison of the therapy stories of Uamii and Lisa. Attention will be awarded to how they made meaning during each of the Gestalt Healing tasks, including the results from the intake and termination interviews with the parents. Mention will also be made of the 9FPS from a neurobiological perspective.

5.4.2.1 Gestalt Healing tasks

(a) Intake interviews

Kepner (2003: xiii) developed his theory in the course of his work with adult survivors of sexual abuse, therefore intake and termination interviews with parents are not mentioned. These interviews could probably fit under the first and last Healing tasks; nevertheless, the researcher will use separate sections to facilitate conceptualisation.

From a systemic, holistic perspective the importance of the field cannot be overestimated (Ferreira & Read, 2006: 190). As shown, parents are the main component of the so-called “recovery environment” of children and adolescents (Webb, 2007a: 7). The intake and termination interviews with the parents – conducted in the presence of and with full participation of the adolescent-survivors – established a holistic perspective on the trauma stories and contributed to the therapy stories of the clients. Moreover, congenial and trusting relationships with the parents were established.

Schaefer (1994: 299) asserts that parental distress will influence the client’s response to a traumatic incident (or disclosure thereof). Additionally, distraught parents will have less support to offer. Lisa’s mother immediately acknowledged, “I’m very angry… I’m infuriated. I will start hating the Wambos, it’s them. And the Government does nothing; they just steal our tax money. The [City] police patrol the streets for stray dogs, but what about the children?” Lisa’s mother had approached
the City Council two years before regarding the safety of the children: “Nothing”. Lisa’s mother herself survived a knife attack in a riverbed four years before. It seemed as though her mother’s emotional expressiveness did not alarm Lisa. According to Cohen and Mannarino (2004: 819) parents who model and support emotional expression could contribute to a survivor’s healing. Lisa was also angry – but much more at those family members and friends who ostracised her for walking in the riverbed – a possible projection of guilt feelings.

In Uamii’s case the family’s emotional turmoil was fourfold: Uamii’s disclosure of sexual abuse; her mother – a survivor of sexual abuse similar to Uamii’s – relived her own pain and alienation; her father was hopelessly furious and shameful because the perpetrator was a member of his family; and an important member of the family died shortly after disclosure. Celano et al. (2002: 70) hypothesise that parental self-blame can cause “immobilizing guilt” and could model self-blame to the survivor. Uamii’s parents were embittered with the family who had insisted that the young adult-perpetrator live with them, and with the perpetrator for raping their little daughter despite their kindness. Both felt guilty that they might possibly have protected Uamii better and, in doing so, prevented the sexual abuse. The fact that the parents’ own Gestalt cycle of experience was interrupted could be expected to affect Uamii’s healing. Toman and Bauer (2005: 185) propose that the therapist should be on the lookout for family resistances. Uamii’s father excused himself from the intake interview, as he could not talk about “this thing yet”. The contact modification – retroflection – inhibited him from talking about ‘it’. Similarly, Uamii deflected her mother’s enquiries for six years. The familial retroflection did not inhibit Uamii’s therapeutic process as cautioned by Toman and Bauer (2005: 185). She disclosed and was ready to face the sexual abuse head-on (refer to her dialogue with her father in Section 5.4.2.1(f)).

Uamii’s mother was forthcoming. She painfully recounted how what had happened to her was so similar and why she so much wanted Uamii to accept therapy. She modelled candidness and emotional expression to her daughter. Lisa’s mother was similarly informative, as she could relate in detail how Lisa had been before the attacks, what had happened during both attacks and what signs and patterns Lisa displayed subsequently. Regarding their mother-daughter relationship, Lisa’s mother testified that they would talk “about everything under the sun”. Lisa affirmed this by placing her mother in the centre of her Supporting image.

Oaklander (2006: 49) calls parent education “a vital part of the therapy process”. As proposed by Joyce and Sills (2006: 158), Psychoeducation was presented to the parents and adolescents during the intake interview.

(b) Relationship building

Oaklander (2006: 146) asserts, “The relationship is the essence of all therapeutic work”. As shown in Section 4.4, a number of approaches facilitated a working alliance. Already during the intake
interview the therapist attempted to establish respectfulness by talking with the adolescents, not about them. During Psychoeducation the stress reaction, the rationale of trauma therapy and the way the therapist works, were explained.

Inclusion with Lisa, as is her temperament, was spontaneous. Conversely, it was clear that Uamii ‘tested’ the therapist. In the first session – just in case the therapist wanted to talk about the sexual abuse – she choicefully (but probably with underlying resistance) determined the topic. The therapist confessed to Uamii that she was taken aback and that they would have to think of an experiment to tackle the introversion-question together. The therapist believes that the genuine, unreserved communication (Woldt: 2005: xix), and the collaborative design of the experiment were the beginning of an I-thou relationship.

Knowing adolescents, the therapist is convinced that the survivors would not have attended the therapy sessions if a good quality relationship did not prevail. By making up excuses or by defiantly refusing to come to therapy, adolescents would have found a way out.

(c) Strengthening the self

Strengthening the self incorporates awareness of the unitary self-environment field, exploring the ‘me’, empowerment and utilising self-support. Oaklander (1988: 189) claims, “I must deal with what is before I can go further”.

If the body keeps score (Malchiodi, 2008a: 9), one would expect that clients – whose most intimate bodily boundaries were violated – might desensitise or detach from their bodies and/or their sensorimotor experiences (Blom, 2006b: 179; Oaklander, 2006: 26; Reynolds, 2005: 170). Contrary to expectations, both Uamii and Lisa carried and cared for their bodies well. Uamii was fond of perfume and used coloured lip-gloss: “I always wear it, Tannie”. Nevertheless, to promote sensory and bodily awareness the therapist included sensory enhancement during the choice of materials (crayons, sand and clay) and integrated these as part of an experiment (e.g. multisensory visualisation before drawing) (Oaklander, 2006: 25-27). In preparation for the Expert interview the therapist and Lisa spent time to make themselves ‘pretty’ for the recording. The therapist and clients walked in the garden and looked at plants and listened to birds after sessions. When driving them home, we looked at motorcars and the colours of houses. It is after one such activity that Uamii looked at the therapist in a very discerning way. Uamii explained, “You don’t look at all like I thought, I thought you would have dark hair and dark glasses…” It was as though she saw the therapist for the first time. The inclusion of sensory and bodily awareness not only promoted contact-making with the environment, but also contact-making with the therapist.

In this study a number of experiments were applied specifically to enhance awareness of the organism-environment field: drawing the Self as an animal, the Supporting image drawing, the
Power dream and Door drawing. Lisa drew the first-mentioned projections with concentrated effort. At first she was rather astounded when the therapist invited her to explore the process of drawing and the objets d'art, but soon took pleasure in the process. Lisa noted in her diary after Session 1, “This picture actually express / shows the real me. My footprints are all over, a lot of people know me for who I’am [sic]. I’am a very lovingfull [sic] person, but I’am also very capable of self-defence if in danger. I also like to be alone sometimes”. She drew a small star on every i in place of the dot. As was shown, Uamii employed the Supporting image, Door drawing and Power dream absorbedly and in depth. She wrote in relation to the Power dream, “Power is not to be rich or famous but to be able to do something right that was very difficult for you… so if you are powerfull [sic] you will be wise enough to make the right choice”.

Homework tasks were also given to strengthen the self. It was suggested that the clients practise ‘proper’ breathing (Joyce & Sills, 2006: 156; Klein, 2008: 304) at home. This is, according to Oaklander, (2006: 162), a tool for self-nurturing. A printout of their birth signs from an astrology webpage was provided and they were asked to explore at home, “Does this fit for you?” (Oaklander, 2006: 28). Namework was particularly enhancing, they had to ask their parents how and why their names were chosen. As shown, after Session 1 Uamii was tasked, “Do one nice thing for yourself each day…” (Oaklander, 1988: 190). Uamii’s organismic self-support was probably so corroded that she could not self-nurture, therefore she fell into her habitual style of self- and other-critique. Nonetheless, Uamii did apply “nurturing the senses” (Oaklander, 2006: 162) at the funeral and projected two of the soothing sensory objects into her Power dream drawing.

However, Gestalt therapy is cyclic and spiral, therefore self-awareness was an element in every session. For example, the Stars component of the 9FPS augmented awareness of mastery. Lisa took great satisfaction in exploring her courageous acts, which included “saving my sister-in-law” (during the physical assault) and screaming loudly (at the time of the sexual attack). Valent (2007: 7, 9) suggests that rescuing during traumatic events augment positive meaning-making. The therapist is of the opinion that the Strengthening of self sessions and approach prevented the development of learned helplessness (Celano et al., 2002: 66) in Lisa. Uamii, conversely, initially couldn’t think of any way in which she had been brave or had tried to stop the rape. Her trauma-focused filters contaminated her meaning-making and self-identification, consequently she could not see herself as anything but a wretched victim.

(d) Contact with the trauma

Contact with and integration of the trauma are necessary to build a new, coherent autobiographical memory and a holistic ‘me’. Clay et al. (2009: 412) assert that opportunities should be availed for the survivors to “re-author’ their experiences”. This was mainly achieved with the 9FPS experiment; through which the “pastness” (Cloitre et al., 2006: 53) of the CSA was reinforced. Following Kepner
(2003: 5-6, 107-123), the trauma memory was undone (fragmented into nine pictures) and redone (dissociated aspects such as courageous acts added).

Lisa drew two 9FPSs: one of the sexual abuse and the other of the preceding physical abuse. The latter was done because it seemed to underlie Lisa’s scholastic difficulties. As the process progressed, Lisa became increasingly aware of how amazingly apposite her fight-flight responses had been. The therapist thinks that this awareness augmented a sense of safety. Lisa wrote, “I don’t get scared nor do I get nightmares or frightened by people”. By choice, Uamii drew one 9FPS of the first rape incident. The therapist is convinced that the single 9FPS was enough to initiate the healing process. Uamii became aware that an alternative perspective from the one held for six years, was possible.

Oaklander (1988: 251) asserts, “They are entitled to have feelings, and their feelings need to be expected, acknowledged, accepted, and respected”. The therapist was of the opinion that Lisa’s anger was not fully assimilated. She diarised after Session 2, “For those who made a joke out of this I don’t blame them because they don’t know how it feels when something like that happens”. During the narrative phase of the 9FPS (Session 3), Lisa admitted that only after the attack, when she was already writing her exams, she felt angry, “It’s only then that I thought about Magdalena [Stoffels]… Then I realised what could have happened to me”. A whole session was dedicated to emotions, mainly anger. In Session 5 Uamii confessed, “I didn’t know it was so many feelings, I thought I felt only sad and angry”. Much time was dedicated to developing empathy for her younger self.

Celano et al. (2002: 64) propose that “attribution retraining” with survivors of CSA is critical. Whereas the 9FPS seemed adequate for Lisa, Uamii had difficulty to place responsibility for the sexual abuse appropriately. This could be expected, as six years of continual self-blame and parent-blame could not be undone in one session. Her awareness had to be enhanced of how the perpetrator had intentionally deceived her and how an eight-year old could not be expected to challenge the “powers that were” (Kepner, 2003: 127), which to Uamii’s understanding, included her mother. An exploration of the tricks of the perpetrator – a list was collaboratively developed – increased her understanding of how “ciniving” [sic: conniving] he had been. Empathy for the self was achieved very poignantly through letters between the eight-year old and fourteen-year old Uamii. Uamii writes to her “own abused child-self” (Kepner, 2003: 107), “I wanted to tell you not to feel guilty for it is not your fault vagina got wet for that is her job to become wet during sexual intercourse just as it is the sun’s job to rise in the early morning blue sky”. Not only could Uamii bring herself to write down the name of her dissociated body part (which had her in (probably, resistant) laughter only two sessions before), but she had clearly assimilated the knowledge about automatic bodily functions – only in a much more poetic way than the therapist could!
Both Uamii and Lisa interrupted the process of drawing during the 9FPS. When awareness was raised about this process, Uamii explained that it was hard for her; nevertheless, she declined the invitation to take a break or discontinue the drawing. It was necessary to downgrade Lisa’s drawing process. The contact modifications were adaptive.

In the phase Contact with the trauma Kepner (2003: 124) asserts that space has to be availed for mourning the losses caused by the abuse. Uamii, as an adolescent, could only respond to the perpetrator with polarities and introjects, but the little girl within could write, “You never said SORRY!”

(e) End phase

Therapy is one of the figures in a client’s life, and it is important for it to retreat to ground so that the client can embark upon a new cycle of experience. Oaklander (2006: 48) describes termination thus: “As needs are met, new masteries achieved, new discoveries made, blocked feelings expressed, there is a period of homeostasis and satisfaction. This is closure…”

The therapist thought a strong consolidation of the process would be important for Uamii and therefore two sessions were dedicated to the End phase. Uamii’s Pre- and post-therapy sandtray and Out of the ashes clayfigure were visual affirmation that the self-environment field had improved. Although the clayflower (the ashes of the perpetrator were kneaded into the clay) still bears the scars from being trampled on, ‘Lily’ is a strong, well-rooted organism.

Lisa chose to end with an Oprah Winfrey-type Expert interview with a phone-in slot. Being a survivor twice over, Lisa is an expert and her interview affirmed her organismic self-regulation. She could impressively express her emotional reactions without inhibitions, “Both incidents affected me emotionally. It caused me to hate most of the men. It also caused a lot of fear”. She could advise others about how to overcome these affective and related behavioural reactions, “I prayed, I talked to people, people prayed for me, I even went to a psychologist to help me. I did most of the things that always make me forget about bad things and stuff like that”. She encouraged and instilled hope, “For those young boys and girls out there that have been sexually abused, beaten up and all sorts of things, remember there’s a way out… You guys might also be role models to some of us”. Lisa also articulated vigour, “As people say, when you fall you should always stand up and finish what you started”.

Kepner (2003: 132) names the end task Reconsolidation. This is when the survivor experiences herself “increasingly strong”, “increasingly big in relation to the abuse” and “increasingly part of something larger than himself that makes his history meaningful”. In Lisa’s Expert interview she eloquently transferred her insights to an audience. Already in Session 2 she explained why she wanted to become a lawyer, “I want to be there for people” [to whom similar things have happened].
Uamii’s aim to write her life story is proof of how her meaning-making transcended beyond individual victimhood towards societal responsiveness. Other people could be inspired by her story.

(f) Termination interviews

The therapist and clients collaboratively planned and prepared for the termination interviews with their parents. Inclusion of the adolescents is a sign of respectfulness, but is also an opportunity for their voices to be heard. It was, after all, their therapy.

Lisa’s mother recounted at the termination interview, “Previously Lisa said, ‘Mammie, I don’t want to see men… they scare me’. But Sunday, when we were walking to Kentucky, I saw that she is relaxed. I saw that there are big changes. It helped her a lot, immensely. And she did better [in the exam] than last [time].”

The termination interview with Uamii’s parents was also encouraging, but – as could be expected – much more emotive. Uamii’s father was encouraged to attend, which he did. At the end Uamii wanted to speak to her parents:

_Uamii to her father:_ “Daddy, the past month we made some conclusions, but we’re not sure if it’s right. But I want you not to feel guilty that it happened. We should learn from it… and it was my lesson. I hope you will be all right. A month ago I heard Emily’s song… you know, ‘Daddy Daddy’? I cried… I wanted to tell you I love you.”

_Uamii’s father:_ “I know you’re a brave, few persons can go through this… I was blessed with a daughter. We were robbed of so many years… you should still have been my child. I thought let me give her space, give her her territory [as Uamii became more withdrawn]. But she misses me. I love her.”

_Uamii to her mother:_ “I want to apologise that I have been so negative about everything… that I behaved so badly. I’m sorry I tortured you. I thought you gave permission to [name]. I wanted to make you suffer like I did.”

_Uamii’s mother [could barely speak]:_ “I’m not angry with you… I love you very much... I would never have allowed such a thing...”

Cohen and Mannarino (2004: 823) assert that enquiring about the child’s grades at school could inform on the impact of the trauma. Likewise, school performance could demonstrate healing. Lisa’s mother was proudly displaying the school report, because Lisa’s results had improved with 123 marks. During the termination interview, Uamii’s father explained that he had realised the effect of the sexual abuse [actually the disclosure] when Uamii had not achieved an 80%+ and had not received a performance prize that year. He did not consider that, at the time of the prize-giving, the year-end results had not been incorporated yet. Uamii subsequently phoned to proudly declare that her average was above 80%.
5.4.2.2 The process of the 9FPS: A neurobiological perspective

Cloitre et al. (2006: 59) propose that the sensory-perceptual fragments of the trauma memory have to be organised and integrated into a coherent picture, one with a beginning, middle and end, and that verbal encoding engender conceptual analyses. This was achieved with the 9FPS.

The 9FPS brought “online those regions that we initially recruited to process that event” (Kensinger, 2009: 108). The trauma memory was drawn in nine pictures (a tactile and visuospatial activity); the story was told by the client and retold by the therapist (a verbal-auditory activity); emotional awareness was enhanced (by experientially visualising how the emotion looks and feels, as well as naming, exploring and normalising them); then the shrewd actions of the perpetrators and bravery of the survivors were examined (an analytic activity); and lastly, by naming the 9FPS and diarising insights, synthesis was achieved.

The 9FPS experiment thus applies play therapy and talk-therapy, the emotional and thinking brain (the subcortical and cortical regions), perceptual and linguistic means, explicit and implicit memory, an analytic and holistic approach and hemispheric lateralisation. These processes are employed to dis-member and re-member (Ingersoll, 2005: 141) the trauma narrative and therefore also the self, or as proposed by Kepner (2003: 107-123), to undo and redo the trauma memory.

In this section the therapy stories of the clients were described. It was shown how the adolescent-clients used the Healing tasks, experiments and the parental interviews – each according to her temperament and needs.

5.4.3 The goals of Gestalt therapy

The goal of this study was descriptive and pragmatically oriented; the researcher did not endeavour to evaluate the efficacy of the therapeutic process or specific experiments. Nevertheless, from the onset it became increasingly clear that the therapeutic process had an impact on the clients. Their growing awareness led to altered meaning-making, which affected change. Clay et al. (2009: 414) propose that – bearing in mind that a trauma experience may shatter a survivor’s view of herself and the world – such meaning-finding is central to posttraumatic growth. In this section it will be examined if, and in what ways, the goals of Gestalt therapy were realised.

Joyce and Sills (2006: 109) remind us that Gestalt therapists have only process goals, not content goals. The goals of the mentioned Healing tasks are, amongst others, that the client “expresses appropriate emotion, experiences better support, completes unfinished business, feels satisfied, re-owns alienated parts” and becomes more aware. The goal is not, for example, for Uamii and Lisa to become non-traumatised or to become fully integrated persons. The Gestalt therapist, therapeutic process and experiments are not change agents; they are instead aware agents, creating conditions that allow for organismic self-regulation (Yontef, 2005: 87).
Awareness is the focus of Gestalt therapy. Ensuing from awareness, a person might or might not choose to perceive differently, change behaviour, or adapt organism-environment relations towards healing. Enhancing awareness was central to the experiments, but exploratory dialoguing prior to and after the projections was as important. Lisa and Uamii noted their growing awareness. Lisa diarised, “I really enjoyed all the activities we did and it was very interesting this also helped me to know myself better, the person I really am”. Uamii named her 9FPS, “Looking at life from a different angle”. She stated, “Before I came to therapy I looked at life as if looking into the devil’s face… The last session alone helped me with the feelings I had inside (from my perspective)... Now I feel refreshed or should I say reborn [sic].”

In the light of growing awareness, choice-fullness and “response-ability” (Perls, 1972: 34) developed. This related to the theme Ensnared versus choicefulness. Uamii was ensnared in an impasse, in her self-blaming and self-disparaging egotism. Already after Session 2 (during which alternative ways to look at life’s experiences were thrashed out) Uamii wrote, “Today was a challenge for I had to face my deepest fears of all. It’s not that I like being hurt all the time it’s just I got used to it... Why choose to suffer when you can be happy? Look carefully, every story or situation has two sides to it, so why be stupid and choose the negative. Remember you are the one hurting yourself...” Similarly Lisa was ensnared in posttraumatic reactions: flashbacks, sleeplessness, isolation, fear and anxiety. In the Introduction to her Therapy diary (written right at the end) Lisa wrote, “This book is based on the facts, of the two incidents that happened to me. I am [sic] a survivor in this story!! In this book you will find out how this two incidents affected me, and how it helped me to believe in myself!!!” Lisa chose to become a survivor.

Awareness and choicefulness facilitate the “ability to be able to change” (Woldt, 2005: xxi) “in the direction of healing, growth, and wholeness” (Yontef, 2005: 82). Lisa diarised after Session 4, “Some people take years to get over it, but it only took me a few days!!” Lisa’s self-confidence was not unrealistic, as she knows that she lives in a dangerous field. She noted, “But I hope that, that was the last bad thing that ever happen [sic] to me”. As indicated, soon after termination Lisa’s brother was assaulted. Lisa’s mother indicated that Lisa was angry, “Mammie, if I get hold of him now, I will kill him with my bare hands”. Despite the emotive reaction, none of the posttraumatic signs and patterns returned. In turn, Uamii eloquently voices her becoming in her Phoenix essay (Image 5.14), the last entry in her Therapy diary:

One of the ways in which the cases were dissimilar was related to the theme Suppress versus express. Sweeney and Homeyer (2009: 308) remark, “Trauma by definition involves speechless terror”. Whereas Uamii kept the wordless CSA secret for six years, Lisa revealed it immediately, numerous times and to a variety of people that she had been attacked. Considering the different status of the perpetrators, the difference in the invasiveness of the sexual acts, the diverse field circumstances and the divergent ways in which the girls cogitated about the CSA, the suppression by Uamii and
expression by Lisa are understandable. During preparation for the termination interview, Uamii’s changing process was intensely demonstrated. When the therapist enquired what she did not want to have mentioned to her parents, Uamii reflected intently on the matter and then answered, “Nothing, I told them everything already”. Uamii had regained her voice.

Writing one’s story is also associated with the Suppress versus express theme. In the second session Uamii acknowledged that she writes very well, “Someone once asked me why don’t I write about my life”. She was sure that no one would like to read her story, “I’ve got a lot of problems” and “without a happy ending, it wouldn’t be nice for a reader”. In response to the Phoenix metaphor Uamii re-established herself, her life-story will be “full of passion and inspiration”.

Image 5.14: Uamii’s essay: Phoenix

In the domains of posttraumatic growth extrapolated by Clay et al. (2009: 415) both Uamii and Lisa became aware of New possibilities, Relating to others, Personal strength, Appreciation of life and Spiritual change. In both cases the clients approached homeostasis. In Uamii’s case the healing was by no means fully attained, but she was functioning well and established self- and environment support. As suggested by Joyce and Sills (2006: 204), a “mutual agreement” was reached with both clients to contact the therapist when or if they needed ‘a talk’.

In this section it was shown that both Uamii and Lisa, through the process of therapy, became increasingly aware of their organism-environment fields. By means of enhanced awareness, choice-fullness and response-ability, they were able to honour their selves and restore hope. The therapist has to concur with Kepner (2003: 1), “healing is fundamentally about growth”.
5.5 Conclusion

In this chapter the empirical findings of two cases of Gestalt play therapy were described and a theoretical comparative analysis was done. The analysis revealed the trauma stories and therapy stories of two sexually abused adolescents, and also contributed to the research story.

The researcher is of the opinion that both survivors composed their trauma narratives successfully and that the 9FPSs, phenomenological dialoguing and conceptual diarising were instrumental (and neurobiologically apposite) to access, destruct and reconstruct the unfinished business. She is also convinced that exposure to the traumagenic event, albeit by means of a picture story, maximised awareness and assimilation. Not directly raising the CSA could be unproductive or even counterproductive, because such protectiveness undervalues a survivor’s potency and competence and communicates this to her.

As it relates to the therapy stories, it is the researcher’s view that the importance of considering the (often singular) meaning-making of the survivors, was confirmed. Despite commonalities the survivors’ self-in-relation to the therapy varied, i.e. how and what they did and said during the unfolding play therapy differed. The Gestalt Healing tasks proved to be a valuable means to structure the strength-based but incisive therapy.

Relating to the research story, the case study methodology was a rigorous undertaking. However, the working alliance and dialogic relationship between the scientist-practitioner and the participant-clients were hugely rewarding. The researcher is satisfied that the study will enable the reader to ‘experience near’ the lived life worlds of the survivors and that aspects of this applied research will have transferability.

In the next chapter, an overview and conclusions relating to the research will be done. The limitations of the study and recommendations for future research will be examined.