

Chapter 4

Research methodology

4.1 Introduction

In Chapters 2 and 3 a literature review was conducted. Complexities related to the adolescent phase of development, the sequel to sexual abuse, as well as Gestalt play therapy were discussed. In this chapter the researcher will discuss the research methodology applied in this study.

In their article, Nastasi and Schensul (2005: 188-192) explore the criteria of worthy and trustworthy qualitative research, developed by the Interdisciplinary Qualitative Research Subcommittee (IQRS). One of the IQRS criteria (p. 183, 188) is that a qualitative researcher must clearly state what theoretical and empirical frameworks guide the study, and give a detailed description of methods of sampling, data collection and analysis; all these must be shown to be appropriate and relevant to the research question. Such explicitness is necessary to evaluate the trustworthiness of the research. In the light of the above, the researcher will give a detailed exposition of the research framework, methodology and methods in this chapter. This chapter will also demonstrate empirical self-reflexivity (introspection), which is important to promote the soundness of the study.

4.2 Goal, framework and design

In this section the researcher will expand on the goals, framework and design of the study briefly mentioned in Chapter 1. The IQRS advises that these factors should be stated unequivocally in qualitative research.

4.2.1 Goal

In Chapter 1 the goal, objectives and research questions that directed this study were comprehensively described. In short, the goal of the study was to elicit how adolescent survivors of sexual abuse make meaning of the Gestalt *Healing tasks*, including a specific experiment: the *9FPS*. Thus, during the process of therapy the clients' trauma stories (the distal context) and their therapy stories (the proximate context) were extracted (Henning *et al.*, 2005: 46) for each client, according to her idiosyncratic meaning-making.

4.2.2 Theoretical and empirical framework

One of the criteria set by the IQRS (Nastasi & Schensul, 2005: 189, 190) is that qualitative data analysis and synthesis must clearly correlate with the theoretical and empirical framework of the research. Henning *et al.* (2005: 3) postulate that the purpose, scope and "epistemological home" (Henning *et al.*, 2005: 3) of research determine the choice of the empirical framework. Another consideration is whether the methodology and the research topic are congruent. The following

features demonstrate how the (empirical) qualitative framework and the (conceptual) Gestalt framework complement each other.

- (a) Phenomenology and phenomenological methodology are the epistemological home for both Gestalt therapy and qualitative research (Fouché & Delpont, 2011: 64-66; Bowman, 2005: 10). The conceptual and the empirical framework aim to access the “intersubjective field” through collaborative exploration (Mackewn, 2004: 59). Some of the aspects which are of significance in both Gestalt therapy and qualitative research are: the particularity of the experience; a collaborative, egalitarian and dialogic relationship; an immersed insider’s perspective and the principle of holism (Fouché & Delpont, 2011: 63-66; Haverkamp, 2005: 153; Mackewn, 2004: 80, 133).
- (b) Qualitative research focuses on meaning and interpretation (Madill & Gough, 2008: 255). The researcher examined intrasubject meaning-making (as opposed to intersubject variation) and the unfolding events over time (Edwards *et al.*, 2004: 592): how a particular sexually abused adolescent thinks, feels and does during each session of Gestalt therapy. The researcher is interested in the *quality* of the phenomenon, rather than its *quantities* (Henning *et al.*, 2005: 3).
- (c) According to Silverstein *et al.* (2006: 351) qualitative research suits the study of therapeutic practices, the aim of this research. Whereas quantitative methods simplify and obscure the individual’s experiences into a statistical aggregate in order to test a presumed universal concept; qualitative methods endeavour to discover the substance and features of a uniquely individual experience (Nastasi & Schensul, 2005: 179), namely therapy.

4.2.3 Design

This research is pragmatically oriented applied research, by which the researcher hopes to contribute to solving a human problem (Patton, 2002: 224). The researcher therefore described Gestalt experiments that practitioners may use in psychotherapy for adolescent survivors of sexual trauma to engender psychological well-being.

Case study research has a long tradition in child psychopathology, particularly to “provide a source for developing and trying out treatment techniques” (Mash & Wolfe, 2005: 65). Case study methodology was employed in this research: collecting detailed, in-depth and personalised information about the unit of analysis (Patton, 2002: 46, 55): two sexually abused adolescents. The study described and interpreted dynamic events, relationships, patterns and interactive processes during the Gestalt play therapy. The case – grounded in field theory – embraced “distal and proximate” contexts that become foreground during the therapeutic process (Henning *et al.*, 2005: 46). The case study methodology also provided for observations of non-verbal interaction, so important in psychotherapy, and allowed the participants to respond in their unique ways, rather than on predetermined areas. It was chosen on the basis that it is individualised, holistic, process-orientated (as is Gestalt therapy) and a rich source of data (Mash & Wolfe, 2005: 64; Patton, 2002: 46, 55). According to Edwards *et al.* (2004: 590) “case-based methods [...] usually preserve the complexity of the real-life situation far better than multivariate studies”. In Chapter 5 this premise will be validated.

In case studies the roles of the researcher and the researched are dualistic. The researcher is both a scientist and therapist (Haverkamp, 2005: 146); and the researched is both a research participant and therapy client. Moreover, the researcher is part of the researched's field and therefore a "co-creator of meaning" (Henning *et al.*, 2005: 19). These challenges can be overcome: Latner (quoted in Parlett, 2005: 47) recommends, regarding the researcher, "studying the field means including yourself in your study..."; Silverstein *et al.* (2006: 354) suggest that the participant is invited to become a research collaborator. In this study the researcher's double role was alleviated by means of self-monitoring (as will be illustrated in this chapter). Collaboration with the survivors was attained through their *Therapy diaries*.

In this section the goals and framework that guided the research and the case study methodology were discussed. The case study method was particularly appropriate to elicit a "thick description" (Henning *et al.*, 2005: 71; Madill & Gough, 2008: 265) of a 'thick' life event, i.e. psychotherapy. Next a synopsis will be made of how the research was performed.

4.3 Overview of the research process

In this section the researcher will summarise how the research was conducted. Attention will be awarded to how sampling, data collection and data analysis and synthesis were carried out and how these influenced the research.

4.3.1 The participants and sampling

During the proposal phase of the research it was envisaged that school principals would be approached to identify adolescent survivors of sexual abuse. This recruitment plan was weighted down by logistical and ethical dilemmas. Survivors of sexual abuse (who meet the stated participant criteria) constitute a hard-to-find population, particularly if the study has time limitations. Moreover, principals are bound to confidentiality.

Shortly after the proposal was accepted, Magdalena Stoffels – a learner from a Khomasdal school – was brutally raped and murdered. The case resulted in a national uproar and local pandemonium; and, as could be expected, affected Magdalena's co-learners. The researcher was one of a group of psychologists who were tasked to conduct trauma debriefing at the school. Subsequently, some learners in need of individual therapy were identified and were assigned to the psychologists; of these were survivors of traumatic experiences similar to that of Magdalena. The researcher chose Uamii and Lisa¹³. In as much as Uamii and Lisa were selected as "information-rich cases for study in depth", purposeful sampling was applied (Patton, 2002: 230). Uamii and Lisa were also samples of

¹³ The names of participants are pseudonyms.

convenience (Mash & Wolfe, 2005: 62) in as much as the researcher took advantage of an unforeseen opportunity to choose survivors who met the predetermined criteria. The eligibility criteria, set out in Table 1.2, included participant, temporal and environmental criteria.

The cases of Uamii and Lisa are heterogeneous: Uamii is a survivor of intrafamilial rape over a period of two years; Lisa survived a single non-contact sexual assault by a stranger. Their ethnic backgrounds, the quality of field support and additional stressors differed. Their meaning-making was also divergent: since the sexual abuse six years previously Uamii seemed to hold an “I’m not OK, you’re not OK” view (Harris, 1973: title) of self and others; conversely, Lisa said to herself during times of adversity, “I am wonderfully made by God”. Patton (2002: 235) asserts that such heterogeneity may be a strength in case studies: “Any common patterns that emerge from great variation are of particular interest and value in capturing the core experiences and central, shared dimensions of a [...] phenomenon”. Some of the differences between the participants are tabled below:

Participant	Age and grade presently	Age and grade at time of sexual abuse	Type of sexual abuse	Perpetrator of sexual abuse	Frequency and duration of sexual abuse	Disclosure
Uamii	Age 14 Grade 8	Age 8 + 9 Grade 2 + 3	Statutory rape (Full understanding of experience: Grade 5)	Member of family, “Uncle” ¹⁴ ,	“about four times” over two years	September 2010; about six years after the first CSA incident (text mother)
Lisa	Age 14 Grade 8	Age 14 Grade 8	Non-contact sexual assault: 18 August (Physical assault: 17 July) (Magdalena Stoffels’ rape and murder: 27 July)	Stranger	Single incident	Immediate (Teacher, peers, mother, family members and church members)

Table 4.1: Sexual abuse history of participants

The necessity to consider the subjective meaning-making of participants, rather than the objective features of the sexual abuse, is illustrated by the two participants. It could be forwarded that Lisa was ‘only’ a survivor of a single non-contact sexual attack; however, the sexual assault took place about (a) a month after Lisa had been physically assaulted and (b) a mere three weeks after Magdalena’s

¹⁴ In this case “uncle” is a generic term for an older, male acquaintance or member of the family.

rape and murder. Her historicity and identification with Magdalena's fate impacted on Lisa and influenced her trauma story. Uamii, on the other hand, was only eight years old at the time of the rape and was apparently not affected. However, following a Life Skills lesson in Grade 5, Uamii was devastated and subsequently presented with an ambit of posttraumatic signs and patterns. The field circumstances and understanding of the participants clearly are principal considerations in research, factors which might have been overlooked in quantitative research.

Patton (2002: 246, 244) asserts that sample size is “determined by informational considerations”, the purpose of the study and whether a researcher seeks to explore the phenomenon in depth or breadth. Firstly, the external generalisability of findings of this research is clearly affected by the sample size of two cases studies. However, the aim of this research was not to study the typical, but to see a part of the world (therapy) through the eyes of individuals (adolescent survivors of sexual abuse). Secondly, Onwuegbuzie and Leech (2005: *sine pagina*) declare that sample size and sampling are multidimensional; it is not only sample size, but also the units of data (that is, the quantity and quality of information gained through observations and interviews) that are central to internal generalisability. Regarding the quantity of the units of data, refer to the fact that about 26 hours of therapy with the two client-participants and 6 hours of semi-structured interviews with field representatives were carried out. As suggested by Mash and Wolfe (2005: 69) a prolonged engagement with the two sexually abused adolescents was maintained. Thirdly, the quality of the information allows for an in-depth analysis. The researcher is of the opinion – and it will be validated in Chapter 5 – that the two cases provide information-rich data and meaningful insights.

4.3.2 Data collection

Data for the research were collected by means of participatory observation, semi-structured interviews and documentation by the researcher-therapist and the participant-clients. The *data corpus* consisted of six and ten recorded therapeutic sessions of about one and a half hours each with Lisa and Uamii respectively, transcribed intake and termination interviews with the parents, the researcher's process and observation notes, and the clients' *objets d'art*, *Therapy diaries* and scholastic records.

Pre- and post-treatment psychometric tests were not used for a number of reasons: (a) Testing and diagnosis (i.e. “doing to” *versus* “doing with” (Melnick & Nevis, 2005: 110)) disrupts the Gestalt dialogic relationship between therapist and client; (b) Except for a single interest questionnaire, no psychometric instrument has been standardised for the Namibian population; (c) Moreover, Edwards *et al.* (2004: 593) forward that instruments may be insensitive to clinical changes. For these reasons, and because the researcher was interested in the survivors' meaning-making, qualitative assessment procedures were used: *what* the clients said and did, and *how* the clients expressed themselves.

The main method of data collection – “on the continuum from ‘observation only’ to ‘full participatory observation’” (Henning *et al.*, 2005: 85; also Strydom, 2011a: 329, 331) – was participatory observation. This method related to the double role of scientist-practitioner and “means not only that the same person can both practice and conduct research, but also that he or she can engage in practice and research simultaneously as a set of integrated activities” (Brair, quoted in Delport & De Vos, 2011: 55). The researcher – as a therapist – aspired to maximise her involvement with the clients as per the Gestalt tradition, rather than to take an objective ‘scientific’ stance.

The quality of a relationship of inclusion and the value of data are bound to be influenced by a researcher-practitioner concentrating on making notes all the time (Yin, 2009: 113); for this reason DVD recordings of the therapeutic sessions were made. As researchers are often cautioned, the camera failed during Lisa’s first *9FPS*, which meant that the researcher had to rely on her process and observation notes. The influence of this technological failure was far-reaching. Upon reflecting on and reviewing the DVD of Uamii’s Session 4, the therapist realised that the session was much too long and that she had failed to notice Uamii’s bodily messages. The researcher-self (reminiscent of how the camera failed with Lisa) interrupted contact by concentrating on her process notes, and as a result the process of therapy deteriorated into I-it contact during Session 4. The therapist apologised to Uamii for her insensitivity.

From the above, the importance of process notes (taken during the process of therapy) and observation notes (reflections made on an observation guide after the intervention) is substantiated. In addition, difficulties to reconcile the needs and roles of the researcher-self and therapist-self during participatory observation are highlighted. The *Observation guide* can be found in Annexure D.

Four semi-structured interviews with the parents were conducted: an intake and termination interview with each. The parents were included as field representatives. Paul *et al.* (2006: 263), Cohen *et al.* (2000: 40) and Cohen and Mannarino (2004: 823) found that when parents were directly involved in their child’s therapy, significant improvements were recorded. Regrettably, the therapist conducted only two interviews with the respective sets of parents. Nevertheless, she kept contact with them through the clients, by telephone or sometimes a supportive or congratulatory cellular text message.

Ever since the therapist first read Oaklander (1988: 185), she has conducted parental interviews in the presence of the child or adolescent. Such inclusion promotes the establishment of a trusting relationship with the therapist being fair and “interested in everyone – especially the child”. In cases of sexual abuse it is also very important that the adolescent knows exactly how much the therapist knows, otherwise she might assume that the therapist knows ‘everything’.

The intake interviews were conducted with the mothers and adolescents. Lisa's stepfather works shifts and was not available. Uamii's father excused himself, but thoughtfully waited for his wife and daughter for the duration of the interview. Uamii's father could not face his unfinished business as it related to the rape of his daughter. He valiantly attended the termination interview, which, as will be shown in Section 5.4.2.1, was a critical (therapeutic) incident. Like their daughters, both mothers were survivors: Lisa's mother was a survivor of a physical attack and Uamii's mother of sexual abuse (refer to Section 4.5).

As shown, the purpose of the research was to extract the survivor's "'voice' and to hear some of his 'story'" (Henning *et al.*, 2005: 8). The voices did not only relate the clients' verbalisations during therapy; the *objets d'art* and *Therapy diaries* can be considered to be the artistic and written voices of the client-participants, voices that were exceptionally expressive and valuable.

The *objets d'art* – being projections of the organism-environment field – had intrinsic therapeutic value, served as the basis of collaborative exploration and contributed to ongoing assessment. The artefacts also had a 'take away' effect; the clients took great pride in taking photographs of their creative expressions home to share with their mothers. As research data, the artefacts illustrated findings and should enhance the reader's understanding of the participants' meaning-making.

The *Therapy diary* (or therapeutic log (Nastasi & Schensul, 2005: 184)) is a spiral notebook (Oaklander, 1988: 149) in which a photograph of the *objet d'art* was pasted on the one side and on the other the client noted her observations (in Gestalt terminology: her awareness). Yontef (2005: 88) underscores the importance of such self-reflection. Image 4.1 illustrates the format of a *Therapy diary* and how Uamii made meaning of her *9FPS*.

The clinical relevance and research value of the *Therapy diaries* were threefold: (a) The therapist used them as part of ongoing assessment and, because they were used continually, they provided a record of the clients' response to therapy; (b) It facilitated the assimilation and consolidation of any awareness acquired by the client during a session; (c) The diaries also contributed greatly to the research project. Through their diaries the clients became (to a greater or lesser extent, depending on their reflective qualities) co-researchers; (d) The diaries were also developmentally apposite. Personal diaries, according to Sadock and Sadock (2003: 37) are a "common creative outlet" during adolescence.

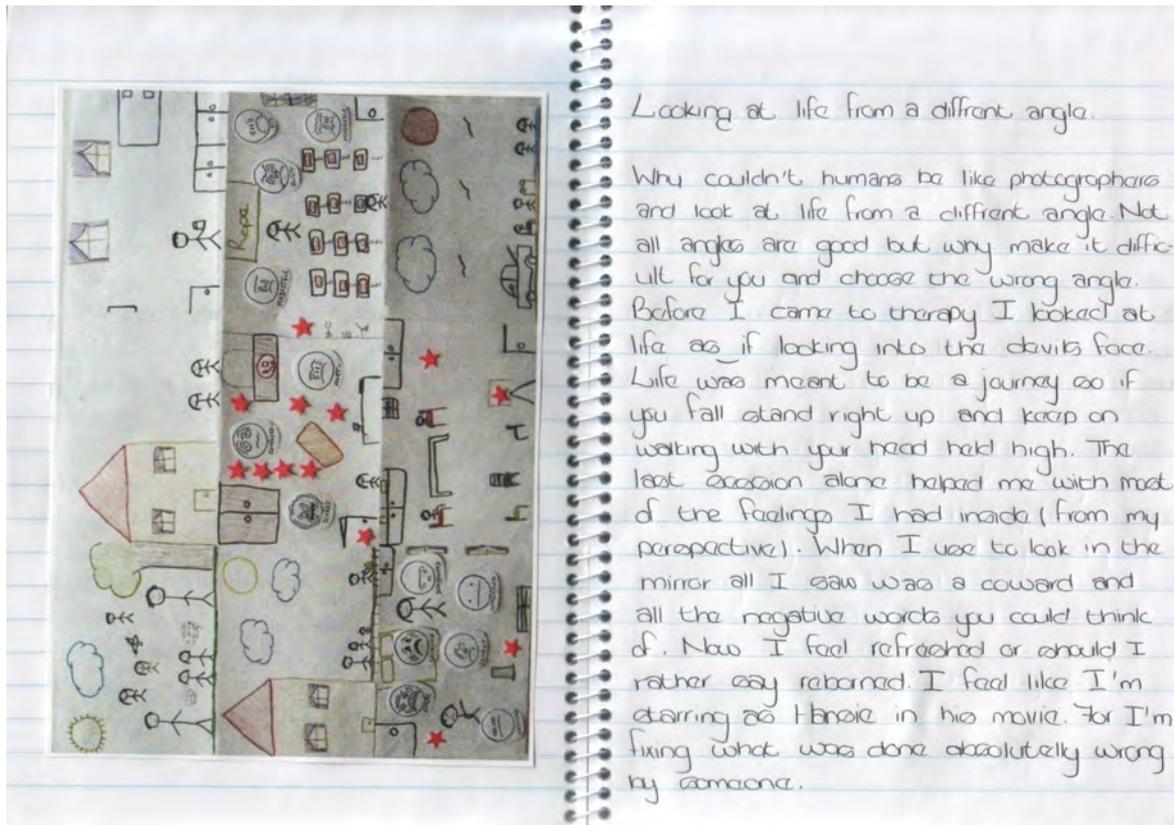


Image 4.1: The *Therapy diary* entry of Uamii's *Nine Figure Picture Story*

Language – a medium of contact-making and meaning-making – is satiated with ideological and cultural (field) notions (Dippenaar, 2004: 166), especially in a country with a colonial history. English is the official language in Namibia, but only 7% of the population are English mother tongue speakers (OPM, 2010: *sine pagina*). English is also the medium of instruction from Grade 4 onwards. At the intake interview participants were asked (in English) whether they preferred to speak in English or Afrikaans. Lisa and her mother, being native Afrikaans speakers, chose Afrikaans. Uamii's parents naturally gravitated to Afrikaans, being the *lingua franca* of many Namibians. Uamii preferred English. The researcher-therapist is aware that her restricted range of languages - there are eleven main language groups in Namibia (OPM, 2010: *sine pagina*) - probably affected the quality of the therapy and interviews. Sebakwane (1993/4: 87) emphasises the value of “allowing respondents the full range of expression and nuance of their native language in reflecting on their life experiences”. The researcher used some Afrikaans phrases *verbatim* to capture the richness of the vernacular; translations were indicated in this way: [...]. Grammatical mistakes by participants were retained and were noted: [sic].

4.3.3 Data analysis and synthesis

Madill and Gough (2008: 265) assert that the purpose of research (and therefore the related research question) determines the method applied to analyse qualitative data. This research has a thick description purpose: How do the people studied interpret phenomena?” and secondarily, the

researcher also anticipated a developmental outcome: “How does an individual change over time?” In as much as the researcher is committed to a phenomenological Gestalt philosophy, certain *a priori* areas of interest and theoretical intentions were predetermined (refer to Madill & Gough, 2008: 262-263; Yin, 2009: 130).

As noted in Chapter 1, the description, analysis and interpretation of the data consisted of three phases: the inductive phase, the deductive phase and the theoretical narrative phase. These phases were not discrete linear stages, but were conducted iteratively (Nastasi & Schensul, 2005: 182) and spirally (Schurink, Fouché & De Vos, 2011: 403).

The inductive phase: Over several viewings of the DVDs and readings of the texts (the process notes, observation notes and *Therapy diaries*) the researcher immersed herself into the therapy and life worlds of the survivors. She identified distinct audiovisual sections and fragments of text (Schurink, Fouché & De Vos, 2011: 412) that alluded to, amongst others, significant verbalisations, critical (therapeutic) incidents and therapeutic change. Subsequently, the researcher also recorded repetitive ideas that alluded to a thematic premise. Some of the polar themes that arose were Ensnared *versus* choicefulness, Helplessness *versus* agency, Suppress *versus* express, and Normalcy *versus* difference.

The deductive phase: Next the researcher linked the identified text fragments and themes to theoretical constructs from Gestalt therapy, such as organism-environment field, awareness, contact-making and modifications, unfinished business and resistance.

The theoretical narrative phase: Silverstein *et al.* (2006: 356) call the reconstructed stories of participants, organised around theoretical constructs and patterns, the “theoretical narrative”. Two types of theoretical narratives were compiled. (a) Firstly, the individual case studies of Uamii (Section 5.2) and Lisa (Section 5.3) were put in writing. (b) Secondly, a comparative, theoretical narrative (Section 5.4) was composed by means of a Qualitative Comparative Analysis (Leech & Onwuegbuzie, 2008: 593). That is, the identified text fragments and themes from the two case studies were systematically analysed for commonalities and variation. One of the commonalities in the trauma stories was the Gestalt concept of becoming ‘not me’ when an experience (such as CSA) is not assimilated. Because of her fear of being attacked again, Lisa did not walk around and visit her friends anymore (refer to the prominent roads in her drawings in Image 5.10 and Image 5.12). Uamii has not slept over with her friends since Grade 5, probably because she dreaded that others might uncover her secret (refer to Image 5.2, the *Door drawing*). These contact modifications spoiled peer relationships, which are particularly important during adolescence (Sadock & Sadock, 2003: 38).

Therapeutic change was one of the most prominent variations in the therapy stories of the two survivors (refer to Section 5.4.3). Lisa proudly diarised how quickly she overcame her difficulties. Uamii’s therapeutic changes were as evident, but the therapist is mindful that the therapy is just the

start of Uamii's journey towards "selfing" (Parlett, 2005: 56; Toman & Bauer, 2005: 184) and homeostasis.

An overview of the research process was made in this section. Attention was awarded to the participants, the many ways by which data were collected and how the information was examined and integrated. Next a synopsis of the process of the therapy will be presented.

4.4 Overview of the therapeutic process

In this section the researcher will describe how the therapy was conducted. The researcher will pronounce why Gestalt theory, play therapy, a directive approach and interventions structured around Kepner's *Healing tasks* (2003) were chosen and how they were applied.

The tenets of Gestalt therapy theory form the basis of this study. "We and our environment are one" (Perls, 1972: 35). Holism was achieved by considering the environment field of the participant-clients as well as involving all the zones of awareness and self-functions of the adolescents during therapy. Although Gestalt therapy is focused on the here and now, it is not simple and singular. The spatial 'here' is "self-transcendent" (Toman & Bauer, 2005: 185); the environment is part of the essential structure of organisms. Additionally, embedded in the temporal 'now' are the past, "alive and obvious" (Melnick & Nevis, 2005: 105), and the future, which influences and is influenced by the present. In this study attention was awarded to the sexual abuse experience of the past, as well as to the adolescents' plans for the future. Lisa was planning to study law and Uamii was considering psychology and writing. However, as all change and growth only and continuously take place in the present (Melnick & Nevis, 2005: 105), the past and future became figural at certain times during the therapy; for example, Lisa and Uamii's plans for the future related to their need to do 'something' for others who had been sexually abused. During therapy the figure was enhanced in a sensorimotor way by means of play therapy activities and artefacts. In doing so, the fundamental aim of Gestalt therapy, awareness (which implies making meaning), was achieved.

Play therapy was the therapeutic modality of choice because of the many advantages thereof, its apparent neurobiological appropriateness and the age group of the participants. The value of play therapy for trauma survivors is well documented (Blom, 2006b: 179-180; Cohen & Mannarino, 2004: 824-827; Lampert, 2003: 11-23; Oaklander, 2006: 157; Oaklander, 1988: 247-252; Reynolds, 2005: 170-174).

On the continuum directive / non-directive therapy, this study leaned towards a directive stance despite the fact that classic Gestalt therapy fundamentally favours phenomenological, non-directive therapy (Joyce & Sills, 2006: 55). The organism-environment field influenced the choice of a more directive approach: Relationships are always subject to what Henning *et al.* (2005: 92) call "tacitly ruled behaviour". The researcher is conversant with the social convention in Namibia which

determines that children should be respectful of elders and therefore speak only when spoken to. Malchiodi (2008b: 29) points out that a non-directive therapeutic approach might be threatening to the adolescent client in such authoritarian cultures. Furthermore, Webb (2007b: 51) is of the opinion that avoidance is part of the posttraumatic phenomenology and that a child's unwillingness to face the trauma event may present a challenge to the therapist. Another consideration was time limitations: the year-end examinations and the long December vacation were imminent. These are some of the reasons why the therapist worked in a predominantly directive way.

The therapeutic process evolved around the four *Healing tasks* (Kepner, 2003) described in Chapter 3. The reader is reminded that the *Healing tasks* were approached in a linear, spiral, singular and holistic way. In Tables 4.2 and 4.3 an exposition is made of the *Healing tasks* and the therapeutic experiments applied during the therapy of Uamii and Lisa.

Uamii			
Healing task	Session	Experiment or technique	Duration of session¹⁵
Intake interview		Semi-structured interview	2 hours
Building a therapeutic relationship	Ongoing		
Strengthening the self	1	Door drawing	1 hour 30 min
	2	Think-feel-respond cycle Empty chair technique	1 hour 30 min
	3	Supporting image drawing	1 hour 30 min
Contact with the trauma	4	<i>9FPS</i>	3 hours
	5	Continuation: <i>9FPS</i> Nurturing the senses	1 hour 30 min
	6	Dreamwork	1 hour 30 min
	7	Letter to perpetrator	1 hour 30 min
	8	Letters from self to self	1 hour 30 min
End phase	9	Pre- and post-therapy sandtray	1 hour 30 min
	10	Out of the ashes clayfigure	1 hour 30 min
Termination interview		Semi-structured interview	1 hour 30 min

Table 4.2: An exposition of the *Healing tasks* and main modes of experimenting: Uamii

¹⁵ Approximate duration of sessions.

Lisa			
Healing task	Session	Experiment or technique	Duration of session
Intake interview		Semi-structured interview	1 hour 30 min
Building a therapeutic relationship	Ongoing		
Strengthening the self	1	Self as an animal drawing	1 hour 30 min
	2	Supporting image drawing	1 hour 30 min
Contact with the trauma	3	9FPS: sexual abuse	2 hours
	4	9FPS: physical abuse	1 hour 30 min
	5	Letter to perpetrator	1 hour 30 min
End phase	6	Expert interview	1 hour 30 min
Termination interview		Semi-structured interview	1 hour

Table 4.3: An exposition of the *Healing tasks* and main modes of experimenting: Lisa

In line with Gestalt tenets and in consideration of the developmental phase of the clients, performing experiments was by invitation and the rationale of every theme and experiment was explained to the adolescents. Rather than interpretations, collaborative dialogue was applied. The respectful approach strengthened the therapeutic relationship.

Difficulties regarding logistics – time limitations and technical equipment – have already been elucidated. Transport to and from the Assessment and Support Centre (where the therapy was conducted) was another challenge. Because of poverty, the needed taxi costs often amount to a family's 'bread money'; furthermore, a number of people has fallen victim to sexual abuse by taxi-drivers. The therapist therefore picked the adolescents up and drove them back home, following her normal procedure. Transporting the clients strengthened relations with the parents and the adolescents.

In this section the researcher summarised and elucidated the therapeutic process and some of the challenges encountered. Next it will be shown how ethically sound research was attained.

4.5 Ethics and sensitive topics

In this section it will be shown in which ways the research was sensitive. The researcher will explain how power differentials were ameliorated and how safety, beneficence and non-maleficence were established.

This research could be considered sensitive for a number of reasons: Firstly, power and expertise asymmetries are inevitably rooted in the research (Haverkamp, 2005: 151; Sebakwane, 1993/4: 86): amongst others, the researcher as opposed to the experimental participants, the therapist as opposed to the client, an adult as opposed to an adolescent and socio-economic differences. Moreover, as a

therapist, the researcher is well equipped to facilitate the disclosure of deeply painful experiences (Haverkamp, 2005: 152), experiences that an adolescent or a parent might wish to suppress.

To counter the asymmetry, the clients were informed that they might refuse to participate, or withdraw at any moment during the study. They were assured that no penalty in the form of deprivation of services would be imposed (Strydom, 2011b: 128). To illustrate, a wish to contain the painful experience probably underlay Uamii's initial resistance to therapy. She had suppressed the sexual abuse for six years and talking about it "all the time" (her meaning-making of therapy) was not tolerable. In Section 5.2.3.1 attention will be awarded to how she agreed to trial-therapy for three sessions.

Secondly, the participation of children or adolescents in research always renders it sensitive. By adhering to the primary considerations "the best interests of the child" (UN, 1989: Article 3.1) and beneficence (Wassenaar, 2006: 67), the researcher hoped to conduct the research and therapy in a sensitive and empowering manner. The *United Nations Convention on the Rights of the Child* was ratified by Namibia and is one of the guiding documents for counsellors with the Ministry of Education.

Thirdly, the research issue – sexual abuse – is emotionally charged and fraught with societal taboos. Furthermore, interviews about the CSA (with the parent) and sexual trauma-work (with the survivor) are bound to elicit some discomfort or distress. The provision of safety relates to the ethical principle of "nonmaleficence" (Haverkamp, 2005: 149; Wassenaar, 2006: 67).

The possible difficulties involved in working with sexual abuse were not concealed. During the intake interview the researcher cautioned the adolescent and parent – through using the metaphor of a festering abscess – that the healing process might be painful. It was explained to the resistant Uamii that we would work on her self-confessed strengths, because the therapist wanted to know and honour how she had survived. A number of sessions were dedicated to strengthening the self before embarking on the construction of the trauma narrative.

Societal silences and familial embarrassment often result in children and adolescents having only an implicit, unsubstantiated understanding and/or a paucity of vocabulary to voice what happened to them (Dippenaar, 2006: 40, 97, 285-288). Uamii, for example, had difficulty verbalising the words 'vagina' and 'rape'.

A parent too might find the interviews hard. Uamii's mother candidly admitted that she was also a survivor of intrafamilial, adolescent sexual abuse; her insistence that Uamii should come to therapy arose from her own experience. The intensity of her distress caused the researcher to temporarily transform roles from "pursuing inquiry to providing therapy" (Haverkamp, 2005: 152). The therapist could assist Uamii's mother to make meaning differently: her own trauma experience made it possible for her to respond to Uamii's disclosure in an empathic and supportive manner.

The fact that Uamii was a survivor of sexual abuse by a member of her father's family troubled and tormented her parents. Continuous empirical reflexivity (Nastasi & Schensul, 2005: 185) and therapeutic inclusion (Yontef, 2005: 95) by the researcher-therapist should advance awareness of what Haverkamp (2005: 148) calls "ethically important moments". One of the instances when the scientist-practitioner realised that an issue had grave ethical implications was when it became clear that Uamii's perpetrator might be sexually abusing other children too. On the other hand, neither Uamii nor her parents were emotionally ready to confront the perpetrator, face family strife or pursue a criminal case. This issue was discussed during the termination interview and the parents were provided with a copy of the *Combating of Rape Act* (OPM, 2000a). At this time Uamii's father voiced his discontent, "Ek voel ons moet 'meet' en dit uitdruklik stel. **Sy** moet weet watse skandelige ding hy gedoen het... en dit na alles wat ek vir die familie doen. **Sy** ma moet sit waarmee **ek** sit." [I feel we should meet and state it categorically. The perpetrator's mother should know what a disgraceful thing he did... and **that** in spite of what I am doing for the family. His mother must suffer like I'm suffering].

Safety also relates to the ethical principles of privacy and anonymity, particularly with clinic samples (Lindegger, 2006: 469). As suggested by Haverkamp (2005: 154) and Silverstein *et al.* (2006: 354) the names of the participants and some background details were changed to ensure that participants are not identifiable. The adolescents themselves chose their pseudonyms. All data such as DVD recordings, transcriptions, electronic back-ups and other documentation were stored in the walk-in safe at the Assessment and Support Centre. Electronic data were kept on the personal computer of the researcher, which is password protected.

During the intake interview (the *Interview schedule* is attached in Annexure C) the *Consent form: Learner and primary caregiver* (refer to Annexure B) was thoroughly discussed. The issue of informed and voluntary consent, as well as the purpose and expected value of the research, were thus covered verbally and in writing. The need to record the sessions was also thrashed out. The camera and tripod were openly set up; in fact, the clients had to help set up the camera and to remind the therapist to switch it on.

Over and above the adolescent-participants and their parents, the researcher had to gain permission from a highly placed gatekeeper (Terre Blanche *et al.*, 2006: 559): the Permanent Secretary has to endorse research done within the Ministry of Education. Considering that the research explored the value of techniques that were included in the training of Teacher-counsellors countrywide and that learners-in-need would receive therapy, approval was summarily granted. This *Consent form: Ministry of Education* can be found in Annexure A. Ethical clearance was also obtained from the Ethics Committee of the Centre For Child, Youth and Family Studies.

Joyce and Sills (2006: 41) summarise the three elements of a Gestalt therapeutic relationship:

- “The provision of a safe container.
- The establishment of a working alliance.
- The offer of a dialogic relationship.”

Adherence to these conditions by the scientist-practitioner enhanced beneficence and ethical practice.

In this section the sensitivity of the research was discussed, as well as the ways in which the researcher attempted to do good and to avoid doing harm or distress (Haverkamp, 2005: 149). In the next section it will be shown how the researcher enhanced the trustworthiness of the study.

4.6 On the trustworthiness of the research

The “scientific holy trinity” (Kvale, quoted in Henning *et al.*, 2005: 146), i.e. reliability, validity and generalisation, is firmly grounded in positivism. Immensely different assumptions are held in phenomenology, for example, the reality out there is holistic, multifaceted and all knowledge is therefore relative. Whereas quantitative research searches for general truths, qualitative research is oriented towards the uniqueness of the individual. The “trustworthiness” (Nastasi & Schensul, 2005: 184) of qualitative research has to be determined in other ways. In this section the researcher will describe how the trustworthiness of the study was enhanced.

4.6.1 Dependability

Clearly the critique by Strydom (2011a: 331) about the unreliability of qualitative research is true for this study: “It is impossible to arrange for exactly the same situation in order to reach the same results as in the original study”. However, dependability (the qualitative alternative to reliability) can be accomplished by showing that the findings correspond with the reality of the case by means of investigator triangulation (Kelly, 2006: 380).

The researcher applied investigator triangulation in a number of ways: Firstly, as suggested by Silverstein *et al.* (2006: 353), the supervisor of the dissertation inspected and professional colleagues were asked to comment on *objets d’art* to crosscheck the dependability of the data and interpretations. Secondly, negotiation between the researcher and researched should contribute to the accuracy of the findings. Nastasi and Schensul (2005: 189) suggest that the themes generated during the data analysis are presented to the participant-client for feedback as “negotiated interpretation” (also Silverstein *et al.*, 2006: 355). However, the primary participants in this study were adolescents involved in therapy (and for the sake of therapeutic confidentiality the parents could not take this role), therefore convoluted statements of their progress or regress might not have been psychologically beneficial. The researcher therefore used the *Therapy diaries* of the clients to corroborate findings. Mindful of the criteria set up by the IQRS (Nastasi & Schensul, 2005: 188-

192), the researcher also supported the findings with *verbatim* exemplars; the voices of the participants.

Over and above investigator triangulation, the prolonged engagement with the unit of analysis (Gestalt therapy with an adolescent survivor over at least six sessions) enhanced the accuracy of the interpretation (Nastasi & Schensul, 2005: 185). Furthermore, in order to demonstrate the integrity of the findings, the researcher noted a number of challenges encountered during the implementation of the therapy and the research in this chapter (Nastasi & Schensul, 2005: 185).

4.6.2 Credibility

Since the scientist-practitioner of this research was a part of the unit of analysis, and since she was the sole observer and interviewer, selective perception and investigator bias (Strydom 2011a: 331, 338-339) are major concerns. Validity, as traditionally understood, is barely attainable. According to Henning *et al.* (2005: 146) credibility (the qualitative alternative to validity) can be achieved, but is dependent on the rigour and craftsmanship of the qualitative researcher.

The researcher enhanced the credibility of the study in the following ways: Firstly, the in-depth discussion and findings are so embedded with data that the complexities of the case study should reveal internal validity (Schurink, Fouché & De Vos, 2011: 420). Secondly, methodological and data triangulation (Kelly, 2006: 380) – that is, the use of the two case studies (two sexually abused adolescents), multiple sources of data (the survivors, their parents, the researcher and the “authority argument” (Henning *et al.*, 2005: 9)) and multiple data collection methods (observations, interviews, process and observation notes, as well as therapeutic artefacts and diaries) – also contributed to the integrity of the research (Schurink, Fouché & De Vos, 2011: 420).

4.6.3 Transferability

With a small, non-randomly selected, unrepresentative sample the researcher cannot claim that the findings can be generalised to all sexually traumatised adolescent survivors in therapy in Namibia. On the other hand, Edwards *et al.* (2004: 595) assert that a qualitative researcher cannot generalise from a case study, but equally a multivariate study cannot make conclusions about individuals. The qualitative equivalent of generalisability is transferability, which was achieved in the following ways:

Firstly, in qualitative research the reader of the research has to, with the detailed descriptions provided, infer whether or not the findings of the case study “may, or may not, transfer to the reader’s context” (Silverstein *et al.*, 2006: 352). To facilitate such decision-making the researcher provided the reader with ample information on the parameters of this research (Schurink, Fouché & De Vos, 2011: 420) and a thick description of the findings. Secondly, although the case is invariably anecdotal, the researcher used theory triangulation (Kelly, 2006: 380; Schurink, Fouché & De Vos, 2011: 420) to enhance the transferability of the research. The findings were linked to existing

literature and, by doing so, authority corroboration was solicited. Moreover, as it relates to the concept of generalisability *versus* transferability, it was not the aim of the researcher to make statistical inferences which can be generalised to the population from which the sample was drawn, but rather to see a part of the world (therapy) through the eyes of individuals from that population.

4.6.4 Conformability

The qualitative alternative to objectivity is conformability. The researcher, who is both the scientist (observer) and the practitioner (observed), cannot claim to be impartial.

Silverstein *et al.* (2006: 353) and Nastasi and Schensul (2005: 185) declare that empirical reflexivity (introspection) could contribute to conformability. In order to enhance the conformability of this study, the researcher was “continually monitoring the self” (Silverstein *et al.*, 2006: 354) through self-reflectivity and her observation notes. Researcher introspection was demonstrated in this chapter.

In this section it was reasoned that this case-based research was methodologically sound. The trustworthiness of the research lay primarily in the methodological rigor of the researcher and the “thick description” of the case studies (Henning *et al.*, 2005: 85).

4.7 Conclusion

In this chapter the methodology of the research, including the methodological difficulties that impacted on the validity, reliability and ethicality of the study were discussed. The researcher is of the opinion that many of the challenges are related to the qualitative paradigm of the research, namely the sample size, researcher subjectivity and the sensitivity of the process and products. Traditionalists could discredit the study as not being sufficiently evidence-based. However, the researcher would like to concur with Patton (2002: 53), qualitative enquiry is “an empirical (i.e., data-based) scientific perspective”.

The researcher found the IQRS criteria helpful to establish creditable research. The guidelines on researcher introspection were especially insightful. Relating to the tools of the research, it is the researcher’s professional view that the *Therapy diaries* and *objets d’art* are excellent therapeutic and research instruments.

In the next chapter the findings of the research will be described. Attention will be awarded to the therapy of two sexually abused adolescents “in depth and detail, holistically, and in context” (Patton, 2002: 55).