

## Chapter 6

# Overview, conclusions, limitations and recommendations

### **6.1 Introduction**

The aim of this qualitative research was not to reveal certainties about sexually abused adolescents and their therapy. The premise was that the adolescents' stories and storying would be idiosyncratic. The intention was to raise awareness of how the two survivors made meaning of sexual trauma and therapy by means of Gestalt play therapy and the *9FPS*.

In this chapter the researcher will give an overview of the research project. Firstly, the literature study and experiential process will be summarised. Secondly, the key findings will be reiterated and discussed. Lastly, the limitations of this research will be examined and recommendations for further inquiry will be made.

### **6.2 Overview**

In this section the most important aspects from the literature review and the empirical study will be summarised.

#### **6.2.1 Overview of the literature study**

The literature review expressly stated the prevalence of child and adolescent sexual abuse. Although no thorough and systematic research on the prevalence of CSA has been undertaken in Namibia, it seems as though global and South African incidence rates can be extrapolated to Namibia (Bunch, 1997: 42).

The deleterious (Biyong & Theron, 2000: 1-6; Celano *et al.*, 2002: 64-66; Dippenaar, 1998: 94-99, 134-149; Dippenaar, 2004: 221-235; Nader, 2007: 21-38; Perry, 2000: 2-8; Pretorius & Pfeifer, 2010: 67) and enduring (Bolton *et al.*, 2004: 1011-1013; Perry, 2000: 11) effect of CSA has been widely researched and described. It has been generally acknowledged that, although some survivors present with PTSD, many seem to have signs and patterns not covered by the disorder (Nader, 2007: 21; Perry, 2000: 7; Ryan & Needham, 2001: 438).

A multitude of treatment protocols exist for sexually abused children and adolescents, reviewed by Cohen *et al.* (2000: 32-39) and Paul *et al.* (2006: 262-265). Many programmes are described in articles and several are commercially available. TF-CBT seems to be the most widely supported, whereas Gestalt therapy is under-represented in evidence-based research (Cohen, 2002: 4; Cohen *et al.*, 2000: 32-39; Paul *et al.*, 2006: 263). The application of play therapy is favoured for children and

adolescents by many therapeutic schools (Lampert, 2003: 11-23; Malchiodi, 2008a: 3-19; Paul *et al.*, 2006: 263; Ryan & Needham, 2001: 440; Schaefer & Drewes, 2009: 3-15; Webb, 2007b: 45-70).

### **6.2.2 Overview of the empirical study**

This research attempted to address two questions: How do sexually abused adolescents experience Gestalt play therapy, and how do they use the *9FPS*. Two sexually abused adolescent girls – who met the eligibility criteria (set out in Table 1.2) – were drawn from the population by means of non-probability sampling. The sample was heterogeneous (refer to Table 4.1). Uamii was a survivor of chronic CSA, and Lisa of acute CSA. Uamii's perpetrator was intrafamilial; Lisa's extrafamilial. The two clients presented with posttraumatic signs and patterns often reported in the literature.

The stories of Uamii and Lisa were first analysed individually and thereafter synthesised into a theoretical comparative analysis. Six and ten therapeutic sessions were conducted with Lisa and Uamii respectively. During therapy the therapist fostered awareness related to the self-environment field and all zones of awareness such as sensorimotor experiences, emotions, thoughts and patterns of behaviour. A variety of play therapy techniques (in Gestalt terminology: experiments) was used to raise the clients' awareness and to evoke their therapy stories (first research question) and the trauma stories (second research question). These included therapeutic metaphors, visualisation, scriptotherapy, bibliotherapy and storytelling, creative drawing, clay and sandtray work, dramatic enactments, empty chair work and producing a DVD (Reynolds, 2005: 170; Van der Merwe, 1996: 12-13).

The *9FPS*s gave the unfinished business from the “past a dimension in the present” (Serok, 2000: 52). The (mostly non-verbal) activities were collaboratively explored and diarised in a verbal-semantic way. From the above it could be forwarded that the Gestalt play therapy incorporated various neurophysiological areas, functions and processes.

In this section a brief overview of the study was made. In the next section the key inferences from these stories will be extracted.

### **6.3 Conclusions**

In this section the main conclusions relating to the findings of this research are summarised. The researcher will consider the relevant facts from the empirical study and from the therapeutic process to present the closing argument. Firstly, it will be shown which aspects of the empirical framework and research process contributed to the findings; and secondly, how the conceptual framework and therapeutic intervention elicited the results.

### 6.3.1 Conclusions related to the empirical study

The study was structured into two phases: the literature review and the empirical investigation. As expected, the authority argument (represented by the literature) was valuable to contextualise, verify and challenge the findings. The Gestalt tenet that the client is “the world expert on his own feelings” (Houston, 2003: 135) was verified by Uamii’s sandtray; no therapist could have expressed the insidious impact of sexual trauma as eloquently as Uamii did through her art. On the other hand, some findings challenged the literature. Uamii’s therapeutic process was not negatively affected by her father’s contact modifications, as predicted by Toman and Bauer (2005: 185). In fact, she explicitly told her father that the sexual abuse “was **my** lesson”. (Uamii accentuated the ‘**my**’, giving the impression of ownership of this part of herself that she had paradoxically disowned for six years.) The literature was also important during the therapy. Celano *et al.* (2002: 71) state that parents may feel frustrated that their child did not reveal the CSA immediately; Uamii’s father was such a parent. The researcher could inform him of research findings on how long children take to disclose and how many children never tell anyone. The literature could confirm Uamii’s truthfulness and establish the normality of non-disclosure.

The empirical phase of the study consisted of two case studies. This research affirmed the contention that case study methodology allows the voices of the participants to be heard. Allowing the participants to speak for themselves and actually valuing their expressions (their verbalisations, their processes, their *objets d’art*, the written diaries, and noting how nice they smelled) were empirically and therapeutically invaluable. The participants reciprocated the therapist’s inclusion, and as a result the quality and quantity of the dialoguing increased.

The case study methodology allowed for the sameness and uniqueness of the participants to surface as these relate to the sequel of the sexual abuse (the trauma story). Both Lisa and Uamii had become ‘not me’ in as much as they wanted to eradicate the sexual abuse-experience. On the one hand, Lisa’s ‘not me-ness’ related to her feelings of powerlessness and her fear; unlike before, she could not roam the streets anymore. On the other hand, Uamii became ‘not me’ when she realised that what her “uncle” had done with her was rape. Because of self-stigmatisation she was convinced that others would similarly stigmatise her. If they knew, she would be unacceptable. She kept herself to herself.

The case study methodology also exposed commonalities and variations of the clients’ processes during therapy (the therapy story). Lisa and Uamii both were creative and motivated, but their temperaments, and therefore their therapeutic processes, differed. Lisa was fast-paced and people-oriented, whereas Uamii was slow-paced and task-oriented (DISC analysis in Blom, 2006a: 79-84). The interactive Lisa presented herself and approached therapeutic tasks spontaneously and loved to talk about her ‘things’. No wonder that the posttraumatic withdrawal to the safe shell of her home was so disturbing for her. Being a corrective person Uamii was perfectionistic, analytic and cautious, and took the therapy seriously. It was important to discuss the rationale of ‘right hemispheric’

creative work and to explore with her the reason for each experiment. Once convinced, Uamii immersed herself in a task. The case study methodology and Gestalt therapy certainly complemented each other to bring about in-depth, personalised information and insights. In doing so, it contributed to the trustworthiness of the research.

The modified recruitment plan – inviting the adolescents who had been debriefed after Magdalena Stoffels' rape and murder – turned out to be naturalistic, ethical and client-centred. The adolescents (and their parents) identified themselves.

The non-probability purposeful sampling produced a highly heterogeneous sample. Nevertheless, many commonalities were noted as these relate to posttraumatic signs and patterns as well as the polar themes produced during the therapy. The themes – Normalcy *versus* difference, Ensnared *versus* choicefulness and Suppress *versus* express – possibly capture, as proposed by Patton (2002: 235), some of the core experiences of sexually abused adolescents. It could be concluded that transferences related to “the truth space” (Onwuegbuzie & Leech, 2005: *sine pagina*) were attained despite the small sample size.

Moreover, it was shown in Section 4.3.2 that the *data corpus* was sizeable and varied. The *objets d'art* and the *Therapy diaries* of the clients authenticated the observations of the scientist-practitioner. It is mainly through their diaries that the adolescents became co-researchers; they explored what insights a session had generated and thereby examined the value of the experiment. Following the 9FPS, Lisa delighted herself in her agency; following the 9FPS Uamii was amazed that she, as an eight-year old, actually had tried her best.

Clemmens (2005: 285, original emphasis) asserts, “*Meaning making* is the process whereby clients make sense or develop understanding of what they have experienced in the experiment and the session”. The therapist is convinced that Lisa and Uamii’s meaning-making about the trauma and about the therapy was achieved in the research. The research findings are not representative, but the qualitative paradigm enabled the researcher to introduce, not statistical inferences, but real people.

In as much as the researcher’s role was that of a scientist-practitioner, it was imperative to demonstrate that the study was trustworthy (Nastasi & Schensul, 2005: 189). The researcher has shown that she conscientiously attempted to meet the criteria set up by the Interdisciplinary Qualitative Research Subcommittee (Nastasi & Schensul, 2005: 188-192). Trustworthiness was enhanced by means of investigator, theory, data and methodological triangulation (Kelly, 2006: 380). The researcher provided detailed in-depth descriptions and explicitly declared the parameters of the research (Schurink, Fouché & De Vos, 2011: 420-421). She also continually engaged in self-reflexivity (Nastasi & Schensul, 2005: 185; Silverstein *et al.*, 2006: 354).

### **6.3.2 Conclusions related to the therapeutic process**

Of the most important characteristics of Gestalt practice is the equalitarian dialogic relationship between the therapist and client. The therapist commented on how the relationship initially deteriorated into an I-it contact due to a technological failure; the therapist believes that acknowledging mistakes and apologising could and did enhance her relationship with Uamii. The phenomenological exploration of the ‘between’ and artefacts was found to be developmentally apposite. The adolescents liked being perceived as the experts regarding their creations. There were issues that did not surface naturally, and therefore did not ‘figure’ during the therapy; one of these was sexuality (the first traumagenic dynamic in Finkelhor and Browne’s model). Both Lisa and Uamii valued their femininity, as observed in their postures, the way they dressed and their carefully chosen accessories. Perhaps traumagenic sexuality was not as important at the time of the therapy as the PTSP that had arisen from the ground.

Should the researcher have been pathologically and diagnostically inclined, Uamii would have been diagnosed with chronic PTSD and Lisa possibly with ASD. Notwithstanding this, it was found that both clients presented with posttraumatic signs and patterns, affirming literature on the sequel of sexual abuse. Both Uamii and Lisa felt isolated from their peers, culpable for their ‘role’ in the sexual abuse, mistrustful of males and applied avoidance-internalised coping mechanisms. Lisa had fear and anxiety difficulties and related sleep disturbances; Uamii admitted to suicide ideation and bitterness towards her parents, directed particularly at her mother. It was shown how Lisa’s response during the abuse and the signs subsequently displayed by her and Uamii, were consistent with neurobiological hypotheses.

Both Lisa and Uamii developed patterns of avoidance, but Uamii was endlessly engaged in “self-critical ‘computing’” (Fagan & Shepherd, 1972: 4) or rumination (Nolen-Hoeksema *et al.*, 2008: 406). From a Gestalt position, these PTSPs are conceived as adaptive responses to mitigate the danger of their life worlds and to understand why the sexual abuse had happened. Using Finkelhor and Browne’s conceptualisation, Lisa was mainly troubled by the dynamic of powerlessness, which clarifies her anxiety. The dynamics of betrayal and stigmatisation played a role in the formation of Uamii’s signs and patterns. She was betrayed by a beloved “uncle”, her parents and by her own body. Uamii stigmatised herself and determined that she had been too feeble to prevent the sexual abuse or to speak out, and therein lay her guilt. Clearly the meanings made by the clients underpinned the formation of the signs, patterns and contact modifications. This research supported the contention of Anna Freud (in Webb, 2007a: 7) that it is the subjective meaning-making of a client that determines how a life event is perceived and how she then conducts herself in her life world.

During the transitional period of adolescence the task of identity formation is foremost. The abuse affected how the adolescents “individuate[d]” (Oaklander, 2006: 94) and socialised, but as was shown, the meanings underlying these difficulties were vastly different. Most importantly, both Lisa

and Uamii longed for wholeness. Neither of the two clients liked the way they had become consequent to the sexual abuse. The therapist is of the opinion that the clients' own motivation and the parental commitment (even if Uamii's mother's allegiance related to her own unfinished business) were powerful factors in determining the outcome of the therapy.

The therapy was based on Kepner's (2003) four Gestalt *Healing tasks*. The *Healing tasks* – originally conceptualised for adult survivors of CSA – were clinically relevant for adolescent survivors. *Building a therapeutic relationship, Strengthening the self, Contact with the trauma* and the reconsolidation of the *End phase* are linearly logical. Spirally approached, the *Healing tasks* provided a viable structure for the therapeutic intervention. It was also useful in that it allowed individualisation, and that it can be adapted to suit adolescents and play modalities.

The play therapy modality was most valuable in the way that it activated interest, empowered the clients and facilitated the exploration of issues. Uamii and Lisa had diverse cognitive and expressive styles, which influenced their activity of choice. Lisa mostly used drawing, while Uamii chose scriptotherapy (she dreamt of becoming a writer one day). The Gestalt concepts of choicefulness and inclusion were served by the play therapy. The *objets d'art* – another way of voicing one's self – were therapeutically and empirically valuable.

On the continuum of directive to non-directive therapy, the therapy leaned towards the directive stance. The therapist concurs with Oaklander that field circumstances might necessitate directive therapy: "I do confront trauma fairly early on, however" (Oaklander, 2006: 45-46). Oaklander (2006: 119) also concedes that, in short-term work "the therapist becomes, for the most part, the leader".

The *9FPS* – an outward projection of nine 'events' related to the sexual abuse – was used to access the adolescents' trauma narrative. By means of the experiment the act of remembering was brought to the here and now, and it also helped to miniaturise and distance the CSA. The therapist is convinced that the "differentiated unity" (Reynolds, 2005: 162) provided by the *9FPS* facilitates a collaborative enquiry about emotions, cognitions and happenings related to the sexual abuse, and ultimately assimilation. However, the study substantiates the notion that the experiment *per se* is not sufficient, and that is best served in the context of other *Healing tasks*.

There might be conceptual resistance to the application of a highly structured technique such as the *9FPS*. Gestalt professes a holistic, present-centred stance; is dismembering a past event therefore not theoretically unsound? Firstly, holism and unity imply that the past is inseparable from, and therefore is the present (Melnick & Nevis, 2005: 105). Secondly, Kepner (2003: 107) asserts that a fixed gestalt ("where the organism/environment field has become inflexibly patterned") has to be destructed in order to form a more adaptive figure. Similarly, Houston (2003: 21) forwards that the Gestalt emphasis on deconstruction is expressed by the motto "separate to integrate". Only then can a Gestalt be formed and healing, which is growth, take place.

The primary clinical objective in this study – based on Gestalt principles – was to enhance awareness. Awareness was raised of, amongst others, the traumagenic experience and courageous acts by the survivor; that there are aspects of the self-environment field that are supportive, and that an emotional ordeal consists of lots of different emotions which, if tackled one at a time, are more manageable. The therapy naturally gravitated to the most pressing concerns of the individual clients. Lisa's therapy became mastery-orientated (to counteract the traumagenic dynamics of powerlessness and concomitant anxiety). Because of the dynamics of betrayal and self-stigmatisation, Uamii's therapy focused on her longstanding cognitive misattributions. It is clear that the Gestalt concept of "singularity" (Philippson, 2005: 2) was served by the therapy.

As a result of the therapy, both Lisa and Uamii appeared to have assimilated the disowned sexual abuse event. Lisa and Uamii certainly do "understand and befriend themselves and others" (Houston, 2003: 2) more than before. It was elucidated how therapy enabled them to translate the CSA history into something meaningful (Kepner, 2003: 132). However, it is the opinion of the therapist that Uamii's "discovery-based journey" (Reynolds, 2005: 158) has just started. On this matter Houston (2003: 3-4) hypothesises, "The 'successful case' upon discharge is not a 'cure' in the sense of being a finished product, but a person who now has tools and equipment to deal with problems as they arise".

In this section the researcher showed how the empirical study and therapeutic intervention effectively contributed to elicit the trauma and therapy stories of the participants. In the next section the researcher will critically examine the study and make recommendations for further research.

## **6.4 Limitations and recommendations for further inquiry**

In this section the researcher will discuss the constraints and weaknesses of the study. Recommendations for further research will also be proposed. It will be shown that many limitations relate to the qualitative nature of the inquiry and the principles of Gestalt theory and practice. As Cohen *et al.* (2000: 42) assert, "The methodological challenges to carrying out scientifically rigorous studies in all likelihood are important factors in explaining the lack of research".

### **6.4.1 Empirical limitations and recommendations**

This study is best conceptualised as exploratory research. The findings should be interpreted with caution, mainly because of limitations due to the framework, type and design of the research. The most noteworthy limitation is the absence of (a) a pre- and post-test design and (b) a randomised control group, favoured as evidence-based (quantitative) research. Mash and Wolfe (2005: 65) assert that childhood disorders related to extreme events, such as PTSD, "are not easily studied using controlled methods". Nevertheless, if variables are not controlled in this way, the clinical 'becoming' of the clients cannot be verified by objective means other than the participatory observer, and improvement might be attributed to factors other than the therapy.

Additional limitations relate to sampling. Non-probability sampling resulted in a restricted sample: participants are of the same sex and a lower socio-economic stratum; both Lisa and Uamii are intelligent; their parents are supportive; and only two subpopulations of sexual abuse (that is, intrafamilial rape and non-contact sexual abuse by a stranger) were represented. Broadening the sampling strata might reveal other systemic factors. A related limitation is the sample size, as two participants cannot be considered to be representative or exemplary. Including more sexually abused adolescents would have produced more experiences and meanings related to the Gestalt play therapy and 9FPS. It would be valuable to draw a larger sample from the population and to include a wider variety of subgroups; such research is therefore recommended. On the other hand, as elucidated by Houston (2003: 138), “Gestalt stresses the subjective nature of experience”. However large a sample, each client will make meaning differently. Saturation and replication of research are unachievable if singularity is truly accepted.

It was shown how the dualistic roles of the researcher-practitioner and participant-clients influenced the research. Although the researcher honestly displayed self-reflection, and although the clients became research collaborators (Silverstein *et al.*, 2006: 354), the credibility of findings might still be suspect for some traditionalists. Mixed methods research may be an alternative; that is, using standardised psychometric assessment instruments for pre- and post-testing in addition to process evaluation (Dippenaar, 1998: 133-152). Testing would not necessarily corrupt the therapeutic relationship; in order to preserve the integrity of the relationship, a colleague may be approached to conduct such assessments.

Houston (2003: 142) recommends the use of “range scales” for process-outcome research. It is recommended that an idiographic rating scale be collaboratively developed with a client. First one or two therapy outcomes have to be identified by the client. At the onset of therapy the client indicates where she would like to be at the end of therapy (on, for example, a nine point scale) and where she is at that moment. After each session, she continuously assesses her own progress (or regress) towards the goal. Edwards *et al.* (2004: 594) suggest that these self-rating scales should have “direct clinical relevance” and if used continually, would provide a record of the clients’ response to therapy.

#### **6.4.2 Clinical limitations and recommendations**

Therapy consisting of six sessions is brief therapy by any standards. However, until proven, it cannot be forwarded that long-term therapy is necessarily more valuable, or that brief therapy is necessarily less effective. The research points towards the possible efficacy of six therapeutic sessions for single-episode non-contact sexual abuse shortly after the traumatic incident. There are indications that survivors of chronic trauma also benefit from brief therapy. These are only preliminary findings and the researcher would like to concur with Houston (2003: 137) that there is a need to research Brief Gestalt therapy, a need to which she refers as “a large creative void”.

The value of the *9FPS* to elicit a trauma narrative was affirmed in this study. Although originally developed on the basis of classic Critical Incident Trauma Debriefing, the research found that the *9FPS* should not be considered as a generic, stand-alone technique, certainly not for chronic CSA. Further research could appraise the technique with boys, younger and adult populations, group and family settings and within the context of other conceptual frameworks. The therapist, however, considers the Gestalt principles of being invitational, grading the experiment and a dialectic exploration of the projection as valuable.

The therapist applied a number of experiments (the *9FPS*, the *Supportive drawing*, *Letters to the perpetrator*, *Letters to the self*, *et cetera*) organised around four *Healing tasks* within the overall context of Gestalt play therapy. Without trials in which therapeutic variables are controlled, it is impossible to identify the active ingredient of the therapy (Lindegger, 2006: 466). The active ingredient might even be a non-specific factor, such as the therapist-client relationship (Cohen *et al.*, 2000: 39; Houston, 2003: 138). Additional research is needed to determine which components are most associated with positive outcomes.

The qualitative construct ‘meaning-making’ and Gestalt construct ‘awareness’ are immeasurable in as much as they are subjective and do not have obvious behavioural manifestations. Like Houston (2003: 140), the researcher recommends that reliable and valid measures of such constructs be developed.

The inclusion of parents in treatment is considered a critical component to the treatment compliance and well-being of children (Cohen *et al.*, 2000: 40; Cohen & Mannarino, 2004: 823; Paul *et al.*, 2006: 263; Steele & Malchiodi, 2008: 279). In this study only intake and termination interviews were conducted with the parents. If, in Uamii’s case, the parents had been included in therapy running concurrently with Uamii’s, their distress might have been alleviated. Additional research is needed on whether a similar programme works with parents and what impact such inclusion has on the well-being of the child. The researcher is of the opinion that an independent therapist should conduct parent therapy so that the working alliance with the child is not contaminated.

Additional research is needed to determine whether the becoming of the two adolescents has any permanence. Longitudinal evidence can be obtained with subsequent single sessions six months or a year after termination (Houston, 2003: 141).

Clearly, this research was haunted by many challenges. However, it is the opinion of the researcher that this exploratory case study produced sufficient evidence to validate further research on *The use of the Nine Figure Picture Story within Gestalt play therapy for adolescent survivors of sexual trauma*.

## 6.5 Conclusion

Despite the limitations mentioned in this and previous chapters, the research can contribute to the growing evidence of the effectiveness of Gestalt play therapy for sexually abused adolescents in Namibia and elsewhere. It also indicates that the *9FPS* is valuable in eliciting old business in the here and now. The researcher is in agreement with Serok (2000: 52) who states that whatever the Gestalt technique, “Most important is for the individual to reach maximum expression”.

According to Yontef (2005: 87) ‘awareness’ originally meant the ““glowing light” inside a person” and has reference to the “identification with one’s state” (Yontef, 2005: 86). That is, knowing who I am. Being strength-based and individual-oriented, the awareness enhanced by the Gestalt play therapy and experiments in this study provides the light by which a Uamii or Lisa can journey. Nevertheless, the researcher acknowledges that there may be as many pathways as there are survivors.

Moreover, the aim of science is to advance knowledge. Although the researcher is aware that the therapy and trauma stories of Uamii and Lisa were anecdotal and idiosyncratic, “Stories are a way of knowing” (Greeff, 2011: 342) and “our most valuable teachers are our clients themselves” (Shelby & Felix, 2005: 98).