

**Experiences and needs of mothers of sexually abused  
children: A Gestalt perspective**

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## DECLARATION

I declare that **Experiences and needs of mothers of sexually abused children: A Gestalt perspective** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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SIGNATURE

(Lee-Anne K. Jones)

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DATE

***Dedicated to:***

**I would like to dedicate this to all parents who have to go through the pain of their child being sexually abused and to the strong mothers who participated in the interviews for this study, you are a great inspiration for others.**

**I am sorry that this had to happen to your child...**

## ACKNOWLEDGEMENTS

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## **ABSTRACT**

The aim of this qualitative study was to explore and describe the experiences and needs of mothers of sexually abused children. A conceptual framework outlined the theoretical underpinnings of this study which focused on the core theoretical concepts of Gestalt therapy theory and the field of child sexual abuse with particular focus on the impact that the child's trauma has on the mother. Semi-structured interviews were conducted with a sample of five mothers in order to gain rich data from their phenomenological experience. These interviews were transcribed into text and analysed. Several themes and categories emerged and were explored with the use of a literature control. These themes included the mother's phenomenological experience of the sequence of disclosure, their awareness of the impact of their child's sexual abuse on their holistic sense of self, their intra and interpersonal contact making styles, their need to facilitate a healthy sense of self and lastly their phenomenological knowledge gained through their field experience.

The disclosure of their child's sexual abuse signifies the start of the secondary trauma experienced by mothers, and the start of the cycle of a new experience that they struggle to bring to closure. This knowledge that their child has been sexually abused has an immediate negative impact on the mother's field and their sense of self. Their process of healthy self-regulation is hindered due to the strong negative polarities in the self being formed and the self-blame that the mothers experience. This study therefore concluded and strongly recommended that mothers of sexually abused children receive support in the form of therapeutic intervention and education while their child receives therapy.

### **KEY TERMS**

Child Sexual Abuse

Emotional Distress

Gestalt Therapy Theory

Maternal emotions

Phenomenology

Secondary traumatisation

Trauma

Unfinished business

## **OPSOMMING**

Die doel van die kwalitatiewe studie was gefokus op die verkenning en die beskrywing van die ondervinding en behoeftes van moeders met seksueel mishandelde kinders. Die teoretiese raamwerk van die studie sluit die basiese beginsels van Gestalt terapie teorie, en die Gestalt veld teorie in wat op die kind wie seksueel mishandle is en die impak van die trauma op die moeder. 'n Literatuurstudie wat handel oor kinder seksuele mishandeling en die impak van die trauma op de moeder is uitgevoer. Daar is gebruik gemaak van semi-gestruktureerde onderhoude, met vyf moeders gevoer ten einde data gegrond op hul fenomenologiese ervaring van hul kind se seksuele trauma te verkry. As deel van die data analise is die inligting ingesamel tydens die onderhoude deur middel van transkripsies en kodering ontleed en verskeie temas is identifiseer. Hierdie bevindings is deurlopend met literatuur ondersteun.

Die studie het gevind dat die sekondêre trauma wat deur moeders van seksueel mishandelde kinders beleef word, begin by die onthulling van die kind se mishandeling. Hierdie stadium word gekenmerk deur die begin van die moeder se siklus van ondervindings wat nie tot einde kan kom sonder die konstruktiewe deurwerk van die trauma nie. Die trauma wat deur die moeder beleef word het 'n negatiewe impak op die totaliteit van die individu. Dit kan tot lae selfwaarde van die moeder lei wat die proses van self-regulasie belemmer. Die moeders kan die kind se negatiewe ondervinding op hulself plaas, deurdat hulle gevoelens van skuld dra. Vanuit die studie is daar bevind dat moeders van seksueel mishandelde kinders deurlopend onderworpe is aan 'n gevoel van negatiwiteit, lae self waarde wat lei tot die behoefte van ondersteuning in die vorm van terapeutiese intervensie en opvoeding.

### **SLEUTELTERME**

Seksuele mishandeling

Emosionele nood

Gestalt-terapieteorie

Die moeder se emosies

Fenomenologie

Sekondêre traumatisering

Trauma

Onvoltooidheid

# TABLE OF CONTENTS

	<b>PAGE</b>
<b>CHAPTER ONE</b>	
<b>OVERVIEW AND RATIONALE OF THE RESEARCH</b>	
<b>1.1 INTRODUCTION</b>	<b>1</b>
<b>1.2 RATIONALE AND PROBLEM STATEMENT</b>	<b>2</b>
1.2.1 Motivation for choice of research	2
1.2.2 Problem formulation and Rationale	4
1.2.3 Research question	6
1.2.4 Aim and objectives of study	6
1.2.5 Paradigmatic Perspective	7
<b>1.3 RESEARCH APPROACH</b>	<b>8</b>
1.3.1 Qualitative research approach	8
1.3.2 Type of research	9
1.3.3 Research strategy	10
<b>1.4 RESEARCH METHODOLOGY</b>	<b>10</b>
1.4.1 Literature	11
1.4.2 Universe, population and sampling technique	11
1.4.3 Data collection	13
1.4.4 Data analysis	14
<b>1.5 VALIDITY OF THE STUDY</b>	<b>15</b>

## CONTENTS (continued)

<b>1.6 ETHICAL ASPECTS</b>	<b>17</b>
<b>1.7 DEFINITIONS AND MAIN CONCEPTS</b>	<b>20</b>
<b>1.8 CHAPTER OUTLINE</b>	<b>25</b>
<b>1.9 CONCLUSION</b>	<b>26</b>

## CHAPTER TWO

### CONCEPTUAL FRAMEWORK: GESTALT THERAPY THEORY AND FIELD OF SEXUAL ABUSE

<b>2.1 INTRODUCTION</b>	<b>27</b>
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#### **2.2 THEORETICAL PRINCIPLES AND UNDERPINNINGS OF GESTALT THERAPY THEORY**

2.2.1 Aim of Gestalt Therapy	27
2.2.2 Gestalt	27
2.2.3 Field Theory	28
2.2.4 Holism	29
2.2.5 Phenomenology	30
2.2.6 Dialogue	31
2.2.7 Theoretical assumptions and key Concepts	33
2.2.7.1 <i>Here-and-Now</i>	33
2.2.7.2 <i>Awareness</i>	33
2.2.7.3 <i>Cycle of Experience</i>	34
2.2.7.4 <i>Needs defined in terms of Figure and Ground</i>	36
2.2.7.5 <i>Contact</i>	38

## CONTENTS (continued)

<i>2.2.7.6 Theory of the Self in Gestalt Therapy Theory</i>	43
<i>2.2.7.7 Healthy and Unhealthy functioning of the Self</i>	45
<b>2.3 FIELD OF SEXUAL ABUSE</b>	<b>46</b>
2.3.1 Introduction	46
2.3.2 Definition of Child Sexual Abuse	47
<b>2.4 UNDERSTANDING THE PHENOMENOLOGICAL FIELD OF MOTHERS OF SEXAULLY ABUSED CHILDREN</b>	<b>48</b>
2.4.1 Introduction	48
2.4.2 The Impact of Child Sexual Abuse on the child	49
2.4.3 Impact of child's trauma on Mother's sense of self	49
2.4.4 Secondary traumatization in Mothers of Sexually Abused Children	52
2.4.5 Impact of trauma on the Self	53
2.4.6 Trauma described according to Gestalt Therapy Theory	55
<b>2.5 CONCLUSION</b>	<b>56</b>
<b>CHAPTER THREE</b>	
<b>EMPIRICAL STUDY, RESEARCH FINDINGS AND LITERATURE CONTROL</b>	
<b>3.1 INTRODUCTION</b>	<b>58</b>
<b>3.2 RESEARCH APPROACH</b>	<b>58</b>
<b>3.3 RESEARCH METHODOLOGY</b>	<b>59</b>
3.3.1 Literature	60
3.3.2 Sampling	60

## CONTENTS (continued)

3.3.2.1 <i>The Universe and population</i>	60
3.3.2.2 <i>Sampling Technique</i>	61
3.3.3 Participants	61
3.3.4 Data collection methods	62
3.3.4.1 <i>Semi-structure interviews</i>	62
3.3.4.2 <i>Field notes</i>	63
3.3.5 Data analysis	64
<b>3.4 DISCUSSION OF EMPIRICAL FINDINGS</b>	<b>65</b>
3.4.1 Theme 1: Mothers phenomenological experience of the sequence of disclosure	67
3.4.1.1 <i>Sub-theme 1.1: Who child disclosed to first</i>	67
3.4.1.2 <i>Sub-theme 1.2: Feelings experienced related to not being told first</i>	68
3.4.1.3 <i>Sub-theme 1.3: Feelings and thoughts experienced during disclosure</i>	69
3.4.2 Theme 2: Awareness of the impact of child's sexual abuse on mother's holistic sense of self	71
3.4.2.1 <i>Sub-theme 2.1: Emotional aspects of self</i>	71
3.4.2.2 <i>Sub-theme 2.2: Cognitive aspects of self</i>	77
3.4.2.3 <i>Sub-theme 2.3: Physical aspects of self</i>	78
3.4.2.4 <i>Sub-theme 2.4: Social aspects of self</i>	79
3.4.2.5 <i>Sub-theme 2.5: Spiritual aspects of self</i>	79
3.4.3 Theme 3: Contact	81
3.4.3.1 <i>Sub-theme 3.1 Interruptions in intrapersonal contact making due to mothers own unfinished business of their own childhood sexual abuse</i>	81
3.4.3.2 <i>Sub-theme 3.2: Interruptions in interpersonal contact making</i>	83

## CONTENTS (continued)

3.4.3.3 <i>Sub-theme 3.3: Contact making styles utilized by mother's to help them cope with the impact of their child's abuse on their sense of self</i>	87
3.4.4 Theme 4: Awareness of needs expressed by mothers to facilitate a healthy sense of self	89
3.4.4.2 <i>Sub-theme 4.1: Need for dialogical relationships to enhance social support</i>	90
3.4.4.2 <i>Sub-theme 4.2: Need for knowledge</i>	90
3.4.4.3 <i>Sub-theme 4.3: Need for contact with other through therapeutic intervention</i>	91
3.4.4.4 <i>Sub-theme 4.4: Need for court support and preparation for medical examination</i>	92
3.4.5 Theme 5: Mothers phenomenological knowledge gained through field experience	93
<b>3.5 SUMMARY OF FINDINGS</b>	<b>93</b>
<b>3.6 CONCLUSION</b>	<b>95</b>
<b>CHAPTER FOUR</b>	
<b>CONCLUSIONS AND RECOMMENDATIONS</b>	
<b>4.1 INTRODUCTION</b>	<b>97</b>
<b>4.2 AIM AND OBJECTIVES</b>	<b>97</b>
4.2.1 Reaching the aim	97
4.2.2 Reaching the objectives	98

## CONTENTS (continued)

<b>4.3 CONCLUSIONS REGARDING THE RESEARCH QUESTION</b>	<b>99</b>
<b>4.4 CONCLUSIONS AND RECOMMENDATIONS REGARDING THEMES THAT WERE IDENTIFIED DURING RESEARCH INTERVIEWS</b>	<b>100</b>
4.4.1 Theme 1: Mothers phenomenological experience of the sequence of Disclosure	100
4.4.2 Theme 2: Awareness of the impact of the child's abuse on mother's holistic sense of self	101
4.4.3 Theme 3: Contact	103
4.4.4 Theme 4: Awareness of needs expressed by mothers to facilitate a healthy sense of self	104
4.4.5 Theme 5: Mothers phenomenological knowledge gained through field experience	106
<b>4.5 LIMITATIONS OF THIS STUDY</b>	<b>107</b>
<b>4.6 FUTURE RESEARCH POSSIBILITIES</b>	<b>107</b>
<b>4.7 CONCLUDING STATEMENT</b>	<b>108</b>
<b>APPENDICES</b>	
APPENDIX 1: INFORMATION OF STUDY	110
APPENDIX 2: RESEARCH PARTICIPANT CONSENT FORM	112
APPENDIX 3: SEMI-STRUCTURED INTERVIEW SCHEDULE	113
APPENDIX 4: SAMPLE OF FIELD NOTES	114
APPENDIX 5: DSM-IV-TR CLASIFICATION OF TRAUMA	118

## CONTENTS (continued)

<b>BIBLIOGRAPHY</b>	<b>121</b>
<b>DIAGRAMS</b>	
DIAGRAM 2.1: Cycle of experience	35
DIAGRAM 3.1: Cycle of experience of mothers of sexually abused children	95
DIAGRAM 4.1: Relational field of mothers of sexually abused children	103
<b>TABLES</b>	
TABLE 3.1: Summary of participant information	62
TABLE 3.2: Empirical findings: Themes, sub-themes and categories	65

## CHAPTER ONE

### OVERVIEW AND RATIONALE OF THE RESEARCH

#### 1.1 INTRODUCTION

The Sexual Abuse of children occurs at an alarming rate in the South African society leaving its victim with short and long term scars. The mother of the child victim is often the primary caregiver involved in the reporting, legal and therapeutic process of the child. Research indicates that mothers of sexually abused children experience emotional distress and secondary traumatisation at the disclosure of their child's sexual abuse (Brohl & Potter, 2004:87; Lovett, 2004:367; Banyard, Englund & Rozelle, 2001:74; Hierbert-Murphy, 1998:423; Manion, McIntyre, Firestone, Ligezinska, Enson & Wells, 1996:1104; Davies, 1995:406; Newberger, Gremy, Waternaux & Newberger, 1993:92; Regehr, 1990:119). Even though research provides evidence on the distress and trauma that mothers' experience, they are still frequently overlooked in the formulation of treatment plans (Jackson, 2008:1; Conolly, 2003:1; Newberger *et al.*, 1993:92). The mother of the sexually abused child plays an important role in the healing process of their child, as the child's ability to adjust to the abuse is effected by the mother's response to the disclosure (Spies, 2006:62; Cyr, Wright, Toupin, Oxman-Martinez, McDuff & Thériault, 2003:40; Grosz, Kempe & Kelly, 2000:10; Davies, 1995:399; Regehr, 1990:117). Support for mothers of sexually abused children is therefore important.

The focus of this study is on exploring and describing the experiences and needs of mothers of sexually abused children when they discover that their child has been sexually abused. This study provided the mothers' with the opportunity to share how they are dealing with their child's abuse and what they would need in the healing process. This chapter will describe the scientific foundation of the study.

## **1.2 RATIONALE AND PROBLEM STATEMENT**

### **1.2.1 Motivation for choice of research**

Child sexual abuse is prevalent in the South African society as well as internationally. It is estimated that one in three girls and one in five boys are sexually abused before their eighteenth birthday Cawood (in Vermeulen & Fouché, 2006:14). The trauma of the abuse not only impacts on the child victim, but also has an impact on the people in the child's field, namely the mother. As noted by the authors above mothers' experience emotional distress and secondary traumatisation at the disclosure of their child's sexual abuse, which could indicate that mothers of sexually abused children would also benefit from and need appropriate intervention to assist them in dealing with the impact that their child's abuse has on them.

The choice of topic is motivated from a personal and professional perspective. In the researcher's experience as a Social Worker at a Non-profit organization (NPO) specializing in therapy with sexually abused children, mothers often receive no therapeutic intervention for the trauma they experience through their child being sexually abused. The child goes onto a waiting list to receive therapy and waits up to six months before receiving any intervention. During this waiting time the mother needs to manage the changes in the mood and behaviour of their child, as a result of the sexual abuse, on their own with little or no information on the impact that sexual abuse has on their child. The mother may therefore not know how to appropriately respond to these changes in their child and at the same time not know how to deal with their own emotional distress related to the child's abuse.

Once the case has been allocated to a Social Worker the mother meets with the Social Worker for the initial interview, before meeting with the child. In that interview the Social Worker will enquire about the history of the abuse. Mothers often experience emotional distress when providing a history of their child's abuse. The mother is provided with initial containment, but after that interview the Social Worker's main focus is on the child, as the child is the Social Worker's client. Although the mother is an integral part of the child's field, the mother is expected to manage the impact of the trauma of their child's abuse on

their own. The Social Worker would then only make contact with the mother to provide feedback on the therapeutic process of the child or if the mother wanted to provide the Social Worker with feedback.

The researcher supports authors such as Brohl and Potter (2004:103), Banyard *et al.* (2001:74), Celano, Hazzard, Webb and McCall (1996:3) and Winton (1990:403) who view the treatment for mothers as critical in the treatment of sexually abused children for two reasons. Firstly, it provides the mothers with a space to work through the trauma and distress that they experience through their child being sexually abused. Secondly, the mothers are in the position to support and enhance the healing process of their child as they are with their children for many hours outside of the therapy room.

The support that mothers are provided with at the NPO in Cape Town is inconsistent between the offices. Only two of the five offices have offered mothers of sexually abused children support, either through a support group or face to face counselling. The service of face to face counselling for mothers is an irregular service, and at the time of this study this service was no longer available. It is found that at some of the centres there is a lack of commitment by the mother to be part of a support group as well as bringing their child for counselling. Celano *et al.* (1996:3) recommends separate mother and child intervention as it may reduce the dropout rate and inconsistent attendance during treatment. The mother may be more committed to bringing their child for counselling as they are being helped at the same time. It is for this reason that the researcher would like to establish from the mother's phenomenological perspective, what their experiences and needs are when their child enters therapy at the non-profit organization, in order to assist the mother to re-establish the process and cycle of healing, growth and development in those areas affected by the trauma. From a professional perspective the researcher believes there is an opportunity to add to the field of sexual abuse by providing recommendations that support the needs of mothers, while their sexually abused child undergoes therapy. Social Workers who work in the field of Child Sexual Abuse could benefit from the knowledge gained from this study, in supporting mothers of sexually abused children more effectively.

### **1.2.2 Problem formulation and Rationale**

Authors, such as Babbie and Mouton (2001:73) state all research starts with the *“identification and clear formulation of a research problem”*. Fouché and De Vos (2005:100) note the importance of pinpointing a specific question or problem during the problem formulation phase. This provides the focus on what it is that is to be researched and answers the question of what the topic is that the researcher wants to find out. Babbie (2005:115) agrees that the researcher needs to answer the question *“What it is that the researcher wants to study?”* During the course of this study the researcher explored and described the experiences and needs of mothers, while their sexually abused child undergoes therapy.

Babbie (2005:115) asks an additional three questions that will assist in formulating the research problem, namely: *“Why is it worth studying? Does this study have practical significance?”* and *“Does this study contribute to social research?”* According to Brohl and Potter (2004:87), Lovett (2004:367), Banyard *et al.* (2001:74), Hierbert-Murphy (1998:423), Manion *et al.* (1996:1104), Davies (1995:406); Newberger *et al.* (1993:92) and Regehr (1990:119) mothers of sexually abused children often experience emotional distress at the disclosure and victimization of their child’s abuse. It is the view of the researcher that this study has practical significance and contributes to social research by assisting the researcher to gain new insights into the distress and difficulties that mothers experience when their child has been sexually abused, and what they need to cope with this distress. Brohl and Potter (2004:87), Manion *et al.* (1996:1096) and Regehr (1990:113) document the emotional response of mothers related to their child’s abuse which includes feelings of shock, panic, disbelief, denial, guilt, self-blame, embarrassment, fear of judgment, anger towards the perpetrator, ambivalence towards the child and perpetrator, and a sense of helplessness and vulnerability of not knowing how to best help their child.

Mother’s further experience difficulty in parenting due to the impact that the sexual abuse has on their child, as the child may act out sexually or become withdrawn or display other behaviour problems which are all new challenges for the mothers to deal with. Knauer (2000:38) states that when mothers are distressed by their child being sexually abused they may condone the child engaging in behaviours which were previously not allowed

before the disclosure. The disclosure of the abuse brings about a shift in the boundaries in the way that mothers discipline their child. Plummer and Eastin (2007b:1060) and Winton (1990:403) suggests that support for mothers while their child receives treatment reinforces the child's progress and encourages the mother to feel more confident in parenting her child.

The mother is often overwhelmed and confronted with many conflicting demands which might interrupt or inhibit clear figure formation which can result in unfinished business (incomplete Gestalts). The individual might lose touch of what their needs are and how to satisfy them in a healthy manner; of who they are in terms of their location and relation to the environment, as well as their ability to adapt or adjust to it. Unfinished business interferes with good contact with self, others, or the environment in the present (Clarkson, 2004:7). This inability of mothers (organism) to satisfy their needs appropriately would result in dissociations or faulty modes of experiencing self, others and the environment (Clarkson, 2004:7).

Jackson (2008:1) and Conolly (2003:1) are of the opinion that mothers and family members of children who have been sexually abused are the 'silent' and 'forgotten' members when it comes to research and treatment of the sexually abused child. These authors state that most of the research in the field of child sexual abuse focuses on the pain experienced by the child, and little acknowledgement is given to the pain experienced by the mother. This results in insufficient knowledge about the needs and counselling approaches for mothers of sexually abused children. Mothers are seen to play a critical role in their child's recovery process, and further more when mothers receive treatment themselves they are better able to attend appropriately to their child's needs and enhance the healing process (Jackson, 2008:2; Banyard *et al.*, 2001:74; Celano *et al.*, 1996:3; Winton, 1990:403). On the contrary the lack of support provided to mothers could adversely affect their ability to support their child and their own healing. There further seems to be a lack of research in this field in the last decade, focusing particularly on the experiences and needs of mothers. This study would focus on bridging that gap.

**The problems statement is as follows:** mothers of sexually abused children are affected negatively by the disclosure of their child's abuse and experience many difficulties such as emotional distress, secondary traumatization, parental difficulties, and change in interpersonal boundaries. Mothers are often forgotten about in treatment programs, as many focus solely on the child, resulting in the mother's trauma going unacknowledged and unattended. This may negatively affect the mother's ability to support her child, as well as her own ability to creatively adjust to restoring a healthy sense of self. Mothers of sexually abused children therefore need support to assist them in processing the psychological trauma they experience following the disclosure of their child's sexual abuse.

### **1.2.3 Research question**

The research question is formulated from the problem statement (Babbie & Mouton, 2001:73). According to Fouché and De Vos (2005:100) the research question states what the researcher wants to find out about the topic. Chaiklin and Chaiklin (2004:74) describe this as a process of translating the sense of being *curious* about a subject matter into a *concrete procedure*.

Based on the above problem statement the following question can be asked:

- What are the experiences and needs of mothers of sexually abused children?

The aim and objectives that are defined by the researcher in the process of solving the above-mentioned problem will now be discussed.

### **1.2.4 Aim and Objectives of Study**

The creation of the research problem gives rise to the formulation of a concrete aim and objectives in order to answer the research question. The aim of the research is seen as "*the end towards which effort or ambition is directed*" (Fouché & De Vos, 2005:104). These authors state that the aim is the dream and the objective is the single steps taken to reach the dream.

The aim of this study was to explore and describe the experiences and needs of mothers of sexually abused children, post-disclosure and once their child has entered into a treatment programme. This research could be seen as a pilot study for future development in an intervention programme for mothers whose child has been sexually abused.

In order to reach the aim of this research the following objectives were formulated, which indicate the steps that were taken to achieve the aim of the study (Fouché & De Vos, 2005:104).

The objectives of the study were

- To provide a conceptual framework on the theoretical concepts of Gestalt therapy theory and literature in the field of sexual abuse pertaining to mothers of sexually abused children;
- To conduct an empirical study by means of collecting evidence through semi-structured in-depth interviews with a sample of mothers whose children have been sexually abused and to conduct data analysis by examining, categorizing, and conducting a literature control;
- To provide conclusions and recommendations based on the outcomes of the study.

#### **1.2.5 Paradigmatic perspective**

The researcher adopted and worked from a Gestalt therapy theory paradigm, which includes field theory, the phenomenological method of enquiry and holism. A paradigm, according to Babbie (2004:33), is a model or framework for observation and understanding, which shapes both what we see and how we understand it. The paradigmatic perspective for this study views the individual as part of an environmental field, which directly impacts the individual's sense of self (Yontef, 2005:84). Barber (2006:21) is of the opinion that human beings are not separate from the unified field, but are rather intimately and energetically related to everything and everybody else within it. Mothers of sexually abused children are therefore affected by the trauma that their child

experiences due to being part of the unified field. The child's trauma has a direct impact on the mother's sense of self.

Gestalt therapy theory according to Crocker and Philippon (2005:66) focuses on understanding individuals, situations and events within their environmental context to understand the nature of change, of how things come to be what they are and behave in the way that they do. Core humanistic principles of human inquiry that influence ethical Gestalt practice are holism, autonomy, experiential inquiry and democracy (Barber, 2006:8). The researcher adopted the phenomenological method of enquiry, which entails staying as close as possible to the individual's experience, describing the what and the how, while bracketing one's own beliefs, assumptions and explanations (Barber & Brownell, 2008:57; Babbie & Mouton, 2001:31; Joyce & Sills, 2010:17). By utilising this approach it could provide the researcher with a better understanding, from the mother's perspective, of what their experiences are post disclosure and when their sexually abused child enters therapy.

Gestalt therapy theory is steeped in phenomenology, existentialism, holism and field theory, these underpinnings along with other theoretical assumptions and key concepts will be discussed in Chapter two.

## **1.3 RESEARCH APPROACH**

### **1.3.1 Qualitative research approach**

A qualitative approach was utilized within the context of this study. The aim of a qualitative approach is to understand social life and the meaning that people attach to everyday life (Fouché & Delport, 2005:74). By utilizing the qualitative approach, an attempt was made to understand the experiences of mothers of sexually abused children. This is one of the major distinguishing factors of the qualitative approach as it aims to understand people in terms of their own definition of their world (Mouton, 2001:194). Fouché and Delport (2005:74) as well as Creswell (1998:15) emphasise that qualitative research is concerned with observation rather than explanation that engages in an inquiry process to gain first-hand knowledge, and a holistic understanding into a phenomena that explores a social or

human problem through research strategy, problem formulation and appropriate data collection.

### **1.3.2 Type of research**

The type of research that was utilised in this study was applied research instead of basic research, as applied research focuses on solving problems in practice (Fox & Bayat, 2007:10; Fouché & De Vos, 2005:105). This implies that the applied researcher attempts to contribute knowledge in an area of human social life in order to make sense of a problem and to gain a greater understanding to it (Babbie, 2002:22). The aim of this study was to gain knowledge into the experiences and needs of mothers of sexually abused children, while their child is undergoing therapy.

The researcher utilized applied research with emphasis on an exploratory and a descriptive nature to gain a better understanding of the experiences of mothers of sexually abused children. Exploratory research is conducted to gain a broad understanding and insight into a situation, an individual or community, or phenomena due to a lack of information in that area (Bless, Higson-Smith & Kagee, 2006:47). According to Mouton (in Fouché & De Vos, 2005:106) exploratory research provides an answer to a “*what*” question. The researcher met the goals of exploratory research through semi-structured interviews with mothers of sexually abused children by exploring their experiences and needs, while their child is receiving therapy.

Descriptive research “*presents a picture of the specific details of a situation, social setting or relationship and focuses on “how” and “why” questions*” (Neuman in Fouché & De Vos, 2005:106). According to Babbie (2005:91) the purpose of many social scientific studies is to describe situations and events where the researcher observes and then describes what was observed. Rubin and Babbie (in Fouché & De Vos, 2005:106) further state that “*description is more likely to refer to a more intensive examination of phenomena and their deeper meanings, thus leading to thicker descriptions*”. The goal of descriptive research for this study was met through describing the experiences and needs of mothers whose child had been sexually abused.

### **1.3.3 Research strategy**

The qualitative researcher needs to choose a research strategy to be followed in order to meet the purpose of the study and answer the research question. Creswell (1998:27) lists five models that could be utilized in a qualitative study, namely; biography, phenomenology, grounded theory, ethnography, and a case study. According to Bless *et al.* (2006:47) there are two alternatives for the design of exploratory and descriptive research, namely case study or a survey. The research strategy implemented for this study was case study, whereby the researcher explored in-depth an event, process, activity, individual or group of multiple individuals, that was bound by time, place and activity (Fouché, 2005:272; Creswell, 2003:15).

The exploration and description of the case takes place through in-depth data collection methods, involving multiple sources of information that is rich in context (Fouché, 2005:272). The type of case study that was utilized was an instrumental case study, which focused on gaining a better understanding of a social issue and provided the researcher with more knowledge about the social issue (Fouché, 2005:272). The focus on the current study was to gain more knowledge about the experiences and needs of mothers of sexually abused children.

## **1.4. RESEARCH METHODOLOGY**

Research methodology, according to Babbie and Mouton (2001:647), refers to methods, techniques and procedures that are employed in the process of implementing the research design or research plan, as well as the underlying principles and assumptions that underlie their use.

The following section will focus on the research methodology that was utilised during this research, the type of literature sources that were studied; the universe, population and sampling technique utilised for this study, the data collection methods used and the method of data analysis.

### **1.4.1 Literature**

The function of literature in a qualitative study, as described by Delpont and Fouché (2005:263), is to demonstrate the underlying assumption of the research question, show that the researcher is knowledgeable about the related area of research, and helps to identify gaps in previous research.

A literature review was conducted in Chapter two to establish the theoretical framework for this study. A literature review consists of reviewing existing scholarships or bodies of knowledge, as it helps the researcher to familiarize herself with the current knowledge and to see how other scholars have investigated the research problem (Fox & Bayat, 2007:35; Delpont & Fouché, 2005:263). The literature review was conducted by the researcher reviewing professional journal articles, books, previous dissertations and the internet on the topic of child sexual abuse, the impact the child's sexual abuse has on the mother, disclosure of child sexual abuse, psychological and secondary trauma, Gestalt therapy theory and intervention strategies for mothers of sexually abused children, thereby providing the researcher with knowledge in the area of the study. Literature from different fields including social work and psychology were also considered.

A literature control was utilized in Chapter three after the data collection and analysis took place, to compare and verify the findings of this study.

### **1.4.2 Universe, population and sampling technique**

Sampling is the process by which a sample is drawn from a population (Bless *et al.*, 2006:185), starting with the universe, then focusing on a population in the universe, and lastly selecting the sample from the population.

The universe refers to all potential subjects who possess the attributes that the researcher is interested in Arkava and Lane (in Strydom, 2005:193). In this study the universe consists of all the non-offending mothers in Cape Town, whose child has been sexually abused. The population refers to the individuals in the universe who possess specific characteristics that the researcher wishes to research Arkava and Lane (in Strydom,

2005:193). The population, for this study, was mothers of children receiving counselling for sexual abuse from a NPO specializing in the treatment of child sexual abuse. A sample comprises of a measurement or group of elements drawn from the population which the researcher is interested in, and which is studied in order to acquire some knowledge about the entire population (Bless *et al.*, 2006:185; Strydom, 2005:194). The type of sampling that was utilized for this study was non-probability sampling, which refers to the probability of including each element of the population in a sample unknown, thereby resulting in some elements not being included in the sample (Bless *et al.*, 2006:100).

Non-probability sampling consists of different sampling techniques (Strydom, 2005:202). The sampling technique to be implemented for this study is purposive sampling, as the researcher selected members from a “difficult-to-reach, specialized population” (Neuman, 2000:198). In purposive sampling the researcher needs clear criteria in mind for choosing the sample, as well as being able to motivate for the decisions made (Strydom & Delpont, 2005:329). The sample consisted of mothers of children who have been sexually abused. The sample of mothers was drawn from the population on grounds of the following inclusion criteria;

- The mother must be the non-offending parent of a child who had been sexually abused.
- The type of child sexual abuse could either be intra-familial or extra-familial sexual abuse.
- The sexually abused child must be under the age of 18.
- The mother’s child must be receiving counselling at the Non-profit organisation in the past year.
- No discrimination against the mothers in terms of ethnicity or age.
- The mother must be able to either speak English or Afrikaans.

Patton (2002:244) states that in qualitative research sample size depends on the purpose of the inquiry. For the purpose of this study the researcher interviewed five mothers of children who had been sexually abused, before reaching saturation. Saturation refers to the process of selecting cases and data until the researcher begins to hear the same

information repeatedly and not gain any new information Seidman (in Greeff, 2005:294). In this study sampling continued until saturation was achieved in terms of generalizing to theoretical propositions and not to populations (Yin, 2009:15).

### **1.4.3 Data collection**

Creswell (1998:110) views the data collection process of the qualitative researcher, as a series of interrelated activities aimed at gathering in-depth rich information to answer the research question. The following data collection techniques were implemented during the course of this study:

#### ***Interviews:***

The method of data collection utilized for this study was semi-structured face-to-face interviews with the sample of mothers of sexually abused children which was drawn from the criteria set out above. This method of interviewing was employed as it is organized around a specific area of interest, while still remaining flexible enough to explore other areas of relevance (Greeff, 2005:292). The motivation for utilizing the semi-structured interviewing method was that it provided the researcher with the opportunity to gain an in-depth understanding to each participant's beliefs and feelings related to the research question, as well as viewing the participants as experts on the subject of the current study and providing them with the opportunity to tell their story (Fox & Bayat, 2007:73; Greeff, 2005:296).

The semi-structured interview followed an interview schedule (refer to Appendix 2) which consists of a set of predetermined questions related to the topic of the study set by the researcher (Greeff, 2005:296). The researcher did not use the interview schedule to dictate the interview process; it was merely utilized as a guide during the interview (Greeff, 2005:296). The researcher asked open-ended questions to encourage the participants to share their feelings, perceptions and attitudes related to the research question.

#### ***Audio-visual material:***

All interviews were video recorded, as this process allows for a fuller account of the information provided than notes taken during the interview (Greeff, 2005:298).

**Field notes:**

This study also used field notes, in the form of observation and theoretical notes, as a form of data collection. Field notes are the written accounts of the researcher's thoughts, observations and experiences of the participants while the interview is in progress (Flick, 2009:469; Fox & Bayat, 2007:74; Greeff, 2005:298; Creswell, 2003:185; Patton, 2002:302). Field notes were taken and recorded encompassing the main aspects of the interview that stood out for the researcher, along with how the researcher experienced the mother during the interview and any other thoughts and feelings that arose within the researcher during the interview (refer to Appendix 4). The field notes were given theoretical status by listening to the participants without allocating categories, comparing with the observations of other participants, as well as interpreting by providing meaning to what was observed (Fox & Bayat, 2007:75). Observations through field and theoretical notes, were used to increase the generalizability of this study's findings (De Vos, 2005:346) and were taken to aid a rich data collection process (Fouché, 2005:272). This further added towards triangulation and trustworthiness of the study (Fox & Bayat, 2007:107; De Vos, 2005:345).

**1.4.4 Data analysis**

The analysis of the data took place after the data was collected. Data analysis is the process that brings order, structure and meaning to the data collected in order to generate findings (Fox & Bayat, 2007:104; De Vos, 2005:333). For the purpose of this study the data was analysed using Creswell's application of Tesch's method (De Vos, 2005:334; Creswell, 2003:192) which is based on a series of steps. These steps were used as guidelines to analysing the data.

The first step that the researcher followed was to organize and prepare the data for collection and analysis (Creswell, 2003:191). The researcher used a video-recorder while conducting the semi-structured interviews. This audio-visual material from the interviews was transcribed into verbatim text (Creswell, 2003:203) by the researcher. Other aspects of this step that were followed was typing up of field notes and general sorting of the data.

The processing and coding of the data was done manually by the researcher (Fox & Bayat, 2007:106). A general sense of the interviews was gained through transcribing the interviews. Once the transcription process was completed the researcher then proceeded to read and re-read the interviews and made notes in the margins to gain an overall sense and meaning of the data (De Vos, 2005:337; Creswell, 2003:191).

The next step was to code the data. Coding is the specific and concrete activity that starts the analysis process (Punch, 2005:199), by organizing the text into segments of information and by providing names or labels to those chunks of information (De Vos, 2005:336, Punch, 2005:199; Creswell, 2003:192). These labels given to the transcribed text provide meaning to the data collected (Punch 2005:199). The researcher used colour as a coding scheme, by utilizing different colour highlighters the researcher colour coded similar themes between the interviews in the same colour. From this process the researcher was able to organize the information and generate themes, sub-themes and categories by grouping the same colours together (De Vos, 2005:338). The researcher then moved onto testing the emerging data and searching for alternatives. The framework of the interpretations were guided by Gestalt therapy theory and verified by the literature control (Fouché & Delpont, 2005:84; Creswell, 2003:195), which is presented in Chapter three.

Conclusions of each theme identified were made and presented in Chapter four of the research report, along with recommendations, limitations to the study and possible future research opportunities.

## **1.5 VALIDITY OF THE STUDY**

The trustworthiness of research projects need to be evaluated (De Vos, 2005:345). In qualitative research the trustworthiness is measured according to the following criteria; credibility, transferability, dependability, confirmability, and authenticity (Lincoln & Guba in De Vos, 2005:346; Babbie & Mouton, 2001:276-278; Whittemore, Chase & Mandle, 2001:527).

Credibility refers to conducting the research in such a manner that the participant is accurately identified and described Lincoln and Guba (in De Vos, 2005:346). Credibility is achieved through the following procedures namely prolonged engagement, observation, triangulation, referential adequacy, peer debriefing and member checks Lincoln and Guba (in Babbie & Mouton, 2001:277). Credibility of this study was achieved by:

- Prolonged engagement with the mothers (participants) via an initial contact meeting, during data collection of the semi-structured interviews and providing the participants with debriefing after the interviews;
- Consulting existing literature on the topic of the study in the form of a conceptual framework (in Chapter two) and a literature control (in Chapter three);
- Video recording the interviews with the mothers of sexually abused children which provided referential adequacy;
- Peer debriefing was done with two colleagues outside of the study who assisted the researcher with her perceptions, insights and who asked questions about the study;
- Engaging in triangulation through the use of field notes in the form of observation and theoretical notes (sample of field notes in Appendix 4).

Transferability according to Lincoln & Guba (in De Vos, 2005:346; Babbie & Mouton, 2001:277) refers to the applicability of generalizing one set of findings to another context or with other respondents. This is achieved through thick descriptions and purposive sampling (Babbie & Mouton, 2001:277). To ensure transferability the research was guided by and documented within a Gestalt Therapy framework, so that if other researchers wanted to conduct a research within similar parameters they could do so.

Dependability provides evidence that if the study were to be repeated with the same or similar respondents in the same or similar context that it would yield similar findings (Babbie & Mouton, 2001:278). Guba and Lincoln (in Babbie & Mouton, 2001:278) introduced the notion of an inquiry audit whereby the auditor examines the data, findings, interpretations and recommendations of the study. The researcher achieved dependability through consulting with a supervisor and referring back to the research process. A properly managed audit according to Babbie and Mouton (2001:278) could determine dependability and confirmability simultaneously.

Confirmability is described as being similar to objectivity and refers to the ability of the findings of the study to be confirmed with another (Lincoln & Guba in De Vos, 2005:347). This was achieved through supervisory feedback and by the researcher staying focused on the aim and objectives of the study.

Lastly authenticity is closely related to credibility and refers to the researcher's ability to stay close to the phenomenon of study and to portray the meaning and experiences that are lived and perceived by the participants (Whittemore *et al.*, 2001:30). The researcher adopted the phenomenological method of enquiry, while bracketing the researcher's own beliefs, assumption and explanations, and stayed as close as possible to the participants' lived experience, through dialogue during the semi-structured interviews (Joyce & Sills, 2010:17). The experiences and needs of mothers of sexually abused children were capture on a video-recorder during the semi-structured interviews and then transcribed into text.

## **1.6 ETHICAL ASPECTS**

Ethics is defined as a set of moral principles that are widely accepted by individuals and groups, which offer rules and behavioural expectations for the correct conduct towards research participants (Strydom, 2005:57). Ethical issues that were considered when conducting this qualitative research were; harm to research participants, informed consent, deception of subjects, violation of privacy, actions and competence of the researcher, publication of findings and the debriefing of research participants (Strydom, 2005:58).

It is the researcher's responsibility to ensure that no harm is done to those participating in the study and the study therefore needs to meet certain ethical requirements (Strydom, 2005:56). The researcher followed the ethical guidelines recommended by Strydom (2005:56-70) when conducting the study.

- The researcher needs to ensure that the research participants are protected against any potentially physical or emotional harm (Strydom, 2005:58). The researcher adhered to this principle by informing the participants of the aim,

process and potential impact of the study. Each participant was given the opportunity to withdraw from the study at any time. A debriefing session was provided after the interview.

- The next principle that the researcher adhered to was that of informed consent. Informed consent, according to Williams (in Strydom, 2005:59) is obtained through providing the research participant with adequate information on the goal of the study, the procedures that will be followed during the study, possible advantages and disadvantages of the study, dangers which the participants may be exposed to, the credibility of the researcher, and highlighting that participation is voluntary. The researcher met this principle by providing the participants with relevant information on the study (refer to Appendix 1) as suggested by Williams (in Strydom, 2005:59) and gaining the participants' written consent to participate in the study (refer to Appendix 2). The participants were further provided with the opportunity to ask any questions if they did not understand, as well as provided them with the opportunity to withdraw from the study at any time if they wished to do so. The researcher further made the participants aware of the topic of study and that it may be painful speaking about their child's abuse and the impact that it has on their life.
- The next ethical aspect that the researcher adhered to was that of deception of the research participant. According to Loewenberg and Dolgoff (in Strydom, 2005:60) deception of research participants can be viewed as "deliberately misrepresenting facts in order to make another person believe what is not true, violating the respect to which every person is entitled". The researcher adhered to this principle by providing the participants with information on the aim of the study as well as making the research report, once completed, available to them to be viewed.
- The fourth ethical principle that needed to be upheld, according to Strydom (2005:61), is that violation of privacy, anonymity and confidentiality. Violation of privacy, the right to self-determination and confidentiality can be viewed as similar (Strydom, 2005:61). Singleton (in Strydom, 2005:61) states that "the right

to privacy is the individual's right to decide when, where to whom and to what extent his or her attitudes, beliefs and behaviours will be revealed". The participants' right to privacy, anonymity and confidentiality was upheld in this study by providing the participants with confidentiality of information by utilizing pseudo-names consisting of a letter of the alphabet. The first five letters of the alphabet were used. These letters were only meaningful to the researcher and thereby ensured confidentiality. The data collected during the study was kept in a locked filing cabinet which only the research had access to.

- According to Strydom (2005:63) the researcher is ethically obliged to ensure that he is competent and adequately skilled to perform the research study. The researcher informed the research participants of her competence through informing them that she is a registered social worker, and therefore needs to comply with the code of ethics of the South African Council for Social Service Professions. The researcher further provided the research participants with information on her work experience.
- According to Strydom (2005:65) the researcher is required to present the findings of the study in a research report, which needs to be compiled as accurately and objectively as possible. The researcher adhered to this ethical principle by compiling a research report once the data collection process was completed. This report will be made available to research participants to view. The researched will also provide feedback to the staff at the NPO of the findings of the study.
- The last ethical principle that Strydom (2005:66) refers to is that of providing the research participants with debriefing. The author further notes that the research participants should have the opportunity to work through their experiences and the researcher should rectify any misperceptions that may have arisen on the part of the participants. The researcher provided a debriefing session for the participants at the end of the interview, and if further counselling was required

the researcher ensured that this was arranged for the participant. Counselling was arranged for one of the research participants.

## **1.7 DEFINITIONS AND MAIN CONCEPTS**

The following definitions have been applied to this research. It integrates concepts in connection with the aim of the study.

- **Child Sexual Abuse**

Gil (1996:12) defines sexual abuse as “a type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, prostitution, pornography, exposure, or other sexually exploitive activities”.

According to Munro (2001:1) “Child sexual abuse is any form of sexual activity with a child by an adult, or by another child where there is no consent or consent is not possible; or by another child who has power over the child”. The author notes that by this definition, it is possible for a child to be sexually abused by another child who is younger than her/himself. “Sexual abuse includes, but is not limited to, showing a child pornographic materials, placing the child's hand on another person's genitals, touching a child's genitals, and/or penetration of any orifice of a child's body (mouth, vagina, anus) with a penis, finger, or an object of any sort. Penetration does not have to occur for it to be sexual abuse” (Munro, 2000:1).

Mash and Wolfe (2005:445) define sexual abuse as “abusive acts that are sexual in nature, including fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials”.

Extra-familial abuse is when a child is sexually abused by someone outside of the child's family life, like a neighbour or acquaintance. Whereas intra-familial abuse or incest is when a child is sexually abused by a relative with in the child's family where there is a blood relation, for example the father or grandfather (Jackson, 2008:12).

For the purpose of this study the researcher views any sexual act performed against the child as sexual abuse. This study included both cases of intra and extra-familial sexual abuse.

- **Mother**

The Oxford English dictionary provides the following definition for mother; “The female parent of a human being; a woman in relation to a child or children to whom she has given birth; (also extended use) a woman who undertakes the responsibilities of a parent towards a child, especially a stepmother.”

For the purpose of this study the term mother further refers to those mothers who have a child who has been sexually abused.

- **Gestalt Perspective**

Gestalt therapy, according to Blom (2004:4), is considered an existential, phenomenological and holistic approach focusing on awareness in the here and now, and the relationship between people and their environment. This perspective believes that people are able to self-regulate by promoting awareness that allows the individual to become aware of the choices that he makes with regards to his behaviour. Oaklander (2003:143) further notes, Gestalt therapy is a humanistic, process orientated mode of therapy that is concerned with the healthy functioning of the total organism – senses, body, emotions, and intellect.

- **Theoretical assumptions and key concepts that underpin Gestalt therapy theory:**

- **Individual / organism**

According to Kirchner (2000) an organism is a structured whole, naturally self-regulating individual, seeking growth towards maturity and the fulfilment of its needs. The organism’s behaviour is purposeful and goal seeking in order to meet its needs. External controls may interfere with the healthy functioning of the organism and with self-regulation. The organism does not

function in isolation, instead it is makes contact with the environment which is part of the ever changing field. The organism has many different dimensions with each one being of equal importance, namely; physical, cognitive, emotional, aesthetic, spiritual, interpersonal, social and economic. The aim of Gestalt therapy is for a person to become aware of themselves in the present moment, to integrate the different parts and become totally what they already are and what they can become.

- **Organismic self-regulation**

Each organism seeks homeostasis as a way to maintain health as change occurs in the environment. The needs of the organism change because of development; the organism seeks ways to satisfy needs and achieve equilibrium. Human beings use the organismic self-regulating process to get their needs met and to integrate experience. This process results in learning, growth, and fulfilment of the potentialities of the organism. When the organism (mother) encounter problems, they react in different ways, trying to get their needs met. The coping strategies that they choose may not work to restore balance, but they will continue to seek ways to do so (Kirchner, 2000; Oaklander, 1994:144).

- **Gestalt**

The term *Gestalt* is a German word with no direct English translation, rather it encompasses a variety of concepts, namely; the shape, the pattern, the whole form, and the configuration, which implies that the whole is different to and greater than the sum of its parts (Clarkson, 2004:1).

- **Experiences**

The term experiences utilized in this study is defined according to Fritz Perls' (in Clarkson & Mackewn, 2006:56) explanation which states that a person's experience occurs at the contact boundary between themselves and their environment. He further states that:

“Experience is the functioning of the contact boundary of the organism and its environment: The study of the way that the human being functions in his environment is the study of what goes on at the contact boundary between the individual and his environment. It is at this contact boundary that the psychological events take place. Our thoughts, our actions, our behaviour, and our emotions are our way of experiencing and meeting these contact boundary events”.

Experience is therefore viewed as the result of the interactions of the individual with the environment (Frazao, 1999).

- **Needs defined in terms of figure/ground**

The relationship between the figure and ground is a process whereby human needs are met and made whole or where meaning is given to experiences (Clarkson, 2004:5). The figure is seen as the most dominant need at a present moment and the ground refers to the background of the figural experience (Clarkson, 2004:6). A good figure, according to Clarkson (2004:6), is one which is clear, strong, of interest and sharply distinguishable from the background. The organism’s needs are met through attending to the figure need, and once that need has been met, it will fade into to the ground and a new need may arise on the figure. This process continues in a healthy organism, where it continuously meets its needs. Trauma could hinder this healthy process of needs being met, whereby an unclear figure formation may form resulting in an incomplete Gestalt. This interferes with good contact with the self, others and the environment in the present moment (Clarkson, 2004:7). Due to the mother experiencing their child’s disclosure as traumatic, this may hinder the mother’s ability to attend to their own needs and the needs of their child.

- **Concept of psychological health / pathology is based in phenomenology**

In the Gestalt therapy theory unfinished business leads to an incomplete Gestalt. It is inherent in the organism to make or complete wholes even when there are parts missing and even if it means that the organism completes it in a distorted or pathological manner (Clarkson, 2004:52). The mother of the sexually abused child tries to process the trauma of their child's victimization and in doing so is also traumatised. This trauma may result in the mother completing the Gestalt in a pathological manner. This occurs when there is a blockage or dysfunction in the flow of the cycle of the organism's ability to fulfil its needs. These blockages, called contact boundary disturbances, occur at the contact boundary between the self, others and the environment, which interferes with healthy functioning of the self (Clarkson, 2004:54).

The Gestalt approach supports the concept that each person is an expert in their own experiences and providing meaning to it. The mother is therefore the expert on what she needs to restore a healthy sense of self, when her child enters therapy.

- **Awareness**

Joyce and Sills (2010:31) state that the promotion and encouragement of full and free-flowing awareness is the cornerstone of Gestalt practice. Awareness is seen as the interplay in which both the individual and the environment participate (Latner, 2000:17). Yontef (1993:179) further notes that awareness is a form of experience that can be defined as being in touch with one's own existence, with "what is" and the person who is aware knows *what* he does, *how* he does it, that he has alternatives and that he *chooses* to be as he is. Awareness is both *knowing* and *being* (Joyce & Sills, 2010:32).

- **Contact**

Contact is viewed as the quality of awareness which involves the meeting of difference, the coming up against the other, and experiencing what is different from what is thought, felt and experienced as one's own (Latner, 2000:23). Contact is made through the sensory and motor functions, namely seeing, hearing, feeling, moving, touching, and takes place at the boundary of the self and the environment (Clarkson, 2004:40). An organism needs to make contact or to interact with the environment to satisfy emerging needs. Healthy psychological functioning depends on good contact with self and others (Clarkson, 2004:41; Joyce & Sills, 2010:105). Psychological distress occurs when the organism is unable to make contact with the environment, which blocks the awareness of a pertinent needs arising, resulting in unmet needs, thereby causing a fragmented sense of self.

## **1.8 CHAPTER OUTLINE**

### **Chapter 1: Overview and Rationale of the Research**

This chapter consists of an overview of the study, the research approach and research methodology that was employed, along with the ethical aspects and the definition of the main terms and concepts that were referred to in the study.

### **Chapter 2: Conceptual Framework: Gestalt Therapy Theory and Field of Sexual Abuse**

This chapter provided a conceptual framework on Gestalt therapy theory, and a literature review on the field of child sexual abuse focusing on the impact that the child's trauma has on the mother, and the secondary trauma that the mother experiences.

### **Chapter 3: Empirical Results, Research Findings and Literature Control**

The focus of Chapter three was to present the empirical results and research findings of this study. A literature control was conducted comparing the findings of this study with current literature.

## **Chapter 4: Conclusion and Recommendations**

The aim of Chapter four was to evaluate the research process, the research aim and the objectives set out in Chapter one. Conclusions and recommendations were made.

### **1.9 CONCLUSION**

This chapter provided an overview of the study focusing on the motivation for conducting this study, the problem formulation and the goals and objectives of the study. The researcher further provided information on the research approach and sampling procedure that was utilised during this study. Furthermore the manner in which the data collection and data analysis took place was described. Lastly the researcher focused on the ethical issues that needed to be considered while conducting this study. Chapter two will present a conceptual framework which outlines the relevant theoretical aspects pertaining to Gestalt therapy theory and the field of sexual abuse, with focus on the mothers of sexually abused children and the trauma and emotional distress they experience after the disclosure of their child's abuse.

## **CHAPTER TWO**

### **CONCEPTUAL FRAMEWORK: GESTALT THERAPY THEORY AND FIELD OF SEXUAL ABUSE**

#### **2.1 INTRODUCTION**

This chapter serves to provide a conceptual framework for this study. A conceptual framework, according to Mouton (1996:195), fulfils a specific function within a body of knowledge. The aim is to provide the reader with an explanation and an understanding to the theoretical principles and underpinnings of Gestalt Therapy Theory and the field of sexual abuse that will serve as a foundation for the empirical study in Chapter three.

#### **2.2 THEORETICAL PRINCIPLES AND UNDERPINNINGS OF GESTALT THERAPY THEORY**

##### **2.2.1. Aim of Gestalt therapy**

Gestalt therapy according to Blom (2004:4) is considered an existential, phenomenological and holistic approach focusing on awareness in the here and now, and the relationship between people and their environment. It further views people as having the innate ability to be healthy and self-regulating by promoting awareness that allows the individual to become aware of the choices that they make with regards to their behaviour (Clarkson & Mackewn, 2006:32). Oaklander (1994:143) notes that Gestalt therapy is concerned with the healthy functioning of the total organism, including their senses, body, emotions and intellect. The goal of Gestalt therapy is not to change or to fix but to create self-healing (Lampert, 2003:9).

##### **2.2.2 Gestalt**

The term Gestalt is a German word which has no direct English translation, but encompasses a wide variety of concepts, such as “the shape, the pattern, the whole form

and the configuration” (Clarkson, 2004:1). Gestalt further refers to the structural entity which is both different and more than the sum of its parts.

Blom (2004:3) considers the concept of Gestalt to be:

An entity or whole of which the total is more than its component parts, which has a certain degree of structure and which remains recognizable as a whole, as long as the relationship between the parts remains. This aspect is related to holism as one of the theoretical concepts of Gestalt theory.

Gestalt theory according to Latner (2000:13) is defined as a system that provides the context for concepts, techniques and applications that facilitate the structure and organization of living in terms of aware relations. The epistemological bases of Gestalt psychotherapy, as viewed by Evans (2007:195) and Clarkson (2004:31) are phenomenology, field theory, holism and dialogue. These bases are interrelated and mutually supporting, together they underpin the theory and method of Gestalt psychotherapy as well as provide the foundation for the values of Gestalt psychotherapy. These theoretical principles will serve as a theoretical framework for this study.

The next section will provide an explanation of the theoretical principles and underpinnings of Gestalt therapy theory.

### **2.2.3 Field theory**

Parlett (2005:46; 1997:18) states that the notion of “the field” originated from physics to mean magnetic field. Lewin (in Parlett, 2005:46) believed that in psychology there were also various forces, vectors and influences that act together to produce a specific, unique outcome in a particular situation at a particular time. This thinking that surrounded the central concept of field was referred to as field theory, whereby each force affects the others in a complex interactive relationship (Parlett, 2005:46). The field theory forms an important part of Gestalt therapy theory as it provides a viewpoint to understanding “how the world is organized, how it works, how to observe this organization, and how change happens” (Parlett, 2005:84).

The field according to Perls in Clarkson and Mackewn (2006:42) is “all the coexisting mutually interdependent factors of a person and his environment”. The authors further state that a person and their field are interrelated forming a whole or a system, and any change that takes place in part of the person or in the environment has an impact on the system. According to Parlett and Denham (2007:233) psychological disturbance is related to the individual responding to the whole field, if the field is in chaos or crisis, it impacts directly on those in it. Yontef (1993:306) concurs by stating that when something happens to one member of a family, everyone in the family is affected in some way or another. Therefore in order to understand a person’s experience, one needs to examine the person’s field which encompasses both the person’s inner and external world, as well as the interaction that occurs between them (Joyce & Sills, 2010:28).

Human beings are seen as meaning seeking creatures, by creating meaning to various aspects of their field of experience as well as to the overall field (Clarkson & Mackewn, 2006:43). A person plays an active role in organizing their experiential field and providing it with meaning. Furthermore the present experience of reality is coloured by the person’s mood, past experiences, their needs, personal preferences and expectations (Mackewn, 1997:55). All these aspects will contribute towards providing the person’s experiential field with meaning. According to Yontef and Jacobs (2005:300) the variables that shape a person’s behaviour and experience are present in the current field, and for this reason an individual cannot be understood without understanding the field, or context which they live in.

#### **2.2.4 Holism**

The notion of the whole is the most important theoretical concept pertaining to Gestalt therapy (Clarkson & Mackewn, 2006:33) and asserts the “whole is larger than the sum of its parts” (Brownell, 2010:169). According to Parlett and Denham (2007:230) human life and experience cannot be divided into parts, as lived human existence is grounded in social and familial realities of the present world.

The essence of the holistic conception of reality, according to Latner (1986:4), is that all nature is a unified and coherent whole. Wholeness is seen as intrinsic to humans and

according to Latner (2000:19) “we cannot live without forming wholes of experience”. Gestalt therapy theory is further concerned with wholeness as a defining quality of healthy living of the whole individual (body, mind and spirit) and the ecological wholeness (the oneness of the individual and the environment). Latner (1986:3) states that a healthy person needs to be in touch with themselves, the environment and the relationship between them, as a person is unhealthy when they are out of touch with themselves and their environment. A person exists and defines their sense of self by the connectedness to their surroundings, to other people, other creatures and other ideas (Clarkson & Mackewn, 2006:37).

### **2.2.5 Phenomenology**

The experience of a person is viewed as being phenomenal, and the study of that experience is defined as phenomenology (Brownell, 2010:89). Phenomenology is the search for understanding that is revealed by a situation rather than the interpretation of the observer (Yontef, 1993:182). Clarkson and Mackewn, (2006:9) describes phenomenology as;

A person’s experience of the world is open to a range of interpretations – there is no single indisputable truth – so the meaning each person constructs is unique to that person. Phenomenology therefore emphasizes the importance of subjective as well as objective data of experience, describes what it perceived while bracketing previous assumptions about the significance of what is described; in order to reach a direct grasp of the essence of the thing or experience itself.

The Gestalt approach makes use of the phenomenological method which focuses on staying closely with the person’s experience in the here-and-now, thereby encouraging the person to explore and become aware of how they make sense of their world (Joyce & Sills, 2010:17). It is a method that facilitates observing and describing of the individual’s cognitive, physical, emotional and spiritual experiences, and in addition is a method in therapy used to create awareness leading to insight and possible change (Brownell, 2010:75). The Gestalt approach views each person as an expert in their own experience, being able to organize data and give meaning to it.

The Gestalt inquirer makes use of the phenomenological method of enquiry which is seen as an attitude or technique in approaching the individual. This encompasses four components, as described by Joyce and Sills (2010:17-24), Crocker & Phillipson (2005), Brownell (2010:91), namely:

- *Bracketing (époche)*- the inquirer's beliefs, assumptions and judgments are set aside to present the person with an unique moment;
- *description*- involves staying with the awareness of what is seen and verbalizing this to the person by describing what is seen rather than explaining;
- *horizontalism*- giving equal value to all aspects of the phenomena; and lastly
- *active curiosity*- the inquirer is interested in understanding the person's world, how situations arise, how they make sense of them and how this fits into their larger field.

### **2.2.6 Dialogue**

Dialogue is the discourse of relationship and can take place anywhere between the interconnection within the field (Brownell, 2010:105). Dialogue according to Jacobs (in Kirchner, 2000) is a special form of contact that becomes the ground for deepened awareness and self-realization. Hycner and Jacobs (in Joyce & Sills, 2010:45) further state that:

The human heart yearns for contact – above all it yearns for genuine dialogue... Each of us secretly and desperately yearns to be 'met' – to be recognized in our uniqueness, our fullness and our vulnerability.

The dialogical principle is based on the "I-Thou" philosophy of Martin Buber (1970) which assumes that individuals are made fully into people through the meeting between them, there is no "I" without an "It" or a "Thou" (Kirchner, 2000). The "I-It" mode is seen as important for living. This mode involves functions such as judgment, will, orientation, reflection, self-consciousness and the awareness of separation (Jacobs, 1989:2). It is in the I-It mode that a person attempts to make oneself understood to others. In contrast Jacobs (1989:2) asserts that the "I-Thou" mode is for the realization of one's personhood, it is integrative and affirms one's wholeness. Jacobs (1989:2) further states that:

Essentially, the I-Thou relation, or dialogue can be seen as a specific form of the contacting process. Contacting is a process common to all organisms and all types of activity. I-Thou is a specific form of the contacting process between two people, through which each person realizes most fully their distinct humanity. For one's humanity is manifest only in dialogic relation to others. It emerges from, and requires, self-awareness, a uniquely human characteristic.

The "I-Thou" is a temporary state and once the meeting between the other is complete, both parties will return to the "I-It" mode. The hallmark of creative and healthy living according to Hycner (in Jacobs 1989:2) is finding the balance between the "I-It" and "I-Thou" modes in one's life.

In Gestalt therapy theory there are four characteristics to true dialogical interaction in the development of an "I-Thou" encounter (Joyce & Sills, 2010:45-51; Yontef, 2005:95-96), namely:

- *Inclusion and confirmation* – In practicing inclusion one attempts to include the experience of the other into their realm of understanding by throwing one's self as much as possible into the experience of the other, trying to feel what they are feeling, without losing one's own sense of self. Through practicing inclusion one confirms the existence of the other as a whole person and accepts their uniqueness.
- *Presence* - Presence requires one to bring all of one's self, honestly and authentically, and to be fully present in the meeting with the other in the here-and-now.
- *Commitment to dialogue* - Commitment to dialogue is seen as the surrender to the "between", which means that dialogue is a form of contact that takes place spontaneously between the interaction of two people. This is a process of allowing contact to take place rather than being controlled by the outcome. This is achieved by each person being themselves in the present moment and interacting with the other who does the same.

- *Dialogue is lived* – Yontef (1993:127) notes that dialogue is “lived” rather than talked about and can take place in the form of a dance, song, words or any other medium that is spontaneous, and expresses and moves energy between two people.

Buber (in Jacobs 1989:6) emphasizes that through dialogical contact one comes to know the unique human aspects of one’s self, this form of contact is at the centre of psychological and spiritual development.

The following section will provide an overview of the theoretical assumptions and key concepts of Gestalt therapy relevant to this study.

### **2.2.7 Theoretical Assumptions and Key concepts**

The theoretical assumptions and key concepts utilized in this study will be explored in greater detail below.

#### **2.2.7.1 Here-and-now**

Gestalt therapy is viewed as a present-centered approach, as it is concerned with what is perceived at the present moment or the here-and-now, as defined by Latner (2000:15). Latner (2000:16) further defines a present-centered approach according to time (what is actually in the present - now) and according to location (what is here in front of us). Latner (2000:17) notes that the present contains activities such as memories, dreams and reflections. This approach therefore stands in the present and looks at the past from the here-and-now.

#### **2.2.7.2 Awareness**

Awareness, according to Yontef (1993:179) is a form of experiencing. It is the process of being in vigilant contact with the most important event in the individual/environment field with full sensorimotor, emotional, cognitive and energetic support”. Joyce and Sills (2010:31) state that the promotion and encouragement of full and free-flowing awareness is the cornerstone of Gestalt practice. Awareness is essential for healthy functioning; it is the “energy for assimilation and growth at the contact boundary, for self-knowledge, choice

and creativity” (Joyce & Sills, 2010:31). Awareness is seen as the interplay in which both the individual and the environment participate (Latner, 2000:17). Yontef (1993:181) further notes that awareness is a form of experience that can be defined as being in touch with one’s own existence, with “what is” and the person who is aware knows *what* they do, *how* they do it, they are aware that they have alternatives and that they *choose* to be as they are. Awareness is both *knowing* and *being* (Joyce & Sills, 2010:32). The goal of Gestalt therapy is to raise the awareness of the person, of how the person thinks, feels, behaves, what is happening on a sensory level and inside of the body, as well as creating an awareness of how the person makes contact with other people, their environment, and the impact that the person has on the environment, and lastly raising an awareness of the impact that the environment has on the person (Joyce & Sills, 2010:32).

Awareness is always accompanied by Gestalt formation, whereby new meaningful wholes are created by aware contact (Yontef, 1993:179). When there is limited awareness and a break in the contact with the individual/environmental field caused by the interference of thoughts, memories of the past or anticipations about the future fixed Gestalts are formed (Joyce & Sills, 2010:31). Situations that are traumatic or particularly difficult for an individual, that have not achieved satisfactory resolution or closure result in ‘unfinished business’ (Joyce & Sills, 2010:119). Gestalt formation and unfinished business is described in more detail through the utilization of the cycle of experience (in section 2.2.7.3) and exploring needs as defined according to the figure and ground (in section 2.2.7.4).

Awareness, according to Latner (2000:18), has five distinct qualities, namely; contact, sensing, excitement (mobilization), figure formation and wholeness. These qualities will be described according the cycle of experience below.

### **2.2.7.3 Cycle of Experience**

According to Joyce and Sills (2010:37) the cycle of experience, also known as the cycle of Gestalt formation and deconstruction (Clarkson, 2004:35), is used as a metaphor in explaining and understanding the flow of awareness consisting of different stages. These are from the moment of experiencing a sensation, to recognizing and naming it, to making

sense of it and deciding how to respond, to taking action, making full aware contact with the situation and lastly completing and withdrawing energy in order to be ready for the next cycle. The cycle is illustrated in diagram 2.1. A description of each stage will follow.

**Diagram 2.1: Cycle of Experience** (Clarkson, 2004:35; Joyce & Sills, 2010:37)



- **Sensation:** Joyce and Sills (2010:38) note that the person who has suffered a trauma may disconnect from their inner zone of bodily affection which implies an interruption before sensation. The nature of awareness is determined by sensing, made up of close sensing of touch or feeling, or far sensing of auditory and visual perception. Most close and far sensing is seen to occur outside of the body, while ‘propioception’ is sensing that occurs within the person, for example thoughts, dreams, body sensations and emotions (Latner, 2000:18).

- **Awareness:** At this stage of the cycle the individual may become aware of any impinging sensation or need as it becomes the focal point at the present moment.
- **Mobilization:** Awareness of the need is followed by excitement and an increase in energy as the need becomes sharper and clearer (Clarkson, 2004:39).
- **Action:** At this stage the individual actively reaches out towards chosen possibilities seeking to overcome obstacles and experiments with different forms of appropriate action (Clarkson, 2004:40).
- **Contact:** Contact is viewed as the quality of awareness which involves the meeting of difference, the coming up against the other, and experiencing what is different from what we think, feel and experience as our own (Latner, 2000:23). Contact is made through the sensory and motor functions, namely seeing, hearing, feeling, moving, touching, and takes place at the boundary of the self and the environment (Clarkson, 2004:40).
- **Satisfaction:** This stage refers to Gestalt completion in which digestion and assimilation takes place (Clarkson, 2004:42).
- **Withdrawal:** Withdrawal occurs once the Gestalt is completed and the figure fades into the background. The organism is placed at rest during the withdrawal stage and then moves into a “fertile void” (Clarkson, 2004:43).
- **Fertile void:** This takes place at the completion of a cycle, before another figure arises. This void is seen as a neutral transition zone between withdrawal and sensation (Clarkson, 2004:43). Joyce and Sills (2010:38) describe it as “simply being there” and “being in full awareness of self in the world”.

#### ***2.2.7.4 Needs defined in terms of Figure and Ground***

The concept of figure and ground explains the process whereby a person organizes their perceptions into meaningful whole configurations (Clarkson & Mackewn, 2006:43). The relationship between the figure and ground is a process whereby human needs are met and made whole or where meaning is given to experiences (Clarkson, 2004:5). The dominant organismic need can be biological (hunger), interpersonal (loneliness), creative or recreational (boredom), or spiritual (need for peace and understanding of the universe). The need may determine the type of activities to follow such as; eating, contacting another person, engaging in creative activity, meditating and praying (Yontef & Fairfield, 2005:5).

The figure is seen as that aspect which is most relevant or meaningful to a person at a particular moment, and the ground refers to the background of the person's figural experiences (Clarkson, 2004:6). A good figure, according to Clarkson (2004:6), is one which is clear, strong of interest and sharply distinguishable from the background. When the person senses a need or outside stimulus, they start to distinguish aspects of their field into figure and ground, according to the prevailing conditions of the field and of their own need within those conditions (Clarkson & Mackewn, 2006:43). The dominant need that a person experiences organizes the field of perception for that person (Houston, 2003:5). The organism's needs are met through attending to the figure need, and once that need has been met, it will fade into the ground and a new need may arise on the figure. This process continues in a healthy organism, where it continuously meets its needs. This inherent capacity to recognize needs and conditions, find available supports, and achieve successful adjustments in relation to the environment is called organismic self-regulation (Yontef & Fairfield, 2005:5).

Organismic self-regulation, according to Yontef and Jacobs (2005:301), requires a person to identify with what one senses, feels emotionally, observes, needs or wants, and believes. This requires a process of knowing and owning. True growth therefore starts with a person's conscious awareness of what is happening in their current existence, how one is affected and how one affects others. Yontef and Jacobs (2005:301) further state that a person "moves toward wholeness by clearly identifying with ongoing experience, being in contact with what is actually happening, identifying and trusting what one generally feels and wants, and being honest with self and others about what one is actually able and willing to do-or not to do".

Each person seeks homeostasis or balance as a way to maintain health as change occurs in the environment. Human beings use the organismic self-regulating process to get their needs met and to integrate experience. This process results in learning, growth, and fulfilment of the potentialities of the organism. When the organism, for example the mothers of sexually abused children, encounter problems, they react in different ways, trying to get their needs met. The coping strategies that they choose may not work to

restore balance, but they will continue to seek ways to do so (Kirchner, 2000; Oaklander, 1994:144).

Traumatic experiences could hinder this healthy process of needs being met, whereby an unclear figure formation forms, resulting in an incomplete Gestalt and unfinished business. This interferes with good contact with the self, others and the environment in the present moment (Clarkson, 2004:7).

### **2.2.7.5 Contact**

Contact is seen as the essence of human life as humans continuously engage in a process of the meeting of others (Kirchner, 2000). Contact not only involves a sense of one's self, but also a sense of the other (person or thing) that one is making contact with (Clarkson & Mackewn, 2006:55). These authors further note that:

Contact is the creative exchange or adjustment between the organism and the environment. It is every kind of living relation that occurs in the interaction between the person and his surroundings, including for example, approaching, eating, excreting, feeling, shouting, laughing, hugging, fighting and loving.

Contacting is the way that one changes and grows; it is how one comes to grips with their lives, organizing the field to support the best possible solution to a situation (Clarkson & Mackewn, 2006:55; Latner, 2000:27). Contact according to Latner (2000:22), can be described in terms of; its distinguishing quality called the meeting of difference, its location which is called the contact boundary, and lastly the fundamental organizing quality of contact called figure/ground. The concept of figure and ground has been explained in the section above in describing the organisms meeting of needs. The other two qualities of contact will be described below.

Contact refers to being in touch with what is emerging in the here and now, moment to moment (Yontef & Jacobs, 2005:301). Contact is viewed as the quality of awareness which involves the meeting of difference, the coming up against the other, and experiencing what is different from what is thought, felt and experienced as one's own

(Latner, 2000:23). Contact is made through the sensory and motor functions, namely seeing, hearing, feeling, moving, touching, and takes place at the boundary of the self and the environment (Clarkson, 2004:40). An organism needs to make contact or to interact with the environment to satisfy emerging needs. Healthy psychological functioning depends on good contact with self and others (Joyce & Sills, 2010:105; Clarkson, 2004:41). Psychological distress occurs when the organism is unable to make contact with the environment, which blocks the awareness of a pertinent needs arising, resulting in unmet needs, thereby causing a fragmented sense of self.

According to the Gestalt approach the two main functions of a boundary is to differentiate self from other and connect self with other Polster and Polster (in Yontef, 1993:136). Contact takes place at the boundary of the self and the environment (Clarkson, 2004:40). An organism experience occurs at the contact boundary between self and other and it is at this point where psychological events take place Perls (in Clarkson & Mackewn, 2006:56). One's thoughts, actions, behaviour and emotions are the way in which an organism experiences the meeting of boundary events Perls (in Clarkson & Mackewn, 2006:56). In healthy boundary functioning the person alternates between connecting and separating, being in contact with the environment and withdrawing from the environment (Yontef, 1993:137). When the boundary between self and the environment becomes unclear, lost or impermeable, this results in a disturbance/ interruption at the contact boundary between self and other impacting on both healthy contact and awareness (Yontef, 1993:137). Contact is therefore needed for healthy functioning (Blom, 2004:19). Joyce and Sills (2010:105) states that how one makes contact will need to be modified according to the field conditions in each unique situation. The authors further state that "healthy living is itself a creative adjustment or continual modification to find the best way to meet our changing needs and priorities and also to find the best match between our needs and the needs of the other or the environment" (Joyce & Sills, 2010:106).

A disruption/interruption at the contact boundary, according to earlier Gestalt therapy theory, was viewed as a hindrance to full contact and vitality (Joyce & Sills, 2010:106). However these views have changed, whereby according to field theoretical terms, no 'interruption' could be seen as helpful or unhelpful, as it has to be viewed in relation to the

meaning and needs of each unique situation (Joyce & Sills, 2010:106). Contact boundary disturbances are therefore rather viewed as modifications to contact. Joyce and Sills (2010:106) explain it as follows;

Modifications to contact are therefore a better way to describe a series of processes that are simply creative adjustments that may or may not be appropriate. A healthy person needs to be able to move along a continuum between completely avoided contact, modified contact and full contact, depending on each new situation. All of these positions are potentially healthy and can only be judged in relation to the field conditions and the person himself.

Latner (2000:36) notes that a person can pick and choose their contact with their environment and often alter their experience by manipulating the contact boundary, which could be done in various ways. An explanation of different contact boundary modifications that could be utilized will be provided:

- *Confluence*

Confluence occurs when the boundary between self and other becomes so unclear and blurred that the boundary is lost (Joyce & Sills, 2010:112; Latner, 2000:36; Yontef, 1993:137). A healthy person, as described by Joyce and Sills (2001:120), can move “fluently and appropriately” along the continuum of merging and withdrawing. A fixed position refers to a person’s difficulty in either attachment or separation. In a confluent situation the boundary is dissolved between self and other, and a situation is created whereby one is not able to distinguish their own thoughts, beliefs, attitudes or feelings from someone or from something else (Clarkson, 2004:65; Latner, 2000:37).

Latner (2000:37) notes that confluence is an experience of its own and most important experiences have this “boundaryless dimension”, whereby one feels at one with the universe, or with God or with your beloved. This provides the experience of inseparability. A healthy form of confluence is also shown in a person experiencing empathy for another.

- *Introjection*

Introjection is the process whereby one unquestioningly takes information, such as an opinion, attitude or an instruction, from the environment without criticism or awareness and without assimilating this information (Joyce & Sills, 2010:117; Clarkson & Mackewn, 2006:72; Blom, 2004: 22). Yontef (1993:137) notes that this process of swallowing the information whole creates an “as if” personality and rigid character, whereby introjected values and behaviours impose on the self preventing the person from developing their own personality. A person, according to Clarkson and Mackewn (2006:72), utilizes introjects when they are overwhelmed by their environmental factors and when their individual needs are in opposition to the demands made in the environment. This causes the individual to be ruled by internalized ‘shoulds’ (Clarkson, 2004:61).

Introjects can be both healthy and pathological, depending on the circumstances and degree of awareness. Healthy introjects that continue into adulthood are helpful with the initial phases of learning as they allow the person to internalize significant societal rules and to negotiate the education system (Joyce & Sills, 2010:117; Clarkson, 2004:62; Yontef, 1993:137).

- *Projection*

Projection, according to Yontef (1993:138), “is a confusion of self and other that results from attributing to the outside something that is truly self”. Projection is the quality, feeling, or behaviour that belongs to an individual but is not experienced by the individual as such, instead this quality, feeling or behaviour is attributed to other people around them (Clarkson & Mackewn, 2006:73). Through projecting the person holds others accountable for things that have gone wrong in their own life (Blom, 2004:22). Latner (2000:37) notes that in projection the location of the boundary between self and other is relocated.

Projection can be utilized in a healthy constructive manner such as being creative and engaging in art, while pathological projection results from one not being aware

of and not accepting responsibility for what is being projected (Clarkson, 2004:62; Yontef, 1993:138).

- *Retroflection*

Retroflection is the “split within the self, a resisting of the self by the self” (Yontef, 1993:137). There are two types of retroflection, the first type is when one does to self what one wants to do to or with someone else; and the second type of retroflection is where one does for self what one wants someone else to do for them (Clarkson & Mackewn, 2006:75; Clarkson, 2004:63; Yontef, 1993:137).

Retroflection, according to Clarkson (2004:63), occurs when a person’s feelings and thoughts are not validated or when one is punished for their expression of their natural impulses. Healthy retroflection is expressed when a person restrains themselves from reacting to an emotion at an inappropriate time, and unhealthy retroflection comes about when the individual never allows themselves to express their hurt or rage.

- *Deflection*

Deflection is the avoidance of direct contact with other people by reducing awareness with the environment (Blom, 2004:28; Clarkson, 2004:60). Joyce and Sills (2010:109) state that deflection is the ignoring or turning away from either an internal or environmental stimulus to prevent full recognition or awareness. Clarkson (2004:60) concurs that deflection is the way in which an individual reduces their awareness of the impact of environmental contact, by changing the subject or making it vague, generalized or bland. The author further notes that when an individual habitually deflects, they do not utilize their energy in an effective manner in order to get feedback from self, others or the environment. Deflection can furthermore be useful as a survival tactic in potentially dangerous situations, and with awareness deflection can meet the needs of a situation such as where the situation needs cooling down (Clarkson, 2004:61; Yontef, 1993:138).

- *Desensitisation*

Desensitisation is the process whereby one numbs themselves to the sensations of their body so that the pain and discomfort is kept out of awareness (Clarkson & Mackewn, 2006:77; Blom, 2004:29). Desensitization according to Blom (2004: 30) implies that a person does not have sensory or physical contact with themselves. The existence of pain or discomfort is kept from emerging as a figure need (Clarkson, 2004:60). Desensitization is seen as useful when a person experiences pain at a particular moment, but is unable to attend to it or express it, the person then blocks out the pain or distracts themselves until they are able to attend to the pain (Clarkson & Mackewn, 2006:77).

- *Egotism*

Egotism is characterized as an excessive preoccupation with one's own thoughts, feelings, behaviours and effect on others whereby the individual avoids real relational contact (Joyce & Sills, 2001:122). This results in the individual being out of touch with the part of the field which is outside of themselves and impacts on their ability to get their needs met (Latner, 2000:39; Clarkson, 2004:64). Clarkson (2004:64) further notes that at the moment of contact with the environment, egotism prevents the individual from truly giving or receiving which interferes with the feeling of being truly satisfied and their ability to act spontaneously. Healthy egotism, according to Joyce & Sills (2001:122) is viewed as the individual's ability to act spontaneously and to engage in self-reflection.

### **2.2.7.6 Theory of the Self in Gestalt Therapy Theory**

In terms of Gestalt therapy theory the self encompasses the whole person, the physical, emotional, and cognitive aspects (Latner, 1986:38). Kirchner (2000) states that the self "does not exist prior to and apart from relationships" as the "self-experience is constituted exclusively in and by relationships". The author further states that there is "no self independent of field or contact, it is rather something given in contact that comes to life in the encounter with the world". The self, according to Clarkson and Mackewn (2006:59) as viewed by Perls, is not seen as a structure or a fixed institution, rather it is viewed as an organizing process that is constantly changing. Therefore as a situation changes, so the

appearance of the self varies (Latner, 1986:38). The self plays an integral role in providing meaning to a person's life and is seen as the agent of growth. The function of the self is to make contact with its environment in a spontaneous, deliberate, and creative manner (Lobb, 2005:27) in order to sustain the healthy functioning and growth of the organism. The self works towards completing the unfinished business of the organism. The self can be seen as the integrator of experience (Kepner, 2001:10).

The self has different aspects that are dependent on the requirements of a particular situation. These aspects of self are id functions, ego functions, middle functions and personality functions (Lobb, 2005:27; Latner, 1986:40). The functions of the self are seen as the different ways in which the organism experiences itself as it lives in contact with its environment (Latner, 1986:40). Furthermore a person organizes their "experiences as much as they are organized by their experiences and therefore an analysis of the self's functions gives insight into how individuals use levels of awareness to solve problems of contact with the environmental field" (Kirchner, 2000).

The id functions according to Lobb (2005:28) are defined as the "organism's capacity to make contact with the environment by means of the sensory-motor background of assimilated contacts; physiological needs; and bodily experiences and sensations that are perceived as if inside of the skin – including past unfinished situations". The id functions refer to an individual's ability to identify what is needed, desired, felt, wanted, sensed physically and lastly the organism's ability to have an accurate sensory perception of the environment (Kirchner, 2000). The personality functions express the capacity of the self to make contact with the environment on the basis of what one has become as a person and what one's given definition of self is (Lobb, 2005:29; Kirchner, 2000). Id and personality functions, according to Kirchner (2000), refer to processes of identification carried out with the ego functions. Ego functions are therefore those aspects of self that are felt as acting upon the environment and that take responsibility for actions and make things happen (Latner, 1986:40). Ego functions express the capacity of the person to be active and deliberate, thereby enabling the person to identify oneself with or alienate oneself from parts of the field (Lobb, 2005:30). Lastly Latner (1986:43) looks at the combination of the ego and id functions which is represented by the middle functions. The middle functions

are seen as the way in which an individual experiences themselves and further suggest a kind of polarity in the aspects of self, with the active ego functions against the passive id functions (Latner, 1986:43). Latner (1986:43) further states that the middle functions should be considered as a distinct kind of awareness.

From a Gestalt perspective it is evident that there is no self separate from one's environmental field (Yontef & Jacobs, 2005:309). In this study the researcher and the participants are considered to be part of the total field, including their experience.

### ***2.2.7.7 Healthy and Unhealthy functioning of the Self***

In Gestalt therapy theory each person is viewed as a whole person, and healthy and unhealthy functioning is therefore experienced psychologically, spiritually, and physiologically with interactions between those systems (Korb, Gorrell & Van De Riet, 2002:45). The authors continue to explain that there are polarities present in each person that create either a balanced or unbalanced functional framework for behaviour. Polarization is the process whereby an individual organizes and symbolizes beliefs about self or about the world, and this may either help or hinder self-regulation. Polarization entails the individual creating either-or categories into which a person classifies events or perceptions into the following evaluative criteria;

- Polarization of emotions (love-hate, sincere-insincere)
- Perceived attitudes about the self (me-not me, good parent – bad parent)
- Perceived attributes of others (friend-enemy, helping-hindering)

Polarities occur when a person identifies strongly with one end of a set of opposite characteristics (Korb *et al.*, 2002:14).

Joyce and Sills (2010:127) interpret healthy functioning as a person's ability to move flexibly along a continuum of any polarity as the situation requires. The healthy person is aware of most of the polarities within themselves, including those feelings and thoughts that society disallows, and is able to accept themselves that way (Zinker, 1977:200). Healthy functioning is further viewed by Frazao (1999) as an interactional phenomenon that occurs at the contact boundary, whereby an individual has the ability to relate to the

environment in their own unique and creative way in order to meet their needs, while at the same time maintaining a relationship with the other and respecting the other's uniqueness.

Unhealthy functioning in contrast involves a degree of disorganization or distortion in one's universe of perceptions and feelings that may interfere with awareness processes (Frazao, 1999). According to Kepner (2001:11) when the contact functions become unavailable to awareness, it affects the person's ability to adapt fluidly to their world. The greater difficulties one has to make contact, the more one's experience of self and of the environment becomes fragmented and disorganized. Unhealthy functioning involves the process whereby the individual alienates or splits off parts of the self that seem too difficult to manage or to integrate (Joyce & Sills, 2010:127).

The next section will focus on the field of sexual abuse, with specific focus on the impact that the sexual abuse has on the mothers.

## **2.3 FIELD OF SEXUAL ABUSE**

### **2.3.1 Introduction**

In Gestalt therapy theory, as noted in Chapter two, the self is the system of contacts in the organism/environmental field. The sense of self develops in contact between members of the family system (Yontef, 1993:492). Therefore when looking at the field of sexual abuse one needs to focus on the person who the trauma has happened to as well as those in the person's family system (their life space). This study focuses on child sexual abuse, due to it being a major problem in the South African society, with particular focus on the experience of the mothers of sexually abused children. South Africa statistics indicate that one in three girls and one in five boys are sexually abused before their eighteenth birthday (Vermeulen & Fouché, 2006:14). A report issued by the South African Police Services states that children are the victims of 41 percent of all rapes and attempted rapes reported in South Africa (LoBaido, 2001:1). The impact of the sexual abuse is seen to permeate all levels of the child's life. Bass and Davis (1988:37) further state that,

When children are sexually abused, their natural capacity is stolen. You were introduced to sex on an adult's timetable, according to an adult's needs. You never had a chance to explore naturally, to experience your own desires from the inside. Sexual arousal became linked to feelings of shame, disgust, pain, and humiliation.

Mothers of children who have been sexually abused form part of the sexually abused child's field and similarly experience emotional, physical and spiritual difficulties in coming to terms with their child's abuse (Mashiloane, 2006; Lovett, 2004; Banyard, *et al.*, 2001; Manion, *et al.*, 1996; Davies, 1995; Regehr, 1990). Furthermore van der Kolk (2005:1) highlights the importance of family support in dealing with the child who has been sexually abused;

The family plays a crucial role in determining how the child experiences and recovers from traumatic experiences: parental support is a key mediating factor in determining how children adapt to victimization. Familial support and adequate parental emotional functioning mitigate against the development of posttraumatic pathology.

The following section will provide literature on a definition of sexual abuse, the impact that the abuse has on the child and mother, and the secondary traumatisation that the mother may experience.

### **2.3.2 Definition of Child Sexual Abuse**

In literature sexual abuse is defined in numerous ways, for this study Spies (2006:269) provides an outline of what child sexual abuse is.

Child sexual abuse can be defined as any contact between a child and an adult (or someone in position of authority and control over the child) that involves sexual stimulation of a child or the sexual stimulation and gratification of an adult. The child cannot give informed consent to the sexual interaction and nor is the child developmentally mature enough to understand the meaning of the sexual interaction. The definition may further include that sexual abuse does not belong in

any developmental phase of the child and that the perpetrator has violated his societal responsibility towards the child in favour of his own sexual gratification.

## **2.4 UNDERSTANDING THE PHENOMENOLOGICAL FIELD OF MOTHERS OF SEXUALLY ABUSED CHILDREN**

### **2.4.1 Introduction**

When mothers first learn about their child's abuse it is generally an unexpected and confusing event, where they may initially experience shock, a sense of disbelief and denial (Plummer, 2006:1228; Brohl & Potter, 2004:87; Elliott & Carnes, 2001:314). The mother's reactions to the disclosure of the abuse may vary considerably (Elliott & Carnes, 2001:314). Many authors have indicated that mothers go through great distress and even secondary traumatization following the disclosure of their child's abuse (Plummer, 2006; Brohl & Potter, 2004; Lovett, 2004; Banyard *et al.*, 2001; Hierbert-Murphy, 1998; Manion *et al.*, 1996; Davies, 1995; Newberger *et al.*, 1993; Regehr, 1990). The distress that the mother experiences, according to Lipton (1997:124), has a powerful influence on the symptomatology of the sexually abused child. Newberger, *et al.* (1993:100) notes that due to the emotional pain that mothers come into contact with, they experience difficulty in separating their own feelings from that of their child's. Mothers feel the same traumatic stressors as their child post-disclosure, and they are both at risk for subsequent adjustment difficulties (Grosz *et al.*, 2000; Manion *et al.*, 1998). Hagood (2000:120) notes that mothers suffer from feelings of shock, numbness, anger, horror and fear of losing their minds when they discover that their child has been sexually abused. Hierbert-Murphy (1998:423) views the distress that mothers go through after the disclosure of sexual abuse by their child as being related to the mother's own personal history of sexual abuse, the social support they receive, and the coping strategies that they employ to deal with their child's disclosure. Lovett (2004:367) and Hagood (2000:120) further note that the mother is in crisis with the child and that the mother would also need support in order to take protective action on behalf of her child.

### **2.4.2 The Impact of Child Sexual Abuse on the child**

It is important for the reader to understand the severity and impact that sexual abuse has on the child's life as this will have a direct impact on the mother's field and sense of self. The individual's basic sense of self is a phenomenon of the field (Yontef, 2005:84). In Gestalt therapy theory there is no self-separate from one's organism/environmental field, self therefore does not exist without other (Yontef & Jacobs, 2005:309). The mothers of sexually abused children therefore view their sense of self in relation to the trauma that their child has experienced.

Sexual abuse has both short and long term effects on its victims. Traumagenic stages are the "emotional conditions which have their origin in traumatic experiences" (James, 1996:21). Children who have been sexually abused may experience the following symptoms; traumagenic sexualization, stigmatization, a sense of loss and betrayal, powerlessness, self-blame, fragmentation of bodily experience, destructiveness, dissociative disorder, and attachment disorder (Pifalo, 2009:12; Gil, 2006:55; James, 1996:21). Other symptoms that the child may experience are; distressing intrusive memories of the abuse, anxiety, fear, easily startled, behaviour problems, withdrawn and sad, aggressive, forgetfulness, loss of energy, eating problems and sleep disturbances (Lewis, 1999:27).

### **2.4.3 Impact of child's trauma on Mother's sense of self**

Gestalt therapy theory stresses that no individual can be reduced to separate components. The field is everything that exists, it is inter-related, is constantly in flux, and is of the field and cannot be separated from it; thus the field can only be understood in its organized, interactive, interconnected and interdependent totality (Kirchner, 2000). The factors influencing the field of the mother are discussed below.

- ***Feelings toward self***

Mothers in society are seen to be the primary caregivers of their children, and some schools of thought may believe that a good mother would not work so that she could take care of her child (Regehr, 1990:114). In this situation if something were to happen to the child while in the care of the mother, it immediately places blame on the mother for not

protecting her child. Mothers of sexually abused children often blame themselves and feel guilty for not being able to protect their child. They blame themselves for going to work, using child care or trusting someone to care for their child (Plummer & Eastin, 2007b:1061; Grosz *et al.*, 2000:16). Plummer and Eastin (2007a:779) and Carter (in Banyard, *et al.*, 2001:78), noted that mothers often felt blamed by the larger systems which they interacted with, as well as feeling shame, guilt and being isolated from their community and sometimes from their family members.

According to Brohl and Potter (2004:87) and Print and Dey (1998:85) the mother may come into contact with many different feelings which usually start with shock and numbness, followed by denial, anger, guilt, resentment, isolation, sorrow, self-pity and finally acceptance. The effects of the child's sexual abuse on the mother are seen to be similar to the process associated with bereavement (Brohl & Potter, 2004:87; Bannister, 1998:85; Grosz, *et al.*, 2000:18).

- ***Feelings toward the child***

The mother goes through conflicting feelings in relation to their child's abuse. Regehr (1990:114) is of the opinion that mothers are often angry with their child on some level for not preventing the abuse, for not disclosing the abuse, and for disrupting the mother's life. The mother also feels a sense of loss towards their child and may grieve the loss of their child's childhood and innocence (Brohl & Potter, 2004:87; Grosz *et al.*, 2000:18; Print & Dey, 1998:85).

- ***Feelings toward the perpetrator***

Various authors have noted that mothers of sexually abused children may experience polar feelings towards the perpetrator. They often feel a desire for revenge or justice against the perpetrator (Regehr, 1990:115). Furthermore they may feel a sense of guilt and anguish towards the perpetrator and his family due to the impact that the allegations and criminal charges would have on the perpetrator and his family (Grosz *et al.*, 2000:18; Regehr, 1990:115). The mother who believes their child's disclosure will also experience feelings of anger towards the perpetrator (Grosz, *et al.*, 2000:18; Hagood, 2000:120; Regehr, 1990:115). This anger and rage felt towards the perpetrator may become all-

consuming disrupting family life, life schedules, sleep and relationships (Grosz *et al.*, 2000:18).

- ***Feelings toward the investigatory and legal system***

Regehr (1990:115) states that mothers are faced with the decision to report their child's abuse to the police. They need to consider their responsibility towards protecting their child and other children, the impact that the court process will have on their child, and as noted above mothers may feel guilt regarding the impact that the reporting will have on the perpetrator and his family. It is further noted that mothers feel a great deal of anger towards subjecting their child to the criminal justice system as their child experiences secondary traumatisation by testifying (Fourie, 2007:114; Plummer & Eastin, 2007a:784; Müller, 2004:25; Regehr, 1990:116).

- ***Parenting experience of mother following disclosure***

Mothers tend to become over-protective post disclosure of their child's abuse and are unable to provide their child with the appropriate freedom to socialize with friends (Plummer & Eastin, 2007b:1063; Grosz *et al.*, 2000:18). If this behaviour is prolonged it could negatively impact on the child's normal development and it increases the fear in the mother and child which diminishes their ability to cope with day-to-day life.

Mothers have to deal with the behaviour changes such as aggression, sexualized behaviour, lying and stealing, withdrawn contact between mother and child, depression, self-destructive behaviour and dissociation in their child, due to the impact that the abuse has had on their child (Plummer & Eastin, 2007b:1064; Spies, 2006:55-57). Parenting a child who exhibits behaviour problems challenges the mother's resources and diminishes their sense of competence and satisfaction in their role as a parent (Plummer & Eastin, 2007b:1059; Hiebert-Murphy, 2000:256). They may condone the child engaging in behaviours which were previously not allowed before the disclosure of the abuse, due to the mother feeling overwhelmed (Plummer & Eastin, 2007b:1060; Knauer, 2000:38). The disclosure of the abuse also brings about a shift in boundaries in the way that the mother disciplines their child. Plummer and Eastin (2007b:1067) and Winton (1990:403) is of the

opinion that support for mothers while their child is receiving therapy reinforces the child's progress as well as empowers the mother to feel more confident in their role as a parent.

#### **2.4.4 Secondary traumatization in Mothers of Sexually Abused Children**

The term trauma utilized in this study refers to the psychological trauma experienced by mothers of sexually abused children. The term trauma is derived from a Greek word meaning 'to tear' or 'to puncture' (Kirmayer, Lemelson & Barad, 2007:5; Wilson, 1994:681). In psychological trauma this relates to the psychological wounding and penetration of unwanted thoughts, emotions and experiences into the psyche of the person (Kaminer & Eagle, 2010:2). The authors' further state that traumatic experiences are usually unexpected and cause severe disruptions to many aspects of a person's psychological functioning and places excessive demands on one's existing coping strategies.

The definition from the DSM-IV-TR takes into account that mothers could be traumatised by their child being violated.

The DSM-IV-TR defines trauma as:

*A. A person has been exposed to a traumatic event in which both of the following were present:*

*(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of **self or others***

*(2) the person's response involved intense fear, helplessness, or horror*

Research suggests that mothers experience secondary traumatization initially after the disclosure of their child's sexual abuse (Plummer, 2006; Brohl & Potter, 2004; Lovett, 2004; Banyard *et al.*, 2001; Manion *et al.*, 1996; Davies, 1995; Newberger *et al.*, 1993; Regehr, 1990). Secondary trauma occurs when the mother is traumatised through the process of learning about their child's trauma or by the mother being in contact with their child (Barnes, 2005:79).

Figley (in Barnes, 2005:79) noted that secondary trauma would be experienced by the mother as a syndrome of symptoms that are nearly identical to PTSD. There is a fundamental difference between the response patterns of the child and secondary trauma victim (mother). The difference is that the child experiences symptoms that are directly associated with some aspect of the sexual abuse, whereas the mother experiences symptoms that are associated with their child's abuse. Corcoran (2004:61) is of the opinion that by reducing the secondary traumatisation experienced by the mothers, it can better equip them to deal with the emotional reactions of their children

#### **2.4.5 Impact of trauma on the Self**

After the trauma both the mother and the child will experience symptoms that are normal responses to the traumatic event, called post-traumatic stress responses (Lewis, 1999:13). Appendix 5 provides the complete diagnostic criteria for PTSD. There are three types of responses, namely; intrusive symptoms/ re-experiencing the trauma, avoidance and hyperarousal (Lewis, 1999).

The intrusive symptoms often encompass the person thinking about the trauma event when they do not want to. These thoughts may be accompanied by painful emotions and flashbacks (a memory so strong and overwhelming that it feels as if the person is experiencing the trauma all over again). The person may alternate between re-experiencing the trauma and trying to block out the memories. The person will try to avoid anything that is a reminder of the trauma, as to avoid bringing back painful memories of what had happened. Lastly, hyperarousal refers to the person acting and feeling as though they are constantly faced with more danger.

Trauma survivors struggle to develop an understanding of why the trauma happened, which leads to an intense questioning by the survivor whereby they may ask questions of "why did this happen to me?" and continuously replay the events to identify whose actions were responsible and why people acted in the way that they did. This is done so that the trauma survivor can create a sense of meaning in order to reconcile the traumatic experience with their fundamental expectations and beliefs about themselves, others and the world (Kaminer & Eagle, 2010:60; Brewin, 2003:64). Sometimes this created meaning

can positively impact the survivor as they are enabled to re-establish a sense of trust, control and purpose in themselves and the world. Alternatively the meaning formed could exacerbate or serve to maintain the survivor's feelings of distrust, lack of control and despair (Kaminer & Eagle, 2010:60).

Traumatic events are seen to have the power to make a person have negative thoughts, further these events have the ability to threaten a person's sense of self (Brewin, 2003:73). Horowitz (in Herman (1997:51), views those traumatic events as not being able to be assimilated with the person's "inner schemata" of self in relation to the world. Furthermore those traumatic events have the ability to affect the psychological structures of the self as well as the systems of attachment and meaning that link individual and community (Herman 1997:51).

According to Brewin (2003:73) psychological distress is related to a set of core themes that view the self as follows; the self as powerless, the self as inferior, the self as non-existent or futureless, the other as abandoning, the other as betraying, and the other as hostile.

- ***The Self as powerless***

A sense of powerlessness undermines a positive identity in its ability to protect oneself and others (Brewin, 2003:76). Herman (1997:33) notes that "traumatic events overwhelm the ordinary systems of care that usually give people a sense of control, connection, and meaning". Conolly (2003:6) describes how a parent of a sexually abused child feels powerless in being able to take their child's pain away after the child has been cross-examined in court.

- ***The Self as inferior***

This theme relates to the trauma survivor blaming themselves for what has happened and for not preventing harm to others. This theme further consists of messages of guilt and shame. Mothers of sexually abused children often experience feelings of guilt and self-blame in not being able to protect their child (Winton, 1990:397).

- ***The Self as non-existent or futureless***

Brewin (2003:79) states that “this loss of identity may be thought of as fatal undermining of the previous positive self that provided a sense of meaning and purpose”. This theme relates to the trauma survivor feeling like there is no future as the loss incurred by the trauma was too large as it resulted in a total surrender of one’s self, ones rights and expectations as a human being (Brewin, 2003:80).

- ***The Other as Abandoning***

This is where the trauma survivor experiences feelings of estrangement and isolation after the trauma has occurred. Mashiloane (2006:84) agrees that mothers of sexually abused children experience a sense of isolation as they feel like they are tainted due to their child being abused. It is therefore seen by this author as important to incorporate mothers in groups where they could engage with other mothers to overcome their feelings of estrangement and isolation.

- ***The Other as Hostile and Betraying***

This theme indicates that when humans experience feelings of not being valued this unsettles the sense of self in the world. Furthermore the victim questions why this has happened to them (Brewin, 2003:82). Mashiloane (2006:60) found that mothers of sexually abused children questioned why their child had been sexually abused. They felt that the abuse had occurred as a result of the sins that they had committed.

The next section looks at trauma and the way the self is viewed in Gestalt therapy theory.

#### **2.4.6 Trauma described according to Gestalt Therapy Theory**

From a Gestalt perspective trauma is viewed as “unfinished business” (Figgess, 2009:35; Cohen, 2002:1). “Unfinished business” refers to a situation in the past which was traumatic or difficult to handle, which resulted in it not being resolved or reaching closure (Joyce & Sills, 2010:132). Unfinished business is the presence of a need which has not been satisfied and creates a state of disequilibrium and unrest within the person (Crump, 1984:91). If a person does not have the resources, understanding or support to deal with the situation then it remains unfinished, pressing for closure or alternatively it is closed

prematurely. The more needs which are unfinished from the past the more difficult it is for an individual to relate to the “now” effectively (Crump, 1984:91).

- ***Unfinished business - Maternal history of sexual abuse***

It has been found in literature that when a child discloses sexual abuse, there is often a history of sexual abuse in the family where the mother may also be a survivor (Hagood, 2000). Goodwin, Mccathy and DiVasto (in Hagood, 2000:120) conducted a study with mothers of sexually abused children and found that 24 percent of the mothers were sexually abused as children themselves and states that it is these mothers who display considerable psychopathology. Green, Coupe, Fernandez and Stevens (1995:1275) study found that these mothers developed symptoms of post-traumatic stress disorder following the disclosure of their child’s sexual abuse. The disclosure of their child’s abused seemed to bring about a reliving of their own unresolved sexual abuse as children.

Mothers of sexually abused children initially experience difficulty in making sense and understanding what and why their child was sexually abused. They struggle assimilating their child’s experience. This therefore means that the more the mothers of sexually abused children have left unfinished about their own childhood sexual abuse and the abuse of their child, the more their child’s sexual abuse (and their own abuse) will interfere with their ability to relate effectively to themselves, and others in their present life.

## **2.5 CONCLUSION**

This chapter provided a conceptual framework on the theoretical aspects of Gestalt therapy theory and the field of Sexual Abuse relevant for this study. From the literature it is evident that the child victim of the abuse does not suffer from the impact of the abuse in isolation, as the mother of the child forms part of the child’s field and is thus also affected by their child’s trauma. The literature indicated that mothers of sexually abused children may experience secondary traumatization post disclosure of their child’s abuse. The current trauma that the mother experiences along with possible unfinished business from past childhood trauma will impact on the mother’s functioning as a whole organism. As noted above the mother’s sense of self and the style of contact they choose to use is directly

affected by their child's abuse. From the literature it can be determined that mothers of sexually abused children need support in helping them deal with their child's abuse.

Based on Gestalt field theory the researcher considers themselves as part of the research field and has employed a dialogical attitude in order to stay close to the phenomenological experience of the research participants. The following chapter presents the empirical study that was conducted with the mothers of sexually abused children to gain a greater understanding from their perspective of what their experiences and needs are when their sexually abused child receives therapy. The following chapter will further provide the findings and literature control of the study.

## **CHAPTER THREE**

### **EMPIRICAL STUDY, RESEARCH FINDINGS AND LITERATURE CONTROL**

#### **3.1 INTRODUCTION**

Chapter two provided the conceptual framework which explored the basic concepts relevant to the study. The focus of this chapter is on presenting the findings of the semi-structured interviews that were conducted with the mothers of sexually abused children. A description will be provided of the research methodology, the process of data collection and data analysis as set out in Chapter one. Furthermore the findings of this study would be linked to existing literature on each of the five identified themes, sub-themes and categories. A literature control was utilized verifying the findings against new literature, thereby adding to the trustworthiness of the study.

#### **3.2 RESEARCH APPROACH**

The researcher, as described in Chapter one, used the qualitative research approach, as it draws out the meaning, experiences and perception that the participants attach to everyday life (Fouché & Delport, 2005:74). The qualitative research approach allows the researcher to build rapport with the participants, allowing them to use their natural language to gain a genuine understanding of their world (Fox & Bayat, 2007:73; Fouché & Delport, 2005:75; Creswell, 2003:181). The unit of analysis in qualitative research is holistic in nature, concentrating on the relationship between elements and contexts (Fouché & Delport, 2005:75). The unit of analysis for this study was mothers of sexually abused children.

This research approach fitted well with the researcher's paradigm, steeped in Gestalt therapy theory. One of the aspects of Gestalt therapy theory state that people are meaning seeking creatures and that they will play an active role in providing meaning to aspects of their life (Clarkson & Mackewn, 2006:43). Chapter one describes the aim of this study,

which was to explore and describe the experiences and needs of mothers of sexually abused children, post-disclosure and once their child has entered into a treatment programme. This research could be seen as a pilot study for future development in an intervention programme for mothers whose child has been sexually abused. The utilization of this explorative and descriptive process constitutes applied research (Fox & Bayat, 2007:10; Fouché & De Vos, 2005:105; Babbie, 2002:22).

An instrumental case study, outlined in Chapter one, was selected to explore the in-depth experiences of mothers of sexually abused children. This type of case study facilitated the researcher's expansion of knowledge about the trauma and difficulties that mothers experience post-disclosure (Fouché, 2005:272).

### **3.3 RESEARCH METHODOLOGY**

Research methodology, according to Babbie and Mouton (2001:647), refers to methods, techniques and procedures that are employed in the process of implementing the research design or research plan, as well as the underlying principles and assumptions that underlie their use. The following research process was followed:

- The researcher approached the office co-ordinator of the NPO that specialized in providing children who have been sexually abused with counselling, requesting permission to conduct the study.
- The researcher met with the Social Workers providing the counselling to the children, and requested them to recruit possible mothers to be part of the study, according to the criteria set out on page 12.
- The researcher met with six mothers individually and informed them about the purpose of the study and requested their participation in the study.
- All of the mothers approached agreed to be part of the study. Interview dates were provided. The purpose and process of the study (refer to Appendix 1) was recapped and the mothers were given consent forms (refer to Appendix 2) to sign at the beginning of the interview.

- Audio-visual recordings were made of each of the interviews and later transcribed and used for analysis. Brief field notes were written after each interview.
- Participants were debriefed after the interview and if counselling was required it was offered on request.
- Themes of the data were developed and a literature control was conducted.
- A summary of the conclusions, recommendations and limitations to the study were recorded in Chapter four.
- Once the research study was completed the researcher provided the NPO with feedback regarding the results, as well as a hard copy of the study, thereby encouraging them to include mothers more in their field of service.

### **3.3.1 Literature**

Chapter two served as a conceptual framework describing Gestalt therapy theory and the field of sexual abuse in relation to the impact that it has on the mother of the sexually abused child. This offers the reader a basic understanding to the concepts that will be discussed in this chapter. A literature control (Fouché & Delpont, 2005:84; Creswell, 2003:195) is conducted in this chapter whereby the researcher tests the findings from the research interviews by comparing it to existing literature.

### **3.3.2 Sampling**

Sampling is the process by which a sample is drawn from a population (Bless *et al.*, 2006:185), starting with the universe, then focusing on a population in the universe, and last selecting the sample from the population.

#### **3.3.2.1 The universe and population**

The universe in this study was identified as all non-offending mothers of sexually abused children in Cape Town. The population the researcher identified for the purpose of this study was all mothers of sexually abused children, whose child was receiving counselling at a NPO specializing in the counselling of sexually abused children.

### 3.3.2.2 Sampling technique

The researcher utilized non-probability, purposive sampling (Bless *et al.*, 2006:100; Strydom, 2005:202; Strydom & Delpont, 2005:329). The mothers were selected according to the criteria set out in Chapter one. The sample for this study consisted of mothers of children who had been sexually abused and whose child was receiving counselling from the NPO office B. The mothers were all coloured women, who spoke English. The mothers were all voluntary participants who were identified by colleagues. The researcher approached the mothers either telephonically or face-to-face informing them of the nature of the study and requesting their voluntary participation. Initially six mothers were approached and interviewed. Due to a power failure some audio-visual material was lost at the sixth interview. The additional participant was not included in the study as saturation had already occurred and the data repeated the findings that were found in the previous five interviews. The sample size was determined by the saturation point being reached Seidman (in Greeff, 2005:294), whereby sampling continued until data redundancy and theoretical saturation occurred (Patton, 2002:245; Punch, 2005:158). Saturation was achieved in terms of generalizing to theoretical propositions and not to populations (Yin, 2009:15).

### 3.3.3 Participants

The participants of this study consisted of five mothers whose children had been sexually abused. The estimated age range of the mothers was between 24 to 48 years old. Two of the five participants were adult survivors of childhood sexual abuse. Four of the five child victims were female and one was male. The age range of the children was between 4 ½ - 14 years old. Three of the five children were raped and two were touched inappropriately. Three of the alleged perpetrators were family members and two were neighbours. All five research participants were given pseudonyms to protect their identity and during the interviews where they spoke about family members and mentioned names, the names were replaced with a letter from the alphabet.

**Table 3.1: Summary of participant information**

<b>Participant</b>	<b>Marital Status</b>	<b>Age of child</b>	<b>Gender of child</b>	<b>Alleged Perpetrator</b>
Mother A	Married	10	Female	Neighbour
Mother B	Married	14	Female	Family member
Mother C	Single	6	Male	Grandfather
Mother D	Single	14	Female	Neighbour
Mother E	Separated	4½	Female	Family member

### **3.3.4 Data collection methods**

The data collection for this study used multiple information sources including the literature study (Fox & Bayat, 2007:35; Delpont & Fouché, 2005:263), the data obtained from the face-to-face semi-structured interviews (Fox & Bayat, 2007:73; Greeff, 2005:296), video recording of the interviews to allow for a fuller account of the information (Greeff, 2005:298), as well as the researcher's observations being recorded in field notes, in the form of observation and theoretical notes (Fox & Bayat, 2007:74; Greeff, 2005:298; Creswell, 2003:185; Patton, 2002:302). The researcher was the primary instrument in the data collection (Fox & Bayat, 2007:70; Creswell, 2003:198). The use of multiple information sources, referred to as triangulation, strengthens the adequacy and accuracy of the data being researched (Flick, 2009:444; De Vos, 2005c:361) thereby improving the validity and quality of the qualitative research (Flick, 2009:405; Fox & Bayat, 2007:70).

#### **3.3.4.1 Semi-structured interviews**

Semi-structured interviews were conducted with the mothers of sexually abused children. This method of interviewing allowed the researcher to organize the questions around a specific area of interest while still remaining flexible enough to explore other areas of relevance (Greeff, 2005:292). This further provided the researcher with the opportunity to gain an in-depth understanding of each participant's beliefs or feelings related to the research question, as well as viewing the participants as experts on the subject of the current study and providing the participants with the opportunity to tell their story in their own words (Fox & Bayat, 2007:73; Greeff, 2005:296). The researcher made use of an interview schedule (refer to Appendix 3) made up of questions related to the area of

interest. This interview schedule was used to guide the interview and was therefore not rigidly followed (Greeff, 2005:296).

Before commencing with the interviews the researcher met with the participants individually and engaged in dialogue about their participation in the study. This was part of the relationship and trust building phase that was needed when dealing with such an emotionally sensitive topic, and further allowed for prolonged engagement in the research process (Whittemore *et al.*, 2001:533; Flick, 2009:392) enhancing credibility to the study (Rubin & Babbie, 2010:232; Flick, 2007:19). During that meeting the research participants chose a suitable time and date for their interview.

At the beginning of the interview the researcher reiterated the purpose of the research study and allowed the participant to ask questions. The participants were informed that participation was voluntary and they could discontinue with the interview at any time. All research participants were handed an information sheet (refer to Appendix 1) about the study and were requested to sign consent forms (refer to Appendix 2). Confidentiality was also discussed with them. The interviews were conducted by the researcher herself. After completion of the interviews, all participants were debriefed. Further therapeutic support was offered, and one of the participants made use of this offer.

Video recordings were made of the interviews that were conducted with the research participants. The interviews were between 60-90 minutes in duration. These video recordings were then transcribed by the researcher, to convert the audio part of the audio-visual data into text. These transcriptions were utilized in the data analysis process.

#### 3.3.4.2 Field notes

This study also used field notes, in the form of observation and theoretical notes, as a form of data collection. Field notes are the written accounts of the researcher's thoughts, observations and experiences of the participants (Patton, 2002:302; Greeff, 2005:298; Creswell, 2003:185; Fox & Bayat, 2007:74; Flick, 2009:469). Field notes were taken and encompassed the main aspects of the interview that stood out for the researcher, along with how the researcher experienced the mother during the interview and any other

thoughts and feelings that arose within the researcher during the interview (refer to Appendix 4 for a sample of field notes). The field notes were given theoretical status by listening to the participants without allocating categories, comparing with the observations of other participants, as well as interpreting by providing meaning to what was observed (Fox & Bayat, 2007:75). Observations through field and theoretical notes were used to increase the generalizability of this study's findings (De Vos, 2005:346).

### **3.3.5 Data Analysis**

The data was analysed using Creswell's application of Tesch's method based on the following steps described by Marshall and Rossman (in De Vos, 2005:334) as guidelines, planning for recording of the data, data collection, managing the data, reading and writing memos, generating categories, themes and patterns, coding the data, testing the emergent understandings, searching for alternative explanations and writing the research report.

The first step that the researcher followed was the planning for collection of data. The researcher used a video-recorder while conducting the semi-structured interviews. Data collection and preliminary analyses took place when the researcher conducted the semi-structured interviews with the participants and recorded field notes. The preliminary analysis took place directly after the semi-structured interview. Managing the data was the next step that the researcher followed which entailed, transcribing the interviews and typing the field notes in the form of observation and theoretical notes. The researcher transcribed the interviews herself.

Once the transcribing process was completed the researcher then proceeded to read the interviews and make notes in the margins. From this process the researcher was able to generate themes, sub-themes and categories. The researcher used different colour highlighters, highlighting the themes, sub-themes and categories, thereby coding the data (De Vos, 2005:338). The researcher then moved onto testing the emerging data and searching for alternatives. This was done by implementing a literature control (Fouché & Delport, 2005:84; Creswell, 2003:195). The last step that the researcher followed was

writing the research report, which presented the finding of the data collected, which is discussed below.

### 3.4 DISCUSSION OF EMPIRICAL FINDINGS

The qualitative data presented below focused on the phenomenological experiences expressed by the participants when they first heard about their child’s sexual abuse, how this impacted on them and what they did to cope. From the experiences the participants expressed needs that emerged to help them cope in dealing with their child’s sexual abuse.

Gestalt concepts were identified according to the theoretical underpinnings and paradigm in Chapter two, which were utilized in the formulation of the themes, sub-themes and categories, presented in Table 3.2.

**Table 3.2: Empirical findings: Themes, Sub-themes and categories**

THEME	SUB-THEME AND CATEGORY
<p><b>Theme 1: Mothers phenomenological experience of the sequence of disclosure</b></p>	<p><i>Sub-theme 1.1: Who the child disclosed to first</i></p> <p><i>Sub-theme 1.2: Feelings related to not being told first</i></p> <p><i>Sub-theme 1.3: Feelings and thoughts experienced during disclosure</i></p>
<p><b>Theme 2: Awareness of the impact of the child’s sexual abuse on mother’s holistic sense of self</b></p>	<p><i>Sub-theme 2.1: Emotional aspects of self</i></p> <ul style="list-style-type: none"> <li>• <i>Feelings towards self</i></li> <li>• <i>Feelings towards other/environment</i></li> </ul> <p><i>Sub-theme 2.2: Cognitive aspects of self</i></p> <p><i>Sub-theme 2.3: Physical aspects of self</i></p> <p><i>Sub-theme 2.4: Social aspects of self</i></p> <p><i>Sub-theme 2.5: Spiritual aspects of self</i></p>

<p><b>Theme 3: Contact</b></p>	<p><b>Sub-theme 3.1</b> <i>Interruptions in intrapersonal contact making due to mother's unfinished business of their own childhood sexual abuse</i></p> <p><b>Sub-theme 3.2:</b> <i>Interruptions in interpersonal contact making</i></p> <ul style="list-style-type: none"> <li>• <i>Mother's awareness of family being impacted as a whole</i></li> <li>• <i>Parental difficulties experienced due to impact of abuse on child</i></li> <li>• <i>Contact with community negatively influenced</i></li> </ul> <p><b>Sub-theme 3.3:</b> <i>Contact making styles utilized by mother's to help them cope with the impact of their child's abuse on their sense of self</i></p> <ul style="list-style-type: none"> <li>• <i>Need for deflection</i></li> <li>• <i>Need to engage in lived dialogue</i></li> <li>• <i>Need for contact with the positive polarity of hope</i></li> </ul>
<p><b>Theme 4: Awareness of needs expressed by mothers to facilitate a healthy sense of self</b></p>	<p><b>Sub-theme 4.1:</b> <i>Need for dialogical relationships to enhance social support</i></p> <p><b>Sub-theme 4.2:</b> <i>Need for knowledge</i></p> <p><b>Sub-theme 4.3:</b> <i>Need for contact with other through therapeutic intervention</i></p> <p><b>Sub-theme 4.4:</b> <i>Need for court support and preparation for medical examination</i></p>
<p><b>Theme 5: Mothers phenomenological knowledge gained through field experience</b></p>	

A discussion will follow on each of these themes, sub-themes and categories adding the mother's own words and experiences to the themes. Direct quotations providing the evidence from the interviews were utilized in this research report as it brings the voices of the research participants to life (Delpont & Fouché, 2005:352). The data interpretation is based on the theoretical underpinnings and paradigm of thinking presented in Chapter one and two.

### 3.4.1           **THEME 1: MOTHERS PHENOMENOLOGICAL EXPERIENCE OF THE SEQUENCE OF DISCLOSURE**

Disclosure is seen as the point at which the child speaks out about the abuse or where by the abuse is accidentally found out and is brought to an end. Disclosure is a process and children tend to disclose when they feel safe (Hershkowitz, Lanes & Lamb, 2007:120; Lovett, 2004:367; Goodman-Brown, Edelstein, Goodman, Jones & Gordon, 2003:536). The response that children receive from their mothers and professionals at the disclosure of their sexual abuse has the power to aid the healing process or to further traumatise the child (Hershkowitz *et al.*, 2007:121 Lovett, 2004:355). The mother's response to their child's disclosure therefore plays a pivotal role in the healing process of the child.

#### 3.4.1.1 SUB-THEME 1.1: WHO THE CHILD DISCLOSED TO FIRST

This study's findings show that only one out of the five children came to tell their mother directly about their sexual abuse. The other four mothers found out after their child had disclosed to someone else or they sensed that something "*wasn't right*" for a while and then confronted their child about it. Plummer (2006:1234) concurs that mothers had sensed that "something wasn't quite right" before learning about the abuse.

*"I picked up that something wasn't right." (Mother A)*

*"...my daughter told a friend at church." (Mother B)*

*"...first told the teacher and the teacher said that she must speak to me." (Mother C)*

*"My mommy told me. My mommy confronted me one day, she saw my daughter in the bathroom with her cousins doing some sexual movements in the bathroom." (Mother E)*

These findings are consistent with research that indicates that children are reluctant to disclose to their mothers first due to fear of hurting their mothers (Hershkowitz *et al.*, 2007:112; Mashiloane, 2006:36; Hagood, 2000:120), fear of the negative consequences

that may follow post-disclosure, and if they themselves perceive that they were responsible for the abuse (Lovett, 2004:356; Goodman-Brown *et al.*, 2003:537). The child's age and the type of abuse further have an impact on the disclosure process.

*"So I ask her why didn't she tell me, so she told me that she was afraid that I was going to give her a hiding because she all the time thought that she was the one that did the wrong thing." (Mother A)*

In contrast mother D's child disclosed the abuse twice; the first time she denied the allegations believing it to be untrue. The second disclosure took place a year later. Mashiloane (2006:48) found that mothers initially denied disclosures of abuse especially when the alleged perpetrator was a family member.

*"I asked him what was wrong and then he started to lash out at me and saying that it is Pa. I said what about pa? and then he told me that my Pa was playing with him... he had told us in the past but we thought that he was only talking nonsense. And that was actually the second time after a year and then he told me again". (Mother D)*

#### 3.4.1.2 SUB-THEME 1.2: FEELINGS RELATED TO NOT BEING TOLD FIRST

This study's findings indicate that the mothers experienced polarization of emotions about not being told first. The feelings ranged from being glad that the abuse was out in the open to mothers feeling like they were a failure and felt angry towards the child for not disclosing sooner. The mothers further question why their child did not come and tell them about the abuse. According to Gestalt therapy theory this is the start of the topdog/ underdog (Clarkson, 2004:107) struggle for mothers of sexually abused children as the mothers believe that their children should have been able to confide in them. The topdog represents that part of the mother's personality which passes critical judgment on the mother's life and how they 'should' behave or feel (Clarkson, 2004:107). The underdog is that part of the mother's personality which is promising to take better care of their child and to protect the child from further harm.

Mother A felt *"glad that it came out"* as then she was able to put a stop to her child's abuse, after two years of uncertainty regarding the abuse. Even though, this mother was now enabled to help her child, she felt like she had failed her child. Mother B also felt like a

failure as a result of her child disclosing to someone else. It made her feel like she did not have that strong relationship with her child that she thought she had.

*“I felt like a failure because I always thought that we had a good relationship and I didn’t know why she did not trust me enough to tell me”.*

Mother C expressed feelings of anger towards her daughter for not telling her sooner and questioned whether the way that she parented her child placed fear in her resulting in her not disclosing earlier.

*“...sometimes I was cross with her because why did she not speak up at that very same moment when it happened. Was I that fierceful that my child was scared of me? Was I so strict that my daughter was so scared of me that she couldn’t speak up to me?”*

This study yields findings which indicated that when the child does not disclose their abuse directly to their mother, that the mother then questions the type of relationship that they have with their child and experience a sense of failure as a mother. The mothers expected their children to disclose directly to them after the abuse occurred.

#### 3.4.1.3 SUB-THEME 1.3: FEELINGS AND THOUGHTS EXPERIENCED DURING DISCLOSURE

This study indicated that mothers had often heard about child sexual abuse in the media and thought that it would never happen to their child, which resulted in an initial disbelief that the abuse had taken place to their child. Four of the five mothers reacted in a supportive manner after their child had disclosed by believing their child and reporting the matter to the police. The other mother had a two year delay in responding to the disclosure. This mother felt great remorse for not believing her child the first time. Other feelings that the mothers experienced were devastation, being hurt, needing to cry, a sense of helplessness, wondering if they were dreaming and just wanting to disappear. Mothers experience feelings of shock, numbness, anger, horror and fear of losing their minds when they discover that their child has been sexually abused (Plummer, 2006:1228; Brohl & Potter, 2004:87; Hagood, 2000:120).

This sensation that the mothers experience at disclosure forms their figure need and organizes their field (refer to 2.2.7.4) of perception (Houston, 2003:5). These emotions experienced result in the boundary between self (mother) and other (child) dissolving, whereby the mother experiences deep emotional pain in hearing that their child was sexually abused. Mothers experiences the disclosure of the abuse, as if the abuse had occurred to them that is you hurt the child, you directly hurt the mother as well (refer to 2.2.7.5).

*“And when t told us what was happening to her, what the perpetrator did to her, I... **I cried** and I cried all three of us cried, D. T and myself we cried and ahh... after I subside a bit, I scraped up the courage to phone the police”. (Mother A).*

*“It was I think **shock** and **unbelief**, and there was **chaos** in my home.” (Mother B)*

*“When I really found out what was happening... it was **devastating** I don’t know whether I was alive or dead, because I could feel at that moment when she told me what happened to her, it was like my soul had left my body, it was practically only my body that was left behind.” (Mother A)*

*“I did not know what to do, I was devastated, I was upset, I was **hurt inside** that somebody could do that so my daughter... It is a terrible thing to happen to a mother’s child.” (Mother C)*

Question: Do you sometimes feel **numb**?

Answer: “Yes.” (Mother E)

*“I felt **helpless** like I could not do anything to help her.”(Mother E)*

It is evident from the above responses that mothers of sexually abused children initially experience feelings of disbelief, shock, devastation emotional pain and helplessness at the disclosure of their child’s abuse. Mothers experience emotional distress at the disclosure of their child’s sexual abuse (Plummer, 2006; Brohl & Potter, 2004; Lovett, 2004; Banyard *et al.*, 2001; Manion *et al.*, 1996; Davies, 1995; Newberger *et al.*, 1993; Regehr,1990). Furthermore when the mothers did not initially believe their child or when they did not act in a completely supportive manner, Conolly (2003:4) notes that the mothers tend to

struggle more with succeeding events, due to the extra guilt they feel for temporarily disbelieving their child.

### **3.4.2 THEME 2: AWARENESS OF THE IMPACT OF CHILD'S SEXUAL ABUSE ON MOTHER'S HOLISTIC SENSE OF SELF**

This theme explores and describes the mother's awareness of how their child's abuse has impacted on their sense of self. In Gestalt therapy theory there is no self separate from one's organism/environmental field, self therefore does not exist without other (Yontef & Jacobs, 2005:309). The authors further state that self implies self-in-relation. The mothers of sexually abused children therefore view their sense of self in relation to the trauma that their child has experienced.

In terms of Gestalt therapy theory the self encompasses the whole person, the physical, emotional, spiritual and cognitive aspects (Fall, Holden & Marquis, 2004:220; Latner, 1986:38). The next section will demonstrate how the mothers in this study experienced their emotional, cognitive, physical, social and spiritual aspects of self that was impacted by their child's abuse.

#### **3.4.2.1 SUB-THEME 2.1: EMOTIONAL ASPECTS OF SELF**

According to Perls, Hefferline and Goodman (1951:407) emotions are viewed as the integrative awareness of a relation between the organism and the environment. Emotion is the organism's evaluative experience of the organism/environmental field (Perls *et al.*, 1951:95). Emotions are further seen as central to healthy functioning as they orientate one to one's relationship to the current field and functions as a "self-signal" in the Gestalt formation process (Yontef *et al.*, 2005:314).

This study, supported by other research, found that mothers of sexually abused children experience emotional distress at the disclosure of their child's abuse (Lovett, 2004; Banyard *et al.*, 2001; Hierbert-Murphy, 1998; Manion *et al.*, 1996; Davies, 1995; Newberger *et al.*, 1993; Regehr, 1990). The degree of distress experienced varied

between the mothers. The study by Regehr (1990:119) categorized the emotional reactions of the mothers, which involved feelings of personal responsibility, feelings of loss, feelings towards the child, feelings towards the perpetrator, and the legal system. The findings of this study were similar to those found by Regehr (1990).

The emotional aspects of the mothers self was broken down into two categories, namely the feelings that they developed towards themselves, and their feelings towards other/environment (which include their feelings towards their child, the perpetrator and the legal system).

#### *3.4.2.1.1 Category 2.1.1: Feelings towards self*

This study provides evidence that mothers felt responsible for what had happened to their child. This is indicated through the mothers' feelings of guilt in not protecting their child and for not picking up on the signs of the abuse earlier.

*"It made me feel guilty, ..... You are so busy with this and that instead of watching out for your children." (Mother E)*

*"...how could I not have not pick up any sign? I was at home, why wasn't there any sign besides the discharged that I picked up? Why couldn't I see anything else? That is all running through my mind." (Mother A)*

The mothers felt that they had failed their child in some way. These feelings of failure where more intense for mothers who did not pick up on the signs and symptoms that their children were displaying. Some mothers felt as though they had **failed as a mother**. They felt **disappointed in themselves** and blamed themselves for the abuse. Findings by Plummer and Eastin (2007b:1060), Mashiloane (2006:61), Brohl and Potter (2004:91), Hagood (2000:122), Print and Dey (1998:87) and Regehr (1990:114) indicated that mothers often experience feelings of guilt towards their child for being abused and for failing to recognize the signs of the abuse.

*"...for me, I don't know how other mother's take it but for me I feel like I totally messed up, somewhere along the line I messed up."(Mother D)*

*"I was blaming myself for it, I was blaming our system for it... I was blaming everybody including myself... Deep inside I still do and I still feel that it was my fault." (Mother C)*

*"To me feel like I just don't deserve to be a mother, because I wasn't there for him, you know, through this things. I didn't take note of him I didn't listen to what he told me the first time.... but from a mother's point of view I failed. I failed my son."(Mother D)*

*"I feel disappointed in myself I must say, because I did not see, only when they told me I saw her behaviour patterns that has changed."(Mother B)*

Another emotion mothers felt was **anger**. Mother C spoke about her angry feelings saying;

*"Um... sometimes you are just outraged and furious, you I don't know how..."*

The mothers believed that they had done something wrong for this to happen to their child (Plummer & Eastin, 2007b:1061). A study by Mashiloane (2006:60) found that mothers of sexually abused children believed that they had committed sins and now their children were paying for it.

*"What I did wrong for all of this to happen? Where did I as a parent go wrong?" (Mother A).*

Clarkson and Mackewn (2006:43) concur that humans are meaning seeking creatures, by creating meaning to various aspect of their field (refer to 2.2.3). The self plays an important role in creating meaning to a person's life, and is seen as the integrator of experience (refer to 2.2.7.6). Kaminer and Eagle (2010:64) note that when a trauma occurs the survivor tries to create meaning from what had happened (refer to 2.4.5). These authors maintain that in trying to make sense of why the trauma happened, trauma victims ask "why me?" The survivor may come to believe that it occurred due to something that they did or did not do, thereby developing a tendency to self-blame. There are two types of self-blame identified in trauma survivors namely behavioural self-blame and characterological self-blame (Kaminer & Eagle, 2010:64). Behavioural self-blame refers to the survivor blaming themselves for the trauma occurring as a result of certain behaviours that they engage in or failed to engage in, that they were not vigilant enough or they did not fight

back hard enough. Whereas characterological self-blame focuses on the victim placing blame on their own character or personal qualities, for example the victim may see their victimization as a form of punishment, as they deserve to be punished or they may feel that in their character they trust people too easily and that is why they were chosen as the victim. In relation to this study the mothers of sexually abused children tried to create meaning from what had happened to their children by blaming themselves for not noticing the signs sooner, for doing something wrong and now being punished.

The findings of this study indicated that the mothers did experience their child's sexual abuse as **a loss**. Plummer (2006:1228), Brohl & Potter (2004:87), Grosz *et al.* (2000:18) and Print and Dey (1998:85) note that the impact of the child's sexual abuse on the mother is similar to the bereavement process, where mothers would experience shock and numbness, followed by denial, anger, guilt, resentment, isolation, sorrow, self-pity and finally acceptance. The mothers' words related to a sense of loss, anger and a feeling of numbness:

*"But everyone expects you to just go on with your life as if nothing happened, and yet such a big loss has happened".*  
(Mother B)

The findings indicated the negative impact of their child's abuse on their emotional sense of self. The feelings of failure and self disappointment that the mothers experienced are due to the topdog/underdog struggle within the self. The topdog represents that part of the mother's personality which passes critical judgment on the mother's life and how they 'should' behave or feel (Clarkson, 2004:107). The underdog is that part of the mother's personality which is promising to take better care of their child and to protect the child from further harm. This topdog/underdog struggle causes a split in the mother's sense of self and hinders the mother's ability to make contact with their own needs, thereby affecting healthy functioning of the total organism.

#### *3.4.2.1.2 Category 2.1.2: Feelings towards other/ environment*

The next category looks at the mother's feelings and emotions towards their child, the perpetrator and the legal process as each of these form part of the mothers field and

impact on the mothers emotional sense of self. According to Gestalt therapy theory the self does not exist prior to and apart from relationships, the self-experience is constituted exclusively in and by relationships in the field (Kirchner, 2000).

➤ *Feelings towards child*

This study's findings showed that some mothers had ambivalent feelings toward their child. One mother said that she was not angry with her child and didn't blame her.

*"No, I wasn't angry with her." (Mother A)*

Two of the mothers felt angry at their child for not disclosing to them first and for not disclosing directly after the abuse had taken place.

*"... I was angry that she didn't tell me, and then I could help her sooner and I was angry at so many things." (Mother B)*

Two of the other mothers felt angry towards their child for the impact that the disclosure has had on their lives, despite knowing the child was not to blame. These findings are in line with the studies conducted by Mashiloane (2006:46) and Regehr (1990:114) which indicate that mothers are often angry with their child on some level for not preventing the abuse, for not disclosing the abuse and for disrupting the mother's life.

*"Sometimes I feel cross towards her, you know, it feels like I've been put through, it's through her that I'm going through all of this stuff you know but then when I logically, I have to logically think, I think how can I even think like that it's so wrong to feel like that." (Mother E)*

Another feeling identified in the study was that the mother's felt the need to protect their children more. One mother said that she had to take more special care of her child as to not cause any further harm or damage. Plummer and Eastin (2007b:1063) and Grosz *et al.* (2000:18) agrees with this finding that mothers tend to become over-protective post-disclosure of their child's abuse. It is further noted that prolonged over-protective behaviour from the mother could negatively impact on the child's day-to-day life.

*I feel like I need to protect her, ya extra protection. I feel I would need to do anything else to protect her and that.”*  
(Mother B)

This category indicated that mothers experience a split in their emotions towards their children as part of their self feels angry towards the child and another part feels that they need to protect the child more. These polar feelings that the mothers come into contact with creates fragmentation in the mother’s sense of self as they have different emotions coming to the foreground.

➤ *Feelings towards perpetrator*

All of the mothers felt anger towards the perpetrator and in particular two mothers felt angry towards the alleged perpetrator’s family as well, as they seemed to protect the perpetrator. These findings were echoed by Grosz *et al.* (2000:18), Hagood (2000:120) and Regehr, (1990:115). Mother A’s voiced emotions towards the perpetrator that were polarities. She said *“There is a part of me that wants to forgive him and there is a part of me that wants to hate him.”* The mothers also felt that the perpetrator would be punished for what he did and that he would be remorseful, and lastly that justice would prevail. Along with the need for justice one mother felt fear of being blamed for the imprisonment of the perpetrator.

➤ *Feelings about reporting and court process*

The mothers from this study found the reporting of their child’s abuse and the court process to be emotionally taxing. Mother’s had initial hope the justice would restore the imbalance of their child’s abuse. The lack of communication from the judicial system to the mothers created great animosity within the mothers. Plummer and Eastin (2007a:784) confirm that mothers experienced great dissatisfaction from professionals dealing with their child’s case. Communication from the police, the prosecutor and the district surgeon was important to the mothers of the current study, because they wanted themselves and their children to be prepared.

Other research (Mashiloane, 2006:54; Regehr, 1990:116) indicated that mothers found it difficult to go to court as it was a reminder of their child’s abuse and it brought back the pain that they were trying to forget. The mothers felt disappointment and feelings of

despair towards the justice system. Feelings of anger and despair were evoked when the mothers wanted to get help for their children. They were not sure about correct procedures and were pushed from one place to another.

The Mothers in this study had different feelings while engaging in the necessary procedures. The reality of the child's abuse was confirmed after reporting the matter to the police and going for the medical examination. This proved to be emotionally difficult.

*"...that was a difficult time for me to go through... Is listening to her give her report to the police, the shock, the unbelief, is this a movie playing or is it real, why am I asleep am I dreaming, can this really be true. And then from there to the doctor and then, it's almost if reality hits, looking in your child's eyes and see that this is real. The doctor confirming her report it's like the earth could just swallow you up at that time." (Mother B)*

Mothers also had mixed feelings about pressing charges. Of the five mothers' only one found temporary closure after the court case. The other mothers were disillusioned with the judicial system. Dealings with the court process impacted the mother's sense of self as they experienced unfinished business due to injustices.

*"I never got a chance to ask any questions to the court or to the magistrate."(Mother C)*

#### 3.4.2.2 SUB-THEME 2.2: COGNITIVE ASPECTS OF SELF

This study indicated that the mother's thoughts were continuously occupied with thoughts about the abuse. This affected their ability to concentrate and make healthy contact to fulfil their needs.

*"...trying to keep my mind occupied so that I can't constantly be thinking about what has happened to T." (Mother A)*

Awareness is always accompanied by gestalt formation, whereby new meaningful wholes are created by aware contact (Yontef, 1993:179). The interference of thoughts, memories of the past or anticipations about the future cause fixed gestalts that limit awareness and

break contact with the individual/ environment field (Joyce & Sills, 2010:29). The contact boundary which separates 'self' from 'other' becomes submerged and the mother's cognitive self becomes confluent with the environment containing the trauma of their child (Parlett *et al.*, 2007:237). This submergence between the mother's boundary of self and the environment interferes with the withdrawal process of the cycle of gestalt formation, where by the contact interruption of confluence may prevent satisfactory development of the sensation phase which impacts on the natural rhythm of the cycle of need-fulfillment of a person (Clarkson, 2004:58).

#### 3.4.2.3 SUB-THEME 2.3 PHYSICAL ASPECTS OF SELF

Kepner (2003:237) states that the way a person feels about themselves, interacts with others, communicates and makes contact with the world and with one's own being is brought about by a person's physical existence. Emotions are therefore stored within the bodily self. On a physical level the mothers in this study experienced a change in their sleeping patterns, their sexual relationship with their partner and experienced crying as an emotional release of the bodily self.

*"I was... I could not sleep..." (Mother C)*

*"I cry more. I always cry, but now I cry more when anything goes wrong, I just cry. My emotions just go hay wire, I just cry if anybody shouts at me. (Mother D)*

The sensation of appropriate sexual stimulation experienced by the mother triggers an awareness of the child's abuse, resulting in flashbacks of the disclosure, and interrupting their contact in the present moment with their partner. Deflection is a contact boundary disturbance that reduces an individual's awareness of the environmental contact by ignoring or turning away from either an internal or environmental stimulus (Joyce & Sills, 2010:109; Clarkson, 2004:60). This disruption in the physical aspects of the mother's sense of self results in the formation of an unclear figure which impacts on their ability to self-regulate and meet their physical needs (refer to 2.2.7.4).

*“...when myself and D had to have intercourse this thought was running through my mind, I flashback what she went through and I immediately back off.”(Mother A)*

#### 3.4.2.4 SUB-THEME 2.4: SOCIAL ASPECTS OF SELF

Yontef (1993:32) explains that awareness and contact is relational, and is the experience of what occurs at the boundary between self and the environmental field. This study indicates that the mother broke contact with those in their field and started to withdraw socially. One of the mothers in the study expressed her loneliness due to a lack of contact with people, but this encouraged contact with family. Plummer and Eastin (2007b:1059) and Brohl and Potter (2004:99) concur that when a child has been sexually abused it could negative affect interpersonal relationships.

*“Ya like when it happens, like now, there are quite a few things that have changed. I don't feel my normal self anymore, like I use to feel and ahh... my normal self is I always use to communicate with people and ahh... I have been spontaneous towards people, but after this happened I felt a bit withdrawn, I feel I just want to be inside of the house, it's not that I don't want to face people, it just I feel more secure inside of the house...”(Mother A)*

*“Um... I was very withdrawn from everything. I tried to put everything down. I tried to distance myself from people.”  
(Mother C)*

*“And emotionally it's just being alone you know, I like people and that's why I go to my mommy and sleep over because I just get too lonely sometimes.” (Mother E)*

#### 3.4.2.5 SUB-THEME 2.5: SPIRITUAL ASPECTS OF SELF

All of the mothers from this study questioned why God allowed the abuse to happen. Most of the mothers initially felt angry towards God for allowing the abuse to take place and four of the mothers rationalized why God would have allowed it to take place. Mashiloane's

(2006:58) study confirms these findings as it was also found that mothers experienced anger and disappointment which was directed towards God for not protecting their children.

*“But lots of times I don’t understand why this happened. It’s the most difficult part for me to deal with, why did God allow this to happen to us as a family.” (Mother B)*

The mothers in this study questioned God about their child’s abuse to try and help them understand why it occurred. Clarkson and Mackewn (2006:43) note that human beings are meaning seeking creatures, thereby playing an active role in providing meaning to various aspects of their field.

*“I think that God didn’t allow it to happen because he is not part of anything that is sin and that is wrong, but it’s because of the sin that is in the world and that’s man’s doing. And I had to realize that this was this guy’s, it was his sin and it was wrong of him to do that, so I’ve come to that conclusion. God is there but he is never a part of something that is so ugly and so violent, he is not part of that, so that can’t be from God. But he was there that time, so he sort of allowed it to happen, but it was not from him...He could have stopped it I believe, but God has a plan for K’s life, my daughter’s life, and I believe that he is going to use this ugly experience for his glory...”(Mother B)*

One mother questioned God’s reason for giving her a child as she felt that she was not worthy of being a mother. *“To myself I feel that I do not deserve to be the mommy because of what happened to him. There are days, I know I must not say this but why didn’t God give him to someone else?” (Mother D)*

Many authors have indicated that mothers go through great distress and even secondary traumatization following the disclosure of their child’s abuse (Lovett, 2004; Banyard *et al.*, 2001; Hierbert-Murphy, 1998; Manion *et al.*, 1996; Davies, 1995; Newberger *et al.*, 1993; Regehr, 1990). The findings of this study indicate that mothers are aware of their holistic sense of self being negatively affected by their child’s abuse. This impacts their ability to make healthy contact with the self and the environment, and influences the healthy cycle of gestalt formation and deconstruction resulting in the mother not being able to attend to emerging needs of the self in a healthy manner, as discussed in Chapter two (2.2.7.4). The mothers of sexually abused children therefore need to integrate all aspects of the self affected by their child’s abuse, in order to experience the wholeness of self.

### **3.4.3 THEME 3: CONTACT**

The self, according to Lobb (2005:31), is defined by the process of contact and the withdrawal from contact, whereby the self is drawn to the contact boundary with the environment and after the fullness of the encounter withdraws. Contact refers to what one is in touch with in the present moment (Yontef, 2005:87). Part of psychological health is dependent on good contact between self and others (Joyce & Sills, 2010:105). How a person makes contact with self and others is influenced by the field conditions at a present moment. This field is viewed as the individuals "life space" which consists of an external and outer world of a person, along with their internal world McConville, (in Toman & Bauer, 2005:182). The mothers' awareness of their intrapersonal and interpersonal contact making styles are therefore influenced by the holistic impact that their child's abuse has had on their sense of self.

The mothers in this study were aware that they are part of a broader field and that their child's abuse not only had an impact on them, but also impacts on the other family members and the community around them. The mother's awareness of their own unfinished business (of their own childhood sexual abuse) was brought to the foreground when coming into contact with their child's abuse. "Unfinished business" refers to a situation in the past which was traumatic or difficult to handle, which resulted in it not being resolved or reaching closure (Joyce & Sills, 2010:132). Unfinished business is the presence of a need which has not been satisfied and creates a state of disequilibrium and unrest within the individual (Crump, 1984:91).

#### **3.4.3.1 SUB-THEME 3.1: INTERRUPTIONS IN INTRAPERSONAL CONTACT MAKING DUE TO MOTHERS UNFINISHED BUSINESS OF THEIR OWN CHILDHOOD SEXUAL ABUSE**

Of the five mothers interviewed for this study, two were themselves sexually abused as children. Both of these mothers found that the disclosure of their child's abuse brought back memories of their own abuse. Mother B felt that her daughter's rape was a

generational curse and she also realized that she needs to work through her abuse separately from that of her daughters. Mother D found that due to her not having worked through her own abuse she constantly thought about it. Goodwin, Mccathy and DiVasto (in Hagood, 2000:120) conducted a study with mothers of sexually abused children and found that 24% of the mothers were sexually abused as children themselves and state that it is these mothers who display considerable psychopathology. Oates, Tebbutt, Swanston, Lynch and Toole (1998:1116) found that 34% of the mothers whose children were sexually abused, also had a history of childhood sexual abuse. The author's further noted that the mothers have to not only contend with the trauma of their own childhood sexual abuse, they also have the added trauma of having a child who has been sexually abused, possibly compounded by a feeling of guilt that they were not able to protect their child. It might therefore be expected that this particular group of mothers would show more psychological distress and possibly have poorer family functioning, compared to mothers who only have one of these traumas to cope with (Oates *et. al*, 1998:1116). Hiebert-Murphy (1998:431) agrees that a history of childhood sexual abuse makes it difficult for the mother to deal with the sexual abuse of their child. Mothers with a history of child sexual abuse are seen to experience greater emotional distress at the disclosure of their child's sexual abuse than mothers without a history of sexual abuse. This is due to the mother experiencing trauma at the disclosure of their child's abuse which brings about a re-experiencing of the mothers own abuse (Hiebert-Murphy, 1998:432). Green, Coupe, Fernandez and Stevens (1995:1275) study found that these mothers developed symptoms of post-traumatic stress disorder following the disclosure of their child's sexual abuse. The disclosure of their child's abused seemed to bring about a reliving of their own unresolved sexual abuse as children. The current study confirmed this finding where the mothers were reminded of their own abuse post-disclosure of their child's sexual abuse.

*"Yes because umm... it was a reminder to me of my life, it was a reminder to me that umm ... that I was... that this has happened to me." (Mother B)*

*"Yes it just takes you back to what happened..." (Mother D)*

The mothers acknowledged the need to work through their own abuse as it impacts on their ability to deal with their child's abuse.

*"I had to realize that I can't actually take out that anger on her, because I must deal with what happened to me separately from what happened to her."(Mother B).*

*"I constantly, I constantly think about it, cause to me I haven't dealt properly with what happened to me. So it's constantly on my mind and even though when he told me about it..."(Mother D)*

### 3.4.3.2 SUB-THEME 3.2: INTERRUPTIONS IN INTERPERSONAL CONTACT MAKING

Mothers of children who have been sexually abused experience interruptions in their contact making styles. The mothers in this study neglected their own needs by focusing on their family first, thus causing interruptions in their contact with their children, family members and community. They experienced parental difficulties and a breakdown in their relationships with others. The allegations of the abuse caused a division in their families and community, sometimes resulting in the mothers needing to move home. An explanation of each of these categories will be provided.

#### 3.4.3.2.1 Category 3.2.1: Mothers awareness of family being impacted as a whole

The mothers from this study acknowledged that the abuse not only impacted the child victim but also had an impact on the family, who also needed assistance to cope with this traumatic experience. Brohl and Potter (2004:129) and Hagood (2000:120) note that the victimised child along with the whole family is thrown into a state of crisis.

Mother B describes how the disclosure of the rape had impacted on her family:

*"...This was like an explosion in our family...It was I think shock and disbelief, and there was chaos in my home. ...everybody was out of control I felt, everybody was out of control...Even though the focus was on K in actual fact the whole family was traumatised."*

Mother A took the responsibility to help the family cope with the trauma caused by the

disclosure of the abuse.

*"I try to find out things on how to assist the family, how to cope, how to deal with this whole ordeal."*

The awareness of others in the mother's life space encouraged them to look at their self and how their internal emotions are impacting the functioning of their family. Mother A clearly depicted her caregiver role in the family and that she needed to be strong. This knowledge of the family's needs shifts the mothers own internal needs to the background and brings the needs of her family to the figure foreground. The self-blame that mothers experience drives them to want to care for the family more, Plummer and Eastin (2007b:1063) and Brohl and Potter (2004:91) agree with this finding.

*"I was beyond myself, but I had to remind myself that I've got a family and that T does need me, so I've got to be strong for her". (Mother A)*

*"Sometimes I feel like there were times, I just want to give up, I just want to give up. But then I quickly get it out of my mind and then think about something else again. Because I have to think about my family". (Mother A)*

*"I want my child to get help first, and then I'll sort myself out." (Mother E)*

This category indicates that the mothers need to disown those aspects of self that are most affected by their child's abuse so that it does not affect those in their family life space. The mothers break contact with the self by desensitizing some of their emotions that affect themselves most, and by retroflecting their needs to the greater needs of the family. This interruption in self-regulation may only be a temporarily solution for the mothers. The treatment of child sexual abuse therefore cannot only focus on the child victim, but needs to include those in the child's life space. Literature confirms the importance of mothers being included in the intervention plan (Plummer & Eastin, 2007b; Brohl & Potter, 2004; Corcoran, 2004; Banyard *et al.*, 2001; Grosz *et al.*, 2000; Lafir, 2000; Rushton & Miles, 2000; Hiebert-Murphy, 1998; Celeno *et al.*, 1996; Manion *et al.*, 1996; Green *et al.*, 1995; Winton, 1990).

#### *3.4.3.2.2 Category 3.2.2: Parental difficulties experienced due to impact of abuse on child*

The parenting difficulties experienced by the mothers in this study were related to the changes in their child's behaviour due to the abuse. Sexually abused children experience negative effects and suffer emotional and behavioural difficulties, post-disclosure of their abuse (Plummer & Eastin, 2007b:1064; Ligezinska *et al.*, 1996:119). The mothers in the current study had to deal with the following changes in their child's behaviour; rebelliousness, back chatting, not listening, demanding behaviour, increased anger in child and anger directed towards mother, bed wetting, sleep disturbance, and depression. The mothers further felt that they had to protect their children more, which resulted in the mother becoming hyper vigilant and not speaking about the abuse out of fear of hurting the child and not wanting to cause the child any further harm. Mothers of sexually abused children had to continually adapt the sense of self to the changes in the field. The mothers contact with their child also changed due to the emerging need of the child and the mothers need to protect their child more. The mother's boundary between self and child becomes submerged in this process.

*"Ya she's very demanding, now lately she has become very demanding. She will wake up sometimes and she will be in such a bad mood and then I struggle to control myself, I've become more controlled but sometimes it's just too much for me and then I'll shout or give her an odd hit on her bum. You know, but I am trying."* (Mother E)

*"It's very tiring, it's umm..., it's very stressful because I worry about her and I have to see that I don't say anything that would hurt her."* (Mother B).

Mothers experienced a change in their relationships with their partner due to their child's abuse placing strain on their marital relationships. Mothers mentioned that the non-offending fathers also felt the need to protect the child victim more which created friction in the home. Mother A describes conflict arising between her and her husband due to him being more lenient with the child as he feels that he was not able to protect her from the abuse and now he needs to protect her from any further harm to restore the imbalance that the abuse has caused. Brohl and Potter (2004:91) acknowledge that it is the guilt feelings that bring about this disruption, and the sooner the guilt is out

of the way, the sooner the parents can resume their responsibilities and parent the children. Conolly (2003:5) states that “in everyday circumstances, a single action with one member of the family can cause ripples of disruption to all other members. In a case of sexual abuse it is more similar to having a hand grenade thrown into the center of the family”.

*“It has a great big impact on the family, there’s ahh... D(father) for instance that ahh... pampers T a lot because she went through this whole thing and he also feels he wasn’t there to protect her...”*

Mother E suspected her husband of sexually abusing her daughter and this resulted in her leaving him, and two of the mothers had to move out of their homes to keep their children safe.

*“Me and my husband separated now, because of things my mommy said and because of the things I assumed the way that my daughter behaves when my husband is there or after he came to visit. So we separated and we are going to divorce now. It’s all most there now.” (Mother E)*

*“It’s that, the difficulty that we are going through right now is that us moving out of my grandparents’ house.” (Mother D)*

Mother B experienced the opposite in her relationship with her husband, as compared to the other two mothers. She stated that it had actually strengthened her relationship with her husband as they turned to each other for support.

*“...it has actually strengthened...my husband said to me, one day he said, this thing has happened to us and it’s the two of us alone we are not looking to others for support, we are going to support one another and God is going to help us get through it.” (Mother B)*

#### **3.4.3.2.3 Category 3.2.3: Contact with community negatively influenced**

The mothers in this study experienced the disclosure of their child’s abuse causing a division within their family, church and community.

*“So we not only had to deal with my daughter, what happened to her, we also had to deal with rejection of family,*

*we had to deal with church people rejecting us and leaving the church. ... So it wasn't only our family that was sort of being ripped apart, it was also our church so the blow was double.” (Mother B)*

*“Aah... having all of my family torn apart, my husband is gone and my brother we don't see each other anymore.” (Mother E)*

Mother C notes that the rape of her child was difficult for the community and she felt judged by them. The rape of her child seemed to isolate her from people that she had previously freely communicated with. Mother C also stated that her neighbours and community were a support to her even though she initially expressed anger towards them. The study by Mashiloane (2006:57) indicated that mothers had ambivalent feelings towards their neighbours, as the mothers in that study initially blamed and felt blamed by the neighbours for not protecting their child. Often neighbours were also a supportive structure post-disclosure.

*“It is not an easy thing to deal with. It is not an easy thing if you go out your door and you see all of your neighbours eyes on you... It is not an easy thing for the community if something like this happens, because you don't know how people will treat your child when they go out.” (Mother C)*

#### 3.4.3.3 SUB-THEME 3.3: CONTACT MAKING STYLES UTILIZED BY MOTHERS TO HELP THEM COPE WITH THE IMPACT OF THEIR CHILD'S ABUSE ON THEIR SENSE OF SELF

Some of the coping strategies that the mothers employed were keeping busy, searching for and turning to supportive relationships, praying and having hope that there would be an end to the trauma caused by the sexual abuse.

##### 3.4.3.3.1 Category 3.3.1: Need for deflection

One of the ways that the mothers managed to cope with their child's abuse was by deflecting their thoughts by keeping themselves busy and their minds occupied. Mother A engaged in sewing, knitting, baking, gardening, teaching Sunday school, reading and other house hold activities, while the other mothers in the study kept themselves busy at work. Contact disturbances, such as deflection, need to be viewed in relation to the

meaning and needs of each unique field situation. Each contact interruption needs to be viewed according to the unique field conditions and the person themselves. A healthy person therefore needs to move along a continuum of being completely avoidant of contact, to having modified contact and full contact, which is dependent on each new situation (Joyce & Sills, 2010:105). The mothers from this study therefore experienced the need to deflect their thoughts of their child's abuse to encourage healthier functioning of self.

#### *3.4.3.3.2 Category 3.3.2: Need to engage in lived dialogue*

The mothers from this study found it important to have supportive people in their life who they could talk to and share their feelings with, and to cry with. These supportive people included family, friends and neighbours. Even though the sexual abuse of their children had caused a breakdown in certain relationships within the family and the community there were still people available in the mother's field to provide them with support. The mothers of sexually abused children experience the need to strengthen their social aspects of self to help them deal with the emotions related to their child's abuse. Mothers also needed to strengthen their spiritual aspects of self to help them cope with their child's abuse.

*"My sister and my family support me a lot and they still do. My sisters use to come down and use to talk about it. They often use to tell me if I do feel I want to talk about it they will come down or I can come down, and things like that." (Mother A)*

*"I told my brother and that day he stood in the lounge and he wept with me and he said that I'm sorry that this has happened to you. And this is what I wanted; I needed that from other people just to say that this isn't a good thing that happened to your daughter...what happened to her is not right, it's not fair, it's not... it's painful and it's hurting and it's ok for you to feel like this." (Mother B)*

The mothers from this study relied on their spirituality and their faith in God to help them cope with the trauma of their child's sexual abuse. They continuously prayed to God to strengthen them as they knew that God would not give them anything that they could not handle. Kaminer and Eagle (2010:65) confirm that trauma survivors would use prayer or spirituality to help them through the traumatic experience.

*"I just said to myself in my mind, I said: "Lord give me the strength that I don't have to do anything foolish towards this man. I have already asked you to help me to forgive this man, it is hard but I have to, because... for the sake of my children, for my family I have to do it." (Mother A)*

*"I think that my strength has been in God, my faith in God, I must really really thank God..." (Mother B)*

*"I said God makes you stronger..." (Mother C)*

#### **3.4.3.3.4 Category 3.3.4: Need for contact with the positive polarity of hope**

The mothers from this study were able to cope with their child's abuse by having the knowledge and hope that things will get better and that there will be an end to the traumatic experience. For some of the mothers the result of a successful court case was seen as an end to the devastation caused to the child, mother and family. Mothers of sexually abused children need to experience a sense of hope (Plummer & Eastin, 2007b:1066; Brohl & Potter, 2004:101), to balance the despair that they feel in relation to what had happened to their child.

*"...and this thing of K will be over and we will have a big celebration". (Mother B)*

*"There is hope, I'm happy, I am lonely but I'm happy. But my children are safe. And that makes me happy. I can protect them." (Mother E)*

#### **3.4.4 THEME 4: AWARENESS OF NEEDS EXPRESSED BY MOTHER TO FACILITATE A HEALTHY SENSE OF SELF**

Theme four states the needs that the mothers expressed in this study, which indicated a strong need for clinical intervention (individual, group and family therapy), support from others, need for knowledge and court preparation and support. Dyb, Holen, Rodriguez and Pynoos (2003:947) view mothers of sexually abused children as a vulnerable population. Their findings indicate the need for clinical interventions and services targeted at mothers of sexually abused children. They suggest that clinicians should conduct assessments of the impact that the child's abuse has on the mother and the secondary life changes that

occur post-disclosure, in order to develop specific clinical interventions to help mothers recover from these experiences.

#### 3.4.4.1 SUB-THEME 4.1: NEED FOR DIALOGICAL RELATIONSHIPS TO ENHANCE SOCIAL SUPPORT

The mothers expressed the need to have sufficient support from people around them. The degree of social support varied with the mothers. They acknowledged the need for social support and realized its healing benefits. A supportive partner and having someone acknowledge their feelings and pain was seen as important. One mother in particular wanted someone to cry with her, another mother expressed the need to feel sad about what had happened to her daughter but struggled to express herself. Support from other mothers who had been through the process already was also seen as valuable. Kepner (2003:15) agrees that support is in and of itself essential to the healing process, as “it builds the ground conditions on which everything else in human functioning must rest. It generates the internalization of a healthy and functional interpersonal field from which other self structures can grow and be tested”.

*“In the beginning I needed... I was looking for support, I must be honest, I was looking at who’s supporting us as a family, who’s on our side sort of and that kind of thing...I really longed for was for someone... that would cry with me and say that it’s ok because this is a bad thing that happened to your daughter” (Mother B)*

#### 3.4.4.2 SUB-THEME 4.2: NEED FOR KNOWLEDGE

Mothers in this study expressed the need for knowledge and information on the signs and symptoms of sexual abuse, how to deal with a child who has been sexually abused and what to expect, parenting skills and things that the mother and child could do together to strengthen their relationship. The study by Plummer and Eastin (2007b:1067) indicated that mothers found it helpful when professionals provided them with information and advice.

*“I didn’t have any knowledge of what an abused child really goes through and how a abused child really reacts, her behaviour or whatever, and ahh.. yet again she didn’t give me that to think that she’s being abused.” (Mother A)*

*“Just someone to teach us what we could do at home together, when we have time. And to teach the young mothers parenting skills.” (Mother D)*

#### 3.4.4.3 SUB-THEME 4.3: NEED FOR CONTACT WITH OTHER THROUGH THERAPEUTIC INTERVENTION

The mothers from this study expressed the need for individual, group and family counselling sessions. Plummer and Eastin (2007b:1069) and Gil (2006:67) notes the importance of providing support and guidance to mothers of sexually abused children. One of the ways that the mother could be supported is through participating in a support group, which could either be psycho educational or purely supportive in nature. In both types of groups mothers are given the opportunity to meet with others who have been through a similar experience as them.

Gil (2006:67) notes that parents often feel empowered through broadening their knowledge on sexual abuse and this helps them make and maintain important decisions and choices about the family’s needs, safety, and general functioning. Psycho educational groups with mothers of sexually abused children could help them gain knowledge about sexual abuse. The therapeutic data provided by the mothers indicated the need for individual therapy, support groups and family therapy.

*“if there should be somebody for us parents also... while they were seeing M, it would help me, it would really help me.” (Mother D)*

*“... I think ya, maybe if there’s other moms around who is going through this, and they need to know that they are not alone and you know that there is a place where they can share and talk and just let others know that they have also gone through this and it’s not wrong to feel that way, that I think is important.” (Mother B)*

*“I think that it would be great for parents to have a support group and speak about their feelings, how they feel and ahh.. to share it amongst parents that has experienced the same trauma that you have experienced, that will also help.” (Mother A)*

*“...counselling for the family that will be great... have counselling with the family and explaining what the victim really goes through so that the family can understand really basically what to expect and what not to expect, and what to do about it, then I think that will help the family through.” (Mother A)*

#### 3.4.4.4 SUB-THEME 4.4: NEED FOR COURT SUPPORT AND PREPARATION FOR MEDICAL EXAMINATION

The need for court preparation was seen as very important for both for the mother and the child. Mother C especially viewed the court system as being harsh and scared her daughter. The system failed to communicate the outcome of the case directly to them. Mother C found out about the outcome of the case via the alleged perpetrators mother, and by that time the perpetrator was back at home again. The study by Plummer and Eastin (2007a:784) documents the dissatisfaction experienced by mothers with professionals dealing with their child’s case, in particular the lack of communication regarding the case. Furthermore Plummer and Eastin (2007b:1063) found that mothers sensed the need to protect their children from people who were supposed to be helping them with the case. Mothers therefore need to be prepared and have knowledge of what their rights are and how the legal system works. Plummer and Eastin (2007a:784) agree that mothers needs deserve serious consideration during this stressful time. They also need to be given the opportunity to ask questions.

*“I never got a chance to ask any questions to the court or to the magistrate.” (Mother C)*

*“It’s as if they don’t care, it’s a don’t care system that we have. It’s as if nobody cares.”(Mother C)*

The mothers from this study felt that they needed to be prepared for the details of the medical examination so that they could support their children in the process.

*“So I would say ya, maybe more awareness, maybe preparation for parents what is going to happen, maybe for the child preparation, this is what the doctors is going to do, this is what they need to find, so that the child knows...” (Mother B)*

In conclusion the mothers expressed the need to receive intervention to deal with their own unfinished business and fragmented sense of self. They further expressed the need

for social support, knowledge and preparation for the medical examination of their child and the court process.

### **3.4.5 THEME 5: MOTHERS PHENOMENOLOGICAL KNOWLEDGE GAINED THROUGH FIELD EXPERIENCE**

The question “What advice would you give to mothers who are going through something similar to what you are?” was posed by the researcher as this provided insight into what the mothers felt they needed to know or hear when they first found out about their child’s abuse. The advice that the mothers offered was *“to believe in their child and to be strong”, “If your gut feeling tells you something is wrong go for it and check it out”, “they must watch out for warning signs”* and *“spend quality time with their children and talk to their children”*, and to pay close attention to changes in their child’s behaviour. The mothers further acknowledged that the road they will be travelling on will be *“painful”* with *“lots of tears”* but it is *“not a hopeless road”* and *“they mustn’t give up because it gets better with time”*.

### **3.5 SUMMARY OF FINDINGS OF STUDY**

The main themes of this study indicated that disclosure of sexual abuse has an immediate impact on the mother’s whole sense of self, no part of themselves is left unaffected by their child being hurt. The mothers experience emotions similar to a bereavement process and blame themselves for the abuse taking place. The mothers further take on the responsibility to protect and support their child and the family through the chaos that is created by the abuse.

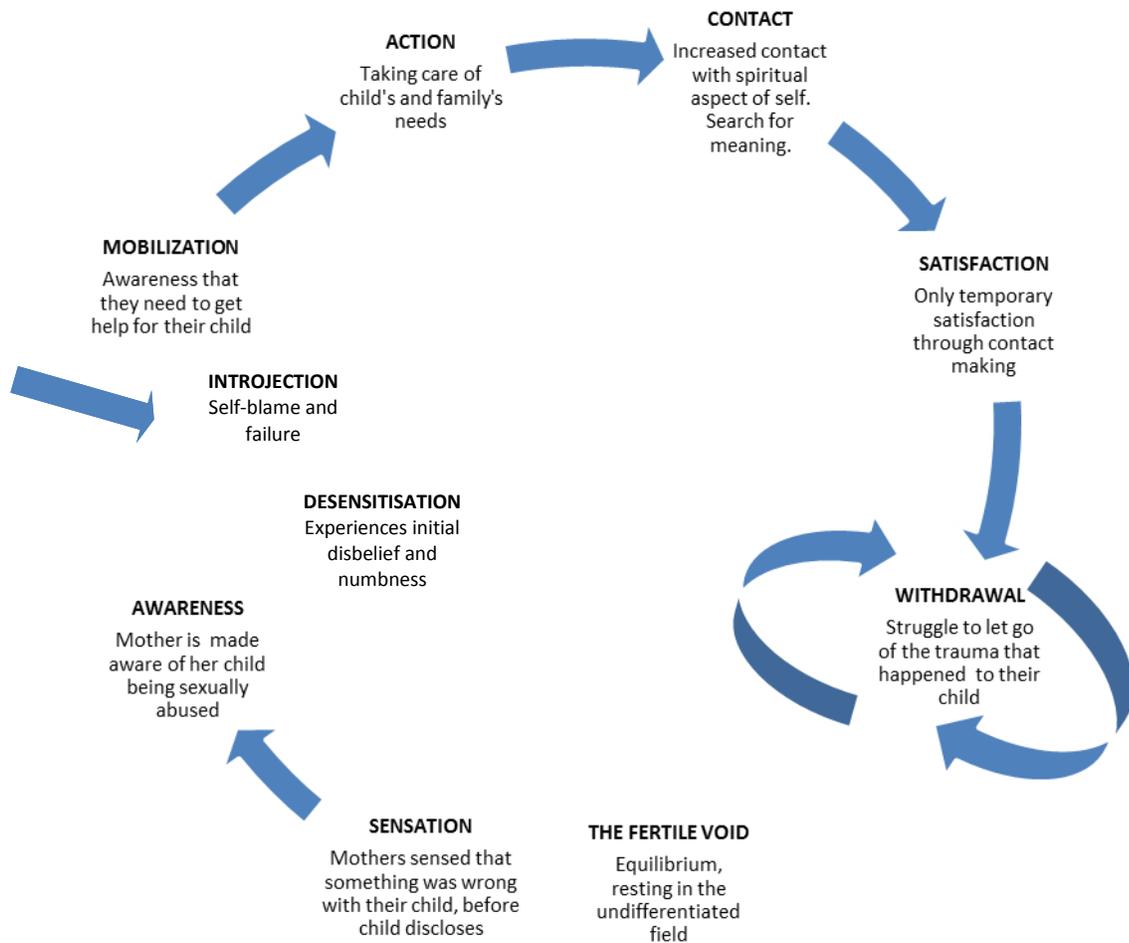
The Gestalt cycle of experience for mothers of sexually abused children may take the following form, in relation to the summary of the findings of this study (refer to diagram 3.1).

The sensation phase starts when the mother either senses that something is wrong with their child, or when a disclosure is made to them. This brings about to the mothers awareness that their child was harmed. The awareness of the disclosure brings about

initial feelings of disbelief, shock and numbness causing a block at the boundary from the inside, resulting in initial desensitization. For one of the mothers in this study the disclosure of her child's abuse led to her denying that it occurred for a year. The majority of the findings of this study showed that the disbelief was only temporary, before the mothers went into action phase to protect their child. The need to protect their child becomes the mothers foreground need. This need to protect brings the mother into contact with the polarity and introjects that they could not protect their child from being abused. In an attempt to restore the equilibrium, the mothers place the needs of their child and their family before their own. The mother's emotional energy is also spent on trying to create meaning to why their child was abused. The mothers in this study turned to their creator, to help create meaning to what happened. The meaning that they create from their child's abuse would either help or hinder closure of the Gestalt. The findings showed that some of the mothers felt as if they had committed sins and now their child is paying for it. This strengthens the self-blame that the mothers experience and hinders closure. The mothers struggle to assimilate the trauma of their child's sexual abuse. The findings of this study indicate that mothers of sexually abused children need a space to work through their unfinished business. Mothers who themselves are survivors of childhood sexual abuse also need to assimilate their own traumatic experience, as well as the secondary trauma of their child's abuse before closure could take place. The mothers of this study expressed a need for social support and dialogue with other mothers in a therapeutic setting.

The empirical study has concluded that mothers of sexually abused children experience many difficulties at the disclosure of their child's abuse that impact on their whole sense of self and they would therefore benefit from receiving intervention while their child is undergoing therapy.

**Diagram 3.1: Cycle of experience of mothers of sexually abused children**



### 3.6 CONCLUSION

This chapter provided the research methodology and empirical findings of the study. The phenomenological experiences and needs of mothers of sexually abused children were analysed using the data collected during the semi-structured interviews forming the five main themes of this study. These included the mother's phenomenological experiences of the sequence of disclosure, their awareness of the impact of their child's sexual abuse on their holistic sense of self, their intra and interpersonal contact making styles, their needs to facilitate a healthy sense of self and lastly their phenomenological knowledge gained

through their field experience. The research findings were recorded and verified against relevant literature, and a summary of the data was provided. The final chapter of this study, Chapter four, will provide the conclusions, recommendations and limitations.

## **CHAPTER FOUR**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **4.1 INTRODUCTION**

The aim of this study was to explore and describe the experiences and needs of mothers of sexually abused children. This final chapter will evaluate whether the aim, objects and research question of this study, as set out in Chapter one, have been met and whether the research question has been answered. This chapter will further provide conclusions and recommendations to the themes, categories and sub-categories identified from the interviews in Chapter three. Lastly this chapter will look at the limitations of this study and provide recommendations for future research.

#### **4.2 AIM AND OBJECTIVES**

##### **4.2.1 Reaching the aim**

As stated in Chapter one the aim of this study was to explore and describe the experiences and needs of the mothers of sexually abused children, post-disclosure and once their child is undergoing therapy. This research could be seen as a pilot study for future development in an intervention programme for mothers of children who have been sexually abused. The data was collected by conducting semi-structured interviews with a sample of five mothers as well as field and theoretical notes formed the data for this study. These findings are presented in Chapter three. The researcher was able to gain first-hand knowledge and insight into the emotional, spiritual, interpersonal, educational and therapeutic experiences and needs of mothers of sexually abuse children.

The data that merged from the interviews was analysed and the literature control made it possible for a comparison to be carried out between the findings and the existing theory on the subject.

## **4.2.2 Reaching the objectives**

The aim of the study was reached through the objectives set out in Chapter one. In the next section the researcher will list each objective and describe how it was met.

### **4.2.2.1 Objective 1**

- To provide a conceptual framework on the theoretical concepts of Gestalt therapy theory and literature in the field of sexual abuse.

Chapter two served as a conceptual framework providing literature on the theoretical concepts of Gestalt therapy theory and a review of the literature on the effects of sexual abuse on the mother and child, highlighting the impact that the disclosure of sexual abuse has on the mother. Chapter two met the first objective of the study and further provided the reader with a basic understanding of the concepts relevant to the research findings, which provided a background to the empirical study.

### **4.2.2.2 Objective 2**

- To conduct an empirical study by means of collecting evidence through semi-structured in-depth interviews with a sample of mothers whose children have been sexually abused and to conduct data analysis by examining, categorizing, and conducting a literature control.

Objective 2 was met through conducting semi-structured interviews with five mothers of children who have been sexually abused, and whose child was receiving counselling at an NGO specialising in the treatment of sexually abused children. These interviews were video recorded and then transcribed into text. The researcher's observations were recorded in field notes, in the form of observation and theoretical notes. The data was analyzed by examining the transcriptions and categorizing the findings into themes, sub-themes and categories. The themes were then tested and verified against existing literature. Chapter three documented the data gathering and analysis process, it further provided a summary of direct quotations from the semi-structured interviews conducted with the mothers, which were tested against existing literature. The findings presented the experiences and needs of mothers of sexually abused children from a Gestalt perspective.

#### **4.2.2.3 Objective 3**

- To provide conclusions and recommendations based on the outcomes of the study.

The last objective in this study was reached in this chapter by providing conclusions and recommendations based on the outcomes of this study.

It could be concluded that the aim and objectives of the study were reached.

### **4.3 CONCLUSIONS REGARDING THE RESEARCH QUESTION**

The following research question directed this study:

- What are the experiences and needs of mothers of sexually abused children?

The researcher is of the opinion that the research question was answered successfully through the experiences and needs of mothers of sexually abused children being explored and described with the utilization of the instrumental case study research strategy within the qualitative approach. Semi-structured interviews with the mothers provided the researcher with an understanding to the emotional experiences of the mothers after the disclosure of their child's sexual abuse and the needs that the mothers have in order to help them cope with their child's abuse. The semi-structured interviews provided the mothers with the opportunity to express how they feel and what they need to manage, thereby allowing them to have their voices heard. The mothers in the study found the interviews to be cathartic, as through sharing their experiences and needs it facilitated a sense of healing (Corcoran, 2004:61). Furthermore with the use of a conceptual framework (refer to Chapter two) and a literature control (refer to Chapter three), the researcher was able to provide an understanding of the experiences and needs of mother of sexually abused from a Gestalt theoretical perspective.

## **4.4 CONCLUSIONS AND RECOMMENDATIONS REGARDING THEMES THAT WERE IDENTIFIED DURING RESEARCH INTERVIEWS**

This study has indicated that in the treatment of sexually abused children, there is also a need to not only treat the traumatised child, but to also provide the mother with treatment and support. The results of the empirical study can be summarized in the following conclusions that emerged from the five themes.

### **4.4.1 Theme 1: Mothers phenomenological experience of the sequence of Disclosure**

Disclosure signifies the start of the secondary trauma experienced by mothers of sexually abused children, and the start of the cycle of a new experience that they struggle to bring to closure. This knowledge that their child has been sexually abused has an immediate negative impact on the mother's field and their sense of self. When the mothers discover that they were not the first person who the child disclosed to, it strengthens the negative polarity within the self, whereby the mother organizes beliefs about themselves according to who the child disclosed to first. The mothers experience feelings of relief and were glad that the abuse was out and that it was stopped. On the other side of this continuum the mothers struggle with the stronger negative polar feelings evoked by the shocking news of having had no power to have protected their child from being sexually abused. The mother attempts to self-regulate by trying to find meaning to the question of why this had happened to their child and why their child did not come to tell them first. The process of self-regulation is hindered due to the strong negative polarities in the self being formed, whereby the mother further questions their parenting skills (as seen in sub-theme 3.2) and their ability to be a good parent. The mothers of this study experienced a sense of failure in being a mother. Accompanied with feelings of devastation, being hurt themselves, sadness, a need to cry, a sense of powerlessness and helplessness in not being able to protect their child against what had happened.

#### **4.4.1.1 Recommendations**

- Professionals working in the field of child sexual abuse need to be aware of the initial shock and deep emotional pain that the disclosure of sexual abuse has on the

mother and be cognizant of the fact that the mothers needs support along with their child.

- When mothers are not the first person who the child discloses to, it should be explained to the mothers that children most of the time do not disclose directly to their parents, thereby trying to reduce some of the self-blame that the mothers experience. This fact needs to be included in prevention and awareness workshops, educating adults on the sequence of disclosure of child sexual abuse. Furthermore in individual or group work programs with mothers, self-blame needs to be explored to restore the balance and healthy organismic self-regulation.
- Mothers need a safe containing space where they could start working through the polarities and internalized 'shoulds' that they experience in their sense of self.
- It would be beneficial if mothers have a supportive person in their life with them when they hear about the abuse, and who could support them throughout the process.

#### **4.4.2 Theme 2: Awareness of the impact of the child's abuse on mother's holistic sense of self**

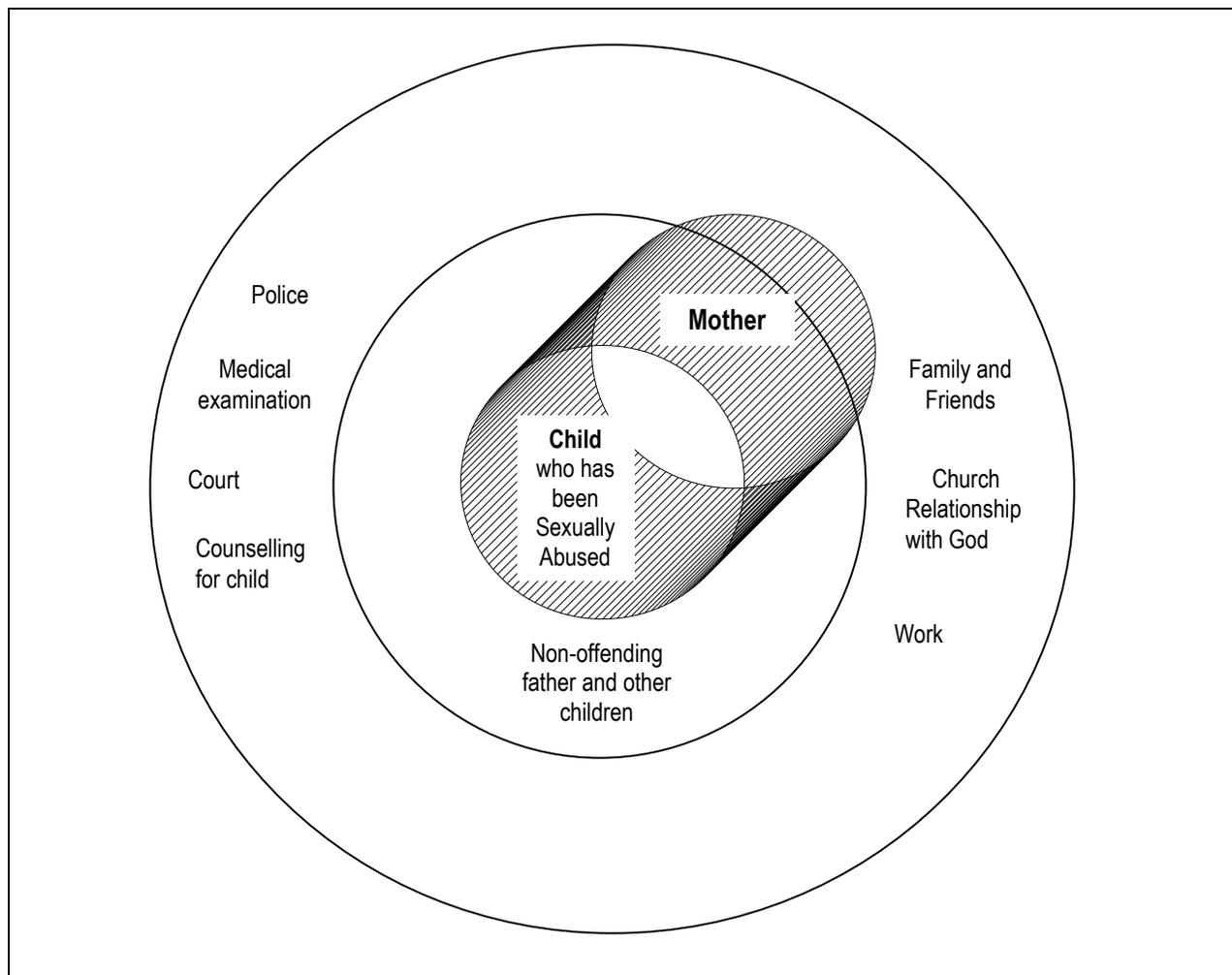
The mothers in this study displayed an awareness that their child's abuse had a profound impact on the way that they viewed themselves and the world. The disclosure of their child's abuse permeated all levels of their sense of self, their emotional, cognitive, physical, social and spiritual sense of self. This awareness that the mothers displayed indicated that their child's abuse has an impact on their sense of self and that the child's abuse cannot be viewed in isolation as only having an impact on the child.

The mothers feelings towards self encompassed both behavioural and characterological self-blame (refer to category 2.1.1). Self-blame is evident in the experience of mothers of sexually abused children as it is one of the strategies utilised to create meaning to why the sexual abuse of their child occurred and why they did not pick up on the signs and symptoms in their child. Field theory supports this need for individuals to make sense of what is happening in their environment and to have an understanding of "how the world is organized, how it works, how to observe this organization, and how change happens" (Parlett, 2005:84). This self-blame that mothers experience as noted in the theme above

impacts on the healthy functioning of the self and on the mother's ability to self-regulate in a healthy manner.

The mothers experience of their child's trauma will thus significantly contribute to the mother's experience of self and the way in which they make contact with themselves and their environment. They struggle to separate what had happened to their child from their sense of self. They experience a confluence in their emotions. They feel the same traumatic stressors as their child post-disclosure, and they are both at risk for subsequent adjustment difficulties (Grosz *et al.*, 2000; Manion *et al.*, 1998). Plummer (2006:1228), Brohl and Potter (2004:87) and Hagood (2000:120) notes that mothers suffer from feelings of shock, numbness, anger, horror and fear of losing their minds when they discover that their child has been sexually abused. Based on the empirical findings and literature study, mothers of sexually abused children experience their child's abuse impacting on their sense of self due to being part of the child's field. Mothers can therefore not be viewed in isolation from their children, as the support they offer their child also has a direct impact on the child's healing process (Plummer & Eastin, 2007b:1053). Diagram 4.1 depicts the confluence that takes place and how the abuse has an impact on the mother's whole field as well as bringing the mother into contact with the legal system and others systems in the field that she was not previously directly part of, before the child disclosed.

**Diagram 4.1: Relational field of Mothers of Sexually Abused Children**



#### **4.4.2.1 Recommendation**

- The researcher strongly recommends that agencies working with sexually abused children also provide mothers with a few sessions of counseling dealing with the immediate foreground concerns of the mother.

#### **4.4.3 Theme 3: Contact**

This study found that mothers who themselves were victims of childhood sexual abuse were brought into contact with their memories of their own abuse after their child had disclosed. For all of the mothers in this study they found that their thoughts were consumed with what had happened to their child, for them to temporarily restore the balance they made use of deflection, such as keeping busy with knitting, gardening and

sewing. Furthermore the mothers found it important to connect with others and engage in dialogue, along with holding on to the positive polarity of hope.

#### **4.4.3.1 Recommendations**

- Mothers who themselves were sexually abused as children need to receive therapy to help them deal with their own unfinished business related to their abuse. Therapists working with children who have been sexually abused need to enquire about the mother's history of abuse so that the mother could also receive help while her child is undergoing therapy.
- Therapists need to provide the mothers with some sense of hope to hold onto to help them through this process.

#### **4.4.4 Theme 4: Awareness of needs expressed by mothers to facilitate a healthy sense of self**

The needs expressed by the mothers in this study were that they needed therapeutic intervention, knowledge on how to parent and emotionally contain their child who has been sexually abused. Mothers also need information on the medical examination process that will be done on their children so that they could provide support to their child. Court preparation is also need where mothers are prepared and informed of the process to follow. Mothers found it important to have a supportive adult in their life, someone who would acknowledge their feelings and support them through the difficult times.

##### **4.4.4.1 Recommendation**

- Practitioners who work in the field of child sexual abuse need to be aware of the psychological trauma and emotional distress that the mother of a child who has been sexually abused experiences.
- Mothers of sexually abused children needs to receive individual or group therapy to help provide them with a space to come to terms with their own feelings related to their child's abuse, as well as providing them with a safe place to ventilate their feelings. The findings of the above themes could be utilized in the development of an intervention plan to help assist mothers of sexually abused children, Dyb *et al.* (2003:947) concurs. Krusek, Vitanza, and Salsman (2007:306) view the first goal of

psycho educational groups with parents is informing them about the typical stress reaction that corresponds with the child's particular developmental stage, secondly to attend to signs and symptoms of maladaptive coping in order to assist the parent to identify the need for intervention. And lastly to help the parents to support their child's adaptive response to the trauma. Pifalo (2009:13-17) and Regehr (1990:117) suggests that an intervention strategy with mothers of sexually abused children should include the following;

- Creating and relating the trauma narrative to others
  - Identifying and processing emotions
  - Mothers require the opportunity to vent their conflicting feelings
  - Explore guilt regarding their inability to prevent the abuse
  - Mothers need assistance with regulating their over protective behaviour post disclosure
  - Mothers feelings towards he child needs to be addressed
  - Navigating the system and building coping skills
  - Identifying risks and preventing re-victimisation
  - Visualizing the future and setting goals
- 
- This study indicated that mothers find it beneficial to receive therapeutic intervention either in a support group or individually. Healing work with mothers needs to involve significant introjects being worked through and assimilated. Kepner (2003:93) believes that through the gentle exploration of the nature and origin of the beliefs, and by providing them with a differentiating experience in the here-and-now to deconstruct current beliefs held, will allow for an expanded range of acceptable feelings.
  - From this study it could be established that mothers needs to have knowledge on the signs and symptoms of childhood sexual abuse, as well as the reporting procedures. Mothers need this information in order to detect changes in their child's behaviour and to get help sooner for their child. Organizations who work in the field of child sexual abuse need to focus training programmes specifically for mothers to help educate and empower them. These procedures need to be put in place as a preventative tool. The mothers therefore need this information before their child

enters therapy and this information should be given to all mothers and not only to mothers of sexually abused children.

#### **4.4.5 Theme 5: Mothers phenomenological knowledge gained through field experience**

The advice that was given by the mothers was that they should educate themselves about the signs and symptoms of child sexual abuse and if they sensed that something is wrong with their child they should investigate further and trust their gut. Mothers were also advised to spend quality time with their children to strengthen that mother child bond, which would help the mother in identifying when something is wrong with her child. It is important for mothers to know that the path of being a mother of a sexually abused child is a painful one with many challenges, but it is most definitely not a hopeless one as there is healing after the trauma of sexual abuse.

##### **4.4.5.1 Recommendations:**

- Mothers words of encouragement could be put in the form of brochures or posters that other mothers could view to offer them encouragement and allowing them to not feel so alone in what they are going through. (These posters could be placed at the court, police stations, clinics/ hospitals, local libraries and therapy centres).
- Alternatively a special message box could be started at agency's who offer children help, where by the mothers each write words of affirmation and hope down in a letter, they take a letter and then place their letter in the box that they had written for another mother. The mothers could also choose if they would put their contact details down so that the mother who gets the letter could make contact with them.
- Agencies who provide counselling to children could also have a special message board for mothers with information surrounding their informational needs as stated in theme 4.2, along with a list of contact numbers of mothers (in different communities) who have been through the process and who could offer support to other mothers. (This recommendation comes from Mother B, who was prepared to give her number out to help other mothers.)

#### **4.5 LIMITATIONS OF THIS STUDY**

There are limitations that need to be considered when interpreting the findings of this study. This study consisted of a small sample of five mothers, which limits the generalizability of the findings to other samples. This study only focused on the mother as the unit of analysis and therefore did not include non-offending fathers and siblings, similarly if the child's abuse had impacted on the mothers sense of self, it would also have an impact on the non-offending fathers and siblings in the child's field.

A shortcoming in this study could be that it did not specify between intrafamilial and extrafamilial sexual abuse. As mothers may have different experiences and needs when intrafamilial abuse has taken place as compare to mothers where extrafamilial abuse has taken place. One of the needs expressed by two of the mothers where intrafamilial abuse had taken place was the need to have a good man as support. This therefore provides a gap for future research to focus specifically on one of these types of abuse and to determine whether the needs are different for mothers when extrafamilial abuse has taken place compared to intrafamilial abuse.

#### **4.6 FUTURE RESEARCH POSSIBILITIES**

Based on the findings of this study the following areas for future research possibilities could be explored:

- This study focused on gaining knowledge on the phenomenological experiences of mothers of sexually abused children and serves as a pilot study for future research with emphasis on therapeutic interventions for mothers.
- This study highlighted the fact that the mothers of children who have been sexually abused are impact by their child's abuse, as the child is part of the mother's field. Similarly the siblings and non-offending father's are also part of the child's field. The non-offending father is often forgotten about, in the healing process, due to the fact that many times the father or males in the child's life are the alleged perpetrator. There is however still a portion of non-offending fathers who are also affected by

their child being sexually abused. This could be a research opportunity to explore what the experiences and needs of non-offending fathers are.

- The researcher strongly believes that the impact of the sexual abuse is far greater than only impacting on the sexually abused child as other family members are also traumatised. For holistic healing to take place it would be recommended that the family receives therapy as a whole and not only the child victim. This therefore opens the door for future research in the area of family therapy and researching a model for family play therapy where there has been sexual abuse.
- Another research opportunity is to explore the changes in family dynamics after the disclosure of sexual abuse, as do family members start to take on different roles to try and compensate for the abuse that has taken place?
- Further research could be conducted on the effects of the court process on the parents, with special focus on how the outcome of the court case effects the parents. Another gap in service delivery to parents is in the area of court preparation and education. This provides the opportunity for further research to be conducted in developing a court preparation program preparing and educating parents for when they need to testify, as well as educating them on the legal system.

#### **4.7 CONCLUDING STATEMENT**

This study has explored and described the experiences and needs of mothers of sexually abused children, thereby providing a deeper understanding to the phenomenological experiences of a mother whose child has been sexually abused. This understanding and knowledge gained, indicates that mothers holistically experience many difficulties post their child's disclosure and they too need and want support to restore the imbalance caused by their child's abuse. The findings of this study could be utilized in the development of intervention strategies to support mothers of sexually abused children. This study has further highlighted the importance of including mothers in the treatment plan, when the child receives counselling.

The researcher was a Social Worker at the NPO and found the information gained through this study useful as it provided a deeper knowledge to the experiences of mothers and highlighted the importance of providing mothers with support, as it would benefit themselves as well as their child. Aspects of the feedback of this study were implemented during completion of the study. A support group for mothers was started and a family engaged in family play therapy sessions together.

## **APPENDIX 1: INFORMATION ON STUDY**

### **Title of the research project:**

### **EXPERIENCES AND NEEDS OF MOTHERS OF SEXUALLY ABUSED CHILDREN: A GESTALT PERSPECTIVE**

**Name of Researcher:** Lee-Anne K. Jones

**Qualification:** BSocSc (Honours) in Clinical Practice in Social Work (UCT)

This research project is in part fulfilment of the Magister  
Diaconologiae (Play Therapy) Degree.

### **Aim:**

The aim of this study is to explore and describe the experiences and needs of mothers of sexually abused children. This research could be seen as a pilot study for future research and development in an intervention programme for mothers of sexually abused children.

### **Procedure:**

Semi-structure interviews will be conducted with mothers of sexually abused children. The interviews will be video-recorded as part of the data collection process.

### **Confidentiality:**

To ensure confidentiality during the study, only pseudo-names in the form of alphabet letters will be used in documenting the findings.

### **Participation and withdrawal:**

Participation in this study is voluntary. A participant is free to withdraw from the study at any time. The researcher may also discontinue the study if she feels that it is in the best interest of the participant. The researcher will further not hold any prejudice against any participant who wishes to withdraw.

**Payment for participation:**

It should be noted that this study is conducted for academic purposes only and there will be no remuneration for participation.

**Identification of investigator:**

If you have any questions or concerns about the research study, please feel free to contact:

Student: Lee-Anne K. Jones - 021 762 8198

Study Leader: Colleen Potgieter - 082 338 5900

Manager of the NGO: Tina Fourie - 021 762 8198

## APPENDIX 2: PARTICIPANT CONSENT FORM

### Consent Form:

I \_\_\_\_\_ agree to participate in an interview about my experience and needs as a mother after finding out that my child has been sexually abused. The interview is part of a research study which looks at the experiences and needs of mothers whose child has been sexually abused.

I have been informed about the following aspects regarding confidentiality:

- A pseudo-name will be utilised by the researcher to ensure confidentiality;
- Debriefing will be provided after the research interview has been conducted (if needed) to allow me to work through the experience of participating in the research and to give me the opportunity to clarify any misperceptions;
- I will have the opportunity to receive further counselling from a counsellor if needs be;
- All video- tape recordings and documents will be stored in a filing cabinet and only the researcher will have access to them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **APPENDIX 3: SEMI-STRUCTURED INTERVIEW SCHEDULE**

1. Provide a brief history to the abuse and who the abuser is (during this question researcher needs to watch the body language of the mother as it will give added information into the mother's ability to deal with hearing and speaking about her child's abuse.)
2. Can you tell me a bit about who your child told first about the abuse?
3. Tell me about your reactions when you first heard about it (thoughts, feelings, behaviour)?
4. What happened after the disclosure? (Explore the process of reporting, going to court and parenting the child and how the mother dealt with this.)
5. What effect did this have on your life and the way that you view yourself? (Explore internal messages, whether there is blaming of self or of the child.)
6. What difficulties have you experienced since the disclosure?
7. What effect has this disclosure had on the family?
8. Explore whether mother is a survivor and if she is how this has affected her?
9. Tell me about your support structure? (Explore whether there was support from the family, friends and work)
10. Are you receiving any therapy to support you?
11. Do you feel that it is also important for you to receive some form of therapy while your child is being seen?
12. Explore what support a mother may need in order for her to deal with her child's abuse?
13. What advice would you give to mothers who are going through something similar to what you are?

## **APPENDIX 4: SAMPLE OF FIELD NOTES**

### **Mother A:**

This mommy seemed to be well poised, and appeared to have everything all sorted. What stands out for me in this case is that this mommy suspected that something was wrong and there was also signs of sexual abuse, but in the beginning she could not put her finger on what was wrong with her child. The child also kept it a secret.

The sexual abuse had a negative impact on this family and cause further rivalry between the siblings as the father would take the child victim's side. There was a need for this father to be over protective.

This mother seemed to have many supportive things in place to take her mind off what had happened to her daughter like gardening. This mommy continually thought about what had happened, after the disclosure it also had a negative impact on her being intimate with her husband, she would get flashback of her daughter.

### **Mother B:**

The utter devastation that she had experienced and this powerful knowledge that the rape of her daughter had impacted on her and her own family. The sadness that this mother experiences stands out for me. She had to push the video camera aside so that it did not focus on her when she became emotional. It made her feel uneasy.

Even though this mom says she gets support from her husband, the rape of her daughter has seemed to impact on their marriage.

This mom still has so much heart ache and unfinished business related to her own childhood sexual abuse, along with past traumatic experiences e.g., the car accident.

The hurt that this mom experienced when her daughter did not disclose to her first, as she thought she had a strong relationship with her daughter, really hurt her.

How this mother had experience the medical examination as unpleasant on behalf of her daughter.

The hope that this mom has – she was truly inspirational.

This mom had the need to connect with other mom's and to help them through what she was going through.

**Mother C:**

The anger that this mom had was overflowing. She was particularly angry with the way that the court process works. I observed this in her body language and tone of voice during the interview. The utter devastation that this mom experienced also stood out for me, as she could not believe that something like that could happen in her house.

The graphic way that this mommy spoke about her house and what happened in her house – I got a picture of the house and the dirty hand marks in my head. – I suppose that these are the graphic flashbacks that are imprinted in this mother mind, keeping her in a state of trauma.

This mom was angry at every one, the old ladies who she would care for and she was angry at her daughter. This mothers powerlessness and shame in what happened to her daughter stands out for me, and the fact that she thought that something like this would never happen in her house. She was also not sure of how she was going to tell her child's father about what had happened.

**Mother D:**

I felt the need to provide this mommy with some form of nurturing. I tried empowering this mommy to listen for the things that she needs and to obtain them. This mommy's sadness and lack of having her own mommy around stands out for me.

Her need to learn how to play with her son. I wonder if this is not a form of retroflection, as maybe she wishes that her mommy had played with her and that they had a closer relationship. There does seem to be a little D inside of her that needs nurturing.

This mommy was also sexually abused as a child.

This mommy did not believe her child the first time, and could not believe that her grandfather would do something like that to her child, as he never did anything to her. The guilt and sense of failure that this mommy felt – she repeatedly said that she does not deserve to be a mommy.

**Mother E:**

During the interview I felt this mommy's numbness and detachment from her feelings. At the end of the interview this became evident when she spoke about not being able to cry. The confusion this mommy felt in not knowing for certain who the perpetrator is, her husband or brother.

Her family is torn apart by the disclosure. She is no longer with her husband and had moved out from staying at the back with her mother. The isolation and loneliness that this mother experiences and the lack of support from her own mother has an emotional impact on her.

All this mommy wanted was the approval of her mommy, and she blames herself for her child abuse as she as was always busy. The irony of the matter was that this mom specifically stayed at home to look after her child to ensure that nothing like this would happen and then something still did.

This mommy blames herself for not seeing the signs in her child.

This mommy wants to be part of a group, so that she does not feel like she is going crazy. She has a need to have her feelings normalized.

**Thoughts after all the interviews:**

Being a mom is and exceptionally hard and painful job. I feel like these mom have experienced as much pain and trauma as what their child has experienced. The children are getting help by coming for counselling, but these moms are still walking around with the pain and anger. After the interviews I felt like I wanted to provide each mom with as much support before they left. I think that the interviews were useful to the mothers as it provided them with a space to debrief. Even though I had read about the impact of child sexual abuse on the mother on exploring it further, I seem to think that it permeates the mother's life on all levels. There is almost no words to describe the devastation that these moms experience.

I am left with wanting to say a prayer, "Lord, if I am blessed with children, please protect me against going through this".

The powerlessness and lack of control that a mother has to protect her child, if there is a perpetrator and he wants to abuse your child, he is going to find a way to do it.

I am humbled and thank-full for the sharing by these amazing ladies. There is no doubt in my mind, that mothers (and immediate family members) should be included in the treatment of the sexually abused child. Mothers need support and a lot more education needs to be given to communities on child sexual abuse and the medical and court procedures.

## APPENDIX 5: DMS-IV-TR CLASIFICACION OF TRAUMA

### DMS-IV-TR CLASIFICACION OF TRAUMA:

A. A person has been exposed to a traumatic event in which both of the following were present:

(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of **self or others**

(2) the person's response involved intense fear, helplessness, or horror

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

(1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

(2) recurrent distressing dreams of the event. **Note:** In children, there may be frightening dreams without recognizable content.

(3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). **Note:** In young children, trauma-specific re-enactment may occur.

(4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

(5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

*C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:*

- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma*
- (2) efforts to avoid activities, places, or people that arouse recollections of the trauma*
- (3) inability to recall an important aspect of the trauma*
- (4) markedly diminished interest or participation in significant activities*
- (5) feeling of detachment or estrangement from others*
- (6) restricted range of affect (e.g., unable to have loving feelings)*
- (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)*

*D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:*

- (1) difficulty falling or staying asleep*
- (2) irritability or outbursts of anger*
- (3) difficulty concentrating*
- (4) hypervigilance*
- (5) exaggerated startle response*

*E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.*

*F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.*

*Specify if:*

**Acute:** *if duration of symptoms is less than 3 months*

**Chronic:** *if duration of symptoms is 3 months or more*

*Specify if:*

**With Delayed Onset:** *if onset of symptoms is at least 6 months after the stressor*

## BIBLIOGRAPHY

American Psychiatric Association. 2000. *Diagnostic and Statistical Manual of Mental Disorders*. (4<sup>th</sup> Ed.) American Psychiatric Association.

Babbie, E. 2002. *The Basics of Social Research*. 2<sup>nd</sup> Ed. Belmont: Thomas Wadsworth.

Babbie, E. 2004. *The Practice of Social Research*. United States of America: Wadsworth.

Babbie, E. 2005. *The Basics of Social Research*. 3<sup>rd</sup> Ed. Belmont: Thomas Wadsworth.

Babbie, E. & Mouton, J. 2001. *The Practice of Social Research*. Cape Town: Oxford University Press Southern Africa.

Bannister, A. 1998. *From Hearing to Healing: Working with the Aftermath of Child Sexual Abuse*. 2<sup>nd</sup> Ed. Chichester: John Wiley & Sons.

Banyard, V.L., Englund, D.W. & Rozelle, D. 2001. Parenting the Traumatized Child: Attending to the needs of Non-offending Caregivers of Traumatized Children. *Psychotherapy: Theory, Research, Practice, Training*. 38(1):74-78.

Barber, P. 2006. *Becoming a Practitioner-Researcher: A Gestalt Approach to Holistic Inquiry*. London: Middlesex University Press.

Barnes, M.F. 2005. When a Child is Traumatized or Physically Injured: The Secondary Trauma of Parents. In Catherall, D.R. 2005. *Family Stressors: Interventions for Stress and Trauma*. New York: Brunner-Routledge.

Bass, E. & Davis, L. 1988. *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*. London: Vermilion.

- Bless, C., Higson-Smith, C. & Kagee, A. 2006. *Fundamental of Social Research Methods: An African Perspective*. 4<sup>th</sup> ed. Cape Town: Juta & Co. Ltd.
- Blom, R. 2004. *Handbook of Gestalt Play Therapy: A Practical Guide for Child Therapists*. Bloemfontein: R. Blom.
- Brewin, C.R. 2003. *Posttraumatic Stress Disorder: Malady or Myth?* London: Yale University Press.
- Briere, J. & Scott, C. 2006. *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation and Treatment*. California: SAGE Publications, Inc.
- Brohl, K. & Potter, J. 2004. *When your child has been molested: A Parents' Guide to Healing and Recovery*. San Francisco: Jossey-Bass.
- Brownell, P. 2010. *Gestalt Therapy. A Guide to Contemporary Practice*. Springer Publications Company: New York.
- Catherall, D.R. 2004. *Handbook of Stress, Trauma and the Family*. New York: Brunner-Routledge.
- Catherall, D.R. 2005. *Family Stressors: Interventions for Stress and Trauma*. New York: Brunner-Routledge.
- Celano, M., Hazzard, A., Webb, C. & McCall, C. 1996. Treatment of Traumagenic Beliefs Among Sexually Abused Girls and Their Mothers: An Evaluation Study. *Journal of Abnormal Psychology*. 24(1):1-17.
- Chaiklin, H. & Chaiklin, S. 2004. The Case Study. In Cruz, R. F. & Berrol, C. F. 2004. *Dance/ Movement Therapists in Action: A Working Guide to Research Options*. USA: Charles C Thomas Publisher, LTD.

- Clarkson, P. & Mackewn, J. 2006. *Fritz Perls*. London: SAGE Publications Ltd.
- Clarkson, P. 2004. *Gestalt Counselling in Action*. London: SAGE Publications.
- Cohen, A. 2002. Gestalt Therapy and Post-Traumatic Stress Disorder: The Potential and Its (lack of) Fulfillment. *Gestalt!* 6(1): 1-5.
- Conolly, J. 2003. Silent Victims: The families of sexually abused children. *Child Sexual Abuse: Justice Response or Alternative Resolution Conference convened by the Australian Institute of Criminology*. 1-2 May 2003, Adelaide.
- Corcoran, J. 2004. Treatment Outcome Research with Non-Offending Parents of Sexually Abuse Children: A Critical Review. *Journal of Child Sexual Abuse*. 13(2): 59-84.
- Creswell, J.W. 1998. *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. London: SAGE Publications.
- Creswell, J.W. 2003. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 2<sup>nd</sup> ed. California: Sage Publications.
- Crocker, S.M. & Philippon, P. 2005. Phenomenology, Existentialism, and Eastern Thought in Gestalt Therapy. In Woldt, A.L. & Toman, S.M. 2005. *Gestalt Therapy: History, Theory and Practice*. Thousand Oaks: SAGE Publications.
- Crump, L.D. 1984. Gestalt Therapy in the Treatment of Vietnam Veterans Experiencing PTSD Symptomatology. *Journal of Contemporary Psychology*. 14 (1): 90-98.
- Cyr, M., Wright, J., Toupin, J., Oxman-Martinez, J., McDuff, P. & Thériault, C. 2003. Predictors of maternal support: the point of view of adolescent victims of sexual abuse and their mothers. *Journal of Child Sexual Abuse* 12 (1): 39-65.
- Davies, M.G. 1995. Parental Distress and Ability to Cope Following Disclosure of

Extra-Familial Sexual Abuse. *Child Abuse & Neglect*. 9 (4): 399-408.

Delport, C.S.L. & Fouché, C.B. 2005. The Place of Theory and the Literature Review in the Qualitative Approach to Research. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2005. *Research at Grass Roots for the Social Sciences and Human Service Professions*. 3<sup>rd</sup> ed. Pretoria: Van Schaik Publishers. 261-265.

De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2005. *Research at Grass Roots for the Social Sciences and Human Service Professions*. 3<sup>rd</sup> ed. Pretoria: Van Schaik Publishers.

De Vos, A.S. 2005. Qualitative data analysis and interpretation. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2005. *Research at Grass roots: For the Social Sciences and Human Service Professionals*: 3<sup>rd</sup> Ed. Pretoria: Van Schaik Publishers. 333-348.

De Vos, A. S. 2005. Combined quantitative and qualitative approach. In De Vos, A. S., Strydom, H., Fouché, C. B. & Delport, C. S. L. 2005. *Research at Grass Roots: For the Social Sciences and Human Service Professions*: 3<sup>rd</sup> Ed. Pretoria: Van Schaik Publishers. 357-365.

Dyb, G., Holen, A., Steinberg, A.M., Rodriguez, N. & Pynoos, R.S. 2003. Alleged Sexual Abuse at a Day Care Center: Impact on Parents. *Child Abuse & Neglect*, 27: 939-950.

Elliott, A.N. & Carnes, C.N. 2001. Reactions of Non-Offending Parents to the sexual Abuse of Their Child: A Review of the Literature. *Child Maltreatment*. 6(4):314-331.

Evans, K. 2007. Living in the 21<sup>st</sup> Century: A Gestalt Therapist's Search for a New Paradigm. *Gestalt Review* 11(3): 190-203.

Fall, K.A., Holden, J.M., & Marquis, A. 2004. *Theoretical models of counselling and psychotherapy*. New York: Brunner-Routledge.

Figgess, S. 2009. Working with Trauma. A journey towards integration: Gestalt and EMDR. *British Gestalt Journal*. 18(1): 34-41.

Flick, U. 2009. *An Introduction to Qualitative Research*. 4<sup>th</sup> ed. London: SAGE Publications Ltd.

Fouché, A. & Yssel, J.M. 2006. Plat Therapy with the sexually Abused Child. In Spies, G. M. 2006. *Sexual Abuse: Dynamics, Assessment & Healing*. Pretoria: Van Schaik Publishers.

Fouché, C.B. 2005. Qualitative Research Designs. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpport, C.S.L. 2005. *Research at Grass roots: For the Social Sciences and Human Service Professionals*. Pretoria: Van Schaik Publishers. 267-272.

Fouché, C.B. & Delpport, C.S.L. 2005. Introduction to the Research Process. In De Vos, A.S., Strydom, H., Fouché, C. B. & Delpport, C.S.L. 2005. *Research at Grass roots: For the Social Sciences and Human Service Professionals*. Pretoria: Van Schaik Publishers. 71-85.

Fouché, C.B. & De Vos, A.S. 2005. Problem Formulation. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpport, C.S.L. 2005. *Research at Grass roots: For the Social Sciences and Human Service Professionals*. Pretoria: Van Schaik Publishers. 100-110.

Fourie, C. 2007. *Guidelines for Supporting the Sexually Abused Adolescent who Testifies in Court*. Unpublished MDIAC thesis. University of South Africa.

Fox, W. & Bayat, M.S. 2007. *A guide to managing research*. Cape Town: Juta & Co. Ltd.

Frazao, L.M. 1999. Healthy and unhealthy functioning and process-oriented diagnostic thinking. *Gestalt!* Vol 3 (3)

Available: [www.g-g.org/gej](http://www.g-g.org/gej)

(Accessed on: 14/12/2005)

Gill, E. 1991. *The Healing Power of Play: Working with Abused Children*. New York: The Guilford Press.

Gil, E. 1996. *Treating Abused Adolescents*. New York: The Guilford Press.

Gil, E. 2006. *Helping Abused and Traumatized Children: Integrating Directive And Nondirective Approaches*. New York: The Guilford Press.

Goodman-Brown, T.B., Edelstein, R.S., Goodman, G.S., Jones, D.P.H. & Gordon, D.S. 2003. Why children tell: a model of children's disclosure of sexual abuse. *Child Abuse & Neglect*, 27: 525-540.

Greeff, M. 2005. Information Collection: Interviewing. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2005. *Research at Grass roots: For the Social Sciences and Human Service Professionals*. Pretoria: Van Schaik Publishers. 274-285.

Green, A.H., Coupe, P., Fernandez, R. & Stevens, B. 1995. Incest Revisited: Delayed Post-traumatic Stress Disorder in Mothers Following the sexual Abuse of their Children. *Child Abuse & Neglect*, 19(10):1275-1282.

Grosz, C.A., Kempe, R.S. & Kelly, M. 2000. Extrafamilial Sexual Abuse: Treatment for Child Victims and Their Families. *Child Abuse & Neglect*. 24(1): 9-23.

Hagood, M.M. 2000. *The use of art in counselling children and adult survivors of sexual abuse*. London: Jessica Kingsley Publishers

Hershkowitz, I., Lanes, O. & Lamb, M.E. 2007. Exploring the Disclosure of Child Sexual Abuse with Alleged Victims and their Parents. *Child Abuse & Neglect*, 31: 111-123.

Hiebert-Murphy, D. 1998. Emotional Distress Among Mothers Whose Children Have Been Sexually Abused: The Role of a History of Child Sexual Abuse, Social Support, and Coping. *Child Abuse & Neglect*, 22(5): 423-435.

Hiebert-Murphy, D. 2000. Factors Related to Mothers' Perceptions of Parenting Following their Children's Disclosures of Sexual Abuse. *Child Maltreatment*, 5(3): 251-260.

Herman, J.L. 1997. *Trauma and Recovery: From Domestic Abuse to Political Terror*. London: Pandora.

Houston, G. 2003. *Brief Gestalt Therapy*. London: SAGE Publications Ltd.

Jackson, J.C. 2008. *Forgotten Victims: Mothers of Sexually Abused Girls*. DPhil Dissertation, Capella University.

Jacobs, L. 1989. Dialogue in Gestalt Theory and Therapy. *The Gestalt Journal*, 12(1): 1-25.

James, B. 1996. *Treating Traumatized Children: New Insights and Creative Interventions*. New York: The Free Press.

Joyce, P. & Sills, C. 2001. *Skills in Gestalt Counselling & Psychotherapy*. London: SAGE Publications.

Joyce, P. & Sills, C. 2010. *Skills in Gestalt counselling & psychotherapy*. 2<sup>nd</sup> Ed. London: Sage Publications.

Kaminer, D. & Eagle, G. 2010. *Traumatic Stress in South Africa*. Johannesburg: Wits University Press.

Karp, C. L. & Butler, T. L. 1996. *Treatment Strategies for Abused Children: From Victim to Survivor*. London: SAGE Publications.

Kepner, J.I. 2001. *Body Process. A Gestalt approach to working with the body in Psychotherapy*. New York: Gestalt Press.

Kepner, J.I. 2003. *Healing Tasks. Psychotherapy with adult survivors of childhood abuse*. New York: The Analytic Press.

Kirmayer, L. J., Lemelson, R. & Barad, M. 2007. Introduction: Inscribing trauma in culture, brain, and body. In Kirmayer, L. J., Lemelson, R. & Barad, M (eds.). *Understanding trauma: Integrating biological, clinical and cultural perspectives*. New York: Cambridge University Press. 1-20.

Kirchner, M. 2000. Gestalt Therapy Theory: An Overview. *Gestalt!* 4(3).[0]. Available: <http://www.g-gej.org/4-3/theoryoverview.html>  
(Accessed on: 10/02/2006)

Knauer, S. 2000. *No Ordinary Life: Parenting the Sexually Abused Child and Adolescent*. Springfield: Charles C Thomas Publisher Ltd.

Korb, M.P., Gorrell, J. & Van De Riet, V. 2002. *Gestalt Therapy Practice and Theory*. Gouldsboro: Gestalt Journal Press.

Lafir, K. 2000. *Review of the Literature Regarding Nonoffending Caregivers of Sexually Abused Children: An Emphasis on Parallel Group Treatment*. Doctoral Research Paper. Biola University.

Lampert, R. 2003. *A Child's Eye View. Gestalt therapy with Children Adolescents and Their Families*. New York: Gestalt Journal Press.

Latner, J. 1986. *The Gestalt Therapy Book*. Highland, NY: The Gestalt Journal Press, Inc.

- Latner, J. 2000. The Theory of Gestalt Therapy. In Nevis, E. C. 2000. *Gestalt Therapy: Perspectives and Applications*. Cambridge: Gestalt Press.
- Lewin, L. & Bergin, C. 2001. Attachment Behaviours, Depression, and Anxiety of Non-Offending Mothers of Child Sexual Abuse Victims. *Child Maltreatment*. 6(4): 365-375.
- Lewis, S. 1999. An Adults Guide to *Childhood Trauma: Understanding traumatised children in South Africa*. Cape Town: David Philip Publishers
- Linden, P. 1990. *Applying Being in Movement Training with Sexual Abuse Survivors*. [www.being-in-movement.com](http://www.being-in-movement.com) (Accessed on 2/04/ 2007)
- Lipton, M. 1997. The Effects of the Primary Caretaker's Distress on the Sexually Abused Child: A Comparison of Biological and Foster Parents. *Child and Adolescent Social Work Journal*, 14(2): 115-126.
- LoBaido, A.C. 2001. Child-rape epidemic in South Africa: Fuelled by widespread belief that sex with virgin kills AIDS. *WorldNetDaily.com*, 26 December: 1. [http://www.wnd.com/news/article.asp?ARTICLE\\_ID=25806](http://www.wnd.com/news/article.asp?ARTICLE_ID=25806)
- Lobb, M.S. 2005. Classical Gestalt Therapy Theory. In Woldt, A.L. & Toman, S.M. 2005. *Gestalt Therapy: History, Theory and Practice*. California: Sage Publications Inc.
- Lovett, B.B. 2004. Child Sexual Abuse Disclosure: Maternal Response and other Variables Impacting the Victim. *Child and Adolescent Social Work Journal*. 21(4): 355-371.
- Mackewn, J. 1997. *Developing Gestalt Counselling*. London: SAGE Publications Ltd.
- Manion, I. G., McIntyre, J., Firestone, P., Ligesinska, M., Ensom, R. & Wells, G. 1996. Secondary Traumatization in Parents Following the Disclosure of Extrafamilial Child Sexual Abuse: Initial Effects. *Child Abuse & Neglect*. 20 (11): 1095-1109.

Manion, I., Firestone, P., Cloutier, P., Ligezinzka, M., McIntyre, J. & Ensom, R. 1998. Extrafamilial Sexual Abuse: Predicting Parenting and Child Functioning. *Child Abuse & Neglect*, 22(12):1285-1304.

Mash, E.J. & Wolfe, D.A. 2005. *Abnormal Child Psychology*. 3<sup>rd</sup> ed. Belmont: Thomson Wadsworth.

Mashiloane, S.M. 2006. *The effects of extra-familial child sexual abuse on the victims' primary care givers*. Unpublished thesis. Faculty of Humanities School of Human and Community Development.

<http://hdl.handle.net/123456789/1821> (Accessed on 29/08/2009)

Mouton, J. 1996. *Understanding Social Research*. Pretoria: Van Schaik Publishers.

Müller, K. 2004. *Preparing Children for Court: A Handbook for Practitioners*. [Sl:sn].

Munro, K. 2000. *Incest and Child Sexual Abuse: Definitions, Perpetrators, Victims and Effects*. Available: [www.KaliMunro.com](http://www.KaliMunro.com)  
(Accessed on 17/01/2007)

Neuman, W.L. 2000. *Social Research Methods: Qualitative and Quantitative Approaches*. 4<sup>th</sup> ed. Boston: Allyn and Bacon.

Newberger, C.M., Gremy, I.M., Wateraux, C.M. & Newberger, E.H. 1993. Mothers of Sexually Abused Children: Trauma and Repair in Longitudinal Perspective. *American Journal of Orthopsychiatry*, 63(1):92-102.

Oaklander, V. 1988. *Windows to our Children*. United States of America: Real People Press.

Oaklander, V. 1994. Gestalt Play Therapy. In O'Connor, K.J. & Schaefer, C.E. (Eds.). 1994. *Handbook of Play therapy Volume Two: Advances and Innovations*. New York: A Wiley-Interscience Publication.

Oaklander, V. 2003. Gestalt Play Therapy. In Schaefer, C. E. 2003. *Foundations of Play Therapy*. New Jersey: John Wiley & Sons, Inc.

Oats, R.K., Tebbutt, J., Swanston, H., Lynch, D.L. & O'Toole, B.I. 1998. Prior Childhood Sexual Abuse in Mothers of Sexually Abused Children. *Child Abuse & Neglect*. 22(11):1113-1118.

Oxford English dictionary. 2009. Oxford University Press (electronic source)

<http://dictionary.oed.com.ez.sun.ac.za>

(Accessed on 2/12/2009)

Paine, M.L. & Hansen, D.J. 2002. Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, 22: 271-295.

Parlett, M. 2005. Contemporary Gestalt Therapy: Field Theory. In Woldt, A.L. & Toman, S.M. 2005. *Gestalt Therapy: History, Theory and Practice*. California: Sage Publications Inc.

Parlett, M. & Denham, J. 2007. Gestalt Therapy. In Dryden, W. 2007. *Dryden's Handbook of Individual Therapy*. (5<sup>th</sup> Ed.) London: SAGE Publications Ltd.

Patton, M.Q. 2002. *Qualitative research and evaluation methods*. 3<sup>rd</sup> edition. London: Sage.

Perls, F., Hefferline, R.F. & Goodman, P. 1951. *Gestalt Therapy Excitement and Growth in the Human Personality*. London: Souvenir Press.

Pifalo, T. 2009. Mapping the Maze: An Art Therapy Intervention Following Disclosure of Sexual Abuse. *Art Therapy: Journal of American Art Therapy Association*, 26(1): 12-18.

Plummer, C.A. 2006. The Discovery Process: What mothers see and do in gaining awareness of the sexual abuse of their children. *Child Abuse & Neglect*, 30(11): 1227-1237.

Plummer, C.A. & Eastin, J.A. 2007a. System Intervention Problems in Child Sexual Abuse Investigations : The Mother's Perspectives. *Journal of Interpersonal Violence*. 22 (6): 775-787.

Plummer, C.A. & Eastin, J.A. 2007b. The Effect of Child Sexual Abuse Allegations/ Investigations on the Mother/Child Relationship. *Violence Against Woman*. 13(10): 1053-1071.

Potgieter, R. 2000. The internal trauma of the sexually abused child. *CARSA*, 1(1): 33-39.

Print, B. & Dey, C. 1998. Empowering Mothers of Sexually Abused Children – a Positive Framework. In Bannister, A. 1998. *From Hearing to Healing: Working with the Aftermath of Child Sexual Abuse*. 2<sup>nd</sup> Ed. Chichester: John Wiley & Sons.

Punch, K.F. 2005. *Introduction to Social Research: Quantitative and Qualitative approaches*. London: SAGE Publications Ltd.

Regehr, C. 1990. Parental Responses to Extrafamilial Child Sexual Assault. *Child Abuse & Neglect*. Vol. 14. 113-120.

Rubin, A. & Babbie, E. 2010. *Research Methods for Social Work*. 7<sup>th</sup> Ed. Belmont: Thomson Brooks/Cole.

Rushton, A. & Miles, G. 2000. A Study of a Support Service for the Current Carers of Sexually Abused Girls. *Clinical Child Psychology and Psychiatry*. Vol. 5(3): 411-426.

Sadock, B.J. & Sadock, V.A. 2003. *Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/ Clinical Psychiatry*. (9<sup>th</sup>. Ed.) Philadelphia: Lippincott & Wilkins.

Scaer, R.C. 2001. *The Body Bears the Burden: Trauma, Dissociation, and Disease*. New York: Haworth Press Inc.

Sirles, E.A. & Franke, P.J. 1989. Factors Influencing Mothers Reactions to Intrafamily Sexual Abuse. *Child Abuse & Neglect*, 13(1): 131-139.

Spies, G.M. 2006. The effects of sexual abuse on a child. In Spies, G. M. 2006. *Sexual Abuse: Dynamics, Assessment & Healing*. Pretoria: Van Schaik Publishers. 44-61.

Spies, G.M. 2006. The adult survivor of child sexual abuse. In Spies, G. M. 2006. *Sexual Abuse: Dynamics, Assessment & Healing*. Pretoria: Van Schaik Publishers. 62-85.

Spies, G.M. 2006. Substitute care for the sexually abused child. In Spies, G. M. 2006. *Sexual Abuse: Dynamics, Assessment & Healing*. Pretoria: Van Schaik Publishers. 267-278.

Spies, G.M. 2006. *Sexual Abuse: Dynamics, Assessment & Healing*. Pretoria: Van Schaik Publishers.

Strydom, H. 2005. Ethical Aspects of Research in the Social Services & Human Services Professions. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2005. *Research at Grass roots: For the Social Sciences and Human Service Professionals*. Pretoria: Van Schaik Publishers. 56-69.

Strydom, H. 2005. Sampling and Sampling Methods. In De Vos, A.S., Strydom,

H., Fouché, C.B. & Delpont, C.S.L. 2005. *Research at Grass Roots for the Social Sciences and Human Service Professions*. 3<sup>rd</sup> ed. Pretoria: Van Schaik Publishers. 192-203.

Strydom, H. & Delpont, C. S. L. 2005. Sampling & Pilot Study in Qualitative Research. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2005. *Research at Grass roots: For the Social Sciences and Human Service Professionals*. Pretoria: Van Schaik Publishers. 327-332.

Toman, S.M. & Bauer, A. 2005. Adolescents: Development and practice from a gestalt orientation. In Woldt, A. L. & Toman, S. M (eds.). *Gestalt therapy. History, theory and practice*. London: Sage Publishers. 179-199.

Van der Kolk, B. A. 2005. *Child Abuse & Victimization*. Available: [www.traumacenter.org](http://www.traumacenter.org)  
(Accessed on 25/05/2007)

Vermeulen, A. & Fouché, C.B. 2006. The relevance of family structure to the victim-perpetrator relationship in child sexual abuse in South Africa. *Child Abuse research in South Africa*.7 (1):14-23.

Wilson, J.P. 1994. The historical evolution of PTSD diagnostic criteria: from Freud to DSM-IV. *Journal of Traumatic Stress*. 7(3): 681-698.

Winton, M.A. 1990. An Evaluation for a Support Group for Parents who have a Sexually Abused Child. *Child Abuse & Neglect*. 14: 397-405.

Woldt, A.L. & Toman, S.M. 2005. *Gestalt Therapy: History, Theory and Practice*. California: Sage Publications Inc.

Whittemore, R., Chase, S.K. & Mandle, C.L. 2001. Validity in Qualitative Research. *Qualitative Health Research*. 11(4): 522-537.

Yin, R.K. 2009. *Case Study Research Design and Methods*. 4<sup>th</sup> edition. California: Sage Publications.

Yontef, G. M. 1993. *Awareness Dialogue & Process: Essays on Gestalt Therapy*. New York: The Gestalt Journal Press, Inc.

Yontef, G. 2005. Gestalt Therapy Theory of change. In Woldt, A. L. & Toman, S. M. (eds.). *Gestalt therapy. History, theory and practice*. California: Sage Publications. 81-100.

Yontef, G. & Fairfield, M. 2005. *Gestalt Therapy*. [Sl:sn].

Yontef, G. & Jacobs, L. 2005. *Gestalt Therapy Current Psychotherapies*. Seventh Edition. Belmont: Thomson, Brooks, Cole.

Zinker, J. 1977. *Creative process in Gestalt therapy*. New York: Vintage Books.