

**A Gestalt approach to understand the meaning of trauma as
perceived by Grade 7 adolescents**

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ABSTRACT

The aim of this study was to explore and describe the Grade 7 adolescents' meaning of the phenomenon of trauma to gain a more comprehensive understanding of their perceptions in order to contribute to dialogue and discourse. Current literature was used to provide an overview of the theoretical underpinnings of this study which included a summary of the key tenets as well as an overview of the relevant core theoretical assumptions of Gestalt Therapy theory, early adolescence as a developmental stage, and the concept of trauma. A qualitative instrumental case study was used to provide a comprehensive description of the subjective perceptions of the participants, using phenomenological one-on-one semi-structured interviews and documents in the form of drawings. The sample consisted of a selected group of nine early adolescents from one Northern suburb school. The common thread that ran throughout this study was that trauma is perceived as a negative experience that is unique for each individual. The findings indicated that individuals who have been exposed to a trauma are affected on levels of contact and awareness. Lack of support was found to lead to the use of inappropriate contact styles which led to incomplete Gestalts, resulting in unresolved traumatic responses, which affected their social skills and academic development.

KEY TERMS

Trauma

Early adolescence

Gestalt Therapy theory

Contact

Phenomenology

Field

Case study

OPSOMMING

Die doel van hierdie studie was om graad 7-adolesse te se betekenis van die verskynsel van trauma te verken en te beskryf om 'n omvattender begrip van hul persepsies te verkry om daardeur tot die dialoog en diskoers by te dra. Aktuele literatuur is gebruik om 'n oorsig te verskaf van die teoretiese grondslae van hierdie studie wat 'n opsomming van die kernleerstellinge asook 'n oorsig van die toepaslike kernteoretiese aannames van Gestalt-terapieteorie, vroeë adolessensie as 'n ontwikkelings stadium en die begrip, trauma, ingesluit het. 'n Kwalitatiewe instrumentele gevallestudie is gebruik om 'n omvattende beskrywing van die subjektiewe persepsies van die deelnemers te voorsien. Daar is gebruik gemaak van fenomenologiese een-tot-een halfgestruktureerde onderhoude en dokumente in die vorm van tekeninge. Die steekproef het bestaan uit 'n geselekteerde groep van nege vroeë adolessente van 'n noordelike voorstedelike skool. Die gemeenskaplike tema wat regdeur die studie verskyn het, was dat trauma as 'n negatiewe ervaring beskou word wat uniek tot elke individu is. Die bevindinge het aangedui dat individue wat aan 'n trauma blootgestel is op kontak en bewustheidsvlakke geraak word. Daar is bevind dat 'n gebrek aan ondersteuning tot die aanwending van onvanpaste kontakstyle gelei het wat onvolledige Gestalte tot gevolg gehad het. Dit het weer uitgeloop op onopgeloste traumatiese response wat hul sosiale vaardighede en akademiese ontwikkeling beïnvloed het.

SLEUTELTERME

Trauma

Vroeë adolessensie

Gestalt-terapieteorie

Kontak

Fenomenologie

Veld

Gevallestudie

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Louise Grobler

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CHAPTER 1

OVERVIEW AND RATIONALE FOR THE RESEARCH

1.1 INTRODUCTION

This study intends to understand the meaning, or subjective reality, of the phenomenon of trauma as perceived by Grade 7 adolescents. According to Ogden, Minton and Pain (2006:xiii) trauma has a great impact on all aspects of human civilisation and individual lives. Since the 1990s, commentators have referred to South Africa as having a "culture of violence" (Vogelman & Simpson, 1990). Even today, the rate of violence in South Africa is among the highest in the world (Kaplan, 2005:7). The experience of loss, stressful life events and being violently victimised in South Africa has become a statistically normal feature of everyday life in urban and rural settings, especially affecting children and adolescents (Van Dijk, 1996:18). As far back as 1996, a study indicated that over a period of five years, about 70 percent of the urban population in South Africa were victimised at least once and 20 333 crimes of a sexual nature were reported to the Child Protection Units, while there were 8 626 reported assaults of children (Van Dijk, 1996:30). Keppler (2002:5) further reports that there are approximately 173 000 cases relating to child abuse on the roles of South African courts. In addition, the estimated range of children exposed to domestic violence in South Africa is between 500 000 and 1,3 million (UNICEF, 2006). According to data obtained from SAPS reports, 34 453 crimes were committed against children under the age of 18 years between 2002 and 2004. In addition, during the same period, 55 575 crimes were committed against persons of an unknown age (Dawes, Long, Alexander & Ward, 2006:6).

The high incidence of trauma within South Africa implies that South African adolescents are at risk to being exposed to some sort of trauma. The early adolescent who has been exposed to a traumatic event is particularly vulnerable to the negative effects of trauma owing to their stressful developmental stage (Clarkson, 2004:8). From a Gestalt perspective, early adolescence is a time of adjustment where the embedded child self transforms into an adolescent self which influences how the adolescent creates meaning of their new life space (Wheeler, 2002:55). The majority of adolescents experience this period

as a time of crisis involving a sense of loss, rapid and dramatic change as well as a shift in their boundaries (Ferguson & O'Neill, 2001:72; McConville, 2001:38; Wheeler 2002:54; Geldard & Geldard, 2004:9). Exposure to trauma during this time of development can result in unfinished business (incomplete Gestalts) and may continue to disturb the person in adult life (Clarkson, 2004:8). Other reported effects of trauma during adolescence include personality change, apathy, rationalisation, anxiety and acting out (Gilliland & James, 1997:145; Levine & Kline, 2007:61). Adolescents who reported an inability to re-experience the traumatic phenomena displayed generalised symptoms of arousal, including impulse control problems and a variety of somatic complaints. However, according to Mowbray (cited in Gilliland & James, 1997:145), responses to trauma are highly variable and are directly influenced by the situation and a variety of other intrapersonal, interpersonal and environmental variables.

Although the phenomenon of trauma is universal, the way an individual experiences this phenomenon is unique. This is consistent with Gestalt theory which states that individuals do not exist in isolation (Yontef, 2002:19), but live within a context that includes their physical world and their subjective reality known as the field (Joyce & Sills, 2010:29). Mowbray (cited in Gilliland & James, 1997:145) and Levine and Kline (2007:4) state that adolescents' responses are highly variable and are directly influenced by the traumatic situation, their intrapersonal, interpersonal and environmental factors, as well as their age and trauma history (Osofsky, 2004:175). The age at which one is exposed to trauma is thus important to consider. However, existing information on childhood and adolescent trauma is limited, not age specific and nationally misrepresentative (Berry & Guthrie, 2003; Dawes *et al.*, 2006:6; Seedat, 2008)

As a result of limited age-specific research, adolescent trauma is largely misdiagnosed (Berry & Guthrie, 2003) as it is based on adult symptoms, and treatment is not age specific (Berry & Guthrie, 2003; Dawes *et al.*, 2006:6; Seedat, 2008), implying that this concept is largely misunderstood. During the literature search, the researcher could not find accurate or current statistics in the field of trauma as much abuse and neglect remains unreported. Therefore, clarity in the meaning of trauma as perceived by adolescents is required since an inappropriate treatment regimen can lead to unresolved traumatic reactions, which may

seriously derail a youth's life path, task, work or academic performance and well being (Nader, 2008:3). Gilliland and James (1997:145) found that adolescent trauma can lead to character problems, anxiety disorders, psychotic thinking, dissociation, increased risk of violence by others and by oneself, suicidal ideation and behaviour, drug abuse and disastrous interpersonal relationships in adulthood. The researcher proposes that, by understanding adolescents' subjective meaning of trauma, effective support systems can be developed in order to prevent or reduce the long-term effects of misdiagnosis and unfinished business.

1.2. RATIONALE AND PROBLEM FORMULATION

Babbie and Mouton (2001:103) explain that the rationale for the study is the reason the researcher embarks on a particular topic. The motivation for this study emerged after conducting the literature review.

“South Africa has among the world's highest incidence of trauma from both accidents and violence” (De Haan, 2005:70). According to Statistics South Africa (2008), 32% of the South African population are younger than 15 years of age, and an unknown percentage of these individuals are exposed to trauma on a daily basis. Although accurate statistics on children's exposure to violence is limited, since much trauma is underreported or misdiagnosed (Berry & Guthrie, 2003; Dawes *et al.*, 2006:6; Seedat, 2008), the incidence of childhood and adolescent trauma within South Africa is, according to Burst (2010:78), noticeably high.

Limited research focusing on childhood and adolescent trauma within a South African context has been conducted as much abuse and neglect remains unreported, although a wealth of literature and research on adult trauma has been conducted over the last 40 years. This explains why the meaning (subjective reality) of the phenomenon of trauma as perceived by adolescents has been largely omitted from research (Kaplan, 2005:16; Levine & Kline, 2007:3; Nader, 2008:xii). In addition, a coherent picture of the phenomenon of childhood and adolescent trauma within a South Africa context could not be established. Authors such as Berry and Guthrie (2003), Dawes *et al.* (2006:6) and Seedat (2008)

provide evidence to support that existing information on childhood and adolescent trauma is limited, not age specific and nationally misrepresentative.

Fouché and Delport (2011a:108) state that the formulation of the problem engages the reader in the specific focus of the study, and is regarded as the point from which clarity about the study is sought. The researcher formulated the following problem:

Adolescents who are exposed to trauma require more than physical treatment since traumatic events typically leave individuals feeling powerless, altered and disconnected from their bodies. Moreover, their perception of self and others is affected, which often evokes feelings of hopelessness and helplessness (Matsakis, 1992; Wicks-Nelson & Israel, 1997:132; Lewis, 1999b:6; Kaplan, 2005:21). Psychological support and counselling is needed to lessen the impact of the incident on their lives and to help them towards a full recovery (De Haan, 2005:71). As there is limited research on the prevention and treatment of the effects of trauma during this developmental phase (Kaplan, 2005:16; Levine & Kline, 2007:3; Nader, 2008:xii), diagnoses are based on adult symptoms and treatment is not age specific (Berry & Guthrie, 2003; Dawes *et al.*, 2006:6; Seedat, 2008). Owing to the lack of age-specific treatments, adolescents are at greater risk to unresolved traumatic reactions (Nader, 2008:3). The researcher proposes that by understanding the meaning of trauma as perceived by Grade 7 adolescents, professionals will be better equipped to provide age-specific treatment and support for the traumatised youth.

The focus of this study is aimed at exploring and describing the phenomenological meaning of trauma as perceived by Grade 7 adolescents. By not exploring this potential source of new information, ineffective support systems, including therapeutic support, for traumatised adolescents as well as misdiagnosis of childhood trauma will remain a problem leading to unfinished business that can continue to affect an individual throughout adulthood (Polster & Polster, 1999:228; Yontef & Jacobs, 2005:305; Blom, 2006:29).

1.3. THEORETICAL FRAMEWORK, GOALS, OBJECTIVES AND THE RESEARCH QUESTION

1.3.1. Theoretical framework

The paradigm used in this study is the holistic approach of Gestalt Therapy theory as interpreted by Perls, Hefferline and Goodman (1951), which includes the field theory, the phenomenological method of inquiry and holism.

According to Babbie (2010:33), Delport, Fouché and Schurink, (2011:297) and Piper and Simons (2011:27), a paradigm is a model, a set of beliefs or assumptions which guides the researcher's observations, enquiries and understandings (Delport, *et al.*, 2011:297). Morrow (2007:212), Onwuegbuzie, Johnson and Collins (2010:12) and Crook and Garratt (2011:213) concur that a paradigm is a 'net' which includes the researcher's array of assumptions to enable the research question to be addressed optimally. These assumptions are addressed below.

The **ontological assumption** is how reality is viewed. In Gestalt Therapy theory, the field consists of the entire complex, interactive, interconnected and interdependent phenomena of individuals and their environment, including their relationships, their responses to events as well as the settings in which these events take place (Yontef, 1993:2; Mackewn, 1997:48). Parlett (1991:84) refers to Lewin's definition that "field theory is a set of principles, an outlook, a method, a whole way of thinking which relates to the intimate interconnectedness between events and the situations in which these events take place."

The **epistemological assumption** addresses how reality is known as well as the relationship between two individuals (researcher and participants) (Seaton, 2005:218; Onwuegbuzie *et al.*, 2010:12). In Gestalt Therapy theory, reality includes the objective world of the individual, which includes all that is independent and that goes on without the person, as well as the subjective and intimate world also known as the phenomenological experience of the individual (Latner, 2000:26; Mann, 2010:177). This study embodies phenomenology which focuses on how individuals attach meaning to their own

perceptions, their original experience (Wojnar & Swanson, 2007:173; Mann, 2010:150) and their existence (Clarkson, 2004:5). This means the researcher stays as close as possible to the individual's experience (Onwuegbuzie *et al.*, 2010:10), describing the what and the how, while bracketing or suspending her own beliefs, assumptions, judgements and explanations (Babbie & Mouton, 2001:31; Barber & Brownell, 2008:57; Joyce & Sills, 2010:20; Mann, 2010:152).

The **axiological assumption** is concerned with the knowledge and value one places in research (Seaton, 2005:218; Onwuegbuzie *et al.*, 2010:12; Wright, 2010:239). Gestalt Therapy theory views the individual holistically and emphasises person-to-person dialogue and connection with an 'I-Thou' attitude (Joyce & Sills, 2010:131) which involves real respect and authenticity, in the here and now (Mackewn, 1997:82; Joyce & Sills, 2010:32).

The **methodological assumption** transpires from all the other assumptions and is concerned about how knowledge is gained. Knowledge or experience in Gestalt Therapy theory takes place as soon as the individual makes contact with his/ her environment (Perls, Hefferline & Goodman, 1951; Seaton, 2005:218; Onwuegbuzie *et al.*, 2010:12). This study took place within the existential dialogical relationship (between the researcher and the participant) (Mann, 2010:177).

1.3.2. Research aim and objectives

According to Fouché and De Vos (2011:94), the aim identifies the end result that is required to be achieved, while the objectives highlight the steps needed in order to achieve the aim. The aim of this study was to explore and describe the Grade 7 adolescents' meaning (subjective reality) of the phenomenon of trauma to gain a more comprehensive understanding of their perceptions in order to contribute to dialogue and discourse for professionals working in the field of trauma, who utilize the traditional DSM IV diagnostic criteria and for those working with the new developments of Type I, II and III trauma. This study is of limited scope and could serve as a pilot study for future research.

Following from the primary aim a number of objectives were set to accomplish the overall outcome of the study. These include the following:

- To conduct a literature review on Gestalt Therapy theory, early adolescent development and the meaning of trauma to compile a conceptual framework (De Vos & Strydom, 2011:35), as indicated in Chapters 2 and 3, as well as to develop an interview schedule (refer to Annexure 4).
- To collect data through in-depth semi-structured interviews (Greeff, 2011:351) and documents in the form of drawings (Yin, 2011:166) with Grade 7 adolescents at School G, a northern suburb public school in Gauteng, in order to illicit their personal understanding regarding the research phenomena.
- To analyse the phenomenological data by means of Creswell's steps which include examining, categorising (Creswell, 2003:185) and conducting a literature control to verify the research findings (Houser, 2008:147).
- To provide a summary, recommendations and conclusions of the research findings (refer to Chapter 5).

1.3.3. Research question

What are Grade 7 adolescents' understanding of the meaning (subjective reality) of trauma?

1.4. RESEARCH STRATEGY

1.4.1. Research approach

A qualitative approach was adopted for this study as the focus was on acquiring the participants' subjective perceptions of the meaning of trauma, which was obtained through phenomenological interviews (Seidman cited in Greeff, 2011:351). According to Neuman (2003:14), a qualitative approach seeks authentic interactive processes; this involves the documenting of real events, recording what people say (with words, gestures and tone) and observing specific behaviours (Neuman, 2003:328). Within this qualitative context, which is an interpretive qualitative approach, the researcher is considered the primary instrument for the collection and analysis of data (Merriam, 2002:5; Poulin, 2007:436).

1.4.2. Type of research

More specifically, this study utilised a qualitative applied research approach as it focused on an exploratory and descriptive method to gain rich and descriptive insight into the situation (Patton, 2002:224; Neuman, 2003:14; Creswell, 2005:39; Babbie, 2010:92; Fouché & De Vos, 2011:94). Research may be labelled as either basic or applied. Basic research is concerned with extending the knowledge base of a subject rather than solving immediate problems, whereas applied research is concerned with bringing about scientific change in a problematic situation (Babbie, 2010:26; Chadderton & Torrance, 2011:55; Fouché & De Vos, 2011:94). The aim of this study was to explore and describe the Grade 7 adolescents' meaning, or subjective reality, of trauma in order to gain a more comprehensive understanding of their perceptions, and would therefore constitute applied research (Babbie, 2010:93; Fouché & De Vos, 2011:94).

This study is both exploratory and descriptive in nature. The exploratory component was to address the “what” questions of this particular study to gain insight into the topic at hand (Babbie, 2010:92; Bless & Higson-Smith cited in Fouché & De Vos, 2011:95) as well as to contribute to the lack of basic information available on this subject (Babbie 2010:9). The descriptive component aimed to address the “how” and “why” questions regarding this particular subject (Fouché & De Vos, 2011:96) by providing a comprehensive and thorough examination of the phenomenon being studied (Babbie, 2010:93; Fouché & De Vos, 2011:96) through precise and accurate descriptions (Babbie, 2010:93).

1.4.3. Research design

A research design is a general framework for conducting a study, or a blueprint of how the research will be conducted (Gravetter & Forzano, 2003:157; Fouché & Schurink, 2011:312). Its core purpose is to allow the researcher to anticipate what the appropriate research decisions should be in order to maximise the validity of the concluding results (Mouton, 1998:107). The research design used in this study was an instrumental case study as the focus was to gain an in-depth understanding of the phenomenon being studied (Creswell, Hanson, Clark & Morales, 2007:239; Babbie, 2010:91; Fouché & Schurink, 2011:320). According to Creswell (in Fouché & Schurink, 2011:320), a case study may be regarded as an exploration or an in-depth analysis of a “bounded system”

(bounded by time and/ or place). The case being studied may refer to a process, activity, event, programme or individual or multiple individuals (Fouché & Schurink, 2011:321). According to Merriam (2002:8) the unit of analysis characterises a case study. As the focus of this study was on every participant's personal meaning rather than the outcome of some event (Newman & Benz, 1998:65), the unit of analysis includes the Grade 7 adolescents' perception of the meaning of trauma.

1.5. RESEARCH METHODOLOGY

1.5.1. Literature study

According to Delpont, *et al.* (2011:305), the case study strategy is positioned in the middle of the continuum, which illustrates that this method may be at either end, depending on the type of case study conducted. In this study, the researcher implemented a literature review before the process of data collection as a framework for guiding the research study; thereafter it was utilised to build theory. After the data had been collected and analysed it was implemented as a literature control (Delpont, *et al.*, 2011:305) which places the research evidence into context, demonstrates previous research and relates the study to ongoing dialogue and literature on the subject (Neuman, 1997:89; Creswell, 2003:30), while enabling the researcher to make comparisons and propose generalisations (Delpont, *et al.*, 2011:305).

1.5.2. Universe, population and sampling process

When selecting the research participants of a study, a distinction must be made between the terms "universe", "population" and "sample." The universe refers to all potential subjects who possess the attributes in which a researcher is interested (Strydom, 2011a:223). In this study, the universe represents all Grade 7 adolescents in Gauteng. The population sets boundaries on the universe and is the pool from which the sample is drawn (Terre Blanche, Durrheim & Painter, 2006:133; Strydom, 2011a:223). The population in this study includes those Grade 7 adolescents at School G in the northern suburbs of Gauteng. A sample comprises elements of the population considered for actual inclusion in the study. It can also be viewed as a subset of measurements drawn from a population in which the researcher is interested. The sample is studied in an effort to understand the

population from which it was drawn (Strydom, 2011a:224). In qualitative research, sample size depends on the purpose of the inquiry (Patton, 2002:244). In this study nine Grade 7 adolescents made up the sample, four of whom were female and five were male.

The researcher utilised non-probability, sequential sampling to select information rich cases that could provide in-depth information on the meaning of trauma (Patton, 2002:244). Data was gathered until saturation and generalising to theoretical propositions, and not to populations (Yin, 2009:15), had been achieved (Neuman, 1997:202; Patton, 2002:244; Strydom, 2011a:232; Strydom & Delpont, 2011:391). The researcher selected every third participant from a class learners' list to reduce selection bias and to add to the credibility of the study (Mackey & Gass, 2009:144). The sample that was used in this study was selected according to the following inclusion criteria:

- English-speaking Grade 7 adolescents
- Voluntary participation
- An interest in sharing their meaning on the phenomenon of trauma irrespective of previous exposure to trauma

1.5.3. Preparation for data collection

According to Fouché and Delpont (2011b:134), a review of literature (refer to Chapters 2 and 3) is aimed at contributing towards a clearer understanding of the nature and meaning of the problem that has been identified. Marshall and Rossman (in Fouché & Delpont, 2011b:134) state that a thoughtful discussion of related literature builds a logical framework for the research and sets it within a tradition of inquiry and a context of related studies. A literature review, including Gestalt Therapy theory, early adolescent development and trauma, and a literature control (refer to Chapter 4) was conducted to gain a comprehensive and logical framework for understanding the nature and meaning of the problem (Becvar & Becvar, 2003:89; Fouché & Delpont, 2011b:134).

1.5.4. Data collection

Semi-structured interviews were conducted after consent had been obtained from the participants (refer to Annexure 1), the parents (refer to Annexure 3) and the principal (refer to Annexure 2) at School G. Following each videotaped interview, the researcher

transcribed the session (Babbie & Mouton, 2001:277) and wrote accurate field notes in the form of participant observation (refer to Annexure 5) and self-reflective notes (refer to Annexure 6) (Holloway & Wheeler, 2002:166; Powers & Knapp, 2006:65). The participants were debriefed during the final session and those who required further clinical intervention were referred to the school psychologist. Feedback was provided to the participants, and all data was stored in a locked cabinet to ensure the trustworthiness of the study (Creswell, 2005:189).

The use of multiple information sources during data collection (Yin, 2009:99) is based on Maxwell's (2005:112) recommendation and includes in-depth semi-structured interviews (Creswell, 2003:185; Yin, 2009:101), documents in the form of drawings (Annexure 7), field notes in the form of participant observation (refer to Annexure 5) and self-reflective notes (refer to Annexure 6) (Creswell, 2003:185; Fox & Bayat, 2007:75; Fouché & Schurink, 2011:316).

1.5.4.1. Semi-structured interviews

Interviews are interactional events that attempt to understand the participants' lived world and reveal the meaning of their experiences from their point of view (Greeff, 2011:351). For the purpose of this study, semi-structured interviews were used as the main method of collecting data. An interview schedule (refer to Annexure 4) was utilised to guide and focus the interview process (Pawar, 2004:30; Greeff, 2011:351). This schedule provided the researcher with a set of predetermined open-ended questions which were based on the literature review and were used to gather the raw data, engage the participant and designate the narrative terrain (Greeff, 2011:351). The researcher was considered the primary instrument for the collection and analysis of data (Merriam, 2002:5; Poulin, 2007:436).

1.5.4.2. Documents in the form of drawings

According to Merriam (2009:142) documents provide a personal perspective into what the participant perceives as important. Documents in the form of drawings (Ten Have, 2004:88; Lichtman, 2010:164) were used as a source of data to supplement the interviews (Merriam, 2009:268). The drawings that every participant presented during the interview process

were utilised as metaphorical representations of what they perceived (Clarkson, 2004:62; Blom, 2006:34; Oaklander, 2007:63; 2011:175) to elicit personal perceptions of the research phenomena while being sensitive towards the research participants' social and cultural context (Maritz & Visagie, 2009:32) and to add to the data triangulation as another source of evidence, which enhances credibility and trustworthiness of the study (Delpont & Fouché, 2011:442). Within this context the drawings provided a creative method for self-expression and self-exploration especially for information that could release feelings of discomfort and that were potentially difficult to verbalize (Blom, 2006:102; Maritz & Visagie, 2009:32).

1.5.4.3. Field notes in the form of participant observation and self-reflective notes

Field notes in the form of participant observation and self-reflective notes (refer to Annexure 6) were used as another method of data collection and as an additional source of evidence to ensure researcher reflexivity (Thomas & Magilvy, 2011:154), which involves the researcher's awareness of self and his/ her impact on the research process (Macleod, 2004:533; Fox, Green & Martin, 2007:186). Field notes are written descriptions of the researcher's observations, experiences and conversations during the data collection process (Patton, 2002:302; Creswell, 2003:185; Powers & Knapp, 2006:65; Greeff, 2011:359) which helped in remembering and exploring the process of the interview (Greeff, 2011:359). Participant observation involves the researcher's observations of the participants in their natural setting (Lichtman, 2010:164) and in real time in order to gain an in-depth understanding of their perceptions of the topic at hand (Klenke, 2008:372). Self-reflective notes were used in conjunction with these observations to express the researcher's self-awareness and her influence on the research process, as recommended by Lichtman (2010:164).

1.5.5. Data analysis

Data collection does not in itself provide the answers to research questions since analysis and interpretation of the data is necessary (Schurink, Fouché & De Vos, 2011:403). In order to effectively interpret the data, the researcher is required to describe, analyse and find meaning in the raw data, as discussed in Chapter 4. Data analysis and interpretation was guided by Creswell's application of Tesch's method (Creswell, 2003:193) which

involves interpreting and making sense of what the participants expressed so that the research problem could be studied, tested and conclusions drawn (Schurink, *et al.*, 2011:403), as discussed in more detail in Chapter 4.

The raw data was collected in an organised manner, labelled and colour coded according to key concepts (Schurink, *et al.*, 2011:408). During this process the researcher reviewed the transcriptions thoroughly until significant and recurring categories and themes were identified. Once the researcher reached saturation point (recurring themes), the data was then integrated and interpreted in the form of a discussion (Schurink, *et al.*, 2011:416). The established patterns were then critically reviewed and correlated with literature findings (refer to Chapter 4). Finally, conclusions were drawn, recommendations made, limitations of the study discussed and possible future research opportunities highlighted (refer to Chapter 5) (Schurink, *et al.*, 2011:408).

1.6. VALIDITY OF THE STUDY

Lincoln and Guba (in Schurink, *et al.*, 2011:419) propose that the four constructs that accurately reflect the trustworthiness (validity) of a qualitative study are credibility, transferability, dependability and confirmability. As suggested by Whitemore, Chase and Mandle (2001:527), the researcher includes authenticity as a fifth construct.

- Credibility is the alternative to internal validity and implies accountability and truthfulness of the research process (Mackey & Gass, 2009:144). Credibility in this study was confirmed through the description and exploration of the problem, the aim of the research, the objectives and the research methodology within the Gestalt Therapy theory theoretical framework (Babbie & Mouton, 2001:277; Schurink, *et al.*, 2011:419). Furthermore, the researcher videotaped all one-on-one interviews of the participants and transcribed the data in its raw form to provide adequate authentication of the adolescent's experiences (Babbie & Mouton, 2001:277). All evidence within this study was supported by the relevant literature which is presented in Chapter 4.

- Transferability is the alternative to external validity or generalisability and refers to whether or not the findings of the research are applicable to other settings or contexts (Yin, 2009:106; Schurink, *et al.*, 2011:420). In this particular study the researcher referred back to the original parameters of the research methodology (Neuman, 1997:202; Patton, 2002:244; Schurink, *et al.*, 2011:420). The researcher provided a comprehensive description of the semi-structured interview transcripts which were then integrated and interpreted in the form of a discussion (Schurink, *et al.*, 2011:420). Various sources of data collection, referred to as triangulation, included one-on-one interviews, documents in the form of drawings, field notes in the form of participant observation and self-reflective notes enhanced the transferability and generalisability of this study (Schurink, *et al.*, 2011:420) and provided insight into the research question.
- Dependability is the alternative to reliability in which the researcher endeavours to account for any change in the phenomenon chosen for the study (Lincoln & Guba, 1985:219; Schurink, *et al.*, 2011:420). It implies that future researchers are able to repeat the study based on the descriptions, decisions and the processes that the researcher utilised in a particular study (Whittemore *et al.*, 2001:530). These include the rationale for the study, the research strategy and research design, the sampling procedures and the process of data collection and analysis (Schurink, *et al.*, 2011:420).
- Confirmability captures the concept of objectivity and refers to whether the findings of the study could be confirmed by another (Schurink, *et al.*, 2011:421). This concept emphasises that the research findings are purely a result of the data and not from the researcher's own inherent characteristics (Lincoln & Guba, 1985:29; Schurink, *et al.*, 2011:421). In this study, confirmability was achieved by using the method of data triangulation in which more than one source of data collection was implemented.

- Authenticity is concerned with portraying the lived experiences and meanings perceived by the participants (Whittemore *et al.*, 2001:530). The researcher promoted authenticity in this study by utilising the phenomenological method of enquiry, which is focused on staying as close to the subjective and personal understandings of every participant's lived experience (Patton, 2002:107; Joyce & Sills, 2010:18). It involves showing an active interest in the process of the participant to explore and clarify the meanings given (Yontef & Fairfield, 2008:94; Joyce & Sills, 2010:23) without any judgements or bias (Mackewn, 1997:60; Philipppson, 2001:227; Clarkson, 2004:15; Joyce & Sills, 2010:20).

1.7. IMPACT OF THE STUDY

The aim of this study is to contribute to the dialogue and discourse of adolescent trauma, which may supplement and expand the existing knowledge base and definition of trauma. By investigating adolescents' perception of the meaning of trauma the researcher hopes to expand the classification of trauma as well as provide professionals with a better understanding of how to diagnose, treat and support adolescents who have been exposed to a traumatic event.

1.8. ETHICAL ASPECTS

Unique ethical problems are brought to the fore when human beings are the objects of study in the social sciences (Strydom, 2011b:113). According to Babbie (2010:62), these ethical issues within the social sciences are pervasive and complex since data is never to be obtained at the expense of human beings.

Researchers have two basic categories of ethical responsibility, including responsibility to those, both human and non-human, who participate in a study, and responsibility to the discipline of science, to be accurate and honest in the reporting of the research findings (Strydom, 2011b:114). The researcher adhered to strict ethical measures throughout this study to ensure that the well-being of the relevant participants was in no way compromised (Babbie & Mouton, 2001:522; Strydom, 2011b:114).

1.8.1. Avoidance of harm

Strydom (2011b:115) states that the researcher has an ethical obligation to protect the participants. The researcher ensured that all participants at School G were fully aware of the implications of the research and had the choice of whether or not to take part in the study. The participants were also informed that they may withdraw from the study at any time during the research process.

1.8.2. Informed consent

Informed consent was obtained before the commencement of the research investigation. The researcher provided participants with all the relevant information on the investigation, including the advantages, the disadvantages, the procedures and the dangers that they might be exposed to (Piper & Simons, 2011:26; Strydom, 2011b:117). By providing sufficient information on the process of the investigation, the participants could make an informed decision as to whether or not they wanted to participate in the study (Graziano & Raulin, 2004:67; Piper & Simons, 2011:26). The researcher then obtained written consent from the volunteers (refer to Annexure 1), their parents (refer to Annexure 3) and the principal (refer to Annexure 2) at School G.

1.8.3. Deception of subjects and/ or respondents

The researcher did not withhold any information or mislead the participants in any way. All participants were informed that the interviews were going to be video recorded, and the researcher obtained written permission from the participants, their parents and the school principal (Piper & Simons, 2011:26; Strydom, 2011b:118).

1.8.4. Violation of privacy

The researcher safeguarded the privacy and identity of participants by ensuring all documentation and records were in a secure location. The participants and the school remained anonymous and confidentiality was ensured by the use of pseudonyms. The names of the participants were made available only to the researcher for legitimate purposes. The researcher ensured at all times that the response of every participant was not overtly exposed at any time. No information was disclosed or discussed with any

person except with the researcher's supervisor (Piper & Simons, 2011:26; Strydom, 2011b:119).

1.8.5. Actions and competence of researchers

The researcher ensured that she was competent and skilled before continuing with the investigation (Strydom, 2011b:123). The necessary supervision, as well as peer-to-peer reviews, was obtained throughout the duration of the study (Strydom, 2011b:123). Any skills that the researcher lacked were addressed through referral to or collaboration with other professionals in the field (Strydom, 2011b:123). For the purpose of this study the school psychologist assisted the researcher wherever necessary since many of the participants had undergone a traumatic experience.

1.8.6. Cultural sensitivity

During this study all participants were treated fairly and equally without any discrimination against their personal, cultural or ethnic domain. Every participant received the equal amount of time, reverence and respect. The researcher also adopted a Gestalt phenomenological attitude to stay as closely as possible to the participants' experience while bracketing her own beliefs, assumptions and explanations (Babbie & Mouton, 2001:31; Reynolds, 2009:46; Joyce & Sills 2010:20; Fouché & Schurink, 2011:317).

1.8.7. Release or publication of the findings

The researcher ensured that the final written report was accurate, objective, clear and unambiguous. In addition, the researcher avoided plagiarism and bias (Piper & Simons, 2011:26; Strydom, 2011b:126). The findings of this study will be introduced to the reading public in written form and published on North-West University's database (Piper & Simons, 2011:26; Strydom, 2011b:126).

1.8.8. Debriefing

The data collection process was concluded with a final group debriefing session (Strydom, 2011b:122). Those participants who required further clinical intervention were referred to the school psychologist. Every participant was offered follow-up intervention sessions if needed or desired.

1.9. DEFINITIONS OF KEY CONCEPTS

The following key concepts form the basis of this study and will be defined briefly to ensure an in-depth and comprehensive understanding of the phenomenon being studied. A broader discussion of these concepts follows in Chapters 2 and 3.

1.9.1. Trauma

The concept of trauma has its roots in the medical term for wound (Kaplan, 2005:15), which originally implied only physical damage but now incorporates psychological impairment as well (Waugh, 2006:498). For the purpose of this study, the word *trauma* is used to refer to psychological trauma, which is the event that causes injury to the mind and describes mental injury (Becker, Daley, Gadpaille, Green, & Flaherty, 2003:143), rather than physical damage.

Trauma involves a wide range of disturbing individual and collective experiences (Kaplan, 2005:16; Heitzler, 2009:177). According to Levine and Kline (2007:4), it is an event that overwhelms the individual's coping resources and generally includes both natural catastrophes (such as hurricanes, floods or fires), and man-made violence (such as war, concentration camp experiences and other forms of victimisation). Traumatic events include single and/ or prolonged developmental events, such as events involving death and injury, or the possibility of death or injury, that are not part of one's normal course of life (Geldard & Geldard, 2004:23; Nader, 2008:3; Heitzler, 2009:179).

1.9.2. Early adolescence

Early adolescence is the phase of human development that roughly begins at the age of ten and ends at about fourteen years of age (Corr & Balk, 1996:12; Van Heeswyk, 1997:4; Radizk, Sherer, & Neinstein, 2002:57). This developmental stage is marked by substantial biological, physical and hormonal changes, as well as social adjustments. It is during this time that adolescents formulate a personal identity, as well as attempt to gain emancipation from the family unit (Ponterotto, Utsey & Pedersen, 2006:8).

There is often a crisis of identity during early adolescence since they attempt to seek acceptance in the adult world while simultaneously trying to prove both to their peers and themselves that they are old enough “to do certain things.” Such “things” can range from dating and driving, to taking alcohol, drugs and experimenting with sex and guns, putting not only their health in danger but their very life and future. This developmental period is not only a time of experimentation with high risk behaviours but also a time when life-long habits that have a bearing on health are initiated (Aapola, 2002:298).

The developmental changes that occur during early adolescence are frightening and bewildering yet, at the same time, wonderful and full of excitement (Thom, 1991:377). These changes have profound implications on early adolescents’ emotional stability as they accompany needs and urges that significantly impact on their behaviour (Hurlock, 1980:392; Schostak, 1991:53; Thom, 1991:377; Badenhorst, 1997:83; Pellebon, 2000:19; Donald, Lazarus & Lolwana, 2002:54; Ponterotto, Utsey & Pedersen, 2006:8). According to Thom (1991:377), support is needed during this developmental phase to help adolescents explore and understand the changes occurring in their bodies and minds. Lack of effective support can result in disruptions in the normal course of development which may lead to unfinished business and may continue to disturb the adolescent throughout adulthood (Clarkson, 2004:8).

1.9.3. A Gestalt approach

The Gestalt concept can be defined as an entity or totality, of which the whole is more than its component parts, which has a certain degree of structure and which remains recognisable as a whole as long as the relationship among the parts remain (Yontef & Jacobs, 2005:313; Blom, 2006:18). This holistic perspective is the most important theoretical concept of Gestalt Therapy theory. It implies that human beings are in themselves self-regulating, that they are growth-orientated, and that people and their symptomatic behaviour cannot be understood separate from their environment (Blom, 2006:22). Although individuals always function as an entity, they cannot survive without their environment; it is their environment that satisfies their needs (Blom, 2006:22). A distinction can be made among the various components of this entity, but they can never be separated (Blom, 2006:22).

According to Yontef and Jacobs (2005:313), Gestalt is a radical ecological theory that maintains that psychologically there is no meaningful way to consider a person separately from interpersonal relations, just as there is no meaningful way to perceive the environment except through someone's perspective. According to Gestalt Therapy theory, it is impossible for one's perception to be fully "objective" (Yontef & Jacobs, 2005:2) since a fundamental human activity is to give meaning to one's perceptions, experiences and existence (Clarkson, 2004:5). Meaning is thus derived from looking at the total situation and all its facts (Parlett, 1991:70). This is consistent with the Gestalt field theory which implies that it is impossible to look at an individual without taking into account the context of his/ her environment or field (Blom, 2006:19).

The Gestalt approach is derived from a phenomenological perspective which aims to understand, describe and interpret the meaning that subjects attach to their experiences of a phenomenon (Fouché & Schurink, 2011:317). This study used the phenomenological method of enquiry to identify and enhance the participants' immediate experience as well as to reduce the distortion of bias and prior learning (Yontef, 2002:16). The researcher stayed as closely as possible to the participants' experience while bracketing her own beliefs, assumptions and explanations (Babbie & Mouton, 2001:31; Reynolds, 2009:46; Joyce & Sills 2010:20; Fouché & Schurink, 2011:317).

1.10. OUTLINE OF RESEARCH REPORT

- Chapter 1: Overview and rationale for the research
- Chapter 2: Conceptual framework: key tenets and core theoretical assumptions of Gestalt Therapy theory
- Chapter 3: Conceptual framework: theoretical assumptions of early adolescent development and trauma
- Chapter 4: Empirical investigation and literature control
- Chapter 5: Summary, conclusions, recommendations and limitations of the study

1.11. CONCLUSION

This chapter provides an introduction and overview of the study as well as the rationale and problem formulation which supported the choice of topic and gave rise to the research question and research goals. The theoretical framework of Gestalt Therapy theory was the paradigm of choice and provided the underlying assumptions of the research design. The objectives of this study determined the framework necessary for implementing the research methodology. Ethical considerations and the impact of the study are discussed and the main concepts defined.

Chapters 2 and 3 provide the conceptual framework for this study. Chapter 2 discusses the key tenets and the core theoretical assumptions of Gestalt Therapy theory that are significant to this study. The third chapter addresses early adolescence as a developmental stage, as well as the nature, prevalence and impact of trauma, specifically within a Gestalt perspective.

CHAPTER 2

CONCEPTUAL FRAMEWORK: KEY TENETS AND CORE THEORETICAL ASSUMPTIONS OF GESTALT THERAPY THEORY

2.1. INTRODUCTION

An introduction and overview of the study was discussed in Chapter 1. The aim of this chapter is to provide a conceptual framework, which is a set of ideas about the nature of the phenomenon being researched (De Vos & Strydom, 2011:35) and is determined by the function it has to fulfil (Mouton & Marais, 1996:35; Babbie, 2010:125). This chapter provides a summary of the key tenets of Gestalt Therapy theory which include the field theory, holism, phenomenology and dialogue (Yontef, 2005:95). An overview of the core theoretical assumptions that are relevant to this study, namely the theory of self, awareness, contact, as well as healthy and unhealthy functioning, are also presented.

2.2. KEY TENETS OF GESTALT THERAPY THEORY

The Gestalt psychology movement is the parent discipline and the intellectual ground from which Gestalt Therapy theory has developed (Perls, Hefferline & Goodman, 1951:xi; Wheeler, 2002:150). The conceptual foundations of Gestalt Therapy theory are based on the field theory and holism which maintain that human beings are intrinsically orientated toward growth and self-regulation (Yontef & Jacobs, 2011:334). The other two pillars of Gestalt Therapy theory as a distinctive approach are phenomenology and dialogue (Yontef, 1993; Clarkson, 2004:31). Together these underpin the theory; they sustain the method of Gestalt Therapy theory in practice and provide the foundation for the values, attitude and ethics of Gestalt Therapy theory (Barber, 2006). The above-mentioned concepts are discussed in the following section.

2.2.1. Field Theory

Parlett (1991:84) refers to Lewin's (1952:45) definition that "field theory is a set of principles, an outlook, a method, a whole way of thinking which relates to the intimate

interconnectedness between events and the situations in which these events take place.” Yontef (1993:2) and Mackewn (1997:48) concur with Lewin’s definition as they view the field as consisting of the entire complex, interactive, interconnected and interdependent phenomena of individuals and their environment, including their relationships, their responses to events and the settings in which these events take place (Yontef, 1993:2; Mackewn, 1997:48).

The field theory involves looking at the total situation rather than reducing it to individual parts (Mann, 2010:33), which affirms and respects wholeness and complexity (Mackewn, 1997:49). It emphasises that every individual needs to be seen within the broader context of his/ her life (Parlett, 1991:1). Kurt Lewin (1997:243) views the biological, psychological and social components as dimensions of an integrated field, which he refers to as the ‘life space’. For Lewin, the ‘life space’ of an individual and the environment is a dynamic, ever-changing, interactive field and is considered to be the only suitable unit of psychological investigation (McConville, 2001:30; Bowman, 2005:5).

McConville (2001:29) states that “all phenomena are of a field”, implying that the field is the context in which the study takes place and thus cannot be separated from it (Parlett, 2005:43). This is supported by several Gestalt theorists who state that all the components in a particular study are not to be reduced to separate parts, but rather addressed and investigated as an organised, interconnected and interdependent whole (Parlett, 1991:69; McConville, 2001:30; Kepner, 2003:5; Joyce & Sills, 2010:24). From a Gestalt perspective, the researcher is required to be aware of the participants’ phenomenological (experiential) field as well as their larger field (physical, social, historical and cultural world), and the dynamic interrelationship between the two (Parlett, 2005:43; Joyce & Sills, 2010:24). However, the field also includes the relationship between the researcher and the participants (Parlett, 2005:43) and thus it is essential that the researcher is not only aware of the participants’ field but also of her entire situation and all that occurs between them (Parlett, 2005:43; Ginger, 2007:108; Corey, 2009:201) in order to promote a deeper and comprehensive understanding of the phenomenon being studied (Yontef & Fairfield, 2008:88; Joyce & Sills, 2010:28).

Parlett (1991:70) suggests five principles (refer to Table 2.1) that govern the field and the practice of Gestalt Therapy. These include the principles of “Organisation” (how the field is organised), “Contemporaneity” (its current influences), “Singularity” (uniqueness), “Changing Process” (organic development) and “Possible Relevance.” These five principles assist in providing meaning to human experience (Parlett, 1991:70).

Table 2.1: Principles that govern and influence the dynamics of the field (different windows through which an individual makes sense of human experience) adapted from Parlett (1991:70)	
Principle of Organisation	Meaning derives from looking at the total context in which it exists (Parlett, 1991:71). It does not just depend on one fact in isolation but on a constellation of forces in the specific field as a whole. Everything is interconnected (Parlett, 1991:70), interrelated (Clarkson, 2004:16) and interdependent (Yontef & Jacobs, 2011:329).
The Principle of Contemporaneity	This principle suggests that any influence in the present field explains present behaviour (here-and-now), whether positive or negative (Schoeman, 2007:75; Corey, 2009:201). Special attention is not given to past or future events because it is how these events influence one in the present that is important. The-past-as-remembered-now or the future-as-anticipated-now is part of the individual's experiential field in the present (Parlett, 1991:71; Clarkson, 2004:16).
The Principle of Singularity	Each situation and each person-situation field is unique and distinctive (Parlett, 1991:71) since each moment is co-created by the interaction between individuals and their environment (Schulz, 2004). Every individual's reality is different from another's, even when two people are together at the same time and place. The reason for this is that the actual phenomenal experience of every person will be different since their meanings are individually constructed (Parlett, 1991:72).
The Principle of Changing Process	The field is a process of continuous change where all experiences are provisional and never fixed (Parlett, 1991:72). An individual's field is newly constructed moment by moment as perceptions of reality are continuously being recreated to maintain homeostasis (Parlett, 1991:72; Philippon, 1998).
The Principle of Possible Relevance	This principle emphasises that no part of the total field can be excluded as irrelevant, no matter how mundane or ubiquitous it appears. Everything in the field is part of the total organisation and is potentially meaningful (Parlett, 1991:72).

These five principles which overlap, rather than being discrete, are a general outlook, a way of talking about and making sense of human experience. They provide a Gestalt

perspective of the way in which one would interpret and understand how individuals organise their worlds (Yontef, 1993:289; Crocker, 2005:69).

2.2.2. Holism

The term “Gestalt” is a German word which refers to a form or configuration, or a totality (Hergenhahn, 2009:481) that has, as a unified whole, properties that cannot be derived by summation of its parts or its relationships (Ambrose & Aono-Billson, 2011:56). In other words, it is “the whole [that] determines the parts” (Perls, Hefferline & Goodman, 1951:xi; Wheeler, 2002:17). This is consistent with the founders of Gestalt Therapy theory who accentuate an indivisible world of phenomenological experience in a holistic fashion whereby all influences are considered together and do not exist separately (Yontef, 1993:2; Parlett, 2005:43; Barber, 2006; Mann, 2010:3). This means that the sum total of the physical, emotional and spiritual aspects, as well as language, thought and behaviour, are more than its components. These components can be individually distinguished but never separated from the integrated whole (Kepner, 2001:38). The concept of holism does not split interior and exterior experience (Mann, 2010:23), but emphasises that the world is an interrelated entirety which is constantly in a state of flux, development and movement (Mann, 2010:23).

A fundamental principle of holism is that individuals are unique, holistic entities who are not to be regarded in isolation from their environment as all parts are in direct relation and reaction to one another (Meyer, Moore & Viljoen, 1989:27; Yontef, 1993:2; Parlett, 2005:43; Barber, 2006). Experiences, meaning, thinking and perception are structured and patterned whole components which emerge from this environmental interdependency (Mann, 2010:6). This implies that individuals will organise their perceptions into meaningful patterns where they create whole pictures and construct meaning of what exists even if parts are missing (McConville, 2001:28). Every individual’s behaviour is purposive rather than random (Mackewn, 1997:17; Kirchner, 2000; McConville, 2001:28; Yontef & Jacobs, 2005:1; Blom, 2006:22).

The holistic approach encourages a researcher to focus on the whole individual within the larger overall context and not as a separate entity (Ginger, 2007:2; Yontef & Jacobs,

2011:329). It emphasises that the patterns, relationships, whole configurations as well as complex interactions are more significant than the separate parts (Parlett, 2005:44). It recognises that every individual organises and experiences events differently and uniquely and is “more than an add-sum composite of behaviours, perceptions or dynamics” (Parlett, 2005:41). Although one may attend to the figure or ground by focusing on the ‘obvious’, attention is paid to how the parts fit together and how the individual contacts the environment, as well as to integration (Corey, 2009:201).

2.2.3. Phenomenology

Babbie and Mouton (2001:28) state that phenomenology is based on the “mental metaphor that is the centrality of human consciousness.” This emphasises that individuals are engaged in the process of “making sense” through continuously constructing, developing and changing their interpretations of their world.

Phenomenology emphasises that individual reality is an own organised, subjective and personal understanding of every experience. The essence of human experience consists of the way in which individuals make meaning of and interpret their field or environment (Patton, 2002:107; Joyce & Sills, 2010:15). Although all human beings experience what is revealed to them in similar ways, every individual perceives and interprets the shared world differently (Crocker, 2005:66). Every individual interprets a uniquely different reality since every situation is viewed subjectively. Thus, there is no truth other than the truth that every individual finds in the patterned relationships that emerge within his/ her immediate experience (Mackewn, 1997:59; Lobb, 2005:26).

Yontef (2002:16) states that the phenomenological method of enquiry is “a discipline to identify and enhance direct, immediate experience and to reduce the distortion of bias and prior learning.” When applying this method, the researcher provides a framework which guides the process while setting aside or bracketing personal beliefs. Joyce and Sills (2010:18) identify four main components that guide the phenomenological method of enquiry that include bracketing, description, horizontalisation and active curiosity.

- Bracketing

Bracketing involves identifying and setting aside any preconceived ideas, beliefs, interpretations or judgements by endeavouring to understand an individual within his/ her immediate experience (here-and-now) (Mackewn, 1997:60; Philippson, 2001:227; Clarkson, 2004:15; Joyce & Sills, 2010:18). Successful bracketing leads to an awareness and openness of how the individual perceives the world (Yontef & Fairfield, 2008:94; Joyce & Sills, 2010:19; Mann, 2010:152).

- Description

Description involves an enhanced awareness of the field where one notices what is immediately obvious and describes this to the one being observed (Joyce & Sills, 2010:21; Mann, 2010:153). It does not seek to explain or interpret but rather to bring to awareness that which is immediately present (Yontef, 2002:16; Yontef & Fairfield, 2008:94; Joyce & Sills, 2010:21).

- Horizontalisation or equalisation

Horizontalisation states that all experiences are equally important and significant. No experience is considered mundane or less important than the next, which emphasises the importance of avoiding any hierarchal assumptions (Yontef & Fairfield, 2008:94; Joyce & Sills, 2010:22; Mann, 2010:153).

- Active curiosity

Active curiosity is crucial for understanding the lived experiences of others. It involves showing an active interest in the process of the participant, rather than the content, in order to explore and clarify the meanings given (Yontef & Fairfield, 2008:94; Joyce & Sills, 2010:23).

These four components of phenomenology are used as the primary process of enquiry. They aim to enhance immediate awareness and clarity (Corey, 2009:202), reduce the bias and prior learning (Yontef, 2002:16), as well as support existential dialogue (Yontef, 1998:91). It is essential for the researcher to understand the participants' subjective reality

rather than to explain it, and to describe the meaning and perceptions that they attach to their experiences (Babbie & Mouton, 2001:31; Patton, 2002:1; Joyce & Sills 2010:23; Delport, *et al.*, 2011:304; Fouché & Schurink, 2011:317).

2.2.4. Dialogue

In Gestalt Therapy theory phenomenological dialogue may be regarded as a meeting of the phenomenological experience of two people (Yontef, 2005:86). As Buber (in Kirchner, 2000:2) states, “neither party [exists] without relating to and being informed by its counterpart. Consequently, relationships are indispensable with relatedness being an irreducible fact of existence.” Woldt (2005:xix) defines this authentic connection as “a meeting of souls” and refers to it as the I-Thou connection in which the separateness of “I” and “Thou” is temporarily suspended in favour of a connection of nurturance and respect (Buber in Smith, 2000:3). This experiential space between the “I” and “Thou” or between the internal experience and environmental influence is referred to as the “co-creation of the field” (Lobb, 2005:37; Mann, 2010:175). “Reality is co-constructed by an interaction between what is out there and how the individual constructs it” (Yontef, 2005:94).

In true dialogue the relationship between individuals is viewed as a dialogical totality in which both parties are interconnected entities (Lobb, 2005:37). The defining elements of a true dialogic relationship include four principles namely, presence, inclusion, confirmation and commitment to dialogue, which are based on the works of Martin Buber (Bowman, 2005:12; Yontef & Jacobs, 2005:336). The researcher concurs with Schoeman (2006:6) and Sapp (2009:168) who include “dialogue is lived” as an additional principle. These five principles are essential building blocks for any genuine, authentic and effective relationship (Yontef, 2005:97; Blom, 2006:56).

- **Presence**

Mann (2010:181) explains that the presence of others, whether actual, imagined or remembered, assists individuals in making sense of their experience. Woldt (2005:xix) emphasises that presence not only involves being fully aware within the here-and-now but also involves bringing the “fullness” of one’s authentic self into the interaction. Being present is genuine and unreserved communication which allows free expression beyond

conditions and expectations. It is being cognitively, spiritually and emotionally embodied (Mann, 2010:182).

- Inclusion

Inclusion “is a concrete imagining of the reality of the other, in oneself, [by entering into their experience], while still retaining one’s own self-identity” and phenomenological experience (Woldt, 2005:xx). In a sense it is a heightened form of empathy (Yontef & Fairfield, 2008:100; Mann, 2010:179; Yontef & Jacobs, 2011:336) without judgement, analysis or interpretation (Mann, 2010:179). According to Woldt (2005:xix), an I-Thou interaction allows the potential for this absolute connection, which is characterised by genuine acceptance.

- Confirmation

Confirmation, which is the acknowledgement of another individual’s whole being (Woldt, 2005:xx; Mann, 2010:183), can only be given by someone else (Schulz, 2004). It is about confirmation of another’s existence rather than his/ her behaviour. In other words, one can acknowledge others for who they are without necessarily approving of their behaviour (Mann, 2010:183).

- Commitment to dialogue

Commitment to dialogue requires one to give up control of the outcome of any given interaction by being one’s self and interacting with another individual who does the same. Failure to do so results in the violation of the principles of phenomenological exploration and dialogic contact (Yontef, 2005:96). It is by committing to dialogue that one is able to enter into a shared situation with another connected human being (Mann, 2010:186), which is an ongoing process that is built and maintained within an I-Thou relationship (Mann, 2010:186).

- Dialogue is lived

The principle of “dialogue is lived” implies that actions are more important than words (Sapp, 2009:168). Non-verbal communication is a vital part of dialogue which, according to

McLoughlin, King and Chamberlain (2010:68), should match one's verbal expressions. It is only within the immediacy of the experience that dialogue can be 'lived' (Yontef, 2002:24; Schoeman, 2006:6).

The researcher maintains that it is important to incorporate an existential dialogical attitude when conducting research. The principles laid out above will guide the I-Thou relationship between the researcher and the participants (Yontef, 2005:92). They will assist in creating a safe atmosphere, devoid of judgements and expectations, wherein the participants can feel respected and equal to the researcher (Blom, 2006:56), which, in turn, will encourage true expression of feelings, desires and past experience (Yontef, 2005:96).

The following section discusses the core theoretical assumptions of Gestalt Therapy theory that are relevant to this study. These include the theory of self, awareness, contact and healthy and unhealthy functioning.

2.3. CORE THEORETICAL ASSUMPTIONS OF GESTALT THERAPY THEORY

2.3.1. The theory of self

Latner (2000:13) states that "[one] only truly knows [one's self] in relationship to other things." The self in Gestalt Therapy theory is thus the capacity of the individual to make contact and relate to his/ her environment - spontaneously, deliberately and creatively (Lobb, 2005:27). It is an experiential and dynamic process; a creative adjustment that comes to life in the encounter with the world at large. It involves the process of connecting all the dimensions of perception, desire, experience and meaning during one's contact with the field. In other words, the self is an ongoing, creative and continuous organisation of a whole field of experience in which every individual's lived experience remains unique as no two individuals organise, evaluate, predict and assess from the same point of view (Wheeler, 2002:47).

The self is differentiated from the environment at the contact boundary where it is actively poised to resolve the outer and inner world into an integrated whole (Wheeler, 2002:46; Lobb, 2005:27). Both the inner and the outer worlds are poles of experience in a dynamic

figure/ ground relationship, where each one is the context or ground for the other. Both these worlds must develop mutually to avoid becoming arrested or distorted together (Wheeler, 2002:47).

The purpose of the self is to create meaning from the relationship between the figure and the ground (Yontef, 2005:88), which together form the Gestalt (whole) (Yontef, 2005:89). In a healthy functioning individual there is a natural, spontaneous flow between the figure and ground, which is the dynamic process in which contact occurs. It is thus through contact that people grow and form identities (Yontef, 1993:107; Philippon, 2001:14; Blom, 2006:19).

The interruption of contact at any stage of the contact-withdrawal cycle (refer to section 2.3.3.3), including the use of inappropriate contact styles as an attempt to cope with some traumatic event, may have an adverse impact on an individual's self. The continuous disruption of contact generally leads to an accumulation of incomplete situations (unfinished business), which subsequently continue to interrupt other processes of meaningful contact (Lobb, 2005:33). The anxiety accompanying the primary interruption of contact may affect the individual's sense of control, self-esteem, self-concept, autonomy, sense of trust and cognitive processing. In turn, this may affect many other aspects of his/her life as well as increasing the risk of developing mental health problems (Nader, 2008:26).

2.3.2. Awareness

Yontef (1993:10) explains that awareness is a non-verbal form of experience or sensing that can be defined as "being in touch with one's own existence in the here-and-now." It involves both *knowing* and *being* (Joyce & Sills, 2010:32). Individuals who are aware, know *what* they do and *how* they do it. They are aware of their alternatives (Yontef, 2005:87) and *choose* to be as they are (Joyce & Sills, 2010:31). Awareness within the here-and-now is thus a self-process that occurs at the boundary between the individual and the rest of the field (Latner, 2000:17). It is sensory, affective and cognitive, and includes observing one's self (self-knowledge) as well as others (Yontef, 2005:87).

According to Brownell (2010:180), awareness occurs along a continuum ranging from acute consciousness, also known as full awareness, to unconsciousness, such as during sleep. From a Gestalt perspective, full awareness is the keystone to effective growth and interaction with the field (Blom, 2006:57; Sue & Sue, 2008:152). It is only by being in a state of full awareness that one is effectively able to make contact with oneself and the environment (Joyce & Sills, 2010:31).

There are five distinct qualities of awareness (refer to Table 2.2), which together form one's experience (Latner, 2000:19). Experience is, however, only possible with contact (Blom, 2006:29).

Table 2.2: Five distinct qualities of awareness adapted from Latner (2000:18-22)	
1. Contact	"The central fact of human life, as well as the lives of all organisms, is contact, understood as a meeting of various kinds with others. All of life occurs in cycles of contact with others and withdrawal for rest and regeneration." (Latner, 2000:22; Lobb, 2005:26; Burley, 2009:23). It is a meeting of differences; that which is different to how one thinks, feels or experiences (Latner, 2000:18). Without contact, awareness is not possible (Yontef, 1998:87). Contact can, however, occur without awareness (Yontef, 1998:87).
2. Sensing	Sensing is divided into 1) Close sensing (touch and feelings) 2) Far sensing (sight and hearing) which occur outside an individual, as well as 3) Proprioception (thoughts, dreams, body sensations and emotions) which occur within an individual (Yontef, 1998:87; Latner, 2000:18). These qualities of sensing determine the nature of awareness (Latner, 2000:18).
3. Excitement	Excitement covers a range of physiological and emotional excitation (Latner, 2000:19) from the most diffuse to the more concentrated (Latner, 2000:19). It includes memories, ideas and feelings and may range from a mild sense of attentiveness to a strong impulse towards action (Latner, 2000:19).
4. Figure formation	This continuous process of Gestalt formation and destruction is the central part of awareness (Yontef, 1998:88; Latner, 2000:19).
5. Wholeness	Awareness is always holistic in nature where its parts, which include the inner, middle and outer zones, are interconnected and dependent on one another (Joyce & Sills, 2010:34). The inner zone is the embodied inner world which includes all subjective bodily affective states such as breathing, heartbeat, feeling and experiencing of emotions (Bentley, 2000:183; Joyce & Sills, 2010:34). The middle zone makes sense of and mediates the internal and external stimuli by organising and labelling experiences (Joyce & Sills, 2010:35). It is within this zone that a web of old beliefs and fears reside which interferes with figure-formation and full contact (Houston, 2003:21). The outer zone is the awareness of contact with the outside world and includes the use of the contact functions such as taste, smell, sight, moving, touching and hearing (Nelson-Jones, 2006:123; Joyce & Sills, 2010:34).

2.3.3. Contact

Contact refers to “being in touch with what is emerging here-and-now, moment to moment” (Yontef & Jacobs, 2005:360). It involves being fully present within the here-and-now where the individual’s whole self is made available (Oaklander, 2001:48). According to the classical text of Perls (1957:208), there is no reality other than the present. This is not to say that past experiences are denied or future hopes and fears are ignored since, from a Gestalt Therapy theory perspective, these are experienced within the present moment (Yontef, 2005:92; Yontef & Jacobs, 2005:360; Blom, 2006:29).

According to Blom (2006:29) “contact is an integral part of all experience; therefore no experience can exist without it.” It is an “instrument of connection” that the individual uses to satisfy his/ her needs (Polster & Polster, 1999:228; Yontef & Jacobs, 2005:305). McConville (2001:38) states that contact involves the whole process of connection; that is, how an experiencing individual engages, joins, separates and adjusts with his/ her environment. During an individual’s interactions with the environment it is essential that he/ she maintains a separate self-identity (Yontef, 1993:107; Philippon, 2001:14; Blom, 2006:19).

The individual makes contact with the environment through the use of the sensory and motor functions (Clarkson, 2004:40); that is, seeing, talking, hearing, smelling, touching, tasting, feeling, and moving (Blom, 2006:89; Schoeman, 2007:65). Depending on their various field conditions, individuals contact the world differently, as depicted in the contact-withdrawal cycle below (Kepner, 1987:92; Clarkson, 2004:35, Joyce & Sills, 2010:59).

2.3.3.1. Contact-withdrawal cycle

From a Gestalt Therapy theory perspective, individuals are experiencing beings who are viewed as being inseparable from their environment. The way they perceive themselves, the way they perceive the world and the way they interact with the world are aspects of their process of experiencing (Yontef & Jacobs, 2005:2). This process, commonly referred to as the contact-withdrawal cycle, is cyclical in nature where one’s experiences are

continually forming wholes or Gestalts (Wheeler, 1998:28; McConville, 2001:27; Bowman, 2005:10; Yontef, 2005:90; Yontef & Jacobs, 2005:2).

The contact-withdrawal cycle describes the continuous sequence of interactions between the individual and the environment. It highlights what the individual is experiencing within his/ her foreground at particular points of contact (figure of the moment) (Kepner, 2001:90), and consists of several stages (refer to Diagram 2.1).

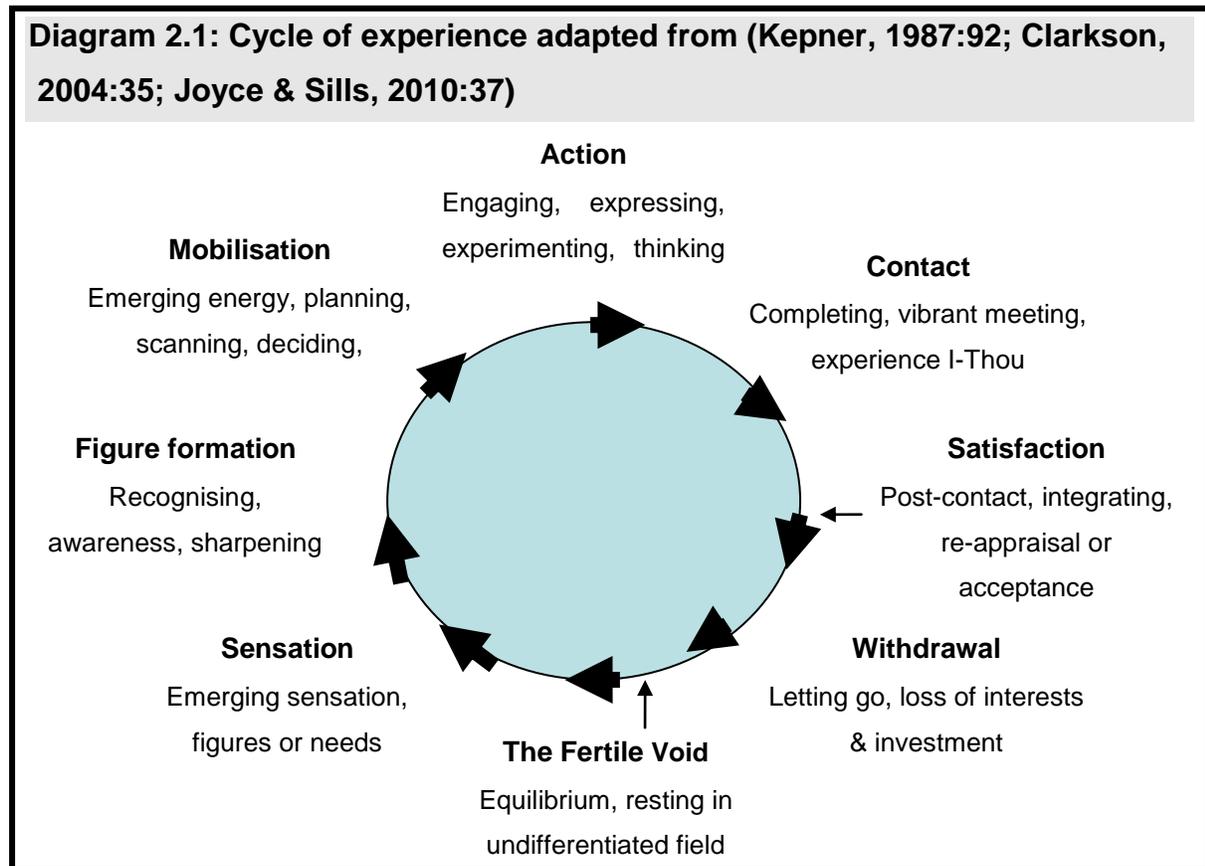


Table 2.3: Cycle of experience adapted from (Kepner, 1987:92; Clarkson, 2004:3; Joyce & Sills, 2010:37)

Stages	Description
1. Fertile void	A neutral transition zone which follows withdrawal and precedes sensation (Clarkson, 2004:43). A state of homeostasis with no desires (Hine, 2007). It is at this stage that individuals assume an open and flexible attitude despite not knowing what to do or what lies ahead (Williams, 2006:9).
2. Sensation	Internal or external disturbances emerge in the form of a need which disturbs the previous state of equilibrium (Clarkson, 2004:38).
3. Awareness	The awareness of the physical, sensory or cognitive sensation which emerges as a figure, and becomes the focal point of interest in the experience of the moment (Clarkson, 2004:38).
4. Energy mobilisation	Internal energy is stimulated after the figure emerges into awareness and forces the figure into action (Sharf, 2004:231; Pryor, 2009).
5. Action	During this stage the individual organises perceptual, behavioural and emotional activity by choosing and implementing appropriate action (Clarkson, 2004:40).
6. Full contact	Full contact marks the closure of a particular Gestalt and involves full engagement to satisfy needs and complete figures (Clarkson, 2004:40; Sharf, 2004:231; Yontef & Jacobs, 2005:339).
7. Satisfaction	The individual experiences a deep organismic satisfaction, acknowledges the completion of the need and digests the experience (Clarkson, 2004:41).
8. Withdrawal	Withdrawal involves the fading of the figure into the background (ground) once the need has been satisfied (Kepner, 2001:92). Self regulation has been achieved and the individual returns to the resting position of the fertile void (Clarkson, 2004:43).

The contact-withdrawal cycle is a recurring process. As an emerging need becomes a figure within the individual's foreground, equilibrium is disturbed. This emerging figure becomes the dominant need, which requires completion or satisfaction and once completed, it withdraws to the background (ground) and a new figure emerges (Reynolds & Woldt, 2002:245; Lobb, 2005:31; Blom, 2006:29). The basis of this cycle is the figure-ground relationship from which individuals derive meaning (Polster & Polster, 1999:104; Yontef, 2005:84).

2.3.3.2. Contact boundary

The contact boundary is the boundary between the organism and the environment across which contact is made. It is ideally characterised by a healthy level of permeability where

individuals are able to connect with one another while still maintaining a sense of self and separation (Caghan, 2007:399). Connection with others is essential for meeting one's biological, social and psychological needs. On the other hand, separation creates and maintains autonomy and protects against harmful intrusion or overload. It is thus through one's contact with and withdrawal from others that needs are met, growth occurs and one establishes a boundary as well as an identity (Yontef & Jacobs, 2005:301).

2.3.3.3. *Inappropriate contact styles*

Inappropriate contact styles are habitual interruptions of the contact-withdrawal cycle that may lead to the accumulation of incomplete Gestalts and unfinished business, which subsequently continue to interrupt other processes of meaningful contact (Lobb, 2005:33).

Kepner (2001:93) and Blom (2006:31) state that any disruption during the contact cycle, including the use of inappropriate contact styles as an attempt to cope with some traumatic event, occurs when the individual is no longer capable of forming a sound balance between himself/ herself and the world. Individuals are incapable of being aware of their needs and healthy contact with the environment is disturbed. The boundary between the individual and the environment becomes unclear, which impedes Gestalt completion (Blom, 2006:21). Moreover, the integrated and holistic functioning of the individual's senses, body, emotions and intellect becomes fragmented, and the natural process of organismic self-regulation is negatively affected when he/ she adopts inappropriate forms of contact styles (boundary disturbances). When these contact styles become dominant, they are utilised as defence mechanisms as an attempt to fulfil needs and are seen as fixations which interfere with healthy functioning (Wheeler, 1998:51; Kepner, 2001:93; Clarkson, 2004:54; Woldt & Toman, 2005:xi; Blom, 2006:21). These inappropriate contact styles (refer to Table 2.4) can occur at any stage within the contact-withdrawal cycle.

Table 2.4: Inappropriate contact styles (modifications to contact) adapted from Yontef (1993:138); Clarkson (2004:55) and Joyce & Sills (2010:106).	
Deflection	Is the avoidance of direct contact, thereby reducing awareness with the environment (Yontef, 1993:138; Blom, 2006:28). The emergence of a new figure is disturbed by not paying attention or deliberately diverting attention (Clarkson, 2004:54).
Desensitisation	This is where the individual's feelings and sensations are numbed, disregarded and neglected as the experience may be too painful to confront (Clarkson, 2004:55).
Introjection	Parental styles or cultural norms may cause introjections (Joyce & Sills, 2010:105). Introjections involve the acceptance of opinions, attitudes or instructions without criticism, discrimination or awareness. According to Joyce and Sills (2010:105), there is a strong pressure to conform to that which has been introjected owing to the uncomfortable feelings that generally emerge when one opposes it. This is especially true for children whose self is still embedded in their family.
Projection	This is a confusion of self and other that results from attributing to the outside something that is truly self (Yontef, 1993:138). It is when the individual denies an emotion and assigns it to others, or transfers inappropriate material onto another (Joyce & Sills, 2010:104).
Retroflection	The development of excitement is interrupted by being turned back inside, instead of being allowed to engage in full contact with the environment (Latner, 2000:226; Lobb, 2005:33). The action intended for an external stimulus is turned back onto the self (Clarkson, 2004:57)
Confluence	The separation and distinction between the "self" and "other" becomes unclear, and thus the boundary between them as well as their connectedness becomes lost (Yontef, 1993:137). Individual own identity is lost, and they do not have a sense of self that distinguishes them from the environment (Blom, 2006:26). They cannot distinguish the "me" from the "not me."
Egotism	This is characterised by the individual stepping outside himself/ herself and becoming a spectator or commentator on himself/ herself and his/ her relationship with the environment (Clarkson, 2004:64). This neurotic mechanism hinders the ability to fulfil one's needs which disrupts healthy contact with the environment (Clarkson, 2004:64).

Depending on the context, these contact styles may also be used constructively. For example, projection may be used creatively, where parts of the self are projected into artwork (Clarkson, 2004:62). Confluence may be positive when there is a natural healthy energy within a relationship (Blom, 2006:35). Retroflection may also be advantageous when an inappropriate response in a specific situation is suppressed (Blom, 2006:36).

However, these become dysfunctional when the individual disowns aspects of the self and blocks it from his/ her awareness (Clarkson, 2004:62).

2.3.4. Healthy functioning in Gestalt Therapy theory

In good “psychic health” the self is dynamic and flexible as it responds to the demands of a changing environment. Optimal functioning involves the capability to contact the environment effectively through the use of the sensory functions (Nelson-Jones, 2006:119). Healthy individuals have clear and permeable boundaries that connect and separate them from the environment (Kepner, 2001:90), allowing them to make authentic contact with others (Yontef & Jacobs, 2011:360). In other words, these individuals self-regulate (restore homeostasis) by being aware of their needs and effectively fulfilling these needs as they emerge into their foreground. They are thus able to successfully complete their Gestalts (Kepner, 2001:90; Ginger, 2007:5).

In healthy functioning an individual is able to create and withdraw figures spontaneously by making use of the resources from the environment. Through contact-making and appropriate withdrawal, the individual’s needs are met, homeostasis is restored and growth takes place (Polster & Polster, 1999:103). Interruptions within the contact-withdrawal cycle leads to incomplete cycles and unmet needs (Clarkson, 2004:51).

2.3.5. Unhealthy functioning in Gestalt Therapy theory

Instead of healthy and permeable boundaries, individuals who function in an unhealthy manner adopt inappropriate contact styles (modifications to contact) where they fail to form clear figures and to fulfil their needs (Polster & Polster, 1999:228; Blom, 2006:29; Joycw & Sills, 2010: 106; Yontef & Jacobs, 2011:305). For instance, individuals who are exposed to a negative influence, such as a traumatic event, may desensitise their sensory functions and thus lose their ability to make sound contact with the environment.

When individuals use inappropriate contact styles they interrupt the contact-withdrawal cycle, resulting in an unfinished situation that either becomes a pre-conscious element of internal pressure, a mobilising element or one that results in a neurosis. An unfinished situation may remain ‘present’ by waiting for the first opportunity to play itself out, or it may

be transformed into a haunting and exhausting psychic tension which, in the long run, becomes a source of neurosis (Ginger, 2007:110). This then leads to neurotic repetition, and consistently inappropriate or anachronistic 'life scenarios', such as an adult who currently displays sexual difficulties as a result of having being raped or abused when he/she was younger (Ginger, 2007:11).

Unfinished business generally filters into every part of an individual's existence, resulting in a fragmented life (Polster & Polster, 1999:228; Yontef & Jacobs, 2005:305; Blom, 2006:29), where each pressing unfinished situation assumes dominance and mobilises all the available effort until the task is completed. The need then becomes indifferent and loses consciousness and the next pressing need claims attention (Perls, Hefferline & Goodman, 1951:274).

2.4. CONCLUSION

In this chapter the Gestalt Therapy theory paradigm, which was used to guide the research process for this study, was discussed. The key tenets, which include the field theory, holism, phenomenology and dialogue, were explained and described to attain a comprehensive understanding of the theoretical framework implemented. The core theoretical assumptions, which include the theory of self, awareness, contact and healthy and unhealthy functioning, were incorporated within the theoretical framework, forming the first part of the conceptual structure of the study. The second part of the conceptual framework is dealt with in Chapter 3, including a discussion on trauma, adolescence as a developmental model and Gestalt Therapy theory applied.

CHAPTER 3

CONCEPTUAL FRAMEWORK: THEORETICAL ASSUMPTIONS OF EARLY ADOLESCENT DEVELOPMENT AND TRAUMA

3.1. INTRODUCTION

Chapter 2 presented the first part of the conceptual framework which included a summary of the key tenets as well as an overview of the core theoretical assumptions of Gestalt Therapy theory that are significant to this study. In this chapter the researcher addresses the second part of the conceptual framework by discussing early adolescence as a developmental stage. It is approached specifically from a Gestalt perspective although a brief section describing a non-Gestalt approach is included, as well as the nature, prevalence and impact of trauma, including a Gestalt Therapy perspective of trauma.

3.2. EARLY ADOLESCENCE AS A DEVELOPMENTAL STAGE

3.2.1. Conventional approaches to human development

Conventional approaches to development emphasise one dimension of functioning which describes several stages of development that contain specific facets of adolescent functioning (refer to Table 3.1) (Parlett, 2005:56; Toman & Bauer, 2005:180; Sigelman & Rider, 2011:40). Each of these stages includes a developmental challenge that occurs when an individual attempts to meet the demands of living. When that individual successfully meets the challenges of each stage, development occurs. If, on the other hand, he/ she fails to complete a challenge successfully, problems arise (Meyer, Moore & Viljoen, 1989:147; Maddi, 1996:61; Sigelman & Rider, 2011:40). According to these approaches, development is explained by “seeking causes in the child, in the environment, or in some combination of the two” (McConville, 2001:29).

Table 3.1: Comparative array of some of the available developmental models adapted by McConville (2001:30) and Wheeler (2002:52).						
	0-1 year	1-3 years	3-6 years	7-11 years	12-17 years	18 years
Freud	Oral Phase	Anal Phase	Phallic Phase	Latency	<<<< Genital Phase >>>>	
Erikson	Trust/ Mistrust	Autonomy/ Shame	Initiative/ Guilt	Industry/ Inferiority	Identity/ Diffusion	Intimacy- Generativity
Piaget	Sensory- motor	<<<< Preoperational >>>>		Concrete Operations	Early Formal Operations	Full Formal Operations
Maslow	<<<< Physical Survival >>>>		Safety	Love/ Affiliation	Self-esteem	Self- actualisation
Kohut	Self- regulating	Empathetic mirroring	Idealising	Twinship	<<<< Emergence of Mature Self Objects >>>>	
Kegan	Incorporative	Impulsive	Imperial	Interpersonal	Institutional	Intersubjective
Perls	Introjection/ Resistance	Autonomy/ Confluence	Projection/ Inhibition	Concentration/ Deflection	Expression/ Retroflection	Orgasmic/ Egotistical
McConville	<<<<<<<< Embedded Self Period >>>>>>>>				<<Disembedded Self Period>> Differentiating – Interiorising – Integrating	

As depicted in Table 3.1, every conventional approach proposes a distinct and separate theory of development. Freud views development in terms of psychosexual stages and places adolescents in the genital stage (Toman & Bauer, 2005:180; Lee, 2009:28; Rathus, 2010:9; Sigelman & Rider, 2011:47). Erikson uses psychosocial stages to describe development and proposes that the main developmental task during adolescence is forming an identity (Toman & Bauer, 2005:180; Rathus, 2010:12). Piaget views development in terms of cognitive functioning where adolescents exhibit formal operational thought (Toman & Bauer, 2005:180; Rathus, 2010:484; Sigelman & Rider, 2011:425). Maslow uses a “hierarchy of needs” to determine one’s development where the innate goal of living is self-growth and self-actualisation (Wheeler, 2002:54; Bergin & Bergin, 2011:42; Young, 2011:450). Kohut utilises object-relations within his theory of development (DeRobertis, 2008:55; Lerner, Lamb & Freund, 2010:164; Sharf, 2011:44) and Kegan views development in terms of six developmental stages of self (Cavanaugh & Blanchard-Fields, 2006:367; Mckinnon, 2008:250; Mobley, Li & Wang, 2011:321).

According to the field theory, all aspects of these conventional developmental approaches are important and should be considered. For this reason the researcher supports Lewin's theory of development which integrates these conventional approaches by considering the biological, psychological and social causalities of development (McConville, 2001:30).

3.2.2. Gestalt approach to human development

In contrast to the conventional developmental theories that focus on the individual in isolation while neglecting contextualism (McConville, 2001:29), the Gestalt developmental approach is phenomenological, relational and holistic in nature. It unifies all domains of experience, including the biological (genetic and physiological), psychological (thought, need, fantasy and personality), and social experiences (familial, cultural, political and geographical), which form part of the individual's integrated field or "life space" (Louw, Louw & Van Ede, 1998:62; McConville, 2001:30; Mishra, 2008:544; Sharf, 2011:243). This "life space" represents a map of the developing person's phenomenological field (McConville, 2001:30; Toman & Bauer, 2005:181; Mishra, 2008:544; Sharf, 2011:244).

From a Gestalt perspective, every period of human development has its own form of developmental crisis; that is, a field laced with disequilibrium and developmental tension (McConville, 2001:42; Yontef, 2005:92). When individuals encounter critical moments, anxiety and emotional instability, reorganisation is called for and a new level of challenge in the ongoing process of forming and deconstructing phenomenological figures arise (Ferguson & O'Neill, 2001:72). Developmental crisis can interfere with development when the reorganisation of the individual's field is disrupted (McConville, 2001:42) and the meaningful boundaries of the inner and outer regions of the "life space" become flooded and no longer function independently (McConville, 2001:34).

The model for understanding development from a Gestalt perspective has advanced through the work of Kurt Lewin (Mishra, 2008:544; Sharf, 2011:243) whose insights form the foundation of this study. The Lewinian-Gestalt approach to development presents a model that attempts to define experience from a subjective stance in a dynamic context of constant interaction and mutual influence with other subjective selves mediated by

interpersonal relationships such that the individual's self is intrinsically part of a wider social field (Wheeler, 2002:46; Lobb, 2005:27; Mishra, 2008:544; Sharf, 2011:244).

3.2.3. Gestalt approach to adolescence

3.2.3.1. Defining adolescence

The term 'adolescence' is derived from the Latin word 'adolescere', which means "to grow up" or "to grow to maturity" (Hurlock, 1980:391; Holt, 2008:1). Adolescence is a special phase of human development as it represents the transition between childhood and adulthood (Salkind, 1985:107; Thom, 1991:377; LeFrançois, 1993:315; Buchholz & Catton, 1999:20; Engelbrecht & Green, 2001:104). It may be regarded as the beginning and the end in terms of development (Thom, 1991:377; Badenhorst, 1997:82; Berryman, Smythe, Taylor, Lamont & Joiner, 2002:313), as it starts at puberty and either ends with adulthood, or when physiological or psychological maturity is reached (Buchholz & Catton, 1999:203; Engelbrecht & Green, 2001:104; Sigelman & Rider, 2011:155). During this developmental period the adolescent achieves sexual maturity but does not yet take on the roles and responsibilities, or the rights, that accompany full adult status (Hurlock, 1980:392; Schostak, 1991:53; Thom, 1991:377; LeFrançois, 1993:317; Badenhorst, 1997:83; Pellebon, 2000:19; Donald, Lazarus & Lolwana, 2002:54; Ponterotto, Utsey & Pedersen, 2006:8; Sigelman & Rider, 2011:155).

According to Plummer and Tukufu (2001:55) the developmental period of adolescence can be understood only by considering the larger field in which adolescents live. Lewin defines adolescence as a process of expansion, an increase in the scope and range of the field that adolescents find accessible (McConville, 2001:31). Authors such as Berk (in Thom, Louw, Van Ede & Ferns, 1999:385), Radizk, Sherer and Neinstein, (2002:53), Rew (2005:4), and Sigelman and Rider (2011:159) propose that the process of adolescence is divided into early, middle and late sub-periods (refer to Table 3.2), of which early adolescence will be the main focus of this study. Many developmental theorists believe that the process of healthy development from child to adulthood requires an individual to master and complete a set of developmental tasks. These are summarised in Table 3.2 according to authors Radizk *et al.* (2002:57).

Table 3.2: Developmental tasks described by Radizk *et al.* (2002:57)

Task	Early adolescence	Middle adolescence	Late adolescence
	Approximately age 10-13/ 14 years or middle school individuals	Approximately age 14-17 years or high school individuals	Approximately age 18-21 years old, or years of tertiary education or work after high school
Independence	Less interest in parental activities Wide mood swings	Peak of parental conflicts	Reacceptance of parental advice and values
Body image	Preoccupation with self & pubertal changes Uncertainty about appearance	General acceptance of body Concern over making body more attractive	Acceptance of pubertal changes
Peers	Intense relationships with same-sex friend	Peak of peer involvement Conformity with peer values Increased sexual activity & experimentation	Peer group less important More time spent in intimate relationships
Identity	Increased cognition Increased fantasy world Idealistic vocational goals Increased need for privacy Lack of impulse control	Increased scope of feelings Increased intellectual ability Feeling of omnipotence Risk-taking behaviour	Practical, realistic, vocational goals Refinement of moral, religious and sexual values Ability to compromise & to set limits

3.2.3.2. Early adolescence

Early adolescence ranges between the ages of ten and fourteen years (Van Heeswyk, 1997:4; Radizk *et al.*, 2002:57). According to LeFrançois (1993:318) and Shaffer (2002:4), early adolescence involves a vast number of changes that generally lead to tension and intensity, irritability and frenzy, as well as a driven idiom of wild enactment and acting out (Van Heeswyk, 1997:4; Sigelman & Rider, 2011:533). McConville (2001:155) supports this by stating that early adolescents generally experience disequilibrium as a result of creatively adjusting to the changing field conditions. Examples of such changes include the onset of puberty, the development of more concrete and logical thinking, the enhancement of more mature emotions and the assimilation of moral convictions (LeFrançois, 1993:318; Louw, *et al.*, 1998:269; Sigelman & Rider, 2011:155). These changes result from a

complex interplay of physical, psychological/ cognitive and social dimensions which, according to Lewin, makes up the individual's "life space" (McConville, 2001:31).

- Physical dimensions

Puberty is the obvious marker of the start of early adolescence. The two most striking developments during puberty are the changes in physical appearance and increases in sexual drives due to hormonal changes (Newman & Newman, 2009:319). The process of puberty is an important maturational shift as it heralds entry into adolescence. Puberty marks the beginning of the relatively long physical and psycho-social transition from childhood to adulthood (Hendry & Kloep, 2002:82; Sigelman & Rider, 2011:155).

Although puberty is a normative life transition, not all adolescents are prepared for puberty as some adolescents mature more quickly than others. There is evidence to suggest that there are different psychological reactions for early, on-time or late maturing adolescents. For instance, on-time maturation has been found to be a positive experience for both girls and boys, whereas late maturation generally results in distress for girls (Corr & Balk, 1996:9; Sigelman & Rider, 2011:159). According to Hendry and Kloep (2002:82) and Schoeman (2007:21), all early adolescents typically show an increased concern about their body shape. Their elongated limbs, developing breasts, increasing weight and stronger muscles draw their attention to their own and everyone else's bodies. It is also not uncommon for early adolescents to be influenced by media images of physical beauty and to respond to them in a range of inappropriate and maladaptive ways. According to Schoeman (2007:21) and Sigelman and Rider (2011:159), one developmental task during adolescence involves the acceptance of these physical changes.

- Psychological or cognitive dimensions

As Piaget proposed, adolescence marks the stage of formal operations, where children go from concrete thinking to formal thinking in which they begin to think hypothetically, systematically and logically, and problem solve (Snowman, McCowan & Biehler, 2009:38; Sigelman & Rider, 2011:222). Developmental theorists find distinct differences between younger and older adolescents in their ability to generalise, to handle abstract ideas, to reason logically and to understand the connection between cause and effect (Brooks,

Fusco, & Glennan, 1983; Sprinthall & Collins, 1985; Hendry & Kloep, 2002:10; Sigelman & Rider, 2011:49). This process of cognitive development leads to their ability to process complex and abstract ideas (Hendry & Kloep, 2002:13; Sigelman & Rider, 2011:49) and generally results in early adolescents becoming preoccupied with their 'self' (refer to Chapter 2 section 2.3.1) where they spend a great deal of thought on their experiences (Schoeman, 2007:21). According to Schoeman (2007:21), this preoccupation with their own thoughts, referred to as 'egocentricity', decreases after 16 years of age.

It is also during this developmental stage that adolescents become more realistic in their assessment of the world, factoring out the subjective colouring of fantasy from the 'real world' of their perceptions. These fantasy/ reality domains become more clearly differentiated from one another as meaningful boundaries of inner and outer fields of experience emerge (McConville, 2001:34).

- Social dimensions

During early adolescence there is an expansion in the adolescent's life space (Van Heeswyk, 1997:5; McConville, 2001:37) where the micro-systems surrounding the growing individual expand and change their structure (Hendry & Kloep, 2002:82; Toman & Bauer, 2005:183). This expansion in the life space leads to a shift from hierarchical to horizontal relationships as the adolescent socialises with parents, friends and teachers, encouraging the development of contact skills and personality traits (Hendry & Kloep, 2002:82). It also helps them to establish a variety of behaviours and emotional expressions, to create new awareness, new activities and interests and to differentiate their sense of self in order to function independently (McConville, 2001:33; Sigelman & Rider, 2011:340).

In addition to an expansion of the life space, there is a greater differentiation within the early adolescent's field (Van Heeswyk, 1997:5; McConville, 2001:37; Lewin, 2008:115), where he/ she attempts to maintain a place in the family field while also forming a self separate from the family (Chavous, Bernat, Schmeelk-Cone, Caldwell, Kohn-Wood & Zimmerman, 2003:1076; Toman & Bauer, 2005:182; Gushue & Whitson, 2006:113; McWhirter, Torres, Salgado & Valdez, 2007:119). Early adolescents "disembed" from the family by turning inward to find their own voice and develop their own self, while forming

new relationships outside of the family field (Toman & Bauer, 2005:182). According to Van Heeswyk (1997:4), the new relationships that early adolescents form are generally with their peers (Sigelman & Rider, 2011:471) who take on the previously idealised qualities of their parents. The peer group thus offers a sense of belonging and power to early adolescents.

During this “disembedding” period, early adolescents come to grips with a naturally expanding and deepening inner world of private experiences while testing new internal boundaries to develop inner strength, personal worth and individuality (McConville, 2001:31; Starrs, 2008:8). They also typically test the boundaries of adult behaviours (Hendry & Kloep, 2002:97) in an attempt to prove both to their peers and to themselves that they are old enough “to do certain things” (Gerard, Gibbons, Benthin, & Hessling, 1996). Such “things” can range from dating and driving, to taking alcohol and drugs and experimenting with sex and guns, which not only increases the risk of being exposed to a traumatic event, but also puts their health, life and future in danger. Early adolescence is not only a time of experimentation with high risk behaviours, but also a time when life-long habits that have a bearing on health are started (Chavous *et al.*, 2003:1076; Gushue & Whitson, 2006:113; McWhirter, 2007:11; Sigelman & Rider, 2011:533).

The effects of physical change, increased intellectual capacity, and social pressure to achieve independence all contribute to the adolescent’s formation of an identity (Gordon, 1971; Sigelman & Rider, 2011:41). It is by bringing together all the facets of their ego that adolescents start to develop a sense of identity which includes their talents and social roles (Bynum & Thompson, 2007:136). According to Wheeler (2002:40), the formation of an identity is a recurring developmental process that continues throughout an individual’s life and is not based on predetermined stages as proposed by several of the conventional theorists (Wheeler, 2002:40; Sigelman & Rider, 2011:41).

3.2.3.3. General themes of development during early adolescence

This means using a whole-field approach to development that considers both the inner world as well as the context of experience (Wheeler, 2002:48). Wheeler (2002:60) proposes four general themes of development that relate to early adolescence. Each of

these themes, which include intersubjectivity and intimacy, support and shame, gender and identity, as well as voice and narrative, has a developmental line of its own and also supports and interacts with the others.

- Intersubjectivity and intimacy

Development involves a continuous process of integration and intersubjectivity; that is, mapping and manipulating the full field of experience into a whole Gestalt to promote growth and learning of one's self and of others through bonded relationships (Wheeler, 2002:60). The fluid and interchanging relationships with others (Wheeler, 2002:61) allow for intimacy, also referred to as "inside knowing", which is the process of revealing one's own inner world and learning about another's inner world, and is distinguished from how one knows the more public and physical field (Wheeler, 2002:63).

The process of intimacy emerges as the developmental ground for learning how to know one's self, a process which is inseparable from learning how to know the inner world of another (Wheeler, 2002:63). Individuals exist in a continuous dynamic field of intimate relationships with other subjects. As development progresses, these levels of exchange and meaning become more sophisticated (Wheeler, 2002:63). This ongoing process of knowing oneself and the subjective self of another go hand in hand since they both support and constrain the other (Wheeler, 2002:64).

During this process of intimacy or identity formation, adolescents use their peer groups to provide a standard by which to evaluate themselves. It is within the peer group that early adolescents can try out a variety of roles. The values and norms of the group permit them to acquire a perspective of their own values and attitudes. The peer group may also encourage them to make the transition from reliance on the family to relative independence. This is generally achieved by adopting the customs and language of the peer group, since expressing a distinct identity eases the anxiety of separation from past sources of reference (Muss, 1990).

- Support and shame

In a field model, the activity and purpose of the self is to unify the whole field, which requires support from somewhere in the field (Wheeler, 2002:69). The self organises what is relevant from the field and thus whatever happens, happens with support from inside and/ or outside of the self boundary (Wheeler, 2002:64). A healthy developmental field moves fluidly to create organised, integrated and coherent supports that allow individuals the scope to challenge their evolving capabilities and skills at a given developmental moment (Wheeler, 2002:64). The individual reorganises the whole field while searching for the most suitable support from both the inner and outer realms of self-experience, which includes evaluation of information, making choices, managing multiple needs, as well as developing certain skills for mobilising and negotiating (Wheeler, 2002:66).

Support from the field is particularly important during early adolescence as individuals within this developmental stage face additional demands, expectations and challenges, making them more vulnerable than they were a generation ago. There is evidence to suggest that early adolescents who do not have sufficient field resources are at greater risk for developing mental health problems (Cattan & Tilford, 2006:101). Furthermore, lack of support from the field prevents full integration of the self which typically results in shame. This shame manifests in feelings of personal weakness and inadequacy as the individual senses that part of his/ her inner self is not acceptable to others. Extreme shame can be “directly associated with rage, substance abuse, violence towards others, and suicide” (Wheeler, 2002:71). This influences the harmonious balance within the individual, thereby inhibiting organismic self-regulation and resulting in unfinished business, incomplete Gestalts and a ‘false self’ (Wheeler, 2002:70).

- Gender and identity

Gender is a map of the field that organises the adolescent’s world into what is or is not allowed, and what is or is not supported (Wheeler, 2002:71). The field that individuals are born into, and integrate into their developing selves, is a gendered field (shaped and influenced by their gender). Individuals may overstep the boundary of gendered norms, but still remain either male or female (Wheeler, 2002:72). This gender-norm violation contributes to heightening the individual’s lack of support and enhances the experience of

shame (Wheeler, 2002:73). Identity (who I am in myself and the world) is formed in a gendered field without any inherent split between one's self and one's relationships. All aspects and dynamics of the field are thus aspects and dynamics of the self as well (Wheeler, 2002:73).

- Voice and narrative

The self is both individual and unique. It is an integral part of the common field in which it is formed both in and out of the same elements and dimensions, as well as along the same dynamic principles as other selves. The self process comes together by the "capacity to give voice" in a dynamic and interrelated field, based on both the inner capacity as well as the receptive field conditions. The achievement of a fully articulated voice is entirely dependent on intersubjective dialogue with other voices, which includes a relationship of "voice" and "listener" (Wheeler, 2002:74). When there is no significant listener in childhood the developing voice is diminished and as such the sense of self wastes away (Wheeler, 2002:75).

Narrative organises the developing self and sense of self by locating oneself and others in the space or time of one's own field, thereby giving meaning to the inner and outer fields. A story which has clear boundaries and relatedness, meaningful interactions and articulation and that leads somewhere, has energy for the formation of meaningful wholes of understanding (Wheeler, 2002:76).

3.3. THE NATURE, PREVALENCE AND IMPACT OF TRAUMA

3.3.1. The nature of trauma

3.3.1.1. DSM's definitions of trauma

Since 1980 the American Psychiatric Association's (APA) Diagnostical and Statistical Manual for Mental Disorders (DSM) has been revised three times, of which the most recent edition is a revised version of the DSM-IV (Joseph, 2010). A fifth version is in the process of being produced, which is expected to be due for publication in May 2013 (American Psychiatric Association, 2010). Over the past 30 years the most notable changes within the

DSM have been in defining what constitutes a traumatic event (Joseph, 2010). According to Becker, Daley, Gadpaille, Green and Flaherty (2003:144), these attempts by the APA to define trauma “reflect difficulties with boundaries.”

In 1980 Post-traumatic Stress Disorder (PTSD) officially emerged as a diagnostic psychiatric disorder within the DSM-III (Becker *et al.*, 2003:144; Reyes, Elhai & Ford 2008:49). At that stage one would be diagnosed with PTSD when “a recognisable stressor that would evoke significant symptoms of distress in almost anyone” was experienced (Joseph, 2010). In 1987, this definition of a traumatic event was amended to “a psychologically distressing and overwhelming event that is outside the range of normal experience” (American Psychiatric Association, 1980; Reyes *et al.*, 2008:485). During 1994 this definition was broadened within the DSM-IV (Becker *et al.*, 2003:144) which states, “The person has to be exposed to a traumatic event in which both the following were present: 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. The person’s responses involved fear, helplessness, or horror” (Joseph, 2010; Reyes *et al.*, 2008:250).

This broader definition within the DSM-IV is, however, still not inclusive enough, particularly with respect to adolescents. Traumatic events that have been described by adolescents include “a parent being sent to prison or a parent’s revelation of a past suicide attempt.” These may both be just as distressing as any other event that is commonly recognisable as being severely traumatic, such as the case of rape (Becker *et al.*, 2003:144; Reyes *et al.*, 2008:250). According to the American Psychiatric Association (2010), it is currently being considered as to whether the loss of a parent or an attachment figure during childhood is to be included as a traumatic event within the DSM-V.

According to Van der Kolk and McFarlane (1996), PTSD is diagnosed and best understood as a blend of psychological and physiological responses to a traumatic event. The three most common trauma reactions are: (1) the painful re-experiencing of the traumatic event; (2) avoidance and numbing; and (3) hyperarousal or sensitivity to reminders of the event (Latino, Freidman & Bellucci; 2006:449; Reyes *et al.*, 2008:250). However, according to

Kirmayer *et al.* (2007:2), trauma constitutes a larger and more ambiguous region than the construct of PTSD suggests. Gilliland and James (1997:145) consider four characteristics to be particularly important in traumatised children, no matter when in the course of the illness one observes the child and no matter what the age of the child at the time of observation. These characteristics are visualised or otherwise repeatedly perceived memories, repetitive behaviours, trauma-specific fears and changed attitudes about people, life and their own future.

3.3.1.2. Defining trauma

The word *trauma* originates from the Greek term for “wound” (Kirmayer, Lemelson & Barad, 2007:5), which originally implied only physical damage but now incorporates psychological impairment as well (Waugh, 2006:498). In psychological terms the concept of trauma refers to the event that causes injury to the mind and describes mental injury (Becker *et al.*, 2003:143; Reyes *et al.*, 2008:4). According to Basham (2011:443) the word trauma is frequently used incorrectly as a synonym for stress during everyday conversation. Stress emerges as a result of stressors that range from mild to moderate to severe, whereas trauma refers to the specific event or experience that involves severe stressors (Blom, 2006:184; Reyes *et al.*, 2008:4).

According to Gestalt theory, a trauma is not to be viewed individualistically as a “symptom picture” *per se*, but rather as a field that is laced with some degree of developmental tension, a field in which development has been disrupted or interrupted and which interferes with the reorganisation of fields, experience, behaviour and relationships (McConville, 2001:42). Trauma can then be understood in terms of an event and a reaction, where a traumatic event is the occurrence that renders an individual traumatised (Levine & Kline, 2007:5), and a traumatic reaction has an impact on the physical behaviour and emotional functioning of the individual (Blom, 2006:184). This is consistent with Roberts (2002:3), who states that trauma refers to individual reactions to traumatic stress, violent crimes, infectious disease outbreaks and other dangerous and life-threatening events. Blom (2006:184) and Decker (2007:31) concur as they define trauma as an emotional condition of discomfort and stress that arises from memories of a personal occurrence and attacks the individual’s basic beliefs, as well as challenging the individual’s

processes of accommodation, adjustment and assimilation. For the purpose of this study, the concepts of trauma, traumatic events and traumatic reaction are used interchangeably.

- Classification of trauma

According to McNally (2005:284), trauma can be classified into “direct trauma”, such as rape, and “witnessed trauma”, such as seeing another person being killed. There is evidence to suggest that the exposure to an actual or threatening possibility of death or serious injury, as well as witnessing an occurrence of death or serious injury of another person or family member are both likely to result in trauma (Lewis, 1999b:6; Blom, 2006:184; Decker, 2007:3). These two classifications of trauma can either be a once-off traumatic occurrence to which the individual was exposed, such as a car accident or a hijacking situation, or a longer term situation as in the case of multiple traumas like physical and sexual abuse that have taken place over a period of time (Blom, 2006:185). Shaw (2000:227) concurs by distinguishing between a situation that is characterised by a sudden unexpected occurrence of a stressor that is limited in time and space, which he refers to as “event trauma”, and an event that is characterised by continuing and unrelenting exposure to an enduring stressor, which he refers to as “process trauma.” In both cases the individual will present with PTSD reactions, while the individual could experience serious longer term psychosocial problems with regard to the multiple traumas (Blom, 2006:185; Reyes *et al.*, 2008:347). Event traumas, which are the main focus of this study, generally result in the individual’s feeling overwhelmed and disconnected from his/ her body, leading to prior coping mechanisms becoming undermined and typically triggering feelings of helplessness and hopelessness (Levine & Kline, 2007:4).

Gilliland and James (1997:145), Wenar and Kerig (2006:234), Levine and Kline (2007:4) and Nadar (2008:11) classify “event trauma” as Type I trauma and “process trauma” as Type II trauma. The researcher supports Solomon and Heide (1999:204) who propose the introduction of Type III trauma which divides Type II category into two main groups based on the severity of the traumatic event (Doctor & Shiromoto, 2010:103). The typology of trauma is presented in Table 3.3.

Table 3.3: Typology of trauma described by Solomon and Heide (1999:204), Levine and Kline (2007:4), and Doctor and Shiromoto (2010:103)		
Type I Trauma (Event trauma)	Type II Trauma (Process trauma)	Type III Trauma
Sudden, distinct isolated traumatic event of short duration, such as a car accident or a hijacking	Long-standing, chronic repeated exposure to the trauma such as physical or sexual abuse. Divided into Type II and Type III Trauma	Multiple, pervasive violent traumatic events beginning at early age and continuing for years
Can be treated effectively with psychotherapy	Can be treated effectively with psychotherapy	Suffer more severe psychological effects than Type I or Type II Trauma. Psychological treatment takes years

Adolescents who suffer from Type I traumas appear to exhibit certain symptoms and signs that differentiate their condition from those that result from more complicated Type II traumas. Type I events are characterised by fully detailed, sharp memories of the event, flashbacks, avoidance behaviour and high levels of arousal (Doctor & Shiromoto, 2010:103). Individuals usually experience a time skew (Moser & Frantz, 2003:79) where pieces of the trauma are remembered out of sequence. Omen beliefs, which are beliefs that signs and warnings existed leading up to the traumatic event, are also quite common (Gilliland & James, 1997:145; Moser & Frantz, 2003:79; Wenar & Kerig, 2006:234; Nadar, 2008:11). Type II trauma, on the other hand, results in the psyche developing defensive and coping strategies to ward off the repeated assaults on its integrity, including denial, psychic numbing, repression, dissociation, retroflection, self-anaesthesia, self-hypnosis, and identification with the aggressor. Typically Type II traumas result in an absence of feeling and a sense of rage and/ or unremitting sadness, which is often diagnosed in childhood as Conduct Disorders, Attention-Span Deficit Disorders, Depressive Disorders, or Dissociative Disorders (Gilliland & James, 1997:146; Wenar & Kerig, 2006:234; Nadar, 2008:11). Individuals exposed to Type II trauma usually also avoid talking about themselves, go for years without talking about their ordeal and try to look as normal as possible. Those who do tell their stories generally deny later that they did, which is quite different from individuals who have experienced a Type I trauma as they tend to tell their stories over and over again. For this reason, Type II traumas usually lead to whole spans

of the individual's childhood being forgotten (Gilliland & James, 1997:148). According to Solomon and Heide (1999:103), Type III trauma is more extreme, which usually results from multiple, pervasive and violent events beginning at an early age and continuing for years. These events are frequent and likely to involve multiple perpetrators, sometimes even one or more trusting relatives. One example of a Type III trauma is the exposure to both sexual and physical abuse which accompanied violence, force, threats and torture (Solomon & Heide, 1999:103; Doctor & Shiromoto, 2010:103). Individuals who experience a Type III trauma typically suffer more severe psychological effects, such as alterations in memory and consciousness, dissociation, emotional numbing, major developmental deficits, poor sense of self, hopelessness and shame, no concept of a future, the inability to maintain emotional intimacy, major trust issues and re-enactment of the trauma by being involved in abusive adult relationships (Solomon & Heide, 1999:103; Moser & Frantz, 2003:79).

3.3.2. Prevalence of childhood and adolescent trauma

South Africa is considered to be among the world's highest in the incidence of trauma resulting from both accidents and violence (De Haan, Dennyhill & Vasuthevan, 2005:70; Kaplan, 2005:7). As far back as 1996, about 70% of the South African population had been victimised at least once. Sexual crimes of about 20 333 were reported to the Child Protection Units, while 8 626 were reported assaults of children (Van Dijk, 1996:30). Hirschowitz, Worku and Orkin (2000:1) calculated that 55 000 South African women were rape victims in 1997. Approximately 40% of reported rape cases were the rape of children under the age of 18 years. In 2002, 173 000 child abuse cases were reported to the South African courts (Keppler, 2002:5). UNICEF (2006) estimated that 500 000 to 1,3 million children are exposed to domestic violence in South Africa.

3.3.3 Impact of trauma during adolescence

According to Nadar (2008:3), a number of initial and long-term disturbances and disorders are associated with a traumatic experience, including psychiatric disorders, physical problems and disorders, academic difficulty, emotional and behavioural problems, relationship difficulties, suicidal ideation (Nadar, 2008:9), as well as a negative impact on the individual's general functioning, attitude and social competence (Wicks-Nelson & Israel,

1997:133; Osofsky, 2004:6; Wenar & Kerig, 2006:237). This is supported by evidence indicating that, after individuals have experienced a traumatic event, they react in ways that substantially disrupt or impair their and their family's daily lives, their growth and development, as well as their abilities to function normally (Nadar, 2008:3).

According to Levine and Kline (2007:4), vulnerability to the effects of trauma differs from person to person depending on a variety of factors, particularly age and trauma history. Hollick and Connelly (2010:227) found that adolescents' genetic predisposition, as well as their experiences in the womb and during childhood, aid in shaping the key patterns that have been set by the time they reach adolescence. These key patterns determine whether the adolescent is resilient or vulnerable to the affects of trauma as well as to the development of PTSD (Sue, Sue & Sue, 1994:192). Although many of the key patterns are set earlier in childhood, there are unique features to adolescent trauma, which may make them more vulnerable to the affects of trauma than children. Levine and Kline (2007:4) dispute this by stating that the younger the child, the more likely he/ she is be overwhelmed by common occurrences that might not affect an older child or adult.

Osofsky (2004:6) and Wenar and Kerig (2006:237), provide evidence to suggest that adolescents are affected by trauma at all ages, but their reactions to the event vary at different ages since they understand, process and internalise the experience depending on their cognitive and emotional capacities (Osofsky, 2004:6; Wenar & Kerig, 2006:237). Adolescents' reaction to a traumatic event and the symptoms they exhibit can be related to many different factors such as aspects of the event (type, intensity), qualities of the individual (age, developmental stages, temperament, gender), facets of their individual background (family situation, culture, history, support systems, attachment relationships, parenting), and the phase of the youth's response (refer to Table 3.4) (Sue *et al.*, 1994:192; Nadar, 2008:5). Moreover, the perceived severity of the trauma typically depends on the way in which the event is viewed (Sue *et al.*, 1994:191; Wenar & Kerig, 2006:234). This is consistent with the Gestalt phenomenological perspective which emphasises that individuals' reality is their own organised, subjective and personal understandings of their experience. It is how they make meaning, how they interpret and

what their truth is of their own world that is the essence of human experience (Patton, 2002:107; Joyce & Sills, 2010:15).

Table 3.4: Phases of response adapted by Levine and Kline (2007:40)			
	Hyper-arousal	Dissociation	Constriction/ Freeze/ Numbing
Definition of specific response	When the arousal energy slides out of the “zone of toleration” adolescents will seek other ways to avoid thoughts and feelings - the result of the body’s sensory-motor memory cells.	A mind-body separation where all parts of the memory of the trauma are disconnected and can be avoided or blocked out. If prolonged, may lead to disorders of identity.	Physiological shock in response to the trauma, the numbing out of all unpleasant memories of the event to alleviate the pain and eradicate the memories.
Presenting behaviour in the adolescent	Flashbacks, panic attacks, restlessness, hyperactivity, mood swings, temper tantrums, nightmares, irritability, sleeplessness, compulsive talking, easily distracted, unable to remain seated, bullying, thrill-seeking behaviours.	“Shut down” - inattentiveness, daydreaming, fatigue, extreme shyness, withdrawal, isolation, forgetfulness, detached, lives in an imaginary world, muted emotional response.	Headaches, stomach ache, spastic colon, avoidance behaviour, fatigue. May resort to drugs, alcohol, music, sex and dangerous behaviours in order to self-medicate and cope.

Although children and adolescents are generally exposed to the same traumatic events as adults and the symptoms noted are similar to PTSD in adults, that is, repeated re-experiencing of the traumatic event, avoidance, numbing of responsiveness, new fears and increased arousal (Wicks-Nelson & Israel, 1997:133; Osofsky, 2004:5; Wenar & Kerig, 2006:237), there is evidence to suggest that some symptoms of PTSD are particularly evident in adolescents. For instance, adolescents may exhibit a sense of vulnerability and loss of faith in the future, or foreshortened future in that they do not expect to grow up, marry or achieve happiness in adulthood (Gilliland & James, 1997:145; Wicks-Nelson & Israel, 1997:133; Wenar & Kerig, 2006:237). Furthermore, the psychological response to the trauma is modified during adolescence as it is mediated through a developing individual who is in the process of expanding and adapting to his/ her field (inner & outer) as well as trying to cope with developmental changes. In other words, the adolescent is not only struggling with the effects of the trauma but also with issues of separation and

individuation, evolving definitions of the self and others, internalising mechanisms for regulating affects and impulses, as well as elaborating coping and adaptive strategies (Gilliland & James, 1997:131; Shaw, 2000:228).

The psychological outcomes of trauma on adolescents include threats to their sense of basic trust and secure attachment. Often their healthy curiosity is inhibited, as is the exploration of their environment. When their sense of a secure base is shaken, they may experience adults as failing to protect them or even as harmful. In some cases they may express their frustration and confusion in aggressive, acting-out behaviours (deflection) and in other cases they may turn inward and become withdrawn (retroflexion) (Wicks-Nelson & Israel, 1997:134; Osofsky, 2004:7). This frequently gives rise to physical complaints (Wenar & Kerig, 2006:237).

According to Roberts (2002:3), the physiological effect of trauma may result in the individual's adaptive pathways becoming shut off as a result of overexposure to stress hormones. Persistent hyper-arousal mechanisms related to the traumatic event continually recur and are amplified by traumatic recollections stored in the brain. The victims of trauma find themselves rapidly alternating their mental states between relatively calm and peaceful to states of intense anxiety, agitation, anger, hyper vigilance and extreme arousal.

3.4. GESTALT THERAPY THEORY PERSPECTIVE OF TRAUMA

From a Gestalt Therapy theory point of view, when a traumatic event occurs, the inner agency of the individual's mind loses its ability to control the disorganising effects of the experience, and disequilibrium occurs. The trauma tears up the individual's psychological anchors, which are fixed in a secure sense of what has been in the past and what should be in the present (Gilliland & James, 1997:127). As a result, the environment is perceived as threatening and unsafe. To protect themselves from further pain or threat, these individuals may desensitise their sensory functions and thus fail to, or lose, their ability to make sound contact with the environment (Polster & Polster, 1999:228; Kepner, 2001:93; Blom, 2006:29; Yontef & Jacobs, 2008:305).

Other than desensitisation, traumatised adolescents may adopt other inappropriate contact styles or modifications to contact (refer to section 2.3.3.3. in Chapter 2) to satisfy their needs. These contact styles are utilised as defence mechanisms to fulfil needs and are seen as fixations which interfere with healthy functioning (Clarkson, 2004:54). They interfere with adolescents' awareness of their needs thus preventing them from being able to accept the responsibility for their feelings and maintaining a balance within themselves and with their environment, leading to their contact boundary becoming unclear and rigid (Polster & Polster, 1999:228; Kepner, 2001:93; Blom, 2006:29; Yontef & Jacobs, 2008:305), thus resulting in problems (Philippson, 2001:110) such as depression, irritability, disruptiveness, loss of appetite and sleep, and/ or inattention (Nadar, 2008:9). According to Gilliland and James (1997:127), this traumatic state the individual finds himself/ herself in continues until the mind effectively reorganises, classifies and makes sense of the traumatic event. However, before this is achieved, traumatised adolescents are neither capable of self-regulating, nor of integrating the parts of themselves into a complete whole, which is likely to result in unfinished business and incomplete Gestalts (Kepner, 2001:93; Blom, 2006:189).

Unfinished business manifests itself in unexpressed feelings such as resentment, rage, pain, anxiety, grief, guilt, depression and behavioural problems such as isolation, interpersonal conflict, poor school performance, social and moral problems and difficulty in forming positive relationships. These unexpressed feelings and behaviours are carried into present life in ways that interfere with effective contact with oneself and others, which may impact negatively on the adolescent's sense of self and self-esteem. Therefore, unfinished business leads to unnecessary emotional debris that clutters present-centred awareness (Maddi, 1996:63; Kepner, 2001:93; Osofsky, 2004:4; Corey, 2005:54; Bynum & Thompson, 2007:136) and affects every part of the adolescent's existence, resulting in his/ her living a fragmented life devoid of complete wholeness (Polster & Polster, 1999:228; Blom, 2006:29; Yontef & Jacobs, 2008:305). The negative consequences of unresolved traumatic response generally leads to long-term consequences that, over time, interfere with their ability to engage in productive behaviours and to function adequately socially, academically, professionally and personally (Nadar, 2008:9).

3.5. CONCLUSION

This chapter presented a comprehensive discussion and understanding of early adolescence as a stage of development. Although the primary paradigm of choice is Gestalt Therapy theory, a non-Gestalt view is also included. Adolescence and trauma were discussed in depth while integrating the core theoretical concepts of Gestalt Therapy theory. Important to note is that, although the theoretical assumptions appear fairly generic, all children have their own unique, subjective and phenomenological interpretation of what trauma means to them. In Chapter 4 the empirical investigation and findings are presented together with the literature control.

CHAPTER 4

EMPIRICAL INVESTIGATION AND LITERATURE CONTROL

4.1. INTRODUCTION

The first chapter provided an introduction and overview of the study. The rationale and problem formulation resulted in the establishment of the research question, goals and aims, which were recorded. Furthermore, Chapter 1 provided an introduction to the purpose of this study, which was to explore and describe the phenomenological understanding of the Grade 7 adolescents' meaning of trauma.

The second and third chapters provided the conceptual framework. Chapter 2 included the key tenets of the paradigm of choice, namely Gestalt Therapy theory, as well as the core theoretical assumptions of Gestalt Therapy theory. The third chapter focused on the theoretical underpinnings of the study relevant to the child in early adolescence, including a discussion of trauma and an overview from a Gestalt and non-Gestalt developmental perspective. The research procedure, description of the findings of this study and literature control are presented in this chapter.

4.2. RESEARCH STRATEGY AND DESIGN

The aim of this study was to explore and describe the meaning (subjective reality) of the phenomenon of trauma as perceived by Grade 7 adolescents. A qualitative applied approach was implemented to enable the researcher to stay as close as possible to the participants' own personal understanding of trauma. This approach focused on an exploratory and descriptive method (Creswell, 2005:39; Babbie, 2010:92; Fouché & De Vos, 2011:95) to gain comprehensive insight into the topic at hand, what it meant to the participants, how it affected them, how they thought about it and what their stories were (Babbie & Mouton, 2001:31; Patton, 2002:47; Creswell, Hanson, Clark & Morales, 2007:239; Reynolds, 2009:46; Babbie, 2010:298; Joyce & Sills 2010:16; Fouché & Schurink, 2011:316).

The instrumental case study as outlined in Chapter 1 was employed as the focus was aimed at gaining an in-depth understanding of the research phenomenon (Creswell *et al.*, 2007:239; Fouché & Schurink, 2011:321). A case study may be regarded as an exploration or in-depth analysis of a “bounded system” (bounded by time and/ or place). It may refer to a single instance of some social phenomenon, such as a process, an activity, an event, a programme or individual or multiple individuals (Hakim, 2000:59; Babbie, 2010:298; Fouché & Schurink, 2011:321). In this instance, the unit of analysis that characterised this case study (Merriam, 2002:8) involved the Grade 7 adolescents’ perception of the meaning of trauma.

4.3. 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 underscore their use. The following research process was followed:

- The researcher approached School G for permission to conduct the study.
- At School G, the researcher liaised with the school psychologist and the school principal to discuss the relevant information pertaining to this particular investigation.
- Once the principal at School G had given consent (refer to Annexure 2) to proceed with this study, the researcher selected every third participant from a class list that met the criteria as set out in Chapter 1.
- The researcher met with the potential participants in a group setting with the aim of informing them of the purpose, the process and possible outcome of the study. Two sets of consent forms were distributed to interested participants, one for their parents (refer to Annexure 3) and one for the participants themselves (refer to Annexure 1).
- A second group session was scheduled to create an opportunity to address any additional concerns and questions that needed clarification and to give them the opportunity to withdraw from the study. This process of prolonged engagement (Maritz & Visagie, 2009:10) was intended to start building trust and establish rapport with the participants which added to the credibility of this study (Denzin & Lincoln,

2005:132). The study commenced once all consent forms had been signed and collected from the school authorities (refer to Annexure 2), the parents (refer to Annexure 3) and every participant (refer to Annexure 1). In this group session participants were asked to prepare a drawing of their perception of a traumatic experience. They were also asked to include their written story to explain their drawing and were given the opportunity to choose a pseudonym which was not shared with the group to ensure anonymity. These drawings and stories are presented in Annexure 7. Thereafter, the researcher set scheduled times for every one-on-one interview.

- Utilising an interview schedule (refer to Annexure 4), one-on-one interviews were conducted with all participants. Video recordings were made of every session, which were later transcribed and used for data analysis.
- Once all the interviews had been completed, a group debriefing session was conducted. Participants who required further psychological intervention were referred to the school psychologist.
- The data was then integrated and interpreted in the form of a discussion and linked to the literature (literature control) as discussed later in this chapter.
- An integrated summary of the conclusions, limitations and recommendations are recorded in Chapter 5.

4.3.1. Universe, population and sampling process

The universe refers to all potential subjects who have the necessary characteristics that the researcher is interested in (Strydom, 2011a:223). In this study, the universe represented all Grade 7 adolescents in Gauteng. The population sets boundaries on the universe and is the pool from which the sample is drawn (Terre Blanche, Durrheim & Painter, 2006:133; Strydom, 2011a:223). The population in this study referred to all Grade 7 adolescents at School G in the northern suburbs of Gauteng. A sample comprises elements of a population considered for actual inclusion in the study, or may be viewed as a subset of measurements drawn from a population in which the researcher is interested. The sample is studied in an effort to understand the population from which it was drawn (Strydom, 2011a:224). This study utilised non-probability, sequential sampling in which data was

gathered until saturation occurred (Neuman, 1997:202; Patton, 2002:244; Greeff, 2011:360; Schurink, *et al.*, 2011:409). The sample in this study consisted of nine Grade 7 adolescents who attend School G and were selected based on the inclusion criteria set out in Chapter 1. To reduce selection bias and to add to the credibility of the study (Mackey & Gass, 2009:144), the researcher selected every third research participant from a class list.

This study included four female and five male participants. Every participant volunteered to be part of this study and confirmed this with written consent (refer to Annexure 1). All the participants spoke English (although this was not their mother tongue) and were interested in sharing their subjective meaning of trauma, regardless of whether or not they had previously been exposed to it.

To ensure anonymity and confidentiality, every participant chose a pseudonym (refer to Table 4.1). The researcher uses the pseudonym “School G” when referring to the school.

The researcher adhered to strict ethical measures throughout this study to ensure that the well-being of the relevant participants was in no way compromised (Babbie & Mouton, 2001:522; Strydom, 2011b:115). These ethical aspects were discussed in Chapter 1.

Table 4.1: Summary of participant information					
Pseudonym	Gender	Age	Exposed to trauma	Category of trauma	Type of trauma
Spiderwoman	Female	13	Yes	Witnessed trauma	Type I: Friend was raped
Indian Girl	Female	12	Yes	Direct trauma	Type I: Death of significant other
Gladys	Male	13	Yes	Direct trauma	Type I: Disappointment
Tiger	Male	13	Yes	Witnessed trauma	Type I: Hijacking
Dragon	Male	13	Yes	Witnessed trauma	Type I: Death of significant other
Donkey	Male	13	Yes	Witnessed trauma	Type I: Significant other's house burnt down
Winnie the Poo	Female	13	Yes	Direct trauma	Type I: Death of significant other
Black Coffee	Female	13	Yes	Direct trauma	Type I: Burnt as a child Loss of significant other
Player	Male	13	Yes	Direct trauma	Type I: Hijacking

4.3.2. Setting and length of data collection process

The interviews took place at School G over a two-month period. The first contact with the participants was a group setting whereby the researcher provided all the relevant information on the investigation (Strydom, 2011b:117). In the second contact session, once consent had been obtained, every participant was asked to prepare a drawing of their perceived traumatic experience with a written narrative about the event and to choose a pseudonym which was used during this study. Subsequently, the researcher conducted one-on-one semi-structured interviews utilising an interview schedule (refer to Annexure 4), which guided and focused the interview process (Kumar, 2005:126; Greeff, 2011:352). All interviews were videotaped and were approximately one hour in length. The data collection process was concluded with a final group debriefing session. During the interview sessions it became evident that all the participants had been previously exposed to some trauma. Every participant was reminded that they could stop at any time and offered follow-up intervention sessions if needed or desired. Only one participant showed emotional distress during the one-on-one interview. This participant was referred to the school psychologist and was given the opportunity to end the session at that point but she wanted to continue telling her story.

“Sharing was good for me although it is sad.” Indian Girl (One-on-one interview)

4.3.3. Data collection methods

As discussed in Chapter 1, multiple information sources (Yin, 2009:99) including in-depth semi-structured interviews, documents in the form of drawings and field notes in the form of participant observation and self-reflective notes were used during data collection (Creswell, 2003:185). These were intended to gather information so that the phenomenon of trauma could be viewed in more than one way. This is referred to as data triangulation, which enhances credibility and trustworthiness of the study (Delpont & Fouché, 2011:442). These are discussed below.

- Semi-structured interviews

Interviews are interactional events that attempt to understand the participants' lived world and reveal the meaning of their experiences from their point of view (Greeff, 2011:351). In this study, the researcher adopted the phenomenological attitude which in Gestalt is the primary process of enquiry. This process of investigation aims to understand, rather than explain, and to describe and interpret the meaning and perceptions that subjects give to their own experiences of a phenomenon (Babbie & Mouton, 2001:31; Patton, 2002:104; Joyce & Sills 2010:16; Delpont, *et al.*, 2011:304; Fouché & Schurink, 2011:317). This study used semi-structured interviews as the main method of data collection, which aided in providing an in-depth description and understanding of the topic at hand (Greeff, 2011:351).

An interview schedule (refer to Annexure 4) was utilised to guide and focus the interview process (Greeff, 2011:352), providing the researcher with a set of predetermined open-ended questions that were used to gather the direct quotations from the participants. This provided evidence which enabled the researcher to gain the depth of the participants' emotions, perceptions and knowledge about the research phenomenon (Patton, 2002:426).

- Documents in the form of drawings

Documents in the form of drawings (Ten Have, 2004:88; Yin, 2009:362; Lichtman, 2010:164) were used as an additional source of evidence (Delpont & Fouché, 2011:442) to supplement the one-on-one interviews (Merriam, 2009:268). These drawings were used as a metaphorical representation of what the participants' perceived and how they created meaning (Clarkson, 2004:62; Blom, 2006:34; Oaklander, 2007:63; 2011:175). The intention of the drawings, including their narrative, was to elicit the participants' personal perception and meaning of the research phenomenon, while being sensitive to their social and cultural context (Maritz & Visagie, 2009:32). Within this context the drawings provided a creative method and opened a safe space for self-expression and self-exploration especially for information that could release feelings of discomfort and that were potentially difficult to verbalise (Blom, 2006:102; Maritz & Visagie, 2009:32). This assisted the participants and the researcher to create an environment which facilitates trust and rapport and helped

them disclose potentially sensitive and uncomfortable information (Schaefer & Kaduson, 2006:181).

- **Field notes in the form of participant observation and self-reflective notes**

Field notes in the form of participant observation and self-reflective notes were used as an additional source of data collection to ensure researcher reflexivity (Macleod, 2004:533; Thomas & Magilvy, 2011:154). Field notes are a written description of what the researcher observes and interprets during the data collection process (Creswell, 2003:185; Greeff, 2011:359). Participant observation involves the researcher's observations of the participants in their natural setting (Lichtman, 2010:164) and in real time in order to gain an in-depth understanding of their perceptions of the topic at hand (Klenke, 2008:372). In addition to these observations, the researcher utilised self-reflective notes to express her self-awareness and the influence she had on the research process, as recommended by Lichtman (2010:164).

4.3.4. Data analysis

The process of data analysis and interpretation utilised Creswell's application of Tesch's method to generate findings (Creswell, 2003:193). This method involves interpreting and making sense of what the participants expressed, thereby achieving the aim of the study (Greeff, 2011:360). Data analysis involves looking for patterns of belief, common themes and recurring ideas until saturation occurs (Greeff, 2011:360). This method involved continuous reflection on the data, asking analytical questions and involving the use of open-ended data supplied by the participants (Greeff, 2011:360). Data analysis is not a linear process and in this study the researcher followed the five steps suggested by Creswell in Schurink, *et al.* (2011:403) for the process of data analysis and interpretation. They are as follows:

Step 1: Data collection and recording

In qualitative research the relationship between data collection and data analysis is a continuous process of interaction (Schurink, *et al.*, 2011:403). Through triangulation (the use of multiple methods of data collection) the researcher sought different sources that

provided insight into the Grade 7 adolescents' meaning of trauma without jeopardising the validity and reliability of the study (Babbie & Mouton, 2001:275; Creswell, 2003:196).

Step 2: Managing data

The data was organised by transcribing the videotapes which contained the recorded process of the one-on-one interviews between the researcher and the participants (Patton, 2002:340). The documents (drawings) made by the participants were scanned, and field notes were taken (Creswell, 2003:191).

Step 3: Reading and writing memos

The researcher explored the raw data by reading through the transcriptions, breaking them up into smaller parts, colour coding them, labelling and writing short phrases, ideas and key concepts in the margins of the transcriptions while reflecting on the overall meaning (Creswell, 2003:192; Schurink, *et al.*, 2011:409). The data generated was organised, explored and key concepts recorded until saturation (Schurink, *et al.*, 2011:409).

Step 4: Describing, classifying and interpreting

Once the transcriptions had been completed, the researcher highlighted and colour coded the different categories and themes that emerged from the interviews. All the data was then tested against the existing literature as a literature control (Mouton, 2001:108). Thereafter the researcher wrote the research report which presented the findings of the collected data (Creswell, 2003:192).

Step 5: Presenting and visualising

The content of the concepts, the categories and the literature review enabled the researcher to reach conclusions and make recommendations about the Grade 7 adolescents' meaning of trauma. These are outlined in Chapter 5.

Meaning was derived from the data in a methodical, comprehensive and rigorous manner and laid the conceptual foundations on which the interpretations were based (Henning, 2004:127). The interpretation of data was integrated by utilising the conceptual framework

as laid out in Chapters 2 and 3, namely Gestalt Therapy theory, and was verified with literature findings (Creswell, 2003:195; Fouché & Delport, 2011b:136).

The above-mentioned steps enabled the researcher to follow an orderly, structured and meaningful process of collecting the data, thereby allowing the reader to discover an in-depth understanding of the Grade 7 adolescents' meaning of trauma within a Gestalt Therapy theory paradigm.

The qualitative data depicted below includes the voice of the participants in the form of direct quotations which is the basic source of raw data and evidence in a qualitative inquiry (Patton, 1990:24). This data is 'information rich' and gives the reader a direct 'feel' of the participants' phenomenology, experiences and perceptions (Delport, *et al.*, 2011:305).

4.4. RESEARCH FINDINGS

Table 4.2: Summary of concepts and categories	
CONCEPT	CATEGORY
Typical contact-withdrawal cycle of Grade 7 learners' perception of trauma	The perceived traumatic events which emerge from the field through the senses
	Perceived negative emotions of the participants that emerge during the awareness stage
	The perceived impact of the traumatic event determines how the participants will make contact during the mobilisation and action stage
The participants' use of inappropriate contact styles as an attempt to satisfy their needs	The use of deflection and retroreflection as inappropriate contact styles
	The use of desensitisation as an inappropriate contact style
	The use of introjection as an inappropriate contact style
Unfulfilled needs result in unresolved traumatic responses	Metaphorical representation (projection) of past trauma
	Unresolved trauma disrupts social and academic development

4.4.1. Concept 1: Typical contact-withdrawal cycle of Grade 7 learners' perception of trauma

4.4.1.1. Category 1: The perceived traumatic events which emerge from the field through the senses

During the interviews all participants were encouraged to provide their own account of what trauma meant to them or how they perceived it. All participants perceived trauma as being a negative experience which may involve violence, danger, death or personal harm. The participants' explanations correlate with authors such as Matsakis (1992:15), Wicks-Nelson and Israel (1997:132), Lewis (1999b:6), Kaplan (2005:21) and Levine and Kline (2007:4) who support these statements and define trauma as events which mostly involve death and injury. They also provide evidence that trauma is commonly regarded as a negative event that can harm the child's mental health in a number of different ways.

Despite the exposure to trauma not being a prerequisite for being able to participate in this study, all participants were exposed to some sort of trauma. Previous research provides evidence that there is a high incidence of adolescents who have been exposed to trauma (Greenwald, 2002:7; Levine & Kline, 2007:60; Stover, Berkowitz, Marans & Kaufman, 2007:702; Jones, 2008:844; Ford, Elhai, Connor & Frueh, 2010:545). This poses a problem since nearly one-third (32%) of the population is younger than 15 years (Statistics South Africa, 2008).

"What do we do when a friend is raped by her own father with a mother that drinks and has no cure about her." Spiderwoman (Drawing)

"The taxi driver and his partner (partner) took him out and threatened to kill him with a gun, they took his money, phone and everything." Tiger (Drawing)

"When the fighter hit him, he had a heart attack and fell the ambulance was called he was rushed to hospital unfortunately he died." Dragon (Drawing)

“My mom died 2005 and my dad 2005 leaving a daughter and son restless.” Winnie the Poo (Drawing)

“Last year my mother went to apply me for High School. I was just 12 and she applied me at Amajuba High School. The principal at that school I was too young for high school. When my mother told I started to cry and I got angry.” Gladys (Drawing)

“The house was burnt down...was my friend’s house.” Donkey (Drawing)

“My story about life and death. There was a day I had a pretty sister named Nini, a sister that had a smile. One day people became jealous about my one year old sister so a family that hated our family started swearing at us saying things like they are going to kill us one by one. My sister became very sick her eyes changed and she froze she couldn’t move, she froze like ice in a fridge. The next day my sister died ...” Indian Girl (Drawing)

“Sometime ago I was walking from Spar and I was hijacked my bicycle and was threatened with a big knife, they took it and ran away I was horrified. I ran home told my brother, by the time we went to look for them they were gone.” Player (Drawing)

“When my uncle got lost...he used to sleep walk and runaway in the night and the other day he ran away and didn’t come back.” Black Coffee (One-on-one interview)

Q: What do you understand of trauma? What does it mean to you in your own words, from your own eyes?

A: *“Bad things, like murder, suicide.” Donkey (One-on-one interview)*

A: *“I would see something bad happening to someone, it would be maybe like, maybe someone gets raped in your family or friend or something like that.” Gladys (One-on-one interview)*

4.4.1.2. Category 2: Perceived negative emotions of the participants that emerge during the awareness stage

Matsakis (1992:15), Kaplan (2005:21) and Levine and Kline (2007:4) state that trauma overwhelms individuals’ coping resources, leaving them altered and disconnected from their bodies which may result in their feeling powerless, helpless and hopeless. Any coping mechanisms they may have had are undermined (Matsakis, 1992:15; Kaplan, 2005:21;

Levine & Kline, 2007:4). This is consistent with Ickovics, Meade, Kershaw, Milan and Lewis (2006:841) and Reyes *et al.* (2008:60) who provide evidence to support that adolescents who experience trauma are at greater risk for emotional distress.

“Mostly I think it hurts them emotionally, I think that she is feeling the embarrassment that her mother was not there for her and her mother does not care what happened.” Spiderwoman (One-on-one interview)

“Like when people are traumatised, some feel like emotional.” Indian Girl (One-on-one interview)

Several negative emotions were evident within the research findings. The most prominent emotion that emerged was depression. This is consistent with previous research that reiterates that trauma is a key cause of depression (Ellverton, 2004:21; Butler & Hope, 2007:382; Jones, 2008:32). Cori (2007:59) further states that, although PTSD is perceived to be the most common response to a traumatic incident, there is evidence to suggest that a trauma survivor is just as likely to develop depression.

Depression is commonly associated with feelings of hopelessness and helplessness (Rosenthal, 2010: 62; Rathus, 2011:200). Hopelessness scores have been positively correlated with depression and negatively correlated with self-esteem and social behaviour (Staples, Atti & Gordon, 2011:6). Of all the participants in this study, two experienced feelings of helplessness and two experienced feelings of hopelessness.

“Uhm, trauma, its I don’t know what to say, but for me it hurts like seeing somebody being hurt, and when you try to help the person, we just do not know coz you are still a child and you just do not know how to get into that person.” Spiderwoman (One-on-one interview)

“He used to teach me some skills and teach me what I don’t know and he taught me chess and uhm chess is like related to Kung Fu and when he died I thought that I’m... uhm, it’s like when there is a dog and a dog breaks one leg it’s helpless.” Dragon (One-on-one interview)

“Like when my sister died, I just thought that I don’t have a life anymore you know, I just felt that God is not with me anymore; I felt that I must just give up on everything that I live for.” Indian Girl (One-on-one interview)

“Trauma is something that happens in life that leaves you heartbroken, and sometimes it leaves you restless because it tears you down and breaks you down and sometimes you don’t know how to come out of the situation unless you get the help from God. It’s something bad that happens and there is anger and it brings you down and you cannot pick yourself up.” Winnie the Poo (One-on-one interview)

During the interviews the researcher observed that several of the participants expressed and shared feelings of overwhelming loss and grief. This is supported by Levine and Kline (2007:204), Reyes, *et al.* (2008:72) and Pomeroy and Garcia (2009:30) who state that whenever there is trauma, there is also grief, which is the emotion that accompanies loss. They further highlight that, despite the nature of the traumatic event, whether it is from a natural disaster, a loss of personal possessions, or something less tangible such as betrayal or the loss of innocence, the sense of the world as a safe place seems to be gone forever.

“To me trauma means like losing a person, like in your life or like in your heart, like when your heart is broken and I understand like if you lost something, like something from your body or from your heart, it’s like you lost everything, it’s like something bad happened to you...Trauma is like killing, I can see scared people, people feeling sad, people crying, people shaking and screaming ... My sister’s funeral was sad, I felt like my body is broken and my heart like, I lost everything in life I just didn’t have a chance to like carry on, and so I felt like my heart is broken.” Indian Girl (One-on-one interview)

“The next day my sister died but the doctors said they killed my sister she just froze we new (knew) that my sister was killed by that family who promised us that they would start killing my sister after we will be next so my sister died and was buried with sadness and tears.” Indian Girl (Drawing)

“I could see that while she spoke she was emotional, tearful, expressive and authentic. I could feel her pain and her emotions in that moment. Her heart was aching. I could see that she was

extremely fragile and almost ready to break but yet relieved to in some way get it off her chest.”
Indian Girl (Researcher’s field notes).

“His eyes were very sad when he spoke about his friend’s brother, I could see it was hard for him to talk about it. I could sense that in some way this brother was his brother deep down and that he loved him.” Dragon (Researcher’s field notes)

Two other participants experienced anger as an underlying emotion partially because they felt helpless in their inability to defend themselves, which correlates with Concept 2-Category 3 where the topic of introjection is discussed. Past research studies provide evidence that anger is a common reaction to traumatic experiences (Latner, 2000:27; Butler & Hope, 2007:383; Phillips & Kane, 2008:64; Rosenbloom & Williams, 2010:187), which may result in a range of clinical disorders such as Dissociative Amnesia, Dissociative Identity Disorder, PTSD, Major Depressive Disorder and Borderline Personality Disorder (Pruitt, 1999:205; Latner, 2000:27; Barlow, 2008:471; Reyes, *et al.*, 2008:27).

“I felt angry, I felt that these taxi drivers must be punished.” Tiger (One-on-one interview)

“I usually like, feel like I want to fight that person til I kill him, coz when I fight that thought comes.”
Dragon (One-on-one interview)

“...and it made me so traumarized and when I train Kung fu I think about my friends brother and I fight as if Im fighting for freedom and when I fight I fight to kill.” Dragon (Drawing)

One participant in this study felt scared, which correlates with authors such as Dayton (2005:310), Crist (2009:23), Rosenbloom and Williams (2010:4) and Swain (2011:110) who emphasise that a general reaction to trauma is to feel scared, out of control, overwhelmed and disoriented. They further explain that a traumatic event may trigger various unconscious physical and emotional responses such as trembling, voice changes, breathlessness, palpitations and flushes when the individual is exposed to fear.

“They are scared that if they take their fathers to jail, who would support their family.” Spiderwoman (One-on-one interview)

4.4.1.3. Category 3: The perceived impact of the traumatic event influences how the participants will make contact during the mobilisation and action stage

Based on the principles of phenomenology, discussed in Chapter 2, all experiences, including traumatic experiences, are continuously being recreated and are never experienced in the same way (McConville, 2001:30; Patton, 2002:104; Kepner, 2003:5; Crocker, 2005:69; Jones, 2008:30; Joyce & Sills, 2010:24). Individuals may experience what is revealed to them in similar ways, but every person has different perceptions and interpretations of the shared world. Every experience is unique; every meaning is unique and created by an individual's own phenomenological experience (Parlett, 1991:71; Crocker, 2005:66; Barber, 2006:50) which can never be repeated (McConville, 2001:30; Patton, 2002:104; Kepner, 2003:5; Crocker, 2005:69; Joyce & Sills, 2010:24).

Although adolescents of all ages are affected by trauma, their reactions to the event will vary depending on the type and the intensity of the traumatic event, the cognitive and emotional capacities of the adolescent, facets of the adolescent's background (family situation, culture, history, support systems, attachment relationships, parenting) and the phase of the adolescent's response (initial or later, stunned or numb vs. grieving or extremely aroused) (Sue *et al.*, 1994:192; Nadar, 2008:5). Whether an event is perceived as being traumatic will depend on how the individual experiences that event (Sue, *et al.*, 1994:191; Osofsky, 2004:6; Wenar & Kerig, 2006:234; Levine & Kline, 2007:4; Jones, 2008:30), which is supported by the researcher's findings.

"Trauma is like when you are looking forward to something and that something doesn't happen ... It will depend on how the person was looking forward to the thing, and that will determine how you will feel." Gladys (One-on-one interview)

We all experience the same feelings, anger and sadness but we are two different people so we won't feel exactly the same." Player (One-on-one interview)

Q: What are your thoughts on the experience of trauma for different people?

A: *“People have different hearts and minds, people have different ways of doing things, and experiences are different. What I have faced may be less than what others face.”* Dragon (One-on-one interview)

A: *“Some of them they do get over their trauma others it takes time it depends on the situation.”* Spiderwoman (One-on-one interview)

The majority of individuals pass through adolescence with little emotional turmoil and manageable levels of rebelliousness and confusion (Pruitt, 1999:195; Levine & Kline, 2007:67). However, when a trauma happens an adolescent’s normal coping strategies are challenged, which may result in behavioural and emotional difficulties which in turn disrupt emotional and social development. This may manifest in a range of different behaviours such as social isolation, withdrawal and poor school performance (Pruitt, 1999:195; Möhlen, Parzer, Resch & Brunner, 2005:82; Bruwer, Theron & Seedat, 2007:220; Kroger, 2007:51; Levine & Kline, 2007:67).

From the interviews the participants confirmed that the impact of the traumatic event would determine how a person would feel and how one would react to the trauma. A significant theme that emerged as interpreted by the participants was that the more severe the traumatic incident, the deeper the pain experienced. All the participants demonstrated that losing a friend or a family member was considered severe.

“Like if a person’s mother or father passes away they cannot regain that person, but if they lose money they can get it again” Player (One-on-one interview)

“I feel they are different because maybe I say I have lost my friend’s brother and the other one lost a cell phone, to me it won’t be the same level because a cell phone it can be lost and you can buy another one, but a person’s life you cannot buy again.” Dragon (One-on-one interview)

Although modern society expects adolescents to move through major life changes with little support (Hollick & Connelly, 2010:229), their developmental stage is challenging and requires varying degrees of support (Toman & Bauer, 2005:191). The more stressors adolescents are exposed to, the greater the likelihood that they will be susceptible to a host of mental and physical diseases, as well as being vulnerable to fresh traumas throughout

life (Hollick, & Connelly, 2010:227; Rosenbloom & Williams, 2010:18). Pruitt (1999:196) further states that how others support the maturing adolescent will have a significant impact on the tone and outcome of his/ her development (Pruitt, 1999:196). If psychic trauma is left untreated it can resonate throughout a person's life (Pruitt, 1999:205; Bruwer *et al.*, 2007:220; Levine & Kline, 2007:66) and may affect the individual's process of meaningful contact (Kepner, 2001:93; Lobb, 2005:33; Blom, 2006:31; Rosenbloom & Williams, 2010:18). It is for these reasons that access to supportive others are necessary during adolescence (Toman & Bauer, 2005:191; Rosenbloom & Williams, 2010:18).

Two participants highlighted that if, after the event, an individual has a good support structure, the impact of the traumatic event would be minimised. Every adolescent is unique (Parlett, 1991:71; Crocker, 2005:66; Barber, 2006:50); therefore the resources that they require to cope with their trauma will be different (Reynolds, 2005:158). The types of support that were evident in this study included professional support, spiritual support, family support and support from the school.

"Some people live with people that understand other people's feelings and do not tease each other and other people live with people that do not understand their feelings ... it's better to talk to someone like a social worker or a teacher who will tell the children who are disturbing the child to stop... the social worker will help them to talk about it and share their feelings." Black Coffee (One-on-one interview)

"I think talking about it and getting help from people who can help you, they can give you good advice on how to deal with the problem." Spiderwoman (One-on-one interview)

"They need to talk to someone like a social worker, someone who can help them or who has been through the same thing." Gladys (One-on-one interview)

"My mom died 2005 and my dad died 2005 leaving a daughter and son restless. But with the love of God he provided a shelter to me and my brother (Thandononi house of refuge) wicth (which) shows us love and tender each and every day. Wicth (which) kind of fills the empty hole." Winnie the Poo (Drawing)

“We are not the same people, someone like me, I have lost both my parents and I have not got over that, and someone else I live with has experienced something worse, but it seems better coz he is getting help from someone.” Winnie the Poo (One-on-one interview)

“Trauma is something that happens in life that leaves you heartbroken, and sometimes it leaves you restless because it tears you down and breaks you down and sometimes you don’t know how to come out of the situation unless you get the help from God. It’s something bad that happens and there is anger and it brings you down and you cannot pick yourself up.” Winnie the Poo (One-on-one interview)

The availability and effectiveness of the support received during and after a traumatic event will influence how the adolescent makes contact with the field (Blom, 2006:185; Dryden, 2007:237; Levine & Kline, 2007:115). There is evidence to suggest that adolescents who have an effective support structure are more likely to work through the emotions associated with their traumatic event, thus helping them to complete the Gestalt (Lobb, 2005:33; Dryden, 2007:238; Levine & Kline, 2007:84; Rosenbloom & Williams, 2010:18). Those adolescents who do not have access to an effective support system are more likely to adopt inappropriate contact styles (Lobb, 2005:33; Blom, 2006:184; Dryden, 2007:237; Levine & Kline, 2007:124).

4.4.2. Concept 2: The participants’ use of inappropriate contact styles as an attempt to satisfy their needs

When exposed to a traumatic event, adolescents perceive the environment as being negative, threatening and unsafe. When their sense of a secure base is shaken, their contact functions become severely distorted (Osofsky, 2004:7; Wenar & Kerig, 2006:237) and they are likely to adopt inappropriate contact styles as an attempt to satisfy their needs (Polster & Polster, 1999:228; Blom, 2006:29; Yontef & Jacobs, 2008:305). The research findings indicate that the inappropriate contact styles that were used by the participants included deflection, desensitisation, retroreflection and introjection.

4.4.2.1. Category 1: The use of deflection and retroreflection as inappropriate contact styles

Two of the inappropriate contact styles that adolescents use in an attempt to cope with the effects of trauma are deflection and retroreflection of which the former is discussed first. As discussed in Chapter 2, deflection is the avoidance of direct contact (Yontef, 1993:138; Clarkson, 2004:61; Reynolds, 2005:163; Blom, 2006:28; Mann, 2010:43), such as when an individual deliberately diverts attention to avoid the emotions associated with a trauma (Clarkson, 2004:54; Reynolds, 2005:163; Mann, 2010:43) in order to achieve homeostasis (Blom, 2006:28). It happens that one cannot express authentic feelings and after time forgets what those feelings are. This energy remains and is usually expressed in a number of different ways like fighting, kicking, acting out and blaming others (Dayton, 2000:117; Oaklander, 2007:13), sometimes resulting in a temporary feeling of energy (Oaklander, 2003:146).

According to Dayton (2000:117) the psychological reactions to trauma in adolescence involves two phases, namely the protest phase (deflection) and the numbing phase (retroreflection). During the initial protest phase the adolescents' reaction to trauma is generally marked by anger, verbal hostility and acting out. This is consistent with Lewis (1999a:32) and Blom (2006:183) who found that adolescents sometimes try to block out and deal with the painful and overwhelming feelings that accompany trauma by acting out. The research findings provide further evidence to support that acting out is a common reaction to trauma during adolescence.

“Yes, they can get more aggressive because of something or they can just store the pain in them and then like maybe a year later if like a person bully's them or something they can take the pain, that pain that they felt out on them and maybe hurt them.” Player (One-on-one interview)

“Ja people like, when like something happened in their family you know and when they come to school, their anger like becomes like high, like they feel like fighting with teachers or principals and like when we talk to them they feel like fighting with us you know anger is really a high stage for us, like losing a person, you like feel like your anger coming closer, like you want to do something

stupid, like you won't have control you know, it's like emotional, like this emotional feeling is coming to you and you can't control it." Indian Girl (One-on-one interview)

"My friends brother was in a martial arts school then one day he was framing another fighter he had an heart attack and when the fighter hit him and he had a heart attack he fell the ambulance was called he was rushed to hospital unfortunately he died of heart attack and my friends family was extremely sad and it made me so traumatized and when I train Kung fu I think about my friends brother and I fight as if Im fighting for freedom and when I fight I fight to kill and I do follow the 7 commandments of Kung-fu and I even add my one to fake away the trauma in me." Dragon (Drawing)

The protest phase is generally followed by numbing which is "a state of emotional and interpersonal withdrawal from active participation in one's environment" (Dayton, 2000:117). Numbing is characterised by a decrease in adolescents' cognitive capacity to solve problems and may result in social withdrawal and isolation (Dayton, 2000:117; Wenar & Kerig, 2006:237). From a Gestalt perspective this withdrawal and numbing of one's thoughts is referred to as retroflection (Levine & Kline, 2007:62). Retroflection may be defined as an interruption of excitement during the contact-withdrawal cycle as a result of turning back inside oneself instead of allowing full contact with the environment (Latner, 2000:39; Clarkson, 2004:63; Lobb, 2005:33; Oaklander, 2007:73; Mann, 2010:47).

Traumatized adolescents who use retroflection as an attempt to cope may present with several psychosomatic symptoms (Lerner & Lerner, 2001:550; Blom, 2006:36; Goodyear-Brown, 2010:26), such as depression (Wenar & Kerig, 2006:237), stomach aches, headaches, anxiety, hyperactivity (Blom, 2006:36) or the use of food, drugs, alcohol, sex, music and self-mutilation to diminish the pain of the traumatic experience (Levine & Kline 2007:62; Goodyear-Brown, 2010:26). Four participants provided evidence that numbing or retroflection is a common reaction to trauma.

Q: What kind of behaviour could you say a person might display if he/ she has been through a trauma?

A: *"If this person works hard at school, the behavior will change like they won't work hard you know, they will just give up, like be lazy and just disrespect the principal, it's like their attitude changes and they have nothing to live for."* Indian Girl (One-on-one interview)

A: *"It's just sometimes she just keeps quiet and does not talk to anyone."* Spiderwoman (One-on-one interview).

A: *"I stayed away from people, coz I am a very short tempered person. I screamed and shouted, so I just stayed away coz I don't want to feel bad later."* Winnie the Poo (One-on-one interview)

Q: What is your understanding of the meaning of trauma?

A: *"Sometimes when I am angry, my sister will ask me why I am angry and I just keep quiet. When I get angry, mostly I don't eat, and I don't talk to anyone...the person would be quiet, very quiet."* Tiger (One-on-one interview).

4.4.2.2. Category 2: The use of desensitisation as an inappropriate contact style

Following any kind of trauma, young people commonly experience brief denial, bodily and sensory dissociation (Simon, 2004:46; Reynolds, 2005:170; Collins, 2007:121; Mann, 2010:42) and emotional shut down (Reyes *et al.*, 2008:678; Doctor & Shirimoto, 2010:212; Joyce & Sills, 2010:110). Traumatized adolescents often reduce their responsiveness to the outside world to try to stop thinking about their experience and to feel nothing (Blom, 2006:29; Levine & Kline, 2007:61; Yontef & Jacobs, 2008:305; Mann, 2010:42). This is achieved by using a variety of psychological mechanisms in order to cope (Pruitt, 1999:206) which can be either a conscious or an automatic response (Levine & Kline, 2007:62). The use of desensitisation as a way of coping with a traumatic event is consistent with the researcher's findings.

Q: What kind of feelings could you say a person might display if he/ she has been through a trauma?

A: *"The person would feel like it wasn't them."* Tiger (One-on-one interview)

Q: What kind of behaviour could you say a person might display if he/ she has been through a trauma?

A: *“Others they just continue being normal like in my class, I see them, they just continue being normal, but like inside I think they will be feeling pain, but they don’t want to let it out.”* Gladys (One-on-one interview)

4.4.2.3. Category 3: The use of introjection as an inappropriate contact style

According to Oaklander (2007:8), egocentricity, that is the inability to discriminate between that which is part of self and that which is not (Oaklander, 2007:70; Mann, 2010:124), is typically part of the developmental phase of adolescence. For this reason, early adolescents tend to take in contents from their environment without criticism and awareness, which is referred to as introjection, and thus they take full responsibility for everything that happens in their lives and for what others do to them (Blom, 2006:32).

These introjections are negative belief systems or messages about the self that can result in self-blame (Latner, 2000:38; Oaklander, 2007:143; Mann, 2010:124). For this reason adolescents often react to the traumas in their life by blaming themselves and taking responsibility for them (Blom, 2006:29; Mann, 2010:124), which Butler and Hope (2007:383) found to result in feelings of guilt and shame. There is evidence to suggest that, after a traumatic event, it is common for adolescents to blame themselves for key aspects of their experience where, for example, they may feel that they could have reacted differently (Herbert, 2002:42; Van Vliet, 2010:258; Bergen, Edleson & Renzetti, 2011:18), which is consistent with the researcher’s findings.

Q: What kind of feelings could you say a person might display if he/ she has been through a trauma?

A: *“If I was bigger and stronger then I could have maybe defended myself...Like maybe you were there when it happened, maybe you will be blaming yourself, like why didn’t I do this or do that.”*

Player (One-on-one interview)

“Like when they are talking about their trauma, they will like blame themselves for what happened and will feel like victimized.” Gladys (One-on-one interview)

The emotions that result from blaming oneself for the traumatic event can lead to fragmentation of one’s self (Blom, 2006:151). These adolescents struggle to self-regulate

and to integrate the parts of themselves to form a complete whole which results in unfinished business and incomplete Gestalts (Blom, 2006:189; Oaklander, 2007:74).

4.4.3. Concept 3: Unfulfilled needs result in unresolved traumatic responses

4.4.3.1. Category 1: Metaphorical representation (projection) of past trauma

According to Levine and Kline (2007:17), to some degree no one totally escapes the long reach of trauma's shadow. Those who are traumatised carry the burden of trauma's imprint as a lifelong struggle that seems to add a murky layer over ordinary existence. Hollick and Connelly (2010:227) support this by finding that it is common for trauma symptoms to appear in adolescence as a delayed response to infant or childhood experiences.

Some events are overwhelming to almost any child. These include exposure to violence, events surrounding robbery, school shootings, kidnapping and physical and sexual abuse. Sadly this kind of event is a reality for far too many children. Other events may not appear traumatising from an adult's perspective, but to a child many 'ordinary' events can have lasting effects (Levine & Kline, 2007:18, Ford, 2010:69) which, from a Gestalt perspective, are referred to as unfinished business (Joyce & Sills, 2010:119).

Unfinished business refers to situations in the past, especially traumatic or difficult ones which have not achieved satisfactory resolution or closure (Joyce & Sills, 2010:119). It represents an incomplete Gestalt (Clarkson, 2004:52; Mann, 2010:57) where instead of being whole the adolescent is left split into the acknowledged part of his/ her self, and those parts that are suppressed and disowned. It is thus the absence of wholeness and unfulfilled needs that result in unfinished business (Latner, 2000:31; Mann, 2010:57).

At any stage, strong challenges to the self or disruptions in contact, such as when the individual experiences trauma, may have a major adverse impact on a person's life. Any interruptions of contact may lead to the accumulation of incomplete situations (unfinished business), which subsequently continue to interrupt other processes of meaningful contact (Lobb, 2005:33; Ginger, 2007:10; Mann, 2010:57).

As discussed in the previous section, the researcher found that adolescents who have been exposed to trauma tend to use inappropriate contact styles as an attempt to cope. As a result these individuals are incapable of being aware of their needs and thus their needs remain suppressed and the Gestalts become incomplete. The incomplete Gestalts become unfinished business, which continues to affect every part of their existence. This unfinished business or unhealthy functioning results in these individuals living fragmented lives without complete wholeness (Polster & Polster, 1999:228; Blom, 2006:29; Yontef & Jacobs, 2008:305; Mann, 2010:57). This is supported by the researcher's findings in which all the participants projected their unfinished business into their drawings (refer to Annexure 7) although this was not the initial purpose. As previously discussed (refer to Chapter 1 section 1.5.4.2), these drawings were used to initiate the one-on-one interviews. According to Clarkson (2004:62) a projection in this context refers to the parts of the self that are projected into artwork which provides a metaphorical representation of what an individual has experienced such as being exposed to a past traumatic event.

"This picture explains the tramor (trauma) that happened in 2005 and 2003. My mom died 2005 and my dad died 2005 leaving a daugter and son restless, but with the love of God he provided a shelter to me and my brother (Thandononi house of refuge) wicth (which) shows us love and tender (tenderness) each and every day, wicth (which) kind of fills the empty hole, but my mom's sister fills the hole a lot." Winnie the Poo (Drawing)

"One night when a man was coming from work in Randburg at night he took a taxi to his home. When the taxi driver changed direction and stopped at a deserted place, the taxi driver and his patner (partner) took him out and threatened to kill him with a gun, they took all his money, phone and everything he had excluding his clothes. He tried to find help but everyone who passed him left him. When I heard about this I thought that taxi drivers (need) to be punished." Tiger (Drawing)

"Last year my mother went to apply me for High School. I was just 12 and she applied me at Amajuba High School. The principal at that school I (said I) was to (too) young for High School. When my mother told I started to cry and I got angry. That day when my young sister came (I) clapped her to get rid of the anger." Gladys (Drawing)

“This picture shows how a house burnt down. The family was left homeless. I was very sad that the family which (which) the house burnt was my friend’s house. So I asked my parents to offer them a place to stay after they have got a place to stay because caring is sharing. So after two weeks they rebuilt their house.” Donkey (Drawing)

“My story about life and death. There was a day I had a pretty sister named Nini, a sister that had a smile. One day people became jealous about my one year old sister so a family that hated our family started swearing at us saying things like they are going to kill us one by one. My sister became very sick her eyes changed and she froze she couldn’t move, she froze like ice in a fridge they went to hospital with my sister. The next day my sister died but the doctors said they killed my sister. She just froze, we new (knew) that my sister was killed by that family who promised use that they will start killing my sister after we will be next so my sister died and was buried with sadness and tears.” Indian Girl (Drawing)

“Is a person who loves u (you) but do things that make us unhappy. What do we do when a friend is raped by her own father with a mother that drinks and has no cure about her trying to talk to her but she say it her fault that things like this happen to her.” Spiderwoman (Drawing)

“My friends brother was in a martial arts school then one day he was framing another fighter he had an heart attack and when the fighter hit him and he had a heart attack he fell the ambulance was called he was rushed to hospital unfortunately he died of heart attack.” Dragon (Drawing)...“Let’s say I am attending a martial arts class and we like supposed to like fight each other, not in reality, like just training, I usually like feel like to fight that person til I kill him, coz when I fight that thought comes.” Dragon (One-on-one interview)

“Sometime ago I was walking from Spar and I was hijacked.” Player (Drawing)...“It made me feel scared like when I’m walking on the street then they might come again.” Player (One-on-one interview)

“When I was 6 months I burnt my left arm, and the left side of my neck. I went to hospital for 3 months and after that I had to go to the hospital everyday to change the bandage.” Black Coffee (Drawing)...“I still have the scar and it reminds me of the hurt and sad feelings. People tease me and say that I put a tattoo here, it makes me feel sad and uncomfortable.” Black Coffee (One-on-one interview)

“He was lost in 1999, when my uncle got lost he was used (used to) sleep walk and he went away from home till know (until now) he is not back and I don’t know were (where) he is know (now) we tried Khumbuld ekaiya. But he is still not coming home’. Black Coffee (Drawing)

4.4.3.2. Category 2: Unresolved trauma disrupts social and academic development

Levine and Kline (2007:41) emphasise that unresolved energy eventually finds expression in a wide array of behaviours and symptoms. This is supported by Nadar (2008:9) who provides evidence that the negative consequences of unresolved traumatic response may lead to long-term consequences that over time interfere with the adolescent’s ability to engage in productive behaviours and to function adequately socially, academically, professionally and personally. As a result, these adolescents react in ways that substantially disrupt or impair their and their family’s daily lives, their growth and development, and their abilities to function normally (Nadar, 2008:3). These negative experiences usually manifest in different kinds of behaviour; for example, depression, aggression, poor school performance, isolation, interpersonal conflict, social and moral problems, difficulties in forming positive relationships, as well as an individual’s sense of self and ultimately self-esteem (Osofsky, 2004:4). These symptoms are the result of unfinished business (Maddi, 1996:63; Bynum & Thompson, 2007:136). The researcher specifically found that the unfinished business that the participants demonstrated impacted on them academically and socially.

“Coz of the pain inside they can’t really concentrate on the things they doing.” Player (One-on-one interview)

“They think about the trauma and this stops them concentrating.” Spiderwoman (One-on-one interview)

“They won’t work hard at school anymore, they will give up, it’s like their attitude changes coz they have nothing to live for.” Indian Girl (One-on-one interview)

"I could see that while she spoke she was emotional, tearful, expressive and authentic. I could feel her pain and her emotions in that moment. Her heart was aching, I could see that she was extremely fragile, and almost ready to break but yet relieved to in some way get it off her chest."

Indian Girl (Researcher's field notes)

"I was down and my school level was very down." Winnie the Poo (One-on-one interview)

"It can affect friendships coz, let's say before this thing happened you used to go to church together, laugh together and now all of a sudden things change, when they tell a joke you don't laugh, you don't talk you just sit and stare." Dragon (One-on-one interview)

4.4.4. Conclusion of findings

Trauma is understood as a negative event to which all participants had been exposed, either directly or indirectly, such as violence, death and loss, hijacking, rape and disappointment. These traumatic events were found to result in depression associated with a sense of hopelessness and helplessness, overwhelming loss and grief, feelings of anger, and feeling scared. The way in which the adolescents made contact with these emotions depended on how the traumatic event was perceived. As the traumatic event is experienced in conjunction with the challenging stage of adolescence, support is essential, specifically therapeutic support which is required to work through the associated emotions, so that appropriate contact can be made and Gestalts completed.

Lack of support was found to result in the adoption of inappropriate contact styles, specifically deflection, retroflection, desensitisation and introjection in an attempt to cope. The use of these inappropriate contact styles led to incomplete Gestalts, resulting in unfinished business that affected their social skills and academic development. This knowledge may better equip professionals to work with adolescents who have experienced a trauma. Although the research findings are consistent with concurrent literature and no additional categories were found, the intention of this particular study was to understand the meaning (subjective reality) of trauma as perceived by Grade 7 adolescents. However, during the interview process it became evident that all participants had been exposed to some sort of trauma. It was also evident that their experience of trauma continued to have

an after-effect on them. This suggests that they have not received sufficient therapeutic intervention. However, further research is needed in this area.

This study supports the new categorisation of Type II and Type III trauma that Solomon and Heide (1999:204) propose. Most of the evidence found in this study could be grouped into Type I trauma, which included sudden, distinct, isolated traumatic events of short duration (Solomon & Heide, 1999:204; Levine & Kline, 2007:4; Doctor & Shiromoto, 2010:103) such as witnessing rape, death of significant others, disappointment, hijacking, a significant other's house being burnt down and being burnt as a child. The evidence briefly supports Type II and Type III trauma, but the sample size was insufficient to explore this further; additional research is therefore needed.

4.5. CONCLUSION

The process of data analysis utilising data obtained from semi-structured interviews, drawings, and field and theoretical notes, as discussed at the onset of this chapter led to the establishment of the three main concepts, which includes the typical contact-withdrawal cycle of Grade 7 learners' perception of trauma, the participants' use of inappropriate contact styles as an attempt to satisfy their needs, and unfulfilled needs resulting in unresolved traumatic responses. The research findings were recorded and verified with relevant concurrent literature. A summary of the analysed data was provided in Chapter 4. Chapter 5, the final chapter, includes a discussion of the conclusions, limitations and recommendations of this study.

CHAPTER 5

SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

5.1. INTRODUCTION

In Chapter 4 the focus was on the research process, addressing how the data was collected and analysed in this study. The findings that emerged from exploring the participants' perception of the meaning of trauma were examined by comparing them to existing literature.

The aim of this final chapter is to determine whether the research question has been answered and, based on the research findings, to draw conclusions and provide recommendations to professionals who work with traumatised adolescents. In the following section the research question, the aim and the objectives (refer to Chapter 1) are evaluated to determine whether they have been effectively achieved. Conclusions and recommendations regarding the main findings are offered, limitations of the study are discussed, possible future research opportunities are presented, and a summary is finally provided.

5.2. EVALUATION OF ANSWERING THE RESEARCH QUESTION

The identification and selection of a researchable topic was completed prior to commencing with the empirical research. For the purpose of this study the researcher developed the following research question: What are Grade 7 adolescents' understanding of the meaning (subjective reality) of trauma?

A qualitative applied approach, within the paradigm of Gestalt Therapy theory, was implemented for this study as the focus was on gaining in-depth, authentic information while staying as close as possible to the participants' own personal understanding of trauma. This approach provided a comprehensive description of the participants' perception of the meaning of trauma which assisted the researcher in obtaining data to answer the research question. Multiple data collection methods, referred to as data

triangulation, included in-depth semi-structured interviews, documents in the form of drawings and field notes in the form of participant observation and self-reflective notes (Creswell, 2003:185) were used to enhance the accuracy, credibility and reliability of the information obtained. Rich descriptions from the interviews, drawings and field notes gave rise to the formation of three concepts and numerous categories which were then integrated and interpreted in the form of a discussion. The established patterns were then critically reviewed and correlated with literature findings, which provided a comprehensive, clearer understanding of the Grade 7 adolescents' perception of the meaning (subjective reality) of trauma. The research question generated in Chapter 1 of this study was therefore answered by the findings (refer to Chapter 4), which provided insight into the perceptions of Grade 7 adolescents.

5.3. EVALUATION OF REALISING THE AIM AND OBJECTIVES

Chapter 1 presented an introduction and an overview of the research which specified the aims and objectives, the problem and focus, and the procedures and methods of this particular study within the paradigm of Gestalt Therapy theory. To ensure that the study achieved this aim, it is necessary to re-examine the aim and the objectives of this study.

5.3.1. Realising the aim

The aim of this study was to explore and describe the perceived (phenomenological) meaning of trauma in a selected group of early adolescents from School G, a northern suburb public school in Gauteng. The researcher's intent was to identify how these adolescents perceived the phenomenon of trauma, how they interpreted the meaning and perceptions of their own experience of trauma, and what their own subjective truth was.

The research followed a qualitative applied approach of an exploratory and descriptive nature to gain rich and descriptive insight (Patton, 2002:224; Neuman, 2003:14; Creswell, 2005:39; Fouché & De Vos, 2011:94) into the phenomenon of trauma. The non-probability, sequential sampling procedure was used to gather data until saturation was reached. The researcher utilised the phenomenological method of inquiry within the paradigm of Gestalt Therapy theory, as the focus of this study was on the subjective perceptions of the participants (Delport, *et al.*, 2011:304; Fouché & Schurink, 2011:317).

This aim was achieved by obtaining documents in the form of drawings and conducting in-depth semi-structured interviews with nine early adolescents who attend School G in the northern suburbs of Gauteng. These drawings and semi-structured interviews took place over a period of two months and specifically focused on what trauma meant to every participant. The data collected from the drawings and semi-structured interviews were video recorded, transcribed and analysed. These, together with the field notes in the form of participant observation and self-reflective notes, constituted the data for the study which once analysed, was discussed with a control of the literature in Chapter 4.

5.3.2. Realising the objectives

Following from this primary aim, a number of objectives were set to accomplish the overall outcome of the study. In the following section the researcher lists the objectives of the study and describes how each objective was reached.

- Objective 1

The first objective of this study was to implement a literature review on Gestalt Therapy theory, early adolescent development and the meaning of trauma to compile a conceptual framework as well as to develop an interview schedule (refer to Annexure 4). Both Chapters 2 and 3 served to achieve this objective by providing the reader with a basic understanding of the concepts relevant to this study.

- Objective 2

The second objective was to obtain drawings from and conduct semi-structured interviews with Grade 7 adolescents at School G in Gauteng in order to illicit their personal understanding regarding the research phenomena. Empirical evidence was collected through semi-structured interviews and drawings to explore and describe the Grade 7 adolescents' understanding of the meaning of trauma.

- Objective 3

Objective three was to analyse the phenomenological data by means of a relevant framework for qualitative data and to verify the research findings. The analysis and

interpretation of the data involved examining and categorising it to produce the research findings. These were verified by means of a literature control (Delpont, *et al.*, 2011:302).

- Objective 4

The final objective was to provide a summary, recommendations and conclusions of the research findings. In the following section the researcher discusses the findings collected in Chapter 4. These findings enabled the researcher to reach conclusions (refer to section 5.5) and make recommendations (refer to section 5.6) regarding the Grade 7 adolescents' perception of the meaning of trauma.

5.4. SUMMARY OF THE CHAPTERS IN THIS REPORT

5.4.1. Chapter 1: Overview and rationale of the research

The first chapter provided an introduction and overview of the study, which was to explore and describe the Grade 7 adolescents' perception of the meaning of trauma. The rationale and problem formulation as well as the motivation and orientation of the study substantiated the choice of topic and resulted in the analysis of the problem, the establishment of the research question, the aims and objectives of the research and the nature and course of the research study. The theoretical framework of Gestalt Therapy theory was the paradigm of choice and provided the underlying assumptions of the research design. The objectives of this study created the framework necessary for implementing the research methodology. Ethical considerations and the impact of the study were discussed and the main concepts defined.

5.4.2. Chapter 2: Conceptual framework: key tenets and core theoretical assumptions of Gestalt Therapy theory

Chapter 2 presented the first part of the conceptual framework for this study by summarising the key tenets of Gestalt Therapy theory, namely the field theory, holism, phenomenology and dialogue which were explained and described to attain a comprehensive understanding of the theoretical framework implemented. The Gestalt Therapy theory paradigm guided the observation and phenomenological understanding of the Grade 7 adolescents' perception of the meaning of trauma. An overview of the core

theoretical assumptions that are relevant to this study include the theory of self, awareness, contact and healthy and unhealthy functioning, are also presented and incorporated within the theoretical framework.

5.4.3. Chapter 3: Conceptual framework: theoretical assumptions of early adolescent development and trauma

The second part of the conceptual framework, found in Chapter 3, entails a comprehensive literature review. Early adolescence as a developmental stage is investigated and addressed from a Gestalt Therapy theory perspective while a brief section describing a non-Gestalt approach is also included. The nature, prevalence and impact of trauma, as well as a Gestalt perspective of trauma are discussed. This chapter, which was the foundation of the empirical study, served to provide a better understanding of the concepts pertinent to the phenomenological understanding of Grade 7 adolescents' perception of the meaning of trauma. The researcher highlights that, although the theoretical assumptions appear fairly generic, the adolescents have their own unique, subjective and phenomenological perception of what trauma means to them.

5.4.4. Chapter 4: Empirical investigation and literature control

This chapter discussed the empirical results of the research investigation. All the findings of this study were integrated and correlated with findings in the literature review. The analysis and interpretation of the data produced findings that led to answering the initial problem formulation and in so doing achieved the aim of the study. This process led to the establishment of the three main concepts which included the typical contact-withdrawal cycle of Grade 7 learners' perception of trauma, the participants' use of inappropriate contact styles as an attempt to satisfy their needs, and unfulfilled needs resulting in unresolved traumatic responses. Utilising data obtained from semi-structured interviews, drawings and field notes ensured triangulation of the data, which enhanced the trustworthiness of the research findings.

5.4.5. Chapter 5: Summary, conclusions, recommendations and limitations of the study

The aim of this final chapter is to draw conclusions, discuss limitations and make recommendations based on the research findings. As discussed in the following sections, the concepts and categories of meaning (refer to Table 5.1) that the researcher established through the analysis and interpretation of the data (refer to Chapter 4) formed the basis of the recommendations for professionals working with traumatised adolescents.

5.5. CONCLUSIONS REGARDING THE CATEGORIES OF ANALYSIS FOR THE STUDY

Through analysing the data obtained from the interviews, drawings and field notes, three significant concepts and numerous categories were established (refer to Chapter 4). These concepts and categories form the basis of the recommendations for professionals working with traumatised adolescents by contributing to dialogue, discourse and extending the knowledge of the meaning of trauma as perceived by the participants. A summary of the concept and categories of adolescents' perception of the meaning (subjective reality) of trauma is provided in the table below.

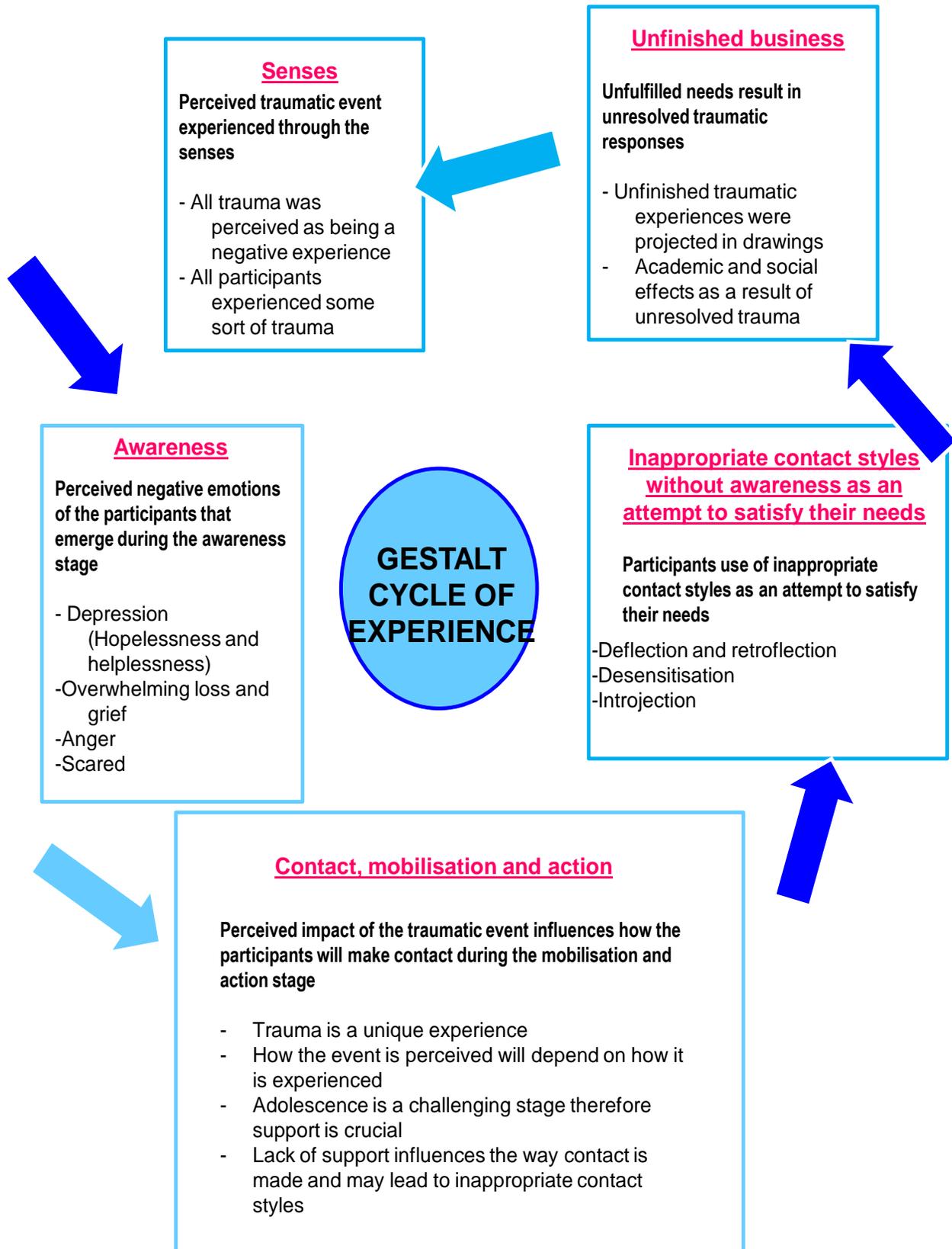
Table 5.1: Summary of concepts and categories	
CONCEPT	CATEGORY
Typical contact-withdrawal cycle of Grade 7 learners' perception of trauma	The perceived traumatic events which emerge from the field through the senses
	Perceived negative emotions of the participants that emerge during the awareness stage
	The perceived impact of the traumatic event determines how the participants will make contact during the mobilisation and action stage
The participants' use of inappropriate contact styles as an attempt to satisfy their needs	The use of deflection and retroflection as inappropriate contact styles
	The use of desensitisation as an inappropriate contact style
	The use of introjection as an inappropriate contact style

Unfulfilled needs result in unresolved traumatic responses	Metaphorical representation (projection) of past trauma
	Unresolved trauma disrupts social and academic development

In summary (refer to Figure 5.1), trauma was perceived to be a negative event to which all the participants had been exposed either directly or indirectly. These traumatic events were found to result in depression associated with a sense of hopelessness and helplessness, overwhelming loss and grief, feelings of anger and feeling scared. The adolescents' perceptions of trauma were unique and this determined how they made contact during the contact-withdrawal cycle. As the traumatic event is experienced in conjunction with the challenging stage of adolescence, support is essential, specifically therapeutic support which is required in order to work through the associated emotions, so that appropriate contact can be made and Gestalts completed. Lack of support resulted in the use of inappropriate contact styles which led to incomplete Gestalts, resulting in unresolved traumatic responses that affect their social skills and academic development.

This study supports the new categorisation of Type II and Type III trauma that Solomon and Heide (1999:204) propose. Most of the evidence found in this study could be grouped into Type I trauma, which included sudden, distinct, isolated traumatic events of short duration (Solomon & Heide, 1999:204; Levine & Kline, 2007:4; Doctor & Shiromoto, 2010:103) such as witnessing rape, death of significant others, disappointment, hijacking, a significant other's house being burnt down and being burnt as a child. The evidence does briefly support Type II and Type III trauma but the sample size was insufficient to explore this further; additional research is therefore needed.

Figure 5.1. Summary of the research findings



5.6. RECOMMENDATIONS FOR PROFESSIONALS WORKING WITH EARLY ADOLESCENTS WHO HAVE EXPERIENCED A TRAUMATIC EVENT

Based on current literature and the research findings of this study, the researcher proposes the following recommendations for professionals working with adolescents who have been exposed to trauma:

The first recommendation is that all teachers and staff members at schools should be cognisant of the high incidence of adolescents who are being exposed to trauma (Greenwald, 2002:7; Levine & Kline, 2007:60; Stover, Berkowitz, Marans & Kaufman, 2007:702; Jones, 2008:844; Ford *et al.*, 2010:545). Although some adolescents appear to be functioning normally, this is typically not the case as the symptoms of trauma may be camouflaged. Traumatized adolescents tend to adopt inappropriate contact styles such as deflection (anger, verbal hostility and acting out), retroflection (fighting, kicking and blaming others), desensitisation (emotional shut down) and introjections (negative belief systems) as an attempt to cope with or avoid demonstrating their emotional distress. When these adolescents remain the hidden victims of trauma they are unlikely to receive the support they need. Moreover, treatment may only address the symptoms of trauma but not the actual problem or cause. As a result, the effects of the trauma often resonate throughout their lifespan (Pruitt, 1999:205; Bruwer *et al.*, 2007:220; Levine & Kline, 2007:66), affecting their ability to make meaningful contact (Kepner, 2001:93; Lobb, 2005:33; Blom, 2006:31; Rosenbloom & Williams, 2010:18).

The researcher therefore recommends that a psycho-education programme be implemented at schools that will assist teachers and other school-based professionals to be educated and trained in identifying specific behaviours and emotional patterns that might be representative of traumatic exposure. School-based professionals should be aware of what to look for and when to implement intervention strategies. Teachers need to be vigilant about poor school performance, acting out, bullying, withdrawal, smoking, taking drugs, depression, suicidal ideation, isolation (Pruitt, 1999:195) and psychosomatic symptoms such as headaches, fatigue and hyperactivity, which may all be related to trauma exposure (Lerner & Lerner, 2001:550; Blom, 2006:36; Goodyear-Brown, 2010:26).

By implementing this psycho-education programme, teachers and other school-based professionals will be in a position to provide an essential positive impact on children of all ages and be better equipped to assist individuals with coping strategies.

Adolescence is a vulnerable stage of development as individuals are struggling with issues of identity, puberty and other developmental changes. When a trauma occurs during this stage, the psychological responses to the trauma are compounded and may manifest in a range of different behaviours (Pruitt, 1999:195; Möhlen, Parzer, Resch & Brunner, 2005:82). The researcher therefore recommends individual therapy, psychological support and counselling of adolescents who may have been exposed to a trauma. This is necessary to lessen the impact of the incident on their lives and to help them towards a full recovery (De Haan, 2005:71). Therapy should be focused on enhancing the adolescents' contact functions, creating awareness of their negative emotions related to the traumatic incident and assist them in expressing their unfinished business. Adolescents should be encouraged to manage their emotions in their current situation, as well as become aware of their needs and discover ways to satisfy these needs in a healthy manner (Blom, 2006:180). Therapy with these adolescents includes the reorganisation of their sense of reality and self (Kepner, 2003:53), self-nurturing and a holistic functioning of the senses, body, intellect, spirit and emotions which will help them work through the fragmented parts of their self in order to feel whole (Corey, 2008:288).

During the stage of early adolescence, relationships with peers become quite significant as they offer a sense of belonging and power (Van Heeswyk, 1997:4; Sigelman & Rider, 2011:471). The researcher therefore recommends that peer-to-peer group counselling sessions be implemented within the school environment, whereby the peers become actively involved in providing support, facilitating rapport and safe disclosure, and encourage expression of underlying emotions that could be addressed. This supports the field theoretical perspective, as discussed in Chapter 2, which emphasises that all individuals and their environment are interconnected (Yontef, 1993:2; Mackewn, 1997:48; Kepner, 2003:21). This is consistent with this study's findings where the participants used their peers (environment) as a support after experiencing some sort of trauma.

From a holistic perspective (refer to Chapter 2), the researcher recommends the development of effective support structures that encompass adolescents' entire field (refer to Chapter 2). In other words, support should be available at school level, family level, professional level and spiritual level. At School G, there was a psychologist on board but she only worked once a week, which was found to be insufficient. The researcher thus recommends that a holistic (refer to Chapter 2) intervention programme orientated toward the development of important social and academic skills for adolescents is implemented at schools. Focus should be on the promotion and training of pro-social (versus anti-social) engagement. This includes building rapport, confidentiality, empathy, negotiation skills, coping behaviours, problem solving and other necessary skills. Academic skills could include extra lessons or refresher information. A particular focus on the development of peer skills would be invaluable to these adolescents as their need for support is intensified during early adolescence as a result of being exposed to a trauma. Family support is also important, but could be difficult as the researcher found that the majority of the participants' parents lacked the resources to provide such support. The researcher further recommends that parents educate themselves about trauma so that they are equipped to identify any possible exposure to trauma by their own children. This knowledge will also empower parents to provide support and seek professional help where necessary. Within the school system, the researcher recommends that a specific budget is provided for full time employment of healthcare professionals, so that access to support and therapeutic intervention is unlimited. Professional support, outside the school, in the form of a social worker, psychologist, psychiatrist or play therapist could all assist in helping these individuals work through their trauma. Spiritual support by church counsellors could also be introduced as an additional support.

It is the researcher's opinion that a phenomenological understanding of the meaning of trauma as perceived by Grade 7 adolescents has contributed to dialogue and discourse that would assist in the implementation of future therapeutic interventions specifically tailored for adolescents in the Gauteng area. The principles of phenomenology accentuate that all situations are never experienced in the same way (McConville, 2001:30; Patton, 2002:104; Kepner, 2003:5; Crocker, 2005:69; Jones, 2008:30; Joyce & Sills, 2010:24). Individuals will have unique perceptions and interpretations of their traumatic experience

since, from a Gestalt perspective, all experiences are phenomenological in nature (Parlett, 1991:71; Crocker, 2005:66; Barber, 2006:50) and can thus never be repeated (McConville, 2001:30; Patton, 2002:104; Kepner, 2003:5; Crocker, 2005:69; Joyce & Sills, 2010:24). The researcher acknowledges the existing diagnostic data that may currently be relevant to the findings in this study. However, as the perception of trauma is unique, the researcher recommends that unique methods adapted specifically for individual adolescent's needs are developed. By not exploring this new source of information, ineffective treatment regimens, including therapeutic support, will remain a problem. This knowledge may better equip healthcare professionals when implementing therapeutic support or treatment to adolescents who have been exposed to a traumatic event.

5.7. LIMITATIONS OF THIS STUDY

The following limitations of this study are acknowledged:

- The sample size of the study was relatively small, consisting of nine Grade 7 adolescents, thus reducing the generalisability of the research findings. Although the sample selected was small, the researcher was able to generalise to theoretical propositions (Yin, 2009:15), thereby adding to existing research (Yin, 2009:32).
- As the participants' mother tongue was not English they may not have fully understood the full extent of the research questions during the interviews. This language barrier seemed to reduce the naturalness of the study despite the researcher's attempt to assist the participants with every question. Although documents in the form of drawings were used to supplement the interview process, the researcher is of the opinion that an interpreter during the interview process could have enhanced the descriptions of the participants.
- The topic of trauma is an extremely sensitive one which requires special care due to the possibility of secondary trauma. It is therefore crucial that, before any disclosure can take place, a confidential, empathic and trustworthy relationship is developed. The researcher acknowledges that additional time spent on building the relationship would have encouraged some of the participants to share their phenomenological experiences more openly which may have resulted in deeper and richer information.

5.8. POSSIBLE FUTURE RESEARCH OPPORTUNITIES

- Although the research findings are consistent with current literature and no additional categories were found, the intention of this particular study was to understand the meaning (subjective reality) of trauma as perceived by Grade 7 adolescents. However, during the interviewing process it became evident that all participants had been exposed to some sort of trauma. This could possibly suggest that the majority of adolescents in South Africa have been exposed to some sort of trauma. A larger sample size would perhaps be needed to test this theory. It was also evident in the findings that the participants' experience of trauma continued to have an after-effect on them, suggesting that they have not as yet received sufficient therapeutic intervention. Future research is needed to explore these notions further.
- Since all the participants in this study had provided evidence of being exposed to a previous traumatic event, research that focuses on individuals who have never been exposed to trauma may yield different results. Future research could be in the form of a comparative study where those who have and those who have not been exposed to trauma could be compared.
- Future research studies could implement and compare the meaning of trauma across different cultures and different age groups. Research can also be implemented with individuals who have shared the same traumatic incident and then a comparative study can be conducted. Furthermore, future studies can focus on social and cultural sensitivity and incorporate the participants' own contexts, which would support a Gestalt field theoretical holistic approach.
- Although this study focused on early adolescence, the researcher is of the opinion that the literature was mostly aimed at adolescence in general not on the specific age or stages within adolescence. The researcher suggests that another study focusing on the meaning of trauma at the different stages of adolescence could be conducted and compared with the existing findings.

5.9. CONCLUDING STATEMENT

The study facilitated the process of attaining insight into Grade 7 adolescents' perception of the meaning (subjective reality) of trauma. The researcher adopted a phenomenological method of enquiry by avoiding bias and allowing the participants to voice their perceptions in order to contribute towards a more comprehensive understanding of their meaning of trauma. The exploration and description of the topic at hand has enhanced the dialogue and discourse for professionals working in this field, utilizing the traditional DSM IV diagnostic criteria and for those professionals working with the new developments of Type I, II and III trauma. The findings of this study have extended the knowledge base on adolescents who have experienced trauma and has shaped the groundwork that could contribute to dialogue and discourse for therapeutic support and intervention.

ANNEXURE 1: RESEARCH PARTICIPANT CONSENT FORM

Title: A Gestalt approach to understand the meaning of trauma as perceived by Grade 7 adolescents

You are asked to participate in a research study conducted by Veniece Lazarou, MA Psych (Master of Arts in Psychology), from the Institute for Child, Youth and Family Studies at the North West University in Potchefstroom. The results of this study will be part fulfilment of a dissertation for the completion of the MA in Psychology. You were chosen as a possible participant in this study because you are a Grade 7 adolescent who attends School G. You have been selected for this study so that you can provide your meaning of what trauma is. This study is about understanding the meaning of trauma through the eyes of the Grade 7 adolescent.

1. PURPOSE OF THE STUDY

The aim is to explore and describe Grade 7 adolescents' meaning (subjective reality) of the phenomenon of trauma. You have been selected for this study so that you can provide your understanding of the meaning of trauma.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

- An interview with you will be conducted to gain a detailed picture of your beliefs, attitudes, experiences and perceptions about what your meaning of trauma is. You are seen as an important part of this information process and the researcher is attempting to understand your meaning of trauma from your point of view.
- The interview will be on a one-on-one basis and will occur at a place that is convenient to you.
- The duration of the interview will be between 45 minutes to 1 hour.
- All sessions will be videotaped and transcribed.
- Feedback will be provided to you if necessary and if requested.

3. POTENTIAL RISKS AND DISCOMFORTS

You will not be exposed to any risk if you participate in this study. You may experience re-traumatisation if you have been previously traumatised. If you experience any sign of discomfort or emotional distress, your parents will be informed and you will be referred to the school psychologist.

You may withdraw from this study at any time, if you choose.

4. POTENTIAL BENEFITS TO SUBJECTS AND/ OR TO SOCIETY

You will not benefit from this research study. The results of this study will be part fulfilment of a dissertation for the completion of the MA in Psychology.

5. PAYMENT FOR PARTICIPATION

You will not be paid for your participation in this study

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of your own pseudonym for the duration of the study to ensure that you will not be identified. The data will be kept confidential and will be labelled with pseudo codes and stored in a locked cabinet in the researcher's private office (Only the researcher will have access to this office).

All material will be published in the research report at the North West University. Before publication, a feedback session with you will be conducted allowing you to share and clarify your experience. Feedback to the school and your parents will be provided if necessary.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

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

Student: Veniece Lazarou 083 2888 245

Study Leader: Colleen Potgieter 082 3385 900

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

If you have questions regarding your rights as a research subject, contact Dr Retha Bloem, Head at the Institute for Child, Youth and Family Studies at the North West University on 021 864 1470 or 021 864 1480.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE
--

The information above was described to [*me/ the subject/ the participant*] by Veniece Lazarou in English and [*I am/ the subject is/ the participant is*] in command of this language or it was satisfactorily translated to [*me/ him/ her*]. *I/ the participant/ the subject* was given the opportunity to ask questions and these questions were answered to [*my/ his/ her*] satisfaction.

[I hereby consent voluntarily to participate in this study/ I hereby consent that the subject/ participant may participate in this study.] I have been given a copy of this form.

Name of Subject/ Participant

Name of Legal Representative (if applicable)

Signature of Subject/ Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/ participant*] and/ or [his/ her] representative _____ [*name of the representative*]. [*He/ she*] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and [*no translator was used/ this conversation was translated into* _____ by _____].



Signature of Investigator

Date

ANNEXURE 2: SCHOOL CONSENT FORM

Title: *A Gestalt approach to understand the meaning of trauma as perceived by Grade 7 adolescents*

Your Grade 7 adolescent learners are asked to participate in a research study conducted by Veniece Lazarou, MA Psych (Master of Arts in Psychology), from the Institute for Child, Youth and Family Studies at the North West University in Potchefstroom. The results of this study will be part fulfilment of a dissertation for the completion of the MA in Psychology.

1. PURPOSE OF THE STUDY

The aim is to explore and describe Grade 7 adolescents' meaning (subjective reality) of the phenomenon of trauma. These learners have been selected for this study so that they can provide their understanding of the meaning of trauma.

2. PROCEDURES

If these learners volunteer to participate in this study, we would ask them to do the following things:

An interview with the adolescent will be conducted to gain a detailed picture of their beliefs, attitudes, experiences and perceptions about what their meaning is of trauma. They are seen as an important part of this information process and the researcher is attempting to understand their meaning of trauma from their point of view.

The interview will be on a one-on-one basis and will occur at a place that is convenient for both the student and yourself.

The duration of the interview will be between 45 minutes to 1 hour.

All sessions will be videotaped and transcribed.

Feedback will be provided to you if necessary and if requested.

3. POTENTIAL RISKS AND DISCOMFORTS

The learners will not be exposed to any risk if they participate in this study. The learners may experience re-traumatisation if they have been previously traumatised. If they experience any sign of discomfort or emotional distress, their parents and yourself will be informed and referral will be made to the school psychologist.

The learners may choose to withdraw from this study at any time.

4. POTENTIAL BENEFITS TO SUBJECTS AND/ OR TO SOCIETY

You and the learners will not benefit from this research study. The results of this study will be part fulfilment of a dissertation for the completion of the MA in Psychology.

5. PAYMENT FOR PARTICIPATION

You and the learners will not be paid for participation in this study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of pseudonyms for each student, for the duration of the study to ensure that they will not be identified. The data will be kept confidential and will be labelled with pseudo codes and stored in a locked cabinet in the researcher's private office (Only the researcher will have access to this office).

All material will be published in the research report at the North West University. Before publication a feedback session with the student and yourself (if necessary) will be conducted allowing them to share and clarify their experience.

7. PARTICIPATION AND WITHDRAWAL

The learners can choose whether to be in this study or not. If they volunteer to be in this study, they may withdraw at any time without consequences of any kind. They may also refuse to answer any questions they don't want to answer and still remain in the study. The investigator may withdraw the student from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

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

Student: Veniece Lazarou 083 2888 245

Study Leader: Colleen Potgieter 082 338 5900

9. RIGHTS OF RESEARCH SUBJECTS

The learners may withdraw their consent at any time and discontinue participation without penalty. They are not waiving any legal claims, rights or remedies because of their participation in this research study. If they have questions regarding their rights as a research subject, contact Dr

Retha Bloem, Head at the Institute for Child, Youth and Family Studies at the North West University on 021 864 1470 or 021 864 1480.

SIGNATURE OF SCHOOL REPRESENTATIVE/ S

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[I hereby consent voluntarily to participate in this study/ I hereby consent that the subject/ participant may participate in this study.] I have been given a copy of this form.

Name of Subject/ Participant

Name of Legal Representative (if applicable)

Signature of Subject/ Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/ participant*] and/ or [his/ her] representative _____ [*name of the representative*]. [*He/ she*] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and [*no translator was used/ this conversation was translated into* _____ by _____].



Signature of Investigator

Date

ANNEXURE 3: PARENTAL CONSENT TO PARTICIPATE IN RESEARCH

Title: *A Gestalt approach to understand the meaning of trauma as perceived by Grade 7 adolescents*

Your child has been asked to participate in a research study conducted by Veniece Lazarou, MA Psych (Master of Arts in Psychology), from the Institute for Child, Youth and Family Studies at the North West University in Potchefstroom. The results of this study will be part fulfilment of a dissertation for the completion of the MA in Psychology. Your child was selected as a possible participant in this study because he/ she is a Grade 7 adolescent who attends School G. Your child has been selected for this study so that he/ she can provide his/ her meaning of what trauma is. This study is about understanding the meaning of trauma through the eyes of the Grade 7 adolescent.

1. PURPOSE OF THE STUDY

The aim is to explore and describe Grade 7 adolescents' meaning (subjective reality) of the phenomenon of trauma. Your child has been selected for this study so that they can provide their understanding of the meaning of trauma.

2. PROCEDURES

If your child volunteers to participate in this study, we would ask him/ her to do the following things:

An interview with your child will be executed, to gain a detailed picture of his/ her beliefs, attitudes, experiences and perceptions about what his/ her meaning is of trauma. Your child is seen as an important part of this information process and the researcher is attempting to understand his/ her meaning of trauma from his/ her point of view.

The interview will be on a one-on-one basis and will occur at a place that is convenient for your child as well as yourself.

The duration of the interview will be between 45 minutes to 1 hour.

All sessions will be videotaped and transcribed.

Feedback will be provided to you if necessary and if requested.

3. POTENTIAL RISKS AND DISCOMFORTS

Your child will not be exposed to any risk if he/ she participates in this study. Your child may experience re-traumatisation if he/ she has been previously traumatised. If your child experiences any sign of discomfort or emotional distress, the school as well as yourself will be informed and your child will be referred to the school psychologist.

Your child may withdraw from this study at any time, if he/ she chooses.

4. POTENTIAL BENEFITS TO SUBJECTS AND/ OR TO SOCIETY

Your child will not benefit from this research study. The results of this study will be part fulfilment of a dissertation for the completion of the MA in Psychology.

5. PAYMENT FOR PARTICIPATION

Your child and you will not be paid for his/ her participation in this study.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of your child's own pseudonym for the duration of the study to ensure that your child will not be identified. The data will be kept confidential. All data will be labelled with pseudo codes and stored in a locked cabinet in the researcher's private office (The researcher will only have access to this office).

All material will be published in the research report at the North West University. Before publication a feedback session with your child and yourself (if necessary) will be conducted allowing your child to share and clarify his/ her experience, feedback to the school will be provided if necessary.

7. PARTICIPATION AND WITHDRAWAL

Your child can choose whether or not to be in this study. If your child volunteers to be in this study, your child may withdraw at any time without consequences of any kind. Your child may also refuse to answer any questions he/ she does not want to answer and still remain in the study. The investigator may withdraw your child from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

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

Student: Veniece Lazarou 083 2888 245

Study Leader: Colleen Potgieter 082 338 5900

9. RIGHTS OF RESEARCH SUBJECTS

Your child may withdraw his/ her consent at any time and discontinue participation without penalty. Your child is not waiving any legal claims, rights or remedies because of his/ her participation in this research study. If your child has any questions regarding his/ her rights as a research subject, contact Dr Retha Bloem, Head at the Institute for Child, Youth and Family Studies at the North West University on 021 864 1470 or 021 864 1480.

SIGNATURE OF PARENT/ LEGAL REPRESENTATIVE
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The information above was described to [*me/ the subject/ the participant*] by Veniece Lazarou in English and [*I am/ the subject is/ the participant is*] in command of this language or it was satisfactorily translated to [*me/ him/ her*]. [*I/ the participant/ the subject*] was given the opportunity to ask questions and these questions were answered to [*my/ his/ her*] satisfaction.

[*I hereby consent voluntarily to participate in this study/ I hereby consent that the subject/ participant may participate in this study.*] I have been given a copy of this form.

Name of Subject/ Participant

Name of Legal Representative (if applicable)

Signature of Subject/ Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/ participant*] and/ or [his/ her] representative _____ [*name of the representative*]. [He/ she] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and [*no translator was used/ this conversation was translated into _____ by _____*].



Signature of Investigator

Date

ANNEXURE 4: INTERVIEW SCHEDULE

Group Session: Drawing

Draw a picture to show what trauma means to you (explain and clarify). Please also explain in writing what your drawing means.

One-on-one interview

1. Please, can you explain your drawing to me?
2. What is your understanding of the meaning of trauma?
 - a. What do you understand of trauma? What does it mean to you in your own words, from your own eyes?
 - b. How would you describe or define trauma?
 - c. Can you give some examples of what you consider traumatic?
3. What are your thoughts on the experience of trauma for different people?
 - a. How does trauma impact other adolescents?
 - b. How would the age of the person influence the way that the trauma affects them?
4. What kind of behaviour would you say a person might display if he/ she has been through a trauma?
5. What kind of feelings could you say a person might display if he/ she has been through a trauma?
 - a. What are the signs/ things that show others that someone has been through a trauma?
6. Is there anything else you would like to add?

ANNEXURE 5: SAMPLE OF FIELD NOTES IN THE FORM OF PARTICIPANT OBSERVATION

GROUP SESSION

The group got well into it; they were talking, laughing and enjoying this moment of expression. They asked a lot of questions, they joked around, played around and eventually got a little distracted. I had to refocus them, and explain to them that we needed to understand that for some people this is hard, and we needed to give each other the space and the respect to express our feelings of trauma. The group enjoyed it and it was a wonderful way for us to “break the ice” and get to know one another.

ONE-ON-ONE INTERVIEWS

Spiderwoman

Spiderwoman was very shy at first; she sat with her arms folded which portrayed a certain level of anxiety and nervousness. I reassured her that it was normal and that I was feeling the same way. By both of us sharing this with each other an immediate level of relaxation emerged. She was very responsive, a great research participant and really gave me a lot of information to work with.

Indian Girl

When she came in she was nervous and seemed very unsettled. Her body language portrayed that she was uncomfortable as she was not sure what to expect. I reassured her that it was normal to be nervous and that she did not have to answer any questions that made her feel uncomfortable in any way. I could see her relax immediately after I told her that. She spoke about her drawing, her experience about losing her sister. I could see that while she spoke she was emotional, tearful, expressive and authentic. I could feel her pain and her emotions in that moment. Her heart was aching, I could see that she was extremely fragile, and almost ready to break but yet relieved to in some way get it off her chest.

Gladys

He was very shy, nervous, and uncomfortable at the start of the interview, but after I reassured him about the process, he seemed more relaxed. He chatted about his drawing, and about how disappointed he was not to be accepted into High School. Although Gladys was communicating, I couldn't help feeling that somehow he was just not prepared to share anything deeper; he was safer staying on the surface. I kept reminding myself that this is understandable as this was our first session and that we were not in therapy. I could not help feeling that he saw disclosing as a sign of weakness, perhaps pride and pain were the two emotions that he was just not prepared to share.

Dragon

Dragon was also very relaxed, but hesitant at first. He also needed a lot of clarity that he was doing the correct thing. I reassured him that there was no right or wrong answers. He eventually eased into it and spoke to me about his story. His eyes were very sad when he spoke about his friend's brother, I could see it was hard for him to talk about it. I could sense that in some way this brother was his brother deep down and that he loved him.

Donkey

While we got started people were knocking on the door looking for Donkey, some of the children outside were just playing around; it was very frustrating. To top it off, Donkey sat in a position that clearly indicated that he felt that he was doing me a favour by participating. His body language showed me that he really thought this was a joke. He also indicated that he had better things to do with his time. Although I did gain some information out of this session, I felt that the questions were not answered with authenticity. He regularly answered the questions with a mere yes or no, and would shrug his shoulders every now and then. Donkey was completely distracted and fidgeted throughout the entire interview as if he needed to rush off somewhere. As soon as the interview was completed, I could see a sense of relief on his face.

ANNEXURE 6: SAMPLE OF SELF-REFLECTIVE NOTES

GROUP SESSION

Today was the first official step in meeting my participants thoroughly. I was quite nervous and worried as to how the session would pan out but I was very well prepared. I found myself stuttering and stumbling over my words and repeating myself quite extensively due to the anxiety of which I was very aware. After a couple of minutes into the session, I started to relax.

ONE-ON-ONE INTERVIEWS

Spiderwoman

This was my first one-on-one interview, and I was really anxious and nervous. During this interview I struggled to feel confident and to be sure of my capabilities as a researcher. I realised that I needed to accept my insecurities and trust the process. I found it difficult to absorb everything that Spiderwoman was saying as there was a lot of noise outside where children were screaming, running and shouting, which really irritated me. I continuously clarified so that I could check that I understood her correctly.

Indian Girl

While I was sitting waiting for her, I was wondering if the noise outside was going to stop. I was getting really frustrated, but realised that I could not do anything about it. It was extremely hot, and opening the windows would mean listening to all the noise. Although frustrated, I remember shifting my focus to the fact that I was much more prepared this time around and that I felt much more confident with this interview process. I also needed to remember that I could take my time.

Gladys

Today was a terrible day. I was not feeling well and really should have rescheduled, but I had already confirmed and did not want to let anybody down. Needless to say, when I got there the participant that I had scheduled with did not arrive. As I was packing away, Gladys, another participant, arrived and mentioned to me that he would not mind doing the interview at that moment. Due to time constraints and the fact that this was my research, I

needed to grab onto the opportunity regardless. Being unprepared for Gladys I asked him if I could have some time to read through his story and his drawing to prepare myself for his interview.

Dragon

Today I was much more relaxed because I now know what to expect. My preparation and my interview went much smoother. I was confident, at ease with myself and the continuous noise outside was no longer affecting me. It's almost like I became immune to it.

Donkey

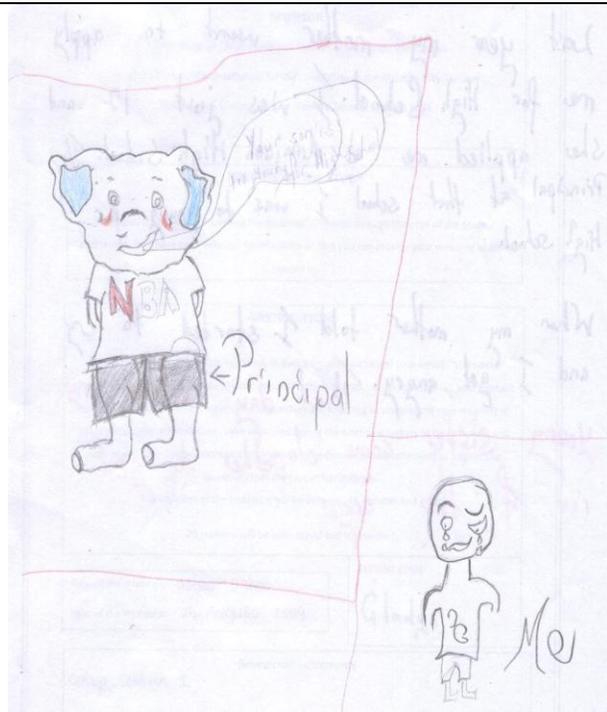
Today was a frustrating session. I was highly sensitive to the distractions and the noise outside. To make matters worse, Donkey arrived and I had not yet set up my equipment. He mentioned that he did not have much time as he had a bus to catch, even though this was a scheduled appointment. I felt completely rushed and pushed for time.

ANNEXURE 7: RESEARCH PARTICIPANTS' DOCUMENTS IN THE FORM OF DRAWINGS AND THEIR WRITTEN NARRATIVE

Picture insert for group session 2:	
Spiderwoman - drawing of traumatic experience	Spiderwoman - story describing traumatic experience
	<p>☹️ Is a person who love loves u but do things that make us unhappy. what do we do when a friend is raped by her own father, with a mother that drinks and has no cure about her. trying to talk K to her but she say it he fault that things like this happen to her.</p> <p>☹️</p> <p>☹️</p> <p>☹️</p> <p>☹️</p> <p>☹️</p>
Picture insert for group session 2:	
Indian Girl - drawing of traumatic experience	Indian Girl - story describing traumatic experience
	<p>My story about life and death</p> <p>This was a day I had a pretty sister named Nini a sister that had a smile but one day people became jealous about my one year old sister so a family that hated our family started swearing at us saying things like they are going to kill us one by one. my sister became very sick her eyes changed and she froze she couldn't move she froze like ice in a fridge they went to hospital with my sister. The next day my sister died but the doctors said they killed my sister she just froze we now that my sister was killed by that family who promised us that they will stop killing my sister after we will be next so my sister died and was buried with sadness and tears</p> <p>Sadness</p> <p>feelings unhappy Sad broke</p>

Picture insert for group session 2:

Gladys - drawing of traumatic experience



Gladys - story describing traumatic experience

Once upon a time.
 Last year my mother went to apply me for High School. I was just 12 and she applied me at Amajuba High School. The Principal at that school I was too young for high school.
 When my mother told I started to cry and I get angry. That day when my young sister came clapper to get rid of the anger

Picture insert for group session 2:

Tiger - drawing of traumatic experience



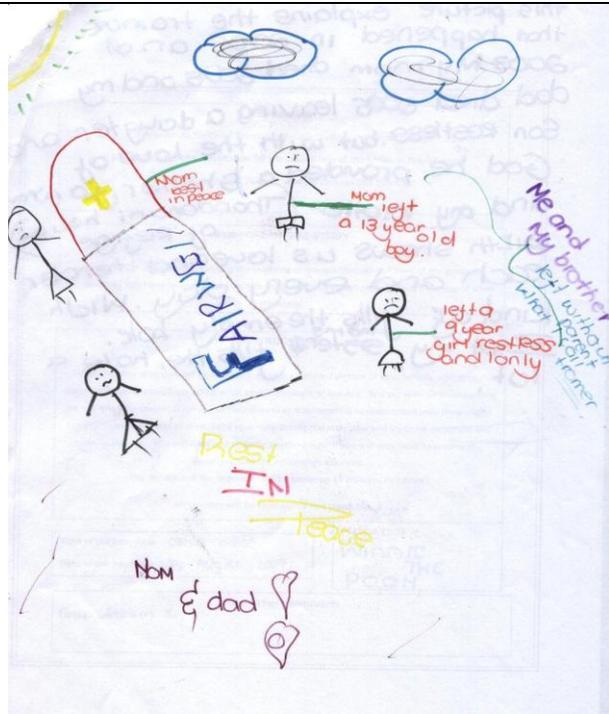
Tiger - story describing traumatic experience

One night when a man was coming from work in Randburg at night he took a taxi to his home. When the taxi driver changed direction and stopped at a deserted place. The taxi driver and his partner took him out and threatened to kill him with a gun they took all his money, phone and everything he had excluding his clothes. He tried to find help but everyone who passed him left him. When I heard about this I thought that taxi drivers to be punished

Picture insert for group session 2:

Winnie the Poo - drawing of traumatic experience

Winnie the Poo - story describing traumatic experience



this picture explains the trauma that happened in 2005 and 2003. My mom died 2005 and my dad died 2003 leaving a daughter and son restless, but with the love of God he provided a shelter for me and my brother (Thandonani house) of refuge with shows us love and tender each and every day. With kind of fills the empty hole. But my ^{mom's} sisters fills the hole a lot.

Picture insert for group session 2:

Black Coffee - drawing of traumatic experience

Black Coffee - story describing traumatic experience



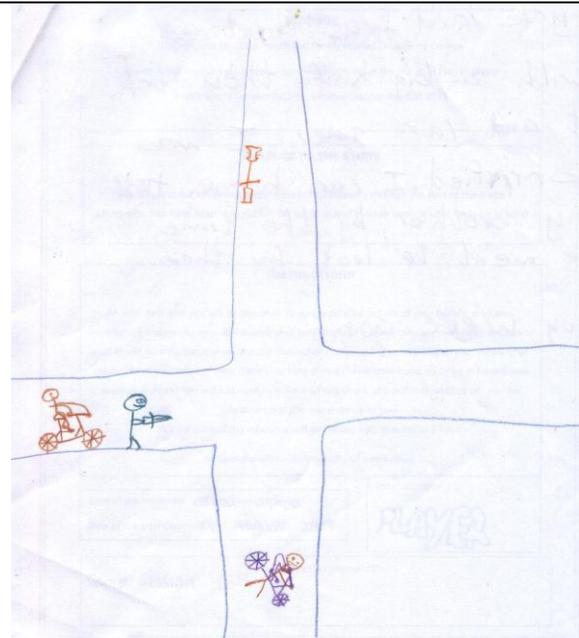
Burning my arm
 When I was 6 months I burnt my left arm, and the left side of my neck. I went to hospital for 3 months and after that I had to go to the hospital everyday to change the bandage.

Losing my uncle.
 He was lost in 1999. When my uncle got lost he was used sleep walk and he went away from home till now he is not back and I don't know where he is now. We tried kaumbula ekanga, but he is still not coming home.

Picture insert for group session 2:

Player - drawing of traumatic experience

Player - story describing traumatic experience



some time ago I was walking from Spar and I was hijacked my bicycle and was threatened with a big knife they took it and ran away I was horrified. I ran home told my brother, by the time we went to look for them they were gone

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