

Chapter 1

An introduction to the research

1.1 Introduction

Over the years awareness of the sexual abuse of children and adolescents fluctuated in the eyes of the public and professionals in Namibia, sub-Saharan Africa and globally. Following the rape and murder of Magdalena Stoffels, the Namibian nation yet again woke up to the anguish and pervasiveness of sexual abuse:

Gruwel in moordrivier (Republikein, 28 July 2010) [Atrocity in murder river]

Gevaarligte flikker lankal (Republikein, 28 July 2010) [Danger lights have been flashing for a long time]

The death of Magdalena has had a profound impact on this research. In Chapters 4 and 5 this influence will be clarified.

In this chapter the problems related to the sexual abuse of children and adolescents and the motivation for the research will be discussed. Subsequently, the researcher will give an exposition of the goals, objectives, framework and the research question that guided the study. Thereafter a short introduction to the research design, methodology and terminology will be given. Lastly, an outline of the dissertation is provided.

1.2 The problem of sexual abuse, child survivors and treatment

The psychosocial field in which Namibian children survive is permeated with crises and traumatic events. Amanda Kruger, the former Director of Lifeline/Childline asserts, “The trauma levels of children countrywide are scary” (The Namibian, 2 February 2005). One of the many traumatic experiences that children and adolescents are subjected to is sexual abuse. In this section the prevalence of sexual abuse, the consequences thereof and difficulties to access treatment will be discussed.

1.2.1 Prevalence

The tragic fate of Magdalena is not unique. During the time that the experiential case studies were conducted the following incidents of CSA, amongst others, were reported in the media:

Mentally challenged girl raped (The Namibian, 13 December 2010)

Child rape worrying Omusati police (The Namibian Sun, 30 October 2010)

Nasie se skande: Weerlose 12-jarige wreed verkrag (Republikein, 30 September 2010)
[Nation’s shame: defenceless 12-year old brutally raped]

Outrage at toddler’s murder (The Namibian, 29 October 2010)

Perpetrators seem to come from all spheres of the Namibian population. The alleged rapist and murderer of Magdalena was a botjotjo¹ who stalked passers-by in a riverbed near her school. From the headings below it is clear that sexual abusers cannot be limited to certain age, income or ethnic groups:

Boys on rape charges (The Namibian, 26 October 2010)

Special-school teacher accused of rape (The Namibian, 18 November 2010)

Traditional healer arrested for rape (The Namibian Sun, 27 November 2010)

Pastor Abner prayed while raping minor (The Namibian, 18 November 2010)

Elder fined over sex acts with teens (The Namibian, 22 November 2010)

Namibian children and adolescents are at risk in their homes, in the schools and within their communities. Newspaper articles such as those above highlight the prominence of sexual abuse in the public, professional and political spheres:

President condemns violence (The Namibian, 1 November 2010)

Mass protest over toddler's murder (The Namibian, 1 November 2010)

However, as indicated by Collings (2002: 1143) and Daro (2002: 1131), when (only) such shocking incidents are publicised, the prevalence and pervasive nature of sexual abuse fail to register in the public consciousness. Stereotype-congruent assumptions (e.g. stranger as abuser and more extreme forms of abuse) are reinforced to the detriment of child protection and service delivery.

In the West and in South Africa the incidence of child sexual abuse² (CSA) has been extensively researched. In 1994 Finkelhor (p. 411) examined the prevalence research of twenty-one countries, amongst others, South Africa. He found a CSA prevalence rate of 34% for women and 29% for males. Similarly, Collings (1997: 39) found that 34.8% of female psychology students in South Africa were CSA survivors. No such extensive research has been undertaken in Namibia, but it seems as though the prevalence in Namibia corresponds with that of South Africa (which could be expected considering the common history and comparable socio-economic circumstances). The *Namibia School-based Health Survey* (MOHSS, 2008: 11) found that 27.4% of the respondents twelve years and younger, 17.7% of the respondents between thirteen and fifteen years of age, and 25.5% of the respondents sixteen years and older have been “physically forced to have sexual intercourse”. Little difference was noted between boys (20.0%) and girls (20.7%). Results of the *World Health Organisation Multi-Country Study on Women's Health and Domestic Violence* (MOHSS, 2004: 26) are as disturbing. Of the Namibian women respondents whose first sexual

¹ A botjotjo is a homeless, unemployed person, usually considered to be “up to no good” (participant's mother).

² Adolescents are minors in Namibia; the term ‘child sexual abuse’ will therefore include adolescent sexual abuse in this dissertation. The grouping of children and adolescents under the common term ‘children’ is often found in the literature as well.

experience was before the age of fifteen, 33.3% were “physically forced to have sex against their will”, 36.7% were “coerced into having sexual intercourse”, and 30% reportedly entered into the sexual activity willingly. According to UNICEF (2007: 2) one-third of the survivors of reported rape in Namibia are under eight years old. In *Children and Adolescents in Namibia 2010* it is noted that 40% of rape victims are children (NPC, 2010: 84). In Table 1.1 the Namibian Police (NAMPOL) statistics of CSA are displayed.

	Child survivors of Rape		Child survivors of Non-rape sexual offences		Totals: Child survivors of Sexual abuse
Year	Boys	Girls	Boys	Girls	
2003	28	338	-	-	366
2004	22	345	0	7	374
2005	12	348	0	9	369
2006	38	349	0	12	399
2007	18	384	2	5	409
2008 ³	17	375	2 / 11	17 / 66	411 / 469
2009 ⁴	11	386	7	53	457

Table 1.1: Statistics: number of child survivors of sexual abuse in Namibia (Adapted from MGECW, 2009: 84; NAMPOL, 2009: 2; NAMPOL, *sine anno*: 1-2)

A number of difficulties should be considered with regard to statistics provided by NAMPOL: Firstly, the reports do not stipulate the age range of “children” (MGECW, 2009: 84) or “juveniles” (NAMPOL, 2009: 2; NAMPOL, *Sine anno*: 1-2). Secondly, figures in some reports differ, because it seems as though different definitions were applied. In MGECW (2009: 83) *Non-rape sexual offences* include, amongst others, “non-penetrative sexual abuse, solicitation of children for sexual purposes and sexual offences with youths”, whereas documents from NAMPOL (2009: 2 and *sine anno*: 1-2) used the criminal categories such as “indecent assault, abduction to marry or have sexual intercourse with the minor and illicit carnal intercourse”. Thirdly, the statistics only have reference to those children and primary caretakers who actually report the sexual abuse to the police. Police statistics therefore underestimate the true prevalence of CSA, because so few children disclose CSA and even fewer report the sexual abuse to the authorities. In South Africa Collings (1997: 40) found that 45.9% of his subjects never disclosed CSA. In the USA, in a survey analysed by Smith, Letourneau, Saunders, Kilpatrick, Resnick and Best (2000: 278), 28% of the subjects never revealed that they had been raped as children. In the United States only 28% of violent crimes against juveniles are reported

³ The 2008 statistics in italics are from NAMPOL (2009: 2) and relate to reported CSA offences against “juveniles”.

⁴ The 2009 statistics in italics are from NAMPOL (*sine anno*: 1-2) and relate to reported CSA offences against “juveniles”.

to the police (Finkelhor, Wolak & Berliner, 2001: 18). Moreover, 90% of parents of non-reported sexually abused children indicate that they will handle the situation themselves (p. 19). There is no reason to believe that Namibian primary caregivers will be more willing to report CSA.

Although prevalence figures are dependant on the operational definition used and the sample researched (Hunter, 2006: 349), it is evident that the sexual abuse of minors has reached pandemic proportions in Namibia.

1.2.2 Consequences of sexual abuse

A variety of signs, symptoms, syndromes and disorders has been associated with trauma of a sexual nature, amongst others hypervigilance, flashbacks, avoidance, rumination, dissociation, anxiety, depression and other emotional, behavioural, scholastic and relational difficulties (Celano, Hazzard, Campbell & Lang, 2002: 64-66; Biyong & Theron, 2000: 4-5; Cohen, 2002: 2-3; Dippenaar, 1998: 94-99, 134-149; Dippenaar, 2004: 221-235; Nader, 2007: 24-38; Perry, 2000: 2-8; Pretorius & Pfeifer, 2010: 67). Many of these or related problems continue into adulthood (Bolton, Hill, O’Ryan, Udwin, Boyle & Yule, 2004: 1011; Chaffin, Silovsky & Vaughn, 2005: 215; Collings, 1997: 40; Hunter, 2006: 350; Johnson, Pike & Chard, 2001: 190; Sadock & Sadock, 2003: 886, 889). From a Gestalt perspective survivors may interrupt bodily-affective sensation, disavow the experience, form unfinished business and become “not me” (Joyce & Sills, 2006: 92; Mackewn, 2004: 247). This unfinished business (Serok, 2000: 42) has a profound and enduring effect on the organismic functioning of a survivor.

Survivors are commonly diagnosed with Acute Stress Disorder (ASD) or Posttraumatic Stress Disorder (PTSD) as described in the *Diagnostic and statistical manual of mental disorders* (DSM-IV-TR) (APA, 2000: 471). Substantial critique related to these disorders and their criteria has been launched (Nader, 2007: 21; Perry, 2000: 7-8; Ryan & Needham, 2001: 438). Following Perry (2000: 7) and Kepner (2003: 149) – and in line with the Gestalt position as it relates to diagnosis – the researcher will refer to posttraumatic signs and patterns (PTSP) in this dissertation. In doing so, the researcher also hopes to de-pathologise the adolescent survivors.

There are indications that neurophysiological processes play a significant role in the response to, and processing and storing of a traumatic experience (Amen, 2009: 40, 93; Banich, 2004: 397-407; Dalenberg, 2006: 276; Perry, 2000: 1). It could be assumed that neurophysiological processes would also be involved in the processing and resolution of such an experience, which should then be taken into account during therapy.

It is clear that, considering the prevalence and personal (and therefore also familial and national) effect of child and adolescent sexual abuse, therapy should be prioritised. In the next section it will be shown that, in Namibia, therapeutic treatment for this group leaves much to be desired.

1.2.3 Therapeutic treatment

The need for the treatment of sexually abused children and adolescents is generally accepted. Terr (in Malchiodi, 2008a: 3) asserts, “trauma does not ordinarily get better by itself”.

Many models of treatment are described in the literature: In a literature review conducted by Cohen, Berliner and Mannarino (2000: 32-42) it was found that substantial evidence exists that Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) is effective for the treatment of children exposed to school and community violence, severe medical conditions, sexual and physical abuse and disasters. Other treatment approaches used in these studies were Non-directive Supportive Therapy, Eye Movement Desensitisation and Reprocessing, Psychological Debriefing, *In Vitro* Flooding and psychotropic medicine. Paul, Gray, Elhai, Massad and Stamm (2006: 262-265), in a review of evidence-based studies, uncovered that TF-CBT produced greater therapeutic gains in comparison with Child-Centered Therapy, Non-Directive Supportive Therapy and ‘treatment as usual’.

Recreating the trauma narrative is generally considered necessary during psychotherapy for trauma survivors (Cohen *et al.*, 2000: 33-34; Joyce & Sills, 2006: 130, 133; Paul *et al.*, 2006: 263; Schaefer, 1994: 309). In fact Cohen *et al.* (2000: 33) state, “Exposure to the traumatic event is a central element”. Exposure to the sexual abuse relates to the construction of a trauma narrative by means of an activity such as drawing, writing or visualisation (Cohen *et al.*, 2000: 33; Paul *et al.*, 2006: 263; Shelby & Felix, 2005: 89).

Unfortunately, most Namibian children and adolescents cannot access therapeutic services because of relentless poverty, as 49% of the population live under the international poverty line of US\$1.25 per day (UNICEF, 2011: 113). In addition, the National Planning Commission (NPC, 2010: 26) asserts, “Namibia is the most unequal society in the world”; the Gini Coefficient of Inequality of 0.743 is the highest in the world (UNDP, 2009: *sine pagina*). Even the transport to and from the fifteen specialist police stations (the Woman and Child Protection Units) or government service providers (such as Social Workers and School Counsellors) is often too costly for primary caretakers. Moreover, many of these public servants are overburdened; there are only 56 Social Workers employed by the Ministry of Gender Equality and Child Welfare (Theron, personal interview, May 2011) and 26 School Counsellors with the Ministry of Education (MOE, 2011: 1). On the other hand, the treatment of survivors whose parents belong to a medical aid fund, is limited by “fund-holders [dictating] the dosage rate of therapy” (Houston, 2003: 2). Private practitioners consequently have to use brief, trauma-focused models of treatment.

In this section it was made clear that the sexual abuse of children and adolescents is prevalent in Namibia and that the consequences of CSA often are dismal, far-reaching and prolonged. It was also shown that only a few survivors access therapeutic services. The problem of sexual abuse, child and adolescent survivors and treatment in Namibia certainly needs attention and a radical intervention.

Steinberg and Lerner (2004: 52) remind us, “The future of civil society in the world rests on the young”. In the next section the motivation for this research will be elucidated.

1.3 Motivation for the research

In this section the rationale of this research is presented. Although the existence of a variety of traumatic situations that children are subjected to in Namibia has been acknowledged in the media, anecdotal reports and documents (particularly on socio-epidemiological topics such as HIV/AIDS, poverty and gender-based violence), little epidemiological, etiological or therapeutic research on the sexual abuse of children or adolescents has been undertaken. The reader is referred to the dissertations and theses of Dippenaar (1998 and 2004), Shino (2000) and Theron (2006) as well as unpublished pre-graduate research papers at the University of Namibia.

This study intends to describe the therapy stories and trauma stories of adolescent survivors of sexual abuse. These stories will illustrate how the participants make meaning of their “‘lived experiences’ as opposed to secondhand experience” (Patton, 2002: 104). The *Nine Figure Picture Story* (hereinafter referred to as the *9FPS*) – a multisensory, multifaceted experiment to access the participants’ trauma narrative – will be embedded in Gestalt psychotherapy⁵.

The impetus for this research was the researcher’s work and training in the field of trauma. As a psychologist, the researcher has provided therapy to child survivors of sexual abuse, domestic violence, parental death and sibling suicide – using the *9FPS*. As a trainer of counsellors with the Ministry of Education, a variety of techniques for use with learners is tutored experientially, one of which is the *9FPS*. During therapy and training this and other techniques are exceptionally well received; however, the need for research on the application and efficacy of the techniques is acknowledged.

The researcher had the privilege to be trained in the *9FPS* by Sister Silke-Andrea Mallmann and the designer of the technique, Dr Gisela Perren-Klinger of the Swiss Institute for Psychotrauma. The technique was subsequently described in *Building resilience in children affected by HIV/AIDS* (Mallmann, 2003: 60-61).

The motivation for and significance of this research are multifaceted. Firstly, it was shown that CSA often has a severe and lasting effect. A simple, effective and ethnically sensitive therapeutic aid is needed to access and address the trauma narrative of survivors. This research may provide an effective response to “the heartfelt and perplexing question, “How can I help these children?”, posed by mental health workers in countless places around the world” (Shelby & Felix, 2005: 98). In this

⁵ As a caveat, the *9FPS* should not be considered a stand-alone solution to addressing sexual abuse or other traumatic experiences; it is embedded in other *Healing tasks*.

research the evolving meaning-making of the participants may furnish case-based evidence of the efficacy of the Gestalt experiments (amongst others, the *9FPS*) applied in this research.

Secondly, many of the techniques applied in the empirical investigation of this study are included in the Ministry of Education's training curriculum of Teacher-counsellors. The research is worthy in as much as the application and helpfulness of these techniques will be investigated.

Thirdly, depending on whether the outcomes are transferable, other researchers or therapists in Namibia or elsewhere may also wish to study or use the *9FPS*, or some of the other Gestalt experiments described in this study.

Fourthly, Cohen *et al.* (2000: 41) remark that, if the prevalence of CSA and other types of trauma that children are exposed to is considered, research and funding are disproportionately low in comparison to other areas of child psychopathology. Moreover, although some types and some features of trauma are relatively well researched in southern Africa, the dominance of European and American research cannot be denied. This study will add to existing research that examines treatment for CSA survivors and will reveal findings which are relevant to Namibia and sub-Saharan Africa.

Fifthly, in articles on evidence-based practices, Gestalt therapy is not mentioned as a treatment of choice for PTSD (Cohen *et al.*, 2000: 32-34; Paul *et al.*, 2006: 262-265). The paucity of published research on Gestalt therapy for trauma survivors is emphasised by Cohen (2002: 3-4). In a literature search he found 202 articles on 'trauma + cognitive therapy', whereas only fifteen citations were found with 'trauma + Gestalt' in the same time frame. Similarly qualitative research is often negated. Edwards, Dattilio and Bromley (2004: 589) assert that often only treatment tested in randomised controlled trials is recognised, but propose that case-based research (research based on case studies) can be methodologically sound. The researcher will apply the suggestions advanced by Edwards and his colleagues (2004: 591-595) and that of the Interdisciplinary Qualitative Research Subcommittee (IQRC) (Nastasi & Schensul, 2005: 188-192) to ensure quality qualitative research, and enlarge the research base on the use of Gestalt therapy for sexually abused adolescents.

Most importantly, this research is socially responsive. It is hoped that the distress of the sexually abused participants in this study will be alleviated.

The researcher therefore anticipates to: (a) determine how participants use the *9FPS* and other therapeutic tasks within Gestalt therapy; (b) contribute towards the discourse of traumatology regarding adolescent survivors of sexual abuse and therapy of the said age group; (c) demonstrate the worth of Gestalt play therapy; and (d) reveal findings germane to Namibia. In the next section the goals, objectives and research question that directed the research are clarified. Attention will also be awarded to the conceptual framework of the therapeutic intervention.

1.4 Goal, objectives, framework and the research question

In this section attention will be awarded to the guiding principles of this research. The goal and objectives, framework and research questions will be clarified.

1.4.1 Goal and objectives

1.4.1.1 Goal

The goal of research relates to what a researcher wishes to accomplish: exploration, description or explanation (Durrheim, 2006: 44). The goal of this study is to portray how adolescent survivors of sexual trauma use well-known Gestalt *Healing tasks* and the *9FPS* experiment during the dynamic process of psychotherapy. The research thus aims to describe the adolescents' meaning-making of the therapy and their traumagenic experiences during the process of psychotherapy. With meaning-making is meant how the client experiences, understands and makes sense of the therapy and the sexual trauma.

1.4.1.2 Objectives

A goal is too broad to study and is therefore narrowed into specific, attainable and measurable objectives. The following objectives relate:

- To conduct a literature review from a Gestalt perspective on sexual trauma, adolescent development and the therapeutic methods pertaining to this study.
- To describe, using a case study format, the meaning-making of adolescent survivors of sexual trauma during the process of unfolding therapy. Field representatives – parents – will be minimally involved to assess the survivor (Webb, 2007a: 15).
- To analyse the data inductively and deductively in order to form a theoretical narrative (Silverstein, Auerbach & Levant, 2006: 355-356).
- To examine the limitations of the research and make recommendations to researchers and therapists regarding methodology and therapy.

1.4.2 Theoretical framework

A theoretical framework guides what the researcher sees and how she understands her observations (Delport, Fouché & Schurink, 2011: 297-298). The therapeutic processes of this research are grounded in Gestalt theory and practice and the adolescent phase of development. Gestalt professes to a phenomenological approach and to field theory – which makes it particularly apposite when working with adolescent survivors of sexual trauma. Gestalt theory also complements the qualitative and descriptive nature of the research.

Two rules from phenomenology have reference: “describe, don’t interpret” and “experience near” (Crocker, 2005: 67). The phenomenological method is not interested in uncovering the objective truth of a story, but in enhancing the client’s awareness of the meaning she makes of her experiences.

This awareness is attained through exploration of the way the client is in the here and now, often by means of experiments such as the *9FPS*. Based on the philosophy of Field theory, Gestalt professes a unitary, holistic and systemic perspective (Parlett, 2005: 44-45). During therapy, attention will thus be awarded to the client's internal and external life space (Toman & Bauer, 2005: 182).

Gestalt therapy is experiential and discovery-based (Reynolds, 2005: 158). By providing "experiences, not explanations" (Reynolds, 2005: 158) Gestalt therapy is appropriate for adolescents, as they are often defiant of judgemental adults (Toman & Bauer, 2005: 191). Furthermore, as adolescents move from dependency towards self-reliance, it is important for them to "find their own voice" (Toman & Bauer, 2005: 182). Many adolescents also appreciate active engagement through experiments; activities created to help the client become aware, to self-explore and to complete unfinished business. The *9FPS* can be considered such an experiment through which "the act of remembering is in the present moment" (Reynolds, 2005: 158). The *9FPS* is embedded in recognised Gestalt therapeutic or *Healing tasks*⁶ such as *Relationship building*, *Strengthening the self*, *Contact with the trauma* and the *End phase* (which includes *Reconsolidation*) (Blom, 2006a: 49-178; Blom, 2006c: 239; Claveaux, *sine anno*: 12-19; Kepner, 2003: 3-7; Oaklander, 2006: 20-49).

Mounting neurobiological findings propose that much of the emotional reactivity following trauma may emanate from the limbic system, the emotional centre of the brain, and from the right hemisphere (Banich, 2004: 406). Cognitive and "talk therapy" – activating mainly the cortex and left hemisphere – might not be sufficient to educe the client's emotional awareness (Klorer, 2008: 51-52). For this reason Gestalt play therapy will be used; techniques such as drawing a picture story are perceptual and spatial and primarily right hemispherical (Malchiodi, 2008a: 17).

1.4.3 Research questions

The research can be encapsulated in the following descriptive research questions:

- How do adolescent survivors of sexual trauma experience Gestalt play therapy?
- How do adolescent survivors of sexual trauma use the *9FPS* therapeutically within the context of Gestalt play therapy?

The therapy stories (the first research question) and the trauma stories (the second research question) of the participants will be extracted, but the study should also capture change (Henning, Van Rensburg & Smit, 2005: 47).

⁶ *Healing tasks* is a term coined by Kepner (2003: 1), which is analogous to "work domains" (Claveaux, *sine anno*) "aspects of the therapeutic process" (Oaklander, 2006: 20) and "stages" (Blom, 2006d: 237-238).

In this section the goal and objectives, framework and research questions were clarified. On the basis of these, the research was designed – refer to the next section – to attain the said goal and answer the research questions.

1.5 Research design and methodology

The research design and methodology applied in this research will be comprehensively discussed and critiqued in Chapter 4 in order to comply with the criteria developed by the IQRC (Nastasi & Schensul, 2005: 188-192). In this section a short summary is provided.

1.5.1 Research type and design

In as much as the researcher aims to explore Gestalt play therapy and therapeutic experiments that may be practical, beneficial and transferable – and could therefore be used by other therapists – this research is applied research (Durrheim, 2006: 45; Patton, 2002: 224). The congruence of the conceptual (Gestalt theory) and empirical (qualitative research) framework of this research will be expounded in Chapter 4.

The research comprises two equally important phases: a literature review and an empirical investigation. The literature review will (a) contextualise, verify or challenge the findings by comparing them with the so-called “authority argument” (Henning *et al.*, 2005: 9) and (b) illustrate typical responses to sexual trauma and therapeutic interventions. The empirical investigation consists of between six and ten recorded therapy sessions over a period of three months with two adolescent survivors of sexual trauma and two interviews with the parents of each of the adolescents.

In order to elicit an intimate, detailed, varied and in-depth description, case study methodology is applied. Case studies allow the participants’ voices to be heard: their verbalisations, how they respond during therapy and through their artefacts. This study therefore has a “unique case orientation” (Patton, 2002: 55) in as much as it aims to discover the idiosyncratic meanings that adolescents make of their experiences (sexual trauma and Gestalt play therapy). Case studies are thus deeply personal and not necessarily representative.

1.5.2 Sampling

Terre Blanche, Durrheim and Painter (2006: 564) posit that sampling involves the selection of specific research participants from an entire population. In this research the population is adolescents – from Khomasdal schools, Namibia – receiving therapy because of traumagenic sexual abuse. Lindegger (2006: 469) refers to a “clinic sample”. It is generally acknowledged that it is difficult to obtain representative clinic samples. In this study non-probability purposeful (also known as purposive) sampling is used. Although sexually abused adolescents that crossed the researcher’s path are included (Coolican, 1999: 41; Terre Blanche *et al.*, 2006: 564), criteria have bound the case study

within specific parameters (Nastasi & Schensul, 2005: 189). Eligibility criteria for inclusion in the research are summarised in Table 1.2.

Eligibility criteria	
Participant criteria	• The participants must be adolescent – ensuring proficiency in English – survivors of sexual trauma. • Any additional intervention should be concluded to prevent contamination of the therapy by medical or forensic considerations. • The parents will be interviewed at the beginning and end of the psychotherapy; as field representatives they should shed light on the field circumstances and the effect of the therapy. • The adolescent and parent must voluntarily consent to the therapy and research.
Temporal criterion	• Referrals done between August and October 2010.
Environmental criterion	• Khomasdal schools are in a disadvantaged area; the government only avails therapy to learners unable to afford a private therapist.

Table 1.2: Eligibility criteria

Originally the researcher planned to recruit participants through their school principals; however, following the rape and murder of Magdalena Stoffels (refer to Section 1.1), the recruitment plan was adjusted. In Chapter 4 the recruitment of participants and the issue of sample size are covered in detail.

1.5.3 Data collection

In this research, data were collected by means of participatory observation of the therapeutic process (26 hours of therapy with the two participants), semi-structured interviews with parents at the beginning and end of the therapeutic intervention (six hours), documentation by the therapist (process notes and observation notes) and artefacts created by the participants (play therapy *objets d'art* and *Therapy diaries*). An exposition of the value of the variety of data units as well as the challenges related to data collection, is made in Chapter 4.

1.5.4 Data analysis and synthesis

Data were analysed spirally (Silverstein *et al.*, 2006: 355): inductively, deductively and then synthesised into the participants' therapeutic story. A Qualitative Comparative Analysis (Leech & Onwuegbuzie, 2008: 593) – for commonalities and variation across cases – completed the “theoretical narrative” (Silverstein *et al.*, 2006: 356).

In Chapter 4 the research process and the achievement of ethicality and trustworthiness, will be discussed. Empirical self-reflexivity, an Interdisciplinary Qualitative Research Subcommittee criterion, will be demonstrated. In the next section the main terms and terminology applied in the research will be defined.

1.6 Terms and terminology

It is important that a researcher positions her research by providing the reader with a delineation of key concepts, particularly in the area of sexual abuse and therapy. Sexual abuse and therapy are complex, multidimensional phenomena, for which a multitude of *ad hoc* definitions and formulations are available.

Sexual abuse: Sexual abuse is an umbrella term which includes any activity with sexual overtones during which coercive circumstances (such as violence or an age difference) exist. In this dissertation sexual abuse may consist of contact or non-contact, violent or non-violent, actual or attempted, coerced or seduced pursuits (Dippenaar, 2004: 13-14). Sexual abuse includes the Namibian criminal concepts rape (OPM, 2000a) and indecent and immoral acts (OPM, 2000b). Sexual assault and sexual trauma should be considered synonymous with sexual abuse in this study.

Survivor: The term survivor, as opposed to victim, will be used to give recognition to the many ways in which a survivor copes with CSA.

Trauma: It is stipulated that the horror and stress associated with trauma are “overwhelming enough to affect almost anyone” (Sadock & Sadock, 2003: 624). The DSM-IV-TR (APA, 2000: 464) makes special provision for child survivors of sexual abuse, “For children, sexually traumatic events may include developmentally inappropriate sexual experiences without threatened or actual violence or injury”. Moreover, Anna Freud (in Webb, 2007a: 7; also Sadock & Sadock, 2003: 625) proffers that “traumatic events [...] should be translated into their specific meaning for the given child”. The sexual abuse in this study will be traumatic for the adolescent survivor, but not necessarily life threatening, as is classically assumed.

Many of the articles reviewed relate generically to trauma, particularly the literature on neurobiological processing. Nevertheless, in as much as sexual abuse is a traumatic experience, these articles are considered appropriate. Finkelhor and Browne (1985: 530-541) – whose research on child sexual abuse is considered seminal – developed the *Four Traumagenic Dynamics Model of Child Sexual Abuse*. The term “traumagenic” or “trauma-causing” (Pretorius & Pfeifer, 2010: 63) means that sexual trauma is not a singular experience. Subsequent to the original sexual trauma, it accumulates into many related intrapersonal, interpersonal and systemic traumatic experiences, such as disclosure, stigmatisation, isolation, police and judicial procedures, and many more. Thus, in this research, sexual abuse will be considered traumatic and traumagenic.

Adolescence: In the literature, the adolescent development phase has a variety of definitions with different onset ages and different durations. Most often it is considered to be the transitional process between childhood and adulthood, which begins at the onset of menarche (girls) and the production of sperm (boys) (Weiten, 2000: 327). In line with the *United Nations Convention on the Rights of the*

Child that determines that “every human being below the age of eighteen” is a child (UN, 1989: Article 1), the age parameters eleven to seventeen will be used to demarcate adolescence in this study. The term ‘teenager’ should be considered equivalent to adolescent in this research. Many studies that make reference to ‘child’ and ‘child sexual abuse’ (CSA) include adolescents; this researcher will concur. CSA will thus include the sexual abuse of adolescents.

Gestalt therapy: Gestalt therapy is a school of psychology which upholds holism (Houston, 2003: 6), an equalitarian and dialogic relationship between therapist and client, and focuses on the here and now and the in-between during therapy. Gestaltists believe that organisms have a tendency towards growth.

Play therapy: Play therapy uses media and activities and includes relaxation play, dramatic play, creative play and biblioplay (Van der Merwe, 1996: 12). The doyen of Gestalt play therapy, Violet Oaklander, considers play to be “a map to the child’s inner self” (subtitle of *Hidden treasure*, Oaklander, 2006); it is a map by which the self- and other-awareness of the client can be facilitated.

Experiments and the 9FPS: Gestalt therapists apply experiments and experimentation. The 9FPS – if applied in an invitational, dialogic manner with subsequent phenomenological enquiry and debriefing (Mackewn, 2004: 135-136) – can be used as a Gestalt experiment to re-evolve unfinished business (Melnick & Nevis, 2005: 108). It is “a screen phenomenon” (Houston, 2003: 22); what belongs to the organism (the adolescent’s memory of the sexual abuse) is projected onto a drawn picture story. The prominence of deconstruction within Gestalt practice (Houston, 2003: 21; Mackewn, 2004: 180) is particularly well served by the 9FPS.

Researcher-therapist, participant-client and parents: Following on the double roles taken by the researcher during participatory observation, the scientist-practitioner will refer to herself as either researcher or therapist. Similarly, the adolescent survivors will be referred to as either the participants or clients. The researcher will refer to ‘parents’, even though many adolescents in Namibia have primary caregivers, not biological parents.

Pronouns: The duplication of gender-specific pronouns is cumbersome; for this reason the female pronoun will be used generically for the survivor and the male pronoun for the perpetrator. Although this reflects the reported epidemiology of CSA, it should not be interpreted as a denial of male survivors or female perpetrators.

In the following chapters the terminology will be further discussed and clarified. A short outline of the structure of the dissertation is presented next.

1.7 Outline of the dissertation

The data of this dissertation is presented in the following order:

In **Chapter 2** the literature on the neurobiology of trauma, the consequences of sexual abuse, the adolescent development phase and the Gestalt conceptualisation of posttraumatic signs and patterns, is reviewed.

In **Chapter 3** the literature is reviewed as it relates to Gestalt therapy, play therapy and a directive or non-directive therapeutic approach. The Gestalt *Healing tasks* and *9FPS* will be discussed in as much as they form the basis of the empirical study.

Chapter 4 focuses on the research methodology. The course of the research process and the course of the therapeutic process are discussed; attention is also awarded to how ethical and trustworthy research was achieved.

Chapter 5 explores the findings of this research. The cases of Uamii and Lisa are analysed; and thereafter, a theoretical, comparative analysis of the two case studies is composed.

In **Chapter 6** an overview of the research is given, the study is evaluated and recommendations for future research are made.

1.8 Conclusion

In this chapter readers were familiarised with the research project. The researcher endeavoured to justify why conducting this study is important: the prevalence of CSA (in Namibia and elsewhere), its profound and enduring intrapersonal, interpersonal and systemic ramifications and the subsequent need for clients to recreate their trauma narrative in a non-traumatising and simple way during inevitably brief therapy. The researcher is of the opinion that qualitative case study methodology best serves the goal of this research; that is, to access the survivors' voice and their trauma and therapy stories by means of Gestalt experiments (amongst others the *9FPS*) within the framework of *Healing tasks* and with the ultimate aim to promote posttraumatic growth.

A literature review will subsequently be undertaken in Chapters 2 and 3. In Chapter 2 the consequences of CSA will be further described and in Chapter 3 attention will be awarded to therapeutic frameworks and modalities.