AN APPLICATION OF THE TRANSTHEORETICAL MODEL TO A CASE OF SEXUAL TRAUMA IN MIDDLE CHILDHOOD

BY

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DECLARATION

I the undersigned, hereby declare that the work contained in this thesis is my own original work and had not previously in its entirety or in part been submitted at any other university for a degree.

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Signature **Date**

ABSTRACT

This study demonstrates the use of the transtheoretical model in the context of sexual trauma in middle childhood. Exploring contemporary literature I found that there is no literature in South Africa available on this topic. It was not until 1997 that the transtheoretical model was implemented internationally with regard to sexual abuse. Taking this in consideration, I realised that there was much scope for exploring, discovering and reflecting on the transtheoretical model and its use within the boundaries of childhood sexual trauma.

A qualitative case study within the social constructivist/interpretive paradigm, was chosen as research design. The study involved a participant in middle childhood. Elna (pseudonym) was selected from referrals from the Child Protection Unit of the South African Police Services to the Unit for Educational Psychology at Stellenbosch. The reason for referring Elna to the Unit was because of the negative and diverse effects sexual trauma had on her life story.

The study explores the transtheoretical model and the appropriateness thereof as alternative treatment model in a case of sexual trauma, as well as insight into progression of the client in the therapeutic process. Data was collected by means of interviews and therapy sessions during which Narrative therapy, EMDR, sandtray therapy (used in a narrative context) and art therapy techniques were used in an integrated manner. The data was analysed by means of interpreting codes, categories and themes. The study concluded with a discussion of the findings and a reflection on the impact the use of the transtheoretical model had on me as a research-therapist-in-training.

The literature review and the findings of this research suggest that the transtheoretical model can be applied effectively to a case of sexual trauma in middle childhood. The use of the model also gives insight into progression of the client in the therapeutic process.

OPSOMMING

Hierdie studie demonstreer die gebruik van die transteoretiese model in die konteks van seksuele trauma in die middelkinderjare. Tydens die bestudering van onlangse literatuur het ek gevind dat nie enige literatuur in Suid-Afrika beskikbaar is nie. Dit was nie tot voor 1997 dat die transteoretiese model geïmplementeer is met betrekking tot seksuele trauma nie. Dit het my laat besef dat daar baie ruimte is vir ondersoek, ontdekking en refleksie oor die transteoretiese model en die gebruik daarvan binne die grense van seksuele trauma.

'n Kwalitatiewe gevallestudie binne die sosiaal konstruktivistiese/interpretatiewe paradigma is gekies as navorsingsontwerp. Die studie het 'n deelnemer in die middelkinderjare betrek. Elna (skuilnaam) is gekies vanuit verwysings wat van die Kinderbeskermingseenheid van die Suid-Afrikaanse Polisie Dienste aan die Eenheid vir Opvoedkundige Sielkunde by Stellenbosch gerig was. Die rede vir Elna se verwysing was die negatiewe en omvattende effek van seksuele trauma op haar lewensverhaal.

Die studie ondersoek die transteoretiese model en die toepaslikheid daarvan as 'n alternatiewe hulpverleningsmodel in 'n geval van seksuele trauma, asook insig in die progressie van die kliënt in die terapeutiese proses. Data is ingesamel deur middel van onderhoude en terapiesessies waartydens Narratiewe terapie, EMDR, sandbakterapie (in 'n narratiewe konteks) en kunsterapie tegnieke op 'n geïntegreerde wyse gebruik is. Die data is geanaliseer deur middel van die interpretasie van kodes, kategorieë en temas. Die studie sluit af met 'n bespreking van die bevindinge en 'n refleksie op die impak wat die gebruik van die transteoretiese model op my as 'n navorsings-terapeut-in-opleiding gehad het.

Die literatuuroorsig en die bevindinge van die navorsing stel voor dat die transteoretiese model effektief toegepas kan word op 'n geval van seksuele trauma in die middelkinderjare. Die gebruik van die model gee ook insig in die progressie van die kliënt in die terapeutiese proses.

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CHAPTER ONE

THE CONTEXTUALISATION AND CONCEPTUALISATION OF THE STUDY

1.1 INTRODUCTION

During my training and development as an educational psychologist, my intuitive curiosity and continuous reflection about therapeutic intervention certainly activated my interest in the use of the transtheoretical model for psychotherapy. The inclusive nature of this model further attracted me to applying it in therapy. Prochaska and Norcross (2003:516) state the following:

> In the committed integrative spirit, we set out to construct a model of psychotherapy and behaviour change that can draw from the entire spectrum of the major theories - hence the name *transtheoretical*.

Corey (2001:468) describes an integrative view as a logical combination of fundamental beliefs and approaches sharing a variety of psychotherapy systems. He notes that it would be necessary to be acquainted with different perspectives and being comfortable with the thought of combining these, while simultaneously continuing assessing your theory.

As a trainee educational psychologist, I was introduced to various approaches to psychotherapy which created opportunities for me to work within an *integrative spirit.* Amongst these therapies were Narrative Therapy,[1] Eye Movement Desensitization and Reprocessing,[2] sandtray therapy,[3] as well as art therapy techniques, which will

[1] Vorster (2003:76) states that contributions by Epston and White lead to a new post-modern approach in the field of psychotherapy called social constructionism or constructivism. Narrative therapy transpires from the milieu of post-modern thought. Freedman and Combs (1996:22) note that post-modern ideology has four essential beliefs about realities: Realities are socially constructed, constituted through language, organized and maintained through narrative and there are no essential truths.

[2] According to Shapiro (2002:933) EMDR combines aspects of different psychotherapeutic approaches, for example psychodynamic, cognitive-behavioural, person-centered, body-based, and

be used in a combined fashion within the transtheoretical model in this study. Continuous reflection will take place about the above mentioned therapy approaches throughout the research process and the way it could be integrated within the transtheoretical model.

Ivey (1997:418) notes the importance of reflection by the therapist during the therapeutic process. He argues that the therapist should take theory to practice and returns to theory for reflection and possible change in his/her work. In this study I will attempt to apply the transtheoretical model to a case of sexual trauma in middle childhood.

As part of my training as an educational psychologist, I rendered weekly therapeutic support to sexually traumatised children at the Child Protection Unit of the South African Police Services in Goodwood, Cape Town. It was through this exposure that I particularly became interested in the various ways of dealing with sexually traumatised children. After I have read the article *Teddie troos* by Van Wyk in LIG/KOLLIG (2003), describing the healing power of teddy bears for sexually traumatised children at the Tygerberg Hospital, I was even more inspired in exploring healing tools that we as psychologists can use in supporting childhood survivors of sexual trauma.

With regard to sexual trauma alarming statistics are available regarding the occurrence thereof in South Africa. According to Keke (2002:16), 15 650 cases of rape were reported to the South African Police Services between January and September 2001. Of these cases, 5 859 were against children between the ages of 0-11 years and 9 791 cases against children between the ages of 11 and 17 years. Many cases are still not reported.

Since sexual trauma could have a severe impact on the lives of children, Johnson (2004:463) argues that one motivation for referring children for psychotherapy is because of the diverse effects of sexual abuse and preventing the repetition of the

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interactional therapies. Eye movements (Ems) and also bilateral stimulation, for example taps on knees, hands and shoulders, are believed to facilitate the reprocessing of trauma (Wade & Wade, 2001:236).

[3] Sandtray refers to the use of the sandtray within different theoretical perspectives, a move away from working strictly with a Jungian approach. Sandplay refers to the therapeutic use of sand and sandtray materials within a Jungian theoretical approach (Homeyer & Sweeney, 1998:6).

pattern of abuse by abused children. The effects of childhood sexual trauma will be explored in more detail in chapter two (See 2.3.2 and table 2.1).

Given the disturbing statistics and effects of sexual trauma in the lives of children in my country (South Africa), I am determined using the knowledge and skills gained from this study to support other survivors of childhood sexual trauma.

This study attempts to explore the use of the transtheoretical model for psychotherapy, introduced to me during my training as an educational psychologist. In this study the transtheoretical model will be applied to a case of sexual trauma with a participant in middle childhood. Different forms of psychotherapy will be integrated within the transtheoretical model, namely Eye Movement Desensitisation and Reprosessing (hereafter referred to as EMDR), narrative therapy, sandtray therapy (used in a narrative context) and art therapy techniques. This integration will be embedded within the conceptualisation of narrative therapy. According to Zimmerman and Dickerson (2001:130) "Narrative therapy moves the expertise towards the client and searches for unique outcomes that define so-called deficits in an alternative way". In chapter four where the implementation of the study is discussed I will mainly make use of the language of narrative therapy in my reflections.

It will become clear that this study will be facilitated by a social constructivist/interpretive paradigm. Constuctivism means that knowledge is not discovered as such but rather constructed through active participation (Vorster, 2003:77). The participant in this study will be invited to be an active participant in the research process.

It is envisaged that the outcomes of the research could contribute towards the understanding and application of alternative forms of treatment of sexually traumatised children.

1.2 MOTIVATION FOR THE STUDY

While gaining practical experience during my course, I had the opportunity to work at the Child Protection Unit weekly for a period of ±10 months. This was a service

rendered by the Unit for Educational Psychology to the Child Protection Unit. Elna (pseudonym), a 9-year-old girl, was referred to the Unit of Educational Psychology at the University of Stellenbosch by the Child Protection Unit of the South African Police Services in Goodwood (Western Cape). Elna's foster parents were concerned about her since she displayed symptoms of inappropriate sexual behaviour towards males. She also had problems socializing with her peer group, due to aggressive behaviour. They were also concerned about her adjustment to changing circumstances, such as foster care and placement in a new school. It appeared that Elna was struggling to cope with the psychological effects of the sexual trauma.

During the period of my work at the Child Protection Unit, I became particularly interested in dealing with sexually traumatised clients. Continuous reflection on my interaction with these clients led to my curiosity about different therapeutic approaches and interventions in supporting sexually traumatised children. Webster (2001:533) notes that limited research is available on the different types of therapies used in treating childhood survivors of sexual abuse, as well as the effectiveness of such therapies. According to Leibowitz-levy (2005), the lack of appropriate services and treatment programmes for South African trauma survivors is of great concern for professionals working in this field (CSVR Annual Report, 2001/2).

In my literature search on the approaches for dealing with sexually traumatised children, I came across evidence of effective and traditionally used treatment strategies. Saunders et al. (2003, in Leibowitz-levy, 2005) note two main approaches which are currently commonly used with regard to child trauma intervention. This includes trauma-focused cognitive behavioural therapy (CBT) and trauma-focused play therapy. According to Fletcher (2000), CBT emphasizes the recollection of emotional reactions and reveals the trauma directly. Play therapy makes use of play to work through traumatic thought processes within a secure space.

As already mentioned, my training model made provision for exposure to a wide spectrum of psychotherapeutic approaches. I reflected upon the way it could optimally assist me in empowering clients and bring about changes in their lives.

Reflection upon the different forms of psychotherapy constantly put me in an **either/or** frame of mind. Newmark (2002:313-317) suggests that one of the roles of

an educational psychologist is that of researcher and reflective practitioner. This involves the professional development of the educational psychologist as a reflective practitioner and researcher, within a systemic approach. It was only after a process of reflection that I realized one had the opportunity to work within a **both/and** approach. Being a reflective practitioner and exposure to the transtheoretical model for psychotherapy, made me aware of alternative possibilities for intervention and that choosing between **either** one **or** another approach was unnecessary.

I believe that it is through the process of reflection that psychologists become responsible practitioners. Allan (2001:16) states that psychologists have various responsibilities in their field of specialization where their clients are their primary responsibility. Responsibility is one of the four fundamental principles suggested by Allan (2001:3) that should underlie codes of conduct. The others include respect for people's dignity and rights, responsible caring and integrity in relationships.

As research-therapist-in-training, I was introduced to the transtheoretical model of psychotherapy by my supervisor. My commitment to ethical practice as a research-therapist-in-training led me to explore, consider and reflect upon the option of the transtheoretical model as an alternative model of support for a childhood survivor of sexual trauma. I was particularly interested in the possibilities and appropriateness of the transtheoretical model for the participant in this study, ensuring respectful and ethical treatment of the client, in line with the four fundamental principles as suggested by Allan (2001:3).

Koraleski and Larson (1997:303) note that research on the transtheoretical model has not yet (up to 1997) concentrated on sexually abused clients. Their study focused on the transtheoretical model in therapy with adult survivors of childhood sexual abuse and suggested the use of the transtheoretical model with sexually abused clients. Since I could not find literature on the transtheoretical model in South Africa, as well as its therapeutic application to sexual trauma, I realized that this would be an opportunity to make a contribution to research in this field.

1.3 THE AIMS OF THE RESEARCH

Alan (in Bongar & Beutler, 1995:405) notes the following with regard to therapeutic research:

> *The overarching goal of psychotherapy research is to understand alternative forms of treatment, the mechanisms and processes through which these treatments operate, and the impact of treatment and moderating influences on maladaptive and adaptive functioning.*

Referring to the above, **the general aim of the study is exploring the use of the transtheoretical model applied to a case of sexual trauma in middle childhood.**

The specific aims of the study are:

- To expand my knowledge and understanding of the transtheoretical model as an alternative treatment model and the underlying processes thereof.
- To determine the relevance and appropriateness of the transtheoretical model in a case of sexual trauma.
- To gain insight into progression and the effect the use of the transtheoretical model had on the client in the therapeutic process.
- To reflect upon the impact that the use of this model had on me as a research-therapist-in-training.

1.4 RESEARCH DESIGN

Mouton (2001:55) describes the research design as the "plan or blueprint" for carrying out the research.

The general aim of the study is exploring the use of the transtheoretical model applied to a case of sexual trauma in middle childhood. Given the aim of the study, a qualitative case study within a social constructivist/interpretive paradigm will be used as a research design.

Qualitative research is based on the view that reality is constructed through the individual's interactions with their social world. Qualitative researchers are interested in understanding the meanings constructed by participants and their experiences in the world (Merriam, 1998:6). This particular study is a qualitative case study with a female participant in middle childhood, enabling me as co-author[4] to construct new realities during a collaborative process with her.

1.5 RESEARCH PARADIGM

Durrheim (1999:36) states that paradigms act as perspectives providing a rationale for research and commits the researcher to particular methods of data collection, observation and interpretations. This will be a qualitative case study embedded in a social constructivist/interpretive paradigm.

Henning, Van Rensburg and Smit (2004:19) remark that qualitative research became more "interpretive" in nature about twenty to thirty years ago, when language became the essence within the research process. Eichelberger (1989), as cited in Mertens (2005:12), note that the constructivist paradigm was developed from research done by different philosophers, such as Husserl and Dithley's studies of "hermeneutics". "Hermeneutics" involves the study of interpretive understanding or meaning mostly used in constructivist research. In this regard, "hermeneutics" is considered as the manner in which something is interpreted form a specific viewpoint or within a unique context. Maistry (2001:160) argues that the intention of qualitative research, specifically a case study, is to make meaning of an occurrence. The aim is not to give an accurate interpretation of data, but rather eliminating incorrect inferences, enabling the researcher in creating the most assuring interpretation. In addition, Henning et al. (2004:20) make note of the interpreter's ultimate goal of giving an accurate version of reality or multiple realities, despite the fact that this is not always achievable. In this study several direct quotations (See chapter 4) from the participant will be mentioned, as one of the ways supporting the inferences that will be made.

[4] The therapist and the client are co-authors of the story that are separated from the problem-saturated story (White, 1995:28).

According to this paradigm, knowledge is socially constructed, implying an active, shared process between the researcher and the participant. Denzin and Lincoln (2000:193) state that, within this approach, behaviour is considered significant, respecting the unique frame of reference of an individual and highlighting personal bias in the construction of knowledge.

Reference will be made to the conversations that will take place between myself, the participant and other relevant individuals. Swandt (1997:19) refers to constructivism as a philosophical perspective interested in the way by which an individual interprets or constructs his social and psychological world individually or cooperatively. This involve specific social, linguistic and historical contexts. To understand the world of meaning it must be interpreted (Denzin & Lincoln, 1998:222). Within this paradigm the researcher will aim to observe the reality of the participant and collaboratively construct, understand, interpret, and explain meaning according to the significance attached to it by the participant.

Qualitative methods of data collection, as mentioned in 1.6.4, for example video recordings and photos of the client's sandtrays, will be used for the purposes of observation and interpretation.

1.6 RESEARCH METHODOLOGY

According to Babbie and Mouton et al. (2001:74) research methodology can be considered as the development within research and the nature of techniques and approaches the researcher will use in the implementation of the study.

1.6.1 Case study

Merriam (1998:19) describes case studies as intensive descriptions and analysis of a single unit or a bounded system, such as an individual, a program, event, group, intervention or community. Case studies are usually utilized to gain an in-depth understanding of a situation and the significance for those involved. The phenomenon under investigation will be the application of the transtheoretical model to a female participant in the context of sexual trauma. A specific aim of the study

would be to gain an in-depth understanding of the transtheoretical model and its application to a case of sexual trauma.

1.6.2 Unit of analysis

Mouton (2001:51) defines the unit of analysis as the 'what' of a study. This entails in 'what' object, phenomenon, entity, process or event of interest the researcher will inquire further. In this study, the unit of analysis will be the use and application of the transtheoretical model to a female survivor of sexual trauma in middle childhood.

1.6.3 Selection of participant

Purposeful sampling will be used for selection of the participant for the study. McMillan and Schumacher (2001:400) describe this method as "… selecting information-rich cases for studying in-depth when one wants to understand something about those cases without needing or desiring to generalize to all such cases". Neuman (1997:206) argues that purposeful sampling is appropriate if the researcher wants to develop a deeper understanding of phenomena. The case will therefore be the 9 year old girl, Elna (Pseudonym), who was sexually traumatised. Her foster parents brought her to the Child Protection Unit of the South African Police Services in Goodwood (Western Cape) for psychological support, as they were concerned about the effects of the sexual trauma on her life.

1.6.4 Methods of data collection

Babbie and Mouton (2001:282) emphasizes the importance of multiple sources of data collection in case studies.

1.6.4.1 Literature review

The purpose of a literature review is to position the research study, by linking it to a particular field (Kaniki, 1999:17-18). A literature review of the transtheoretical model, sexual trauma, therapeutic intervention with sexually traumatised children and middle childhood will be conducted as part of the research project. This will assist the research-therapist-in-training to gain a better understanding of the above mentioned.

1.6.4.2 Fieldnotes

Comprehensive fieldnotes of the researcher's observations and reflections during the research process will be documented. Mouton (2001:107) recommends precise record keeping of fieldwork, as a form of quality control. All information regarding the dates and venues of interviews, the length thereof, information of participants, as well as any influencing factors on the fieldwork, form part of the historical process for later reference, if needed.

1.6.4.3 Participant observation

Babbie and Mouton et al. (2001:293-295) suggest that the information obtained through observation could for example include exterior physical signs, such as clothing, expressive movements such as eye movements, bodily movements and language usage of the participant. Elna's behaviour, as well as our interaction during therapy, will be noted.

1.6.4.4 Interviews

According to Babbie and Mouton et al. (2001:261) participants may be reluctant to disclose inappropriate behaviours and attitudes during interviews. Qualitative interviews will be conducted with Elna, her foster parents, her class educator and other significant people in her life. The purpose of the interviews will be to gain a better understanding of Elna's problem-saturated story[5] as well as the development towards her preferred, alternative story.[6] This will assist the research-therapist-in-training in gaining more insight into the therapeutic progress.

1.6.4.5 Video recordings and photos

Therapy sessions will be recorded and dialogues as well as observations, will be transcribed, coded and analysed. Breakwell et al. (2000:233-234) note that one of the advantages of video recordings is that it can be viewed several times, making the analysis more reliable. However, the possibility of participants behaving unnaturally

[5] Clients do not create their own problem stories about their lives. These stories are influenced by occurrences and connections with other people (Carey and Russell, 2003:60).
[6] The story that develops in counseling in contradiction to the dominant story in which the problem holds sway (Winslade & Monk, 1999:122).

during the presence of a video camera, exists. Video recordings will be used for discussions during supervision sessions.

Photographs of the participant's sandtrays will be taken. Oaklander (1998:166) suggests that photographs can be taken of the sandtray work over a period of time to observe therapeutic progress.

1.7 INDUCTIVE DATA ANALYSIS

Qualitative research makes use of an inductive form of analysis, which is a reflective ongoing process. According to Leedy (1997:107) "Inductive reasoning emphasize after-the-fact explanation and theory emerges from a careful consideration of the evidence (data). Theory is no more than a summarizing statement about the specific, concrete observations".

Content analysis will be used for the analysis and interpretation of the qualitative data of this study. Data analysis will be done systematically while processing the data. This will include, for example, reading through transcripts and reflections of therapy sessions, as well as assigning coding categories according to specific themes emerging in Elna's life story and throughout the therapeutic process. The themes will then be used in the analysis and interpretation of the data. The aim of this will be to demonstrate how Elna's life story unfolded and showing progression through the therapeutic process. Miles and Huberman (1984:56-57) state that a code is used to indicate segments of words that occur most frequently in data, in order to cluster those segments relating to particular themes.

1.8 CLARIFICATION OF TERMS

1.8.1 Transtheoretical model

Scholl (2002) states that the Transtheoretical Model of Behavioural Change resulted from work done by Dr. James Prochaska and his colleagues at the University of Rhode Island Cancer Prevention Research Center. Sherman and Carothers (2005:115) note that Prochaska and DiClemente developed the transtheoretical model (TTM) through research over a period of 20 years in order to gain a better understanding of changing behaviour relating to addiction. In the book ***Systems of***

psychotherapy: A transtheoretical analysis (2003), with James Prochaska as a co-author, a detailed description of the transtheoretical model is given.

The transtheoretical model refers to a model of psychotherapy and behavioural change that evaluates some of the major theories of psychotherapy. It attempts to combine and integrate the theories by including the greatest contributions of each (Karasu, 1995:484-501; Prochaska & Norcross, 2003:512-515). Many systems of psychological intervention concentrate on "theories of personality and psychopathology (what to change)", rather than processes of change (how to change). The model attempts to demonstrate how different therapies can be combined in an inclusive model for behavioural change.

The transtheoretical model attempts to go beyond the 'relativism' of 'eclecticism' by "creating a higher order theory of psychotherapy that appreciates the unity and the complexity of the enterprise" (Prochaska & Norcross, 2003: 512, 515). Eclecticism is a theoretical approach where the therapist attempts to find the most suitable therapy for the client (Prochaska & Norcross, 2003:484). A transtheoretical model is based on three dimensions: Processes of change (how), stages of change (when) and levels of change (what) (Prochaska & Norcross, 2003:515). The transtheoretical model considers therapeutic integration as the alternative application of the processes of change at specific stages of change with reference to the identified problem level of the client. Integrating the levels with the stages and processes of change provides a model for hierarchic and systematic intervention across an extensive field of therapeutic content. Determined by the level and stage of change during intervention, different therapeutic approaches will be more evident than others. Behaviour therapy and exposure therapy are examples of therapeutic approaches which have specific relevance on the symptom/situational level (Prochaska & Norcross, 2003:530-532). The symptom level is the first of five hierarchical levels of mental health problems which can be addressed in psychological intervention.

According to Koraleski and Larson (1997:302, 303) the transtheoretical model and its stages of change have already been applied to populations for weight management and smoke termination, but not yet to sexually abused clients. Since Prochaska and Norcross (2003:516) state that the transtheoretical model should demonstrate

applicability to a wide spectrum of problems, of a psychological as well as physical nature, the general aim of this study would be exploring the use of the transtheoretical model with a survivor of sexual trauma in middle childhood.

1.8.2 Sexual trauma

Lewis (1999:6, 8) states that a traumatic experience can be described as sudden, horrifying and unexpected. One, unexpected event or many incidents over a period of time may cause trauma. Hanney and Kozlowska (2002:37) note that the effects of trauma on children may result in delayed developmental milestones, as well as a blend of affective, behavioural and learning problems. These may include, for example, sleeplessness, recurring memories of the traumatic incident, symptoms of fear, aggressive behaviour and problems to focus.

Kinchin and Brown (2001:1-2) state that research on the effects of childhood trauma is limited. According to Trowell et al. (2002) child abuse and child sexual abuse could have short-term as well as long-term effects. Beitchman et al. (1991:552) mention the following with regard to short-term effects of child sexual abuse: Sexually abused children have the tendency to demonstrate unsuitable sexual behaviour and the greater the frequency of sexual abuse, the more evident the effects. Cotgrove and Kolvin (1996, in Trowell et al., 2002) note that there are five core long-term effects of child sexual abuse. These include *psychological symptoms,* namely depression, anxiety, low self-esteem, guilt, sleep disturbance and dissociative behaviour. *Psychiatric disorders* such as eating disorders and borderline personality disorder in adulthood can occur, as well as *problem behaviours* (e.g. improper sexual behaviour and self-harm) and s*ocial relationship problems* (e.g. social withdrawal).

Trowell et al. (2002) refer to research of Finkelhor and Browne (1995) as well as Ramchandani (1999), stating that psychotherapy may be beneficial in preventing the development of medium- and long-term effects.

1.8.3 Middle Childhood

Brems (2002:59) defines middle childhood as the period between 6 and 10 years of age. He also states that this developmental stage is characterized by physical, cognitive, emotional and moral change. According to Green (in Engelbrecht & Green,

2001:79-80) formal schooling forms part of middle childhood in many communities and Brems (2002:59) notes that there is considerable development in middle childhood with regards acquiring cognitive and motor skills.

Characteristic of this stage is the extended social connections children have with people they interact with (Donald et al., 2002:77), for example preferring having friends of the same gender (Brems, 2002:63). For the purposes of this study the following aspects of middle childhood development will be discussed in more detail in chapter 2: Cognitive and language development, physical and sexual development and psychosocial development.

1.9 OUTLINE OF THESIS

In **Chapter 1**, I provide an introduction describing the background to the study, the research problem and aims of the study. **Chapter 2** consists of a literature review where I attempt to describe key concepts, such as middle childhood, the transtheoretical model, narrative therapy, EMDR and sexual trauma. In **Chapter 3**, I explain the research design and methodology that will form the broad conceptual context of my study. **Chapter 4** describes the implementation of the study. **Chapter 5** summarizes my reflections and experiences as a research-therapist-in-training of this study.

1.10 REFLECTION

This chapter included an introduction to the study and focused on the research question, as well as the motivation for the study and the aims of the research project. The research design and methodology were briefly discussed. Relevant key concepts, including the transtheoretical model, middle childhood and sexual trauma, were outlined.

CHAPTER TWO

THE UTILIZATION OF A TRANSTHEORETICAL MODEL IN SEXUAL TRAUMA

2.1 INTRODUCTION

For the purpose of this study, I have selected certain terms and concepts significant to my research. These include middle childhood development, childhood sexual trauma and the transtheoretical model for psychotherapy, of which my understanding of each will be discussed in this chapter. The discussion will also focus on Narrative therapy, Eye Movement Desensitization and Reprocessing, sandtray therapy and art therapy techniques, as these therapies were used in an "integrative spirit" (Prochaska & Norcross, 2003:516) within the transtheoretical model.

Additional important concepts applicable to this study will be discussed in order to contribute to a clear and general understanding of these concepts.

2.2 ASPECTS OF MIDDLE CHILDHOOD DEVELOPMENT

Brems (2002:59) considers middle childhood being the phase in a child's life between the ages of 6 and 10 years. Green (In Engelbrecht & Green, 2001:79-80) argues that the age at which middle childhood emerges, varies for each individual, as children tend to demonstrate new abilities between the ages of five to seven years. In many communities formal schooling forms part of middle childhood. Theorists agree that children's cognition develops according to their age and they constantly discover how the "social world" functions and the way they interact within it. According to Brems (2002:59) children discover how to communicate with people outside their immediate family.

2.2.1 Aspects of cognitive and language development

According to Piaget, children's cognitive ability develops through four stages, namely the sensorimotor, pre-operational, concrete operational and formal operational

stages (Donald et al., 2002:65). The concrete operational stage describes approximately the age between seven and eleven years old, during which perceptual skills become very important. "Thinking" can be described by "logical relationships" and children can, for example, understand and deal with serial information and categories. Their comprehension is still very "concrete" and they might find "abstract relationships" challenging (Donald et al., 2002:67). According to Brems (2002:61), children's capability to understand jokes and riddles indicates progress in terms of cognitive development. Thinking skills, especially logical thinking, expand during middle childhood. Although logical thinking develops, it is still concretely related and their conclusions can be of a very concrete nature.

This phase is preceded by the pre-operational stage during which children can "work with images and symbols" and thinking is very egocentric. The concrete operational stage is followed by the formal operational stage. Characteristic of this stage is an adolescent's capability of higher levels of abstract, formal and logical thought (Donald et al., 2002:66-68).

According to Vygotsky (In Engelbrecht & Green, 2001:83), middle childhood is a stage where the child expands on obtained "cognitive and social tools or skills", which are appreciated in his/her community. Language is considered an essential skill, a "tool" for organization of occurrences, but also complements complicated social relations with adults and peers. Vygotsky's theory places emphasis on the 'social construction of knowledge' through social interaction with other people, where knowledge will be unique to various social environments (Donald et al., 2002:72-73). Brems (2002:60) notes that language continues to develop during this stage, as reading is one of the academic activities at school. This results in the expansion of children's vocabulary and an awareness of proper language usage and is a stage where children can follow conversations with ease.

Donald et al. (2002:69) note the importance of not viewing Piaget's stages of cognitive development as "fixed age-bands", as these stages are not rigid. Progression from one level to the next does not necessarily take place in a linear fashion. This progression is also unique to individual children, since the child's 'social context' plays an important role. Vorster (2003:79) states that social constructivists oppose the idea of developmental approaches or developmental stages. They argue

that there is no general norm by which people can evaluate their performance and the aspect of a "normal lifespan" was significantly incomplete.

2.2.2 Aspects of physical and sexual development

Gross, as well as fine motor skills, develop considerably through middle childhood, while the child is discovering how his or her body reacts and can be organised in space. Brems (2002:59) notes that schools focus on the development of fine and gross motor skills, as children normally prefer engaging in activities where physical movement is required. They do, however, still have to develop a sense of their ability to determine their energy level and the use thereof (Green, in Engelbrecht & Green, 2001:80-81). This is the stage where children start to take part in group sport such as soccer and volleyball, where their gross motor skills are developed. Academic activities at school play a role in developing children's fine motor skills, such as handwriting and drawing (Brems, 2002:59).

According to Heiman et al. (1998:289-301), it is challenging agreeing on boundaries for normal sexual behaviour of children, since these are influenced by the social, cultural and family context. Heiman et al. (1998:293) note that "… professionals' attitudes and beliefs about childhood sexuality are extremely critical, since their judgement of age inappropriate sexual knowledge and behaviour is a key criterion used in assessing allegations of abuse …". Sexual behaviour is not acceptable when sexual activities are extreme, when extreme masturbation is involved, or when children abuse each other.

Glaser and Frosh (1989, in Van Zyl, 2001:22) note that children in middle childhood are more self-conscious to express their ideas about sexuality. In middle childhood, children become more interested in sex and more knowledgeable about it within different environments such as the home, the school and the media. Distorted and twisted information are usually spread amongst peers. Middle childhood is a natural phase during which children's bodies undergo changes, which can be negatively experienced by the sexually abused child.

Eating behaviour and patterns are also established during this stage, which can encourage wellbeing or can result in psychological problems (Unger et al., 1990 in Engelbrecht & Green, 2001:81).

2.2.3 Aspects of psychosocial development

Erik Erikson (In Donald et al., 2002:74-75) describes eight stages of psychosocial development in a person's life-cycle. He was interested in influence of the environment, as well as an individual's personal involvement in his or her development. The eight stages are connected, while each stage constantly expands on the previous stage. In each of the stages, individuals can experience crises or conflict that must be overcome effectively in order to progress to the following stage. Erikson is of the view that if a crisis is not resolved, it could have a growing negative effect on consecutive stages.

One of the psychosocial stages identified as "Industry versus inferiority" corresponds with middle childhood, characterised by the extended social connections children have with the people they interact with. This stage requires children to start exploring activities which can be used in a mature or adult context that involve, for example, physical, cognitive or social abilities. An example of a social skill would be to take more responsibility in a certain context. Children evaluate themselves especially by associating with their peers (Donald et al., 2002:77). "Aggressively outgoing children tend to be rejected by peer groups". Children in middle childhood prefer playing with children of the same gender (Brems, 2002:63). "Industry" reflects upon achievement of explored activities, whereas "inferiority" refers to a lack of accomplishment (Donald et al., 2002:77).

According to Brems (2002:62), children's communication of their affection becomes more complicated and they can express differentiation in their emotions due to their language development. Their moral thinking becomes more complicated and their morality is a reflection of their family's and community's values and norms.

Having discussed some aspects of middle childhood, the following section will include other concepts significant to this study.

2.3 KEY CONCEPTS

2.3.1 Childhood Sexual Trauma

The participant in this study experienced a history of sexual abuse by a perpetrator who was known to her, which had a traumatic effect on her life. Brilleslijper-Kater, Friedrich and Corwin (2004:1008) refer to research (Gale, Thompson, Moran & Sack, 1988; Lamers-Winkelman, 1995) which states, that in most preadolescent cases of sexual abuse, the perpetrator is familiar to the victim. Sexual abuse can include a broad spectrum of experiences, with or without sexual contact by an adult or an older child who has authority over the abuse victim (Cillo, 1998; Johnson, 2004:462). Experiences can include "… oral-genital, genital-genital, genital-rectal, hand-genital, hand-rectal, or hand-breast contact; exposure of sexual anatomy; forced viewing of sexual anatomy; and showing pornography to a child or using a child in the production of pornography" (Johnson, 2004:462).

Friedman (2000:2) outlines that trauma is not only the exposure to an external incident such as violence, but also to a person's psychological reaction to a devastating event. When an individual has an extreme emotional reaction to an incident, it can be considered as traumatic. Lewis (1999:6) argues that trauma is a horrific, shocking occurrence, whereby a person experiences frightening feelings and powerlessness.

According to Lewis (1999:6), trauma is not a component of child development. A traumatic incident is so fearful that children normally lack the necessary coping skills to deal with the trauma. However, some children have the 'ability' to survive trauma successfully (Lewis, 1999:10), referred to as resilience. Bruce Irvine (stated in McKay, 1999:4) states that if children lack resilience, they find it difficult to deal with their traumatic experiences. According to Irvine these children struggle to make connections of their "life experience in a coherent narrative." They are so caught up in traumatic thoughts that they are unable to recall any positive occurrences in their life, which causes reluctance turning to their support system for help (Irvine, in McKay, 1999:4).Trauma is considered harmful to the psychological development of children and is associated with several mental changes, such as violent and

dissociative behaviour, anxiety disorders and self-mutilation. Phillips (quoted in Myburgh, 2004:84) highlighted the connection between childhood trauma and suicide.

Hartman (1995:68-76) states that there are two significant models in literature that have been proposed to explain the trauma associated with sexual abuse namely the Post-Traumatic Stress Disorder (PTSD) Model and The Four Traumagenic Dynamics Model of Child Sexual Abuse. As the PTSD Model has certain limitations an optional model is suggested by Finkelhor and Browne. This model suggests four Traumagenic states to describe the effects of child sexual abuse namely, traumatic sexualization, stigmatization, betrayal, and powerlessness. Finkelhor and Browne (1985:180-181) describe traumagenic dynamics as "… an experience that alters a child's cognitive or emotional orientation to the world and causes trauma by distorting the child's self-concept, world view, or affective capacities". They explain traumatic sexualization as the circumstances in sexual abuse whereby a child's sexuality is formed in developmentally unsuitable ways, stigmatization refers to unconstructive communication regarding the abuse, betrayal has a association of distrust and harm, and powerlessness refers to helplessness and defenselessness. The Four Traumagenic Dynamics Model has further been developed and expanded by Beverley James (1989:21-22) including the following traumagenic states: Self blame, powerlessness, loss and betrayal, fragmentation of bodily experience (example: extreme aggression) stigmatization, eroticization (example: positive association with exploitative activities), destructiveness (example: elicits abuse from others), dissociation (example: fragmentation of personality), and attachment disorder (example: cannot trust needs to be met).

Eth and Pynoos (1991, in Hartman, 1995:53) point out that sexual trauma occurs "when an individual is exposed to an overwhelming sexual event resulting in helplessness". Straus (1988), in Hartman (1995:53), refers to "psychic trauma" which occurs when children are faced with a frightening sexual incident or range of incidents which are too overwhelming to process or deal with. Irvine (stated in McKay, 1999:4) points out that it is essential to begin with the child's experience of trauma in stead of a theoretical stance on what is considered to be traumatic.

2.3.2 The effects of sexual trauma

> *Pain and tissue injury from child sexual abuse can completely heal in time, but psychological and medical consequences can persist through adulthood* (Johnson, 2004:462).

Johnson (2004:463) states that child sexual abuse can have a diverse range of early and long-term symptoms, continuing into adulthood. Table 2.1 shows some of the consequences of abuse on children, adolescents and adults. Studies comparing sexually abused with nonabused children have found a higher incidence of adjustment problems amongst abused children. Doll et al. (2004:20) site that several researchers, such as Beitchman, Zucker, Hood, DaCosta and Akman (1991), Conte and Schuerman (1987), Friedrich, Urquiza, and Beilke (1986), Kendall-Tackett, Williams and Finkelhor (1993), found that sexually abused children are more symptomatic on many variables, including fear, Posttraumatic Stress Disorder, mental illness, cruelty, tantrums, bed wetting, encopresis, self-injurious behaviour, low self-esteem, and inappropriate sexual behaviour.

With regard to the above mentioned symptoms, Brilleslijper-Kater et al. (2004:1009) note that unsuitable age-related sexual behaviour and symptoms of Posttraumatic Stress Disorder (PTSD) are considered as the most frequent effects of sexual abuse. The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000:463-464) describes Posttraumatic Stress Disorder (PTSD) as a mental disorder which occurs from exposure to a severe traumatic event, such as sexual assault, being kidnapped or an accident. Traumatic nightmares, PTSD flashbacks, avoidance of trauma-related thoughts, emotional numbing, exaggerated startle response and memory impairment are examples of symptoms related to Posttraumatic Stress Disorder (American Psychiatric Association, 2000:463-464). Kendall-Tackett et al. (1993), as cited by Brilleslijper et al. (2004:1009), contend that from the range of behavioural symptoms displayed by sexually abused children, age-unsuitable sexual behaviour is viewed as the most frequent indicator of sexual abuse. These behaviours can include "boundary problems (e.g. stands too close to people), exhibitionism, gender role behaviour, self-stimulation (e.g. touches sex parts

at home), sexual anxiety, sexual interest, sexual intrusiveness, sexual knowledge and voyeuristic behaviour (e.g., tries to look at people when they are nude or undressing)" (Brilleslijper-Kater et al., 2004:1010).

Herrera and McCloskey (2003:320) support the above mentioned behaviour for girls' reactions towards abuse as they refer to increasing evidence for externalizing behaviour such as aggression and delinquency. Widom and White (1997), cited in Herrera and McCloskey (2003:320), found that abused females were at a greater risk for substance abuse such as alcohol and drugs and the commitment of violent crime.

With regard to aggressive behaviour, Haviland, Sonne and Woods, Wolfe, Scott, Wekerle and Pittman (2001) cited by Mash and Wolfe (2002:392), found a correlation between abuse and aggression. Although sexual related acts are generally more evident in younger children, it can resurface in adulthood by means of sexual violence, prostitution and becoming offenders.

TABLE 2.1: CONSEQUENCES OF SEXUAL ABUSE
(Adapted from Hartman, 1995:62 and Johnson, 2004:463)

Emotional effects	Cognitive/Perceptual effects	Interpersonal effects
• Depression • Guilt • Low self-esteem • Anxiety • Anger	• Cognitive distortions • Dissociation • Amnesia • Multiple personality disorder • Perceptual disturbances • Denial • Projection • Acting-out • Displacement • Distortion • Regression to disorganization • Hallucinations • Nightmares	• Alienation and isolation • Stigmatization • Fear of intimacy • Lack of trust • Impaired social relationships with men, women, parents and children • Proneness to revictimization

Behavioural effects	Sexual effects	Physical effects
• Poor academic performance • Anxiety • Depression • Dissociation • Distress • Sexually transmitted diseases, including HIV • Homeless • Hostility • Neuroendocrine dysfunction • Obsessive compulsive disorder • Sexualised behaviour • Somatic problems • Adjustment problems • Attachment disorder • Eating disorders • Bipolar disease • Coerced intercourse • Conversion disorder • Divorce • Irritable bowel syndrome • Marital conflict • Maternal functioning problems • Medical symptoms • Panic disorder • Pap smear, less likely to have • Paternity in teen pregnancy • Paedophilia • Pelvic pain • Premenstrual stress • Prenatal weight gain, inadequate or excessive • Post-traumatic stress disorder • Rape reports • Sexual abuse offence • Urinary retention, chronic	• Impaired motivation • Sexual aversions and phobias • Impaired arousal • Impaired orgasm • Vaginismus • Dyspareunia • Oversexualization • Promiscuity • Prostitution • Confusion about sexual orientation • Inability to separate sex from affection	• Enuresis • Bladder infections • Cramps • Sore throat • Sleep disturbances • Skin disorders • Hypochondriasis • Vaginal pain, bleeding and injury • Anal pain, bleeding and injury • Stomach ailments • Headaches/Migraine • Encopresis

Johnson (2004:463) argues that one of the motivations for referring children for psychotherapy, is the diverse effects of sexual abuse and preventing the repetition of abuse by abused children.

2.3.3 Therapeutic support for survivors of sexual trauma in childhood

According to Terr (1989:3), the various treatment approaches utilized with traumatised children consist of family therapy[7], group therapy, community-centered

[7] When family therapy is based on systems theory/cybernetics, it can also be referred to as relationship therapy. Relationship and communication patterns of family members in therapy are described (Becvar & Becvar, 2003:12-13).

and self-help groups, individual psychodynamic therapies,[8] including play therapy and hypnosis,[9] and pharmacological[10] interventions.

Although many therapeutic interventions are used with regard to sexual trauma, Saunders et al. (2003, in Leibowitz-levy, 2005) note that the two main approaches that are currently utilized widely with regard to child trauma intervention are trauma-focused cognitive-behavioural therapy (CBT) and trauma-focused play therapy.

According to Nurcombe, Wooding, Marrington, Bickman and Roberts (2000:97):

> "… sexual abuse is an experience, not a disorder. Its manifestation and contexts are quite diverse. For these reasons, it is not likely that a 'one size fits all' treatment will work. We seek the criteria that will determine how the central model of treatment should be modified to suit the individual case. In the long term, the clinician's task will be to select treatment goals for the particular case and to design an individualized, multifaceted, evidence-based treatment programme."

Nurcombe et al. (2000:94) argue that due to the result of a wide spectrum of effects of child sexual abuse, it is doubtful than one specific form of intervention will comply to all clients. However, current views support the use of cognitive-behavioural therapy for children traumatised by sexual abuse (Nurcombe et al., 2000:96).

According to Deblinger et al. (1999:1376-1377) the results of different beginning research propose that cognitive-behavioural therapy is helpful for intervention with preschool (Cohen & Mannarino, 1996; Stauffer & Deblinger, 1996), as well as school-aged children, who have been sexually traumatised (Cohen & Mannarino,1996; Stauffer & Deblinger, 1996). A two year research study where cognitive-behavioural therapy was used for treating sexually traumatised children

[8] Psychodynamic therapy includes different strategies, from humanistic therapies for example gestalt therapy and transactional analysis, where the goal is to support the client to communicate thoughts referring to the trauma (Hartman, 1995:91).

[9] According to Olness and Gardner (1988, in Hartman, 1995:19) hypnosis is a changed status of the 'consciousness', which can have positive results, for example a decline in anxiety. Hypnotherapy is a therapeutic approach that is used when the client is in a state of hypnosis.

with PTSD, indicated that children's changes in revealing behaviour, depressive behaviour and PTSD were sustained over two years. Deblinger et al. (1999:1376-1377) contend that these results provide evidence for the success of cognitive - behavioural therapy over a long period of time.

Fletcher (2000) is of the opinion that cognitive-behavioural therapy has proven its effectiveness with regard to PTSD intervention through research. Nurcombe et al. (2000:96) note that cognitive-behavioural therapy may influence therapeutic results, as it specifically deals with sexual abuse using particular intervention strategies. These strategies consist of talking about traumatic experiences, desensitizing and relaxing strategies, restructuring of cognitions and programs that focus on the management of incidents for difficult behaviour (Fletcher, 2000). Swenson and Hanson in Lutzker (1998:475) refer to research explaining that cognitive-behavioural therapy mainly concentrates on three aspects through which children experience trauma, namely thoughts, emotions and actions (Lang, 1979; Ribbe, Lipovsky, & Freedy, 1995). The aim of this therapeutic approach is changing a client's thoughts and actions, which supposedly results changing emotions.

Knell and Ruma (In Reinecke et al., 2003:338-345) point out that cognitive-behavioural therapy can be used within a play therapy perspective, better known as cognitive-behavioural play therapy (CBPT). This approach makes use of both expressive and receptive interaction**,** using cognitive and behavioural treatments. CBPT creates an opportunity for children to build a feeling of taking charge within a framework created by the psychologist. It can be beneficial**,** as some sexually traumatised children refuse dealing with issues related to the abuse.

Knell and Ruma (In Reinecke et al., 2003:346) argue that play offers sexually abused children with a contended and well-known way of communicating their thoughts and emotions.

According to Brems (2002:254) the major principle of play therapy is building a sound connection between the child and therapist. Play provides an opportunity for the therapist to get acquainted with the child, without asking distressing questions

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[10] Newmark (2002:316) notes that psychopharmacology refers to the "study of natural and synthetic substances (i.e. drugs) that affect cognitive and emotional functioning and the treatment of mental disorders with medication."

and by cautiously viewing the 'nonverbal' expressions of the child (Fouché & Joubert, 2003:12). Through play, children can communicate experiences that would be too upsetting to verbalise. Play therapy also helps children to disclose information on a conscious or subconscious level. Brems (2002:254) refers to three significant elements in play therapy, namely "… the relationship, disclosure, and healing functions of play."

Referring to play therapy, Jewitt (2004:16) describes it as a specific therapeutic approach that makes use of different activities promoting psychological development in children. "Play therapy makes use of games, drawings, creations, clay, toys, puppets, sandtrays, and music and movement to help the child find expression for their emotional world" (Jewitt, 2004:16). Different systems of psychotherapy have contributed variations in their approach when using play therapy, for example behaviourists, psychodynamic thinkers and relationship-centered theorists (Brems, 2003:254).

Cillo (1998) refers to different research studies on intervention results of preteens of sexual trauma that suggest a 'multi-modal' approach to intervention that consists of abuse-targeted, controlled group intervention, as well as involvement of family members (Berman, 1990; Cohen & Mannarion, 1996; Finkelhor & Berliner, 1995; Rencken, 1994).

Finkelhor and Berliner (1995) contend that "abuse-specific" intervention is a preferred method. The shared aspects of this intervention normally consist of the following:

1. Motivation to verbalise feelings of traumatic experiences
2. Rectifying of imprecise thinking with regards to the trauma
3. Educating of abuse preventative skills
4. Lessening the sense of labelling and loneliness (Knell & Ruma, in Reinecke et al., 2003:344).

Eagle (1998) argues that psychotherapeutic integration should be the preferred approach in cases of trauma intervention. He describes a Wits trauma intervention model, where the assets of psychodynamic and cognitive-behavioural approaches

were integrated. The implementation of this model, which consists of five components, attempts to address the internal and external functioning of clients who experienced trauma. The five components include the following:

1. Telling/re-telling the story (In-depth description of traumatic occurrence).
2. Normalizing the symptoms (Association between the traumatic occurrence and the symptoms are made).
3. Addressing self-blame or survivor guilt (restoring self-respect).
4. Encouraging mastery (Links with the crisis treatment idea of bringing a person back to an earlier stage of performing).
5. Facilitating creation of meaning (making meaning from the experience).

It appears that existing literature suggests that cognitive-behavioural therapy is the predominant approach being used for treating trauma, specifically sexual trauma. Deblinger et al. (1999:1376-1377) encourage that additional research should be done to compare cognitive - behavioural therapy with unconventional therapeutic approaches.

2.3.4 The transtheoretical model

Levesque et al. (2000:176) mention that previous research state that the transtheoretical model proposes an unconventional method to client-intervention correspondence. Since the 1980's, this model has demonstrated dynamic competency in describing behaviour change linked to a variety of addictive and dysfunctional behaviours such as partner violence (e.g. DiCemente & Hughes, 1990; Prochaska & DiClemente, 1983; Prochaska, Norcross, Fowler, Follick & Abrams, 1992; Prochaska, Redding, Harlow, Rossi & Velicer, 1994 stated in Levesque et al., 2004:176).

According to the transtheoretical model for treatment, it is essential to integrate different viewpoints of psychopathology and psychotherapy. The exclusive use of certain systems of psychotherapy for diverse patients may not be suitable to develop effective intervention. This model suggests that different perspectives should be combined for psychotherapy (Karasu, 1995:484-501; Prochaska & Norcross, 2003:512; Levesque et al., 2000:177). The transtheoretical model evaluates the

different paradigms or perspectives attempting to find the most valuable components within each to be used in a comprehensive model of treatment. Although every psychotherapeutic perspective adds valuable insights, it also has its deficits, since some perspectives tend to emphasize individual characteristics and "psychopathology" *(what to change),* in stead of the progression of change *(how to change).* Prochaska and Norcross (2003:516) indicate that the aim of the transtheoretical model is to create a psychotherapeutic model incorporating a wide range of main theories.

Prochaska and Norcross (2003:516) considered different aspects of the model in their research:

- A complex combination of different psychotherapeutic perspectives will acknowledge the essential multiplicity and also the harmony thereof;
- Assessment of the model should be possible, comparing outcomes with other existing models;
- A model that can explain how an individual's behaviour changes with or without treatment;
- It should be possible to apply the model to various person related issues**,** such as bodily and psychological wellbeing;
- This model should motivate creativity within psychologists, not only utilizing dimensions of other perspectives from psychotherapy.

The theoretical model views change as movement, over a period of time, by means of five different stages (Levesque et al., 2000:177).

The stages of change

It is vital to understand and recognize the stage in which a person finds him or herself. Treatment can be planned according to an individual's current stage of change (Scholl, 2002). In view of this theory, Prochaska et al. (1994, in Frenn & Malin, 2003:362) argue that, if individuals are supported without considering their stage of change, the support would be less successful. Five stages of change can be distinguished, namely a) precontemplation, b) contemplation, c) preparation, d) action and e) maintenance (Scholl, 2002).

- **Precontemplation:** The individual has no desire to change or does not even realise that a problem exists (Scholl, 2002). Relatives and associates are normally aware of these problems. An individual in this stage might have the desire to change, but still do not take any action. (Kasila et al., 2003:160, Zink et al., 2004: 233, DiClemente et al., 1992:1102).

- **Contemplation:** The individual is aware of his or her problems (Scholl, 2002) and might remain in this stage for a long time, during which the advantages and disadvantages of the problem and possible solutions to the problem are considered (Prochaska & Norcross, 2003:520; DiClemente et al., 1992:1103). Zink et al. (2004:233) note that in this stage there is a growing awareness within the individual of the pros and cons of change.

- **Preparation:** An individual moves into this stage when a decision was made for the necessity of change (Scholl, 2002). The person in this stage is considering change and desires it (Shinitzky & Kub, 2001:179). This stage was previously referred to as 'decision making' (DiClemente et al., 1992:1104).

- **Action:** The individual changes behaviour in order to resolve the problem. These changes are usually very noticeable and given acknowledgement by others (Prochaska & Norcross, 2003:521; DiClemente et al., 1992:1104).

- **Maintenance:** The individual tries to strengthen the modified behaviour of the action stage and attempts to avoid a setback. Change occurs continuously in the maintenance stage (Scholl, 2000; DiClemente et al., 1992:1104).

Although linear development through the stages of change is possible, Kasila et al. (2003:160) state that people's behaviour is not a linear occurrence and can rather be described as a spiral pattern. Prochaska and Norcross (2003:522) argue that linear progression through the stages of change is possible, but is unusual for recurring disorders, for example addictive behaviours.

Burke et al. (2004:123) mention that there are 10 processes of change which explain how a person progresses through the stages of change.

The processes of change

The processes of change can be divided into 2 groups, namely cognitive processes and behavioural processes.

Table 1 shows the ten processes of change, categorized according to cognitive and behavioural processes.

TABLE 2.2: PROCESSES OF CHANGE
(Adapted from Burke et al., 2004:125)

PROCESSES OF CHANGE	DESCRIPTION OF PROCESS
Cognitive Processes:	
• **Consciousness raising**	Seeking new information and to gain understanding about the problem.
• **Self-reevaluation**	Emotional and cognitive reappraising of values with respect to problem behaviour.
• **Catharsis/dramatic relief**	Experiencing and expressing feelings about the problem behaviour.
• **Environmental reevaluation**	Considering and assessing how the problem behaviour affects the individual's environment.
• **Social liberation**	Increasing awareness, availability and acceptance by the individual of alternative, problem-free lifestyles.
Behavioural Processes:	
• **Helping relationships**	Trusting, accepting, and using the support of caring others during attempts to change the problem behaviour.
• **Counterconditioning**	Learning and practicing alternative behaviours.
• **Reinforcement management**	Reward oneself or being rewarded by others for making changes.
• **Self-liberation**	Choosing and committing to changing the problem behaviour – including belief in ability to change.
• **Stimulus control**	Controlling situations and other causes that trigger the problem behaviour.

Prochaska et al. (1992, in Prochaska et al., 2004:34) point out that research on health behaviours indicated that clients tend to make use of more cognitive processes in the beginning stages of change, whereas behavioural processes are more evident towards the later stages of change. Research involving psychotherapy samples indicates the differential use of a variety of processes of change during each of the five stages of change. A study by Prochaska & DiClemente (1992), in Larson and Koraleski (1997:305), with sexually abused clients indicated that they not

only make use of cognitive processes in the beginning of therapy, but throughout the therapeutic process into the action stage.

The processes of change include different schools of thought for therapeutic intervention (Prochaska & DiClemente, 1982; Prochaska et al., 1992 in Smith et al., 1995:35), as suggested by the transtheoretical model. Table 2.3 shows the correspondence or agreement of therapeutic schools of thought and processes of change.

TABLE 2.3: SUMMARY OF PSYCHOTHERAPY SCHOOLS OF THOUGHT ACCORDING TO THE CHANGE PROCESSES ASSUMED TO BE THE ESSENCE OF THERAPY
(Prochaska & Norcross, 2003:518)

Consciousness raising	**Catharsis**	**Choosing**
1. Feedback	**1. *Corrective emotional experience***	***1. Self-liberation***
Psychoanalysis Psychoanalytic therapy Psychodynamic therapy Adlerian therapy Existential therapy Logotherapy Reality therapy Person-centered therapy Motivational interviewing Gestalt therapy Rational emotive behaviour therapy Cognitive therapy Transactional therapy Communication/strategic therapy Structural therapy Bowenian therapy Solution-focussed therapy Narrative therapy	Psychoanalytic therapy Person-centered therapy Gestalt therapy Interpersonal therapy Implosive therapy Satir's family therapy Culture-sensitive therapy	Adlerian therapy Existential therapy Logotherapy Reality therapy Motivational interviewing Transactional analysis Behaviour therapy Communication/strategic therapy Bowenian therapy Feminist therapy Culture-sensitive therapy Multimodal therapy Solution-focussed therapy Narrative therapy
2. Education	**2. *Dramatic relief***	***2. Social liberation***
Psychoanalysis Adlerian therapy Logotherapy Transactional analysis Rational -emotive therapy Cognitive therapy Behaviour therapy Bowenian therapy Feminist therapy	Gestalt therapy	Adlerian therapy Structural therapy Feminist therapy Culture-sensitive therapy
	Conditional stimuli	**Therapeutic relationship**
	1. Counterconditioning	Psychoanalytic therapy Adlerian therapy Existential therapy Person-centered therapy Motivational interviewing Gestalt therapy Communication therapy
	Behaviour therapy Rational- emotive behaviour therapy Cognitive therapy EMDR therapy Exposure therapy Multimodal therapy Solution-focussed therapy	
	2. Stimulus control	
	Interpersonal therapy Behaviour therapy Multimodal therapy	

Culture-sensitive therapy Multimodal therapy	**Contingency control** ***1. Reevaluation*** Adlerian therapy Rational-emotive behaviour therapy Cognitive therapy EMDR Multimodal therapy ***2. Contingency management*** Rational-emotive behaviour therapy Behaviour therapy Multimodal therapy	Structural therapy Feminist therapy Culture-sensitive therapy

The levels of change:

The levels of change represent a hierarchical organization of five distinct, but interrelated levels of psychological problems, which can be addressed in psychoterapy. These levels are:

1. Symptom/situational problems
2. Maladaptive cognitions
3. Current interpersonal conflicts
4. Family/systems conflicts
5. Intrapersonal conflicts

Historically, psychotherapeutic systems have attributed psychological problems primarily to one or two levels on which they have focused their interventions. In the transtheoretical model, we initially prefer intervening at the symptom/situational level, because change tends to occur quicker at this more conscious and contemporary problem level. "Deeper levels" involve more unconscious and historical conflicts contributing to the disorder. The levels of change are not independent or isolated, since change at any one level is likely to produce change at other levels. In the transtheoretical approach, therapists are prepared to intervene at any of the five levels of change, though the preference is to begin at the highest and most contemporary level justified by clinical assessment and disciplined judgement (Prochaska & Norcross, 2003:528-529).

2.3.5 Implementation of the transtheoretical model

Integrating the levels of change with the stages and processes included in the transtheoretical model provides a model for intervening hierarchically and systematically across a broad range of therapeutic content. Table 2.4 demonstrates how the levels, stages and processes of change can be integrated during the implementation of this model.

TABLE 2.4 INTEGRATION OF LEVELS, STAGES AND PROCESSES OF CHANGE
(Adapted from Prochaska & Norcross, 2003:531)

	STAGES OF CHANGE ↓					
LEVELS ↓↓↓↓↓	**Precontem-plation**	**Contem-plation**	**Preparation**	**Action**	**Maintenance**	
Symptom		Conscious-ness raising				← **P**
						R
Cognition	Conscious-ness raising	Dramatic relief		Contingency management	Contingency Management	← **O**
						C
Interpersonal	Dramatic relief	Environ-mental re-evaluation	Self-liberation	Counter-conditioning	Counter-conditioning	← **E**
						S
Family		Self-reevaluation		Stimulus control	Stimulus control	← **S**
						E
Intrapersonal						← **S**

Three basic strategies can be implemented for intervening across multiple levels of change, namely shifting levels, key levels and the maximum impact strategy. A discussion of the above will follow:

Shifting levels: A focus on the client's symptoms and the situations maintaining it. If the exclusive treatment of the symptoms was not optimal, therapy would shift to the other levels of change (shifting from a higher to a deeper level). For example, if treatment of symptoms was not successful, the therapist can start working with distorted cognitions that are reinforcing the problem behaviour. If the intervention is still ineffective, then there can be a shift to the level of interpersonal conflicts with the goal to work with the most opposing aspects of this level.

Key levels: If the available evidence is unambiguous and points to one key level of causality for problem behaviour, then the psychotherapist would initially work at this key level of intervention. Although these type of cases can be uncomplicated to outline, it does not necessarily require treatment of a basic nature.

Maximum impact strategy: With complex clinical cases, it is sometimes evident that different factors in each level are a root or a result of the client's problem behaviour or maintaining it. For maximum impact, interventions can be designed to include all levels of change (Prochaska & Norcross, 2003:530).

Prochaska and Norcross (2003:532) remark that clients experiencing difficulties on the symptom and cognitive levels, will most probably need therapy for shorter periods of time, whereas longer periods of intervention would be needed for clients with past pathological intrapersonal encounters and disorders involving less functional family dynamics.

In Chapter four the way in which the processes, stages and levels of change were integrated in the therapeutic approach, will be demonstrated and explained in detail.

2.3.6 The relation of eclecticism and integration to the transtheoretical model

According to Prochaska and Norcross (2003:515), the transtheoretical model attempts exceeding the 'relativism' of eclecticism by developing a superior theory for psychological support, acknowledging the harmony and the multifaceted nature of the field. Relativists' view on knowledge is that it is milieu connected and comparative, while specific therapies and techniques within them, can be linked and used with specific clients in psychotherapy. Prochaska and Norcross's argument with regard to eclecticism is that it will not necessarily be obvious to determine which

therapy is most suitable for a client. When a therapist uses any strategies without a theoretical foundation, it is referred to as 'syncretism' (Corey, 2001:458). Prochaska and Norcross (2003:486) note that this 'empirical pragmatism' of eclecticism stands in contrast to the 'theoretical flexibility' of integration. The way in which Prochaska and Norcross compare eclecticism and integration is demonstrated in table 2.4.

Table 2.5: A COMPARISON BETWEEN ECLECTICISM AND INTEGRATION
(From Prochaska & Norcross, 2003:486)

Eclecticism	Integration
Technical	Theoretical
Divergent (differences)	Convergent (commonalities)
Choosing from many	Combining many
Applying what is	Creating something new
Collection	Blend
Applying the parts	Unifying the parts
Atheoretical but empirical	More theoretical than empirical
Sum of parts	More than some of parts
Realistic	Idealistic

Corey (2001:458) describes integration as an 'openness' to integrate different theories and is an attempt to look beyond the limits of individual-school methods, ensuring maximum gain by the individual from each viewpoint. Arkowitz (1997, in Corey, 2001:458) notes that the three most commonly used ways of integration are 'technical eclecticism, theoretical integration and common factors.' Prochaska and Norcross (2003:484) describe technical eclecticism as "… the least theoretical approach …", where the therapist looks for the most suitable treatment for the client. According to Corey (2001:458), technical eclecticism can be considered as a collection of techniques from various approaches, of which the theoretical origin seems to be less notable. Theoretical integration combines two or more theoretical approaches (Corey, 2001:458). According to Prochaska and Norcross (2003:485), it is expected that the integration of approaches will be more effective than the exclusive use of a specific therapy approach in isolation. The common factors approach attempts to identify the shared (common) aspects of different psychotherapy systems, resulting in intervention based on those shared elements (Prochaska & Norcross, 2003:484; Corey, 2001:458).

Prochaska and Norcross (2003:486) note that theoretical integration "entails a commitment to a conceptual creation beyond a technical blend of methods." One of the differences between eclecticism and integration is that eclecticism compares the differences between therapeutic approaches, while integration considers the shared features thereof. **The transtheoretical model, however, looks at the best insights that each therapeutic approach across the spectrum has to offer (Prochaska & Norcross, 2003:512).** The different psychotherapy systems currently available, according to Prochaska and Norcross (2003:512), only focus on *what* to change, in stead of considering the processes of change (*how*) involved (See table 2.3 for processes of change). As already mentioned in 2.3.4, the transtheoretical model entails change through five stages (*when*), as was empirically discovered by comparing how change occurred within individuals who received therapy with those who had no intervention (Prochaska & Norcross, 2003:519). **It is especially the *how* and the *when* that distinguish the transtheoretical model from both eclecticism and integration.**

Working within an "integrative spirit", narrative therapy will now be described, as one of the therapies that will be integrated within the transtheoretical model for psychotherapy. In discussion with the research supervisor, we collaboratively decided on the use of narrative therapy, EMDR, sandtray therapy and art therapy techniques, as these therapies were considered to be in the best interest of the client.

2.3.7 Narrative therapy

Freedman and Combs (1996:22) describe the underlying theoretical perspective of narrative therapy as "a postmodern, narrative, social constructivist world-view". As Narrative therapy transpires from the milieu of postmodern thought, it was used as a constructivist therapeutic approach in this study. Freedman and Combs (1996:22) note that postmodern ideology has four essential beliefs:

They are:

1. Realities are socially constructed
2. Realities are constituted through language

3. Realities are organized and maintained through narrative
4. There are no essential truths

These beliefs have implications for the therapeutic process. Within the postmodern discourse, a person's identity is reflected by his/her self-narratives. "These self-narratives constitute a person's identity and are not a function of the self, but of social interaction with other people" (Gergen, in Botha, 1998:100). Foucault (in Freedman & Combs, 1996:37) states that language is an instrument of power.

Contributions from Michael White and David Epston lead to the development of narrative therapy in 1989 as a form of family therapy. Their narrative approach proposes that solutions are to be found in the lives and the relationships of the clients, and not only based on the therapist's "know-how" (White & Epston, 1990:18). From a philosophical point of view, narrative therapy is considered as part of what is called "the linguistic turn", where the focus is on studying the symbolizing language in stead of the "objects" (White & Epston, 1989, 1990 & Rorty, 1967 in Besley, 2002:125). Narrative therapy helps people solving their problems by dividing their connection with others and their "lives" from the narratives that they consider as marginalizing. This therapy helps people to confront their way of living to which they are subjected and motivates them to co-construct "alternative and preferred stories of identity" (Besley, 2002:127).

Gortner (2001:1) notes that in therapy the "client and the therapist create meaning with each other in a language system". Clients have problem-saturated stories about their lives. Narrative therapy makes use of "externalization", entailing the problem-saturated story as well as the problem. Externalization is a means of isolating the problem from the person (Becvar & Becvar, 2003:268). According to Freedman and Combs (1996:44), the narrative therapist would not be "listening for the chief complaints: not gathering the pertinent-to-us-as-experts bits of diagnostic information interspersed in their stories … not listening for surface hints about what the core problem really is …". Narrative therapy views people as the experts of their problems and lives. It "… empowers people to find their own voice" (Drewery & Winslade, 1997; Speedy, 2000; Winslade & Monk, 1999 in Besley, 2002:129).

Derrida's (1982) concept of deconstruction is used to isolate the problem from the client (externalization) and listening for concealed "meanings" of stories (Drewery & Winslade, 1997; White, 1991 in Besley, 2002:132-133). According to Winslade and Monk (1999:26), narrative therapy can provide an opportunity to analyse or unpack discourses and reveal their impact on a person's life. When "problem-saturated" narratives are isolated from the general understanding of the main story, it allows clients to recognize "unique outcomes". Clients "experience a sense of personal agency" and "a capacity to intervene in their own lives and relationships" (White & Epston, 1990:16).

The therapy process with the client can be described according to the following concepts or terminologies used in narrative therapy:

2.3.7.1 Externalising conversations

Externalising conversations de-centre the "dominant discourses" and "truths" of a deceptive "scientific knowledge". These conversations guide clients to obtain an echoing viewpoint of the marginalizing stories explaining their lives (White & Epston, 1990 in Besley, 2002:134).

Morgan (2000:17) notes that one of the first things a narrative therapist is interested in doing, is separating the person's identity from the problem. Externalising the problem is "an approach that encourages clients to objectify and sometimes personify the problems, which removes them from their problems that are considered inherent and fixed" (White and Epston, 1990:38). Externalization creates an opportunity for clients to experience an identity that is separated from the problem (White, 1995:23). Externalising conversations tend to "create a lighter atmosphere wherein children are invited to be inventive in dealing with their problem, instead of being so immobilized by blame, guilt or shame that their parents are required to carry the full burden of problem-solving" (Freeman, Epston & Lobovits, 1997:8).

The aim of externalising conversations will be to de-centre the client from dominant discourses relating to her problems and making her aware of her abilities which could help her reducing the influence of the problems in her life.

2.3.7.2 The child apart from the problem

Freeman, Epston and Lobovits (1997:34) remark that children have hardly any power over the manner in which they are explained by caregivers to psychologists. Children can experience that they are described to an unfamiliar person in terms of their assumed "pathology". In narrative therapy, the psychologist and family can begin with a conversation, where problematic aspects are isolated from the child.

In this study it will become evident that I prefer not to make a formal diagnosis of the client, but rather separating problematic aspects from the client. Considering it as part of her identity, would reinforce the idea that she was the problem. According to Sinaikin (2004:105), the Diagnostic and Statistical Manual of Mental Disorders TR (1994) (DSM TR-IV) places the therapist in a stance of total power, suggesting a perspective of illness and health to uninvolved clients. White (2001:3) notes that with externalising conversations, "we can unpack thin conclusions that people have about their own and about each other's identity".

2.3.7.3 Unique outcomes

> "They will hear events that seem to fit with the influence of the problem, and events that stand against the problem's influence" (Morgan, 2000:51-52).

Different occurrences or those removed from the problem's impact, are referred to as unique outcomes. It can also be referred to as 'sparkling events', as they are occurrences that are highlighted in contrast to the problem story. This can be used by the therapist as the beginning of the unfolding of a story, contradicting the dominant story (Carey & Russell, 2003:62).

Unique outcomes are elicited by landscaping of action questions. White (1991:31) argues that landscaping of action "is constituted by experiences of events that are linked together in sequences through time and according to specific plots".

Landscaping of identity questions encourage clients to think in several ways about their and other people's identities. These questions result in clients thinking about

particular instances in their lives which relate to their identity. It can lead to looking at one's identity anew. Identities should be referred to in terms of "intentional states" implying intentions and purposes, values/beliefs, hopes and dreams, principles for living and commitments (Carey & Russell, 2003:63-65).

2.3.7.4 Re-authoring

Clients do not create their own problem stories about their lives. These stories are influenced by occurrences and connections with other people. "Re-authoring conversations … involve the identification and co-creation of alternative storylines of identity". It emphasizes the view that our experiences can not be summarized by one story, but entail multiple stories. People are viewed as "multi-storied" (Carey & Russell, 2003:60).

White (1991:31) notes that the process of landscaping of action and identity is called "re-authoring".

2.3.7.5 Re-membering conversations

"Re-membering conversations" encourage clients to explore earlier periods in their lives aiming to recall important and noteworthy people who are currently absent in their life. Clients are required to think about their connection with these people. "Re-membering conversations" is a way by which experiences of earlier periods can be linked to the current situation and the future (White, 1997, 2000 in Besley, 2002:139).

2.3.7.6 News of difference

According to Bateson (1962, 1980 in Winslade & Monk, 1999:28), people gain knowledge when different occurrences are compared by becoming aware of "the news of difference". Narrative therapy guides clients to see the difference amongst a certain group of occurrences and an alternative group of occurrences. A problem-saturated story and an alternative story would be an example where the "comparison" aids people deciding where to place themselves in relation to these alternatives (Winslade & Monk, 1999:28).

> "A crucial phase in the narrative interview is where the client is given an opportunity to judge for himself or herself whether to continue to live by the problem-saturated story or to locate himself or herself in an alternative story" (Winslade & Monk, 1999:11).

2.3.7.7 Community of concern

In Narrative therapy we need more people to acknowledge, value and further develop a client's "new identity". Clients need to mention people who might be able to do the above (Winslade & Monk, 1999:98). An example would be a child's class educator or close friends, inviting these people to become part of the client's story.

2.3.7.8 Therapeutic documentation

Freedman and Combs (1996:208-210) note that therapeutic letters can be used to thicken the client's story and help the therapist in co-authoring. Letters can be used to:

1. Summarize and recap meetings;
2. Extend ideas or stories that were initiated in therapy conversation;
3. Include people who did not attend a meeting.

In this study, sandplay was used in a narrative context and integrated within the transtheoretical model. A description of this will now follow.

2.3.8 Sandtray in a narrative context

Originally the use of sandtray in therapy was referred to as the "World Technique" by Lowenfelt, which was later (1950's) adapted by Kalff, working from a Jungian theory, which called it sandplay (Kalff, 1986). Sandtray therapy consists of playing in a sandtray, which is half-filled with dry or wet sand. Individuals are provided with a various number of small figures with which they can display their psychic situation in the sandtray (Kalff, 1980:31-32).

Homeyer and Sweeney (1998:6) note that there are different theoretical approaches to be used in therapy with regard to the sandtray. According to Homeyer and

Sweeney (1998:62), sandtray can be used in a non-directive and directive way. In a non-directed way, the client is instructed to build his or her world, while the therapist is witnessing this process. In a directive manner, the client is instructed to build a scene that focuses on a specific distressing issue. The client is then asked to name his or her world and informs the therapist what is happening there.

Within the context of this study, the sandtray was used from a narrative perspective. There are different options for using the sandtray in a narrative way in therapy, of which the construction of the problem-saturated story in the sandtray is one option. Possible questions that could be asked are:

"What does the world of the problem look like?

Is there a figure that reminds you of the problem?

How does it live?

Who are its cronies?

What supports it?"

The sandtray can also be used in plotting the effect of the problem, working with the unique outcomes of the client and in building a preferred story. In each session, the sandtray can indicate the movement or obstruction within therapy. Photographs can be used to demonstrate this process (Freeman, Epston & Lobovits, 1997:163-164). Examples of narrative sandtrays, including photos of the client's sandtrays, will be discussed in chapter 4.

The use of EMDR in the therapeutic process will be the next focus of attention.

2.3.9 Eye Movement Desensitization and Reprocessing

Senior (2001:361) argues that EMDR can lead to a reduction of PTSD symptoms and long-term benefits after a few treatment sessions.

According to Shapiro as cited by Sprang (2001:300), EMDR can be considered as a "syneclectic" approach, where cybernetic and also psychoanalytic, behavioural, cognitive, and physiological theories are used within an information processing

framework. Shapiro (2001) believes that EMDR accesses the same mechanisms used in learning and memory that have been displayed in REM sleep for processing traumatic material. The most distinct feature, distinguishing EMDR from other forms of psychotherapy, is the use of bilateral stimulation.

The latter can include eye movements, alternating right- and left-hand taps or alternating sounds in the right and left ear (Rubin et. al, 2001:436).

According to Shapiro (1995, stated in Edmond et. al, 1999:104) there is a standard protocol for treatment which consists of eight phases and eye movements in processing traumatic material. The phases are as follows:

Phase 1: A full history of the client is obtained by the therapist, determining the client's readiness for EMDR and in developing an intervention plan;

Phase 2: Preparation of the client to use EMDR;

Phase 3: During the assessment phase, the focus is on the traumatic material the client wants to process;

Phase 4: The traumatic material is desensitized, using the client's chosen form of stimulation;

Phase 5: A positive cognition is installed;

Phase 6: The body is scanned to determine possible residual material from the traumatic memory;

Phase 7: Closure

Phase 8: The work of the previous session is evaluated.

As part of the standard administration of the EMDR, the client is asked to assess on a scale of 1 to 7 how true the positive cognition feels, in order to obtain a 'validity of cognition' (VOC) score. The client must then assess on a scale of 0 to 10 how disturbing the emotions are to obtain a 'subjective units of disturbance' (SUDS) score. By establishing these scores at the beginning of treatment, can help measuring progress during the therapeutic process. In this study it was not possible

for the therapist to strictly use the eight phases of the standard protocol as the focus was more on the use of eye movements for the processing of traumatic material.

Inconsistent and contrasting outcomes have been found within research that evaluates the efficacy of EMDR. According to these studies, eye movements are not essential in achieving the observed effects of EMDR and that it is no more effective than other exposure-based therapies (Rubin et al., 2001:436, 437). Research also questions the nature and theoretical basis of EMDR (Spector & Read, 1999:165).

Pitman (1996, stated in Spector & Read, 1999:166) suggests that EMDR can be effective without any lateral stimulation. EMDR therapists, such as Lipke and Sharpley (1996, stated in Spector & Read, 1999:166), argue that rapid left-right sensory stimulation helps with information processing when disturbing traumatic material may be neurologically encoded or locked up. Neuropsychological research (Van der Kolk et al., 1997, stated in Spector & Read, 1999:166) indicated that EMDR can have a neurological, as well as psychological effect on an individual. This research showed normalized brain activity for traumatised patients after three sessions of EMDR treatment during which an increased activation of Broca's area and of the anterior cingulate cortex in the brain were found. The cingulate cortex helps with differentiation between reality and perceptions, for example threat. However, there is still not certainty if these results can be attributed specifically to lateral stimulation.

2.3.9.1 EMDR, children and sexual trauma

Tinker and Wilson (1999 in Rubin et al., 2001:438) indicate that EMDR can be used in the treatment of children even younger than two years of age.

In an experiment with elementary school children who experienced PTSD symptoms after a hurricane, the findings indicated positive effects in alleviating the symptoms. Rubin et al. (2001:439) suggest that child therapists should use EMDR in a manner that deviates from the adult EMDR protocol, considering children's cognitive capacity and attention span. The therapist may start bilateral stimulation with a positive thought and only work on negative or traumatic material later (Rubin et al., 2001:439). In this study, EMDR was used in a way that deviates from the adult EMDR protocol where bilateral stimulation was used for positive and traumatic

information processing. In other words, EMDR was not used in a precise and structured manner.

The results of a controlled study in reducing trauma symptoms amongst adult female survivors of childhood sexual abuse, indicated that EMDR was effective in reducing symptoms of specific anxiety and posttraumatic stress, depression and distorted beliefs. The study consisted of an EMDR treatment group, a routine individual treatment group and a control group. Comparing EMDR with individual treatment, were clinically less significant. With the post-test findings, both the EMDR treatment group and routine individual treatment group, showed progression towards trauma resolution and performed better than the control group. However, in a follow-up post-test the EMDR group performed better on the SUDS and VOC measures than the participants of the routine individual treatment group (Edmond et. al, 1999:103-115).

2.3.10 Art therapy techniques

According to Murphy (2001, in Brems, 2002:297), art therapy techniques have been effectively used in treating cases of sexual abuse. Brems (2002:297) notes that art techniques used in the therapeutic process differs from absolute art therapy, where there is a focus on creative articulacy. However, used as a technique within therapy, the meaning of the child's work becomes important.

Knell and Ruma (Reinecke et al., 2003:347) contend that drawings and art provide children with an opportunity to communicate imprecise thoughts about the trauma that would be too distressing to verbalise. Fouché and Joubert (2003:15) argue the importance for the psychologist not deducting meanings from drawings but rather to verify meanings with the client. Friedman (1993:42) states that "… There is an important distinction to make between expert interpretive understandings of the symbols produced in creative activity and our current emphasis on the performative aspects. Expressive art therapy, as it has been evolving, requires an atmosphere of mutual respect of each client's unique experience and expression, a non-judgemental attitude with regard to productions, and a facilitative intent rather than a critical or interpretive approach to working with a client's creative expression."

Freeman, Epston and Lobovits (1997:160) are of the opinion that there are more ways to communicate than communicating verbally. In other words, the use of alternative forms other than talking is a possibility within therapy.

2.4 REFLECTION

The literature reviewed and included in this chapter suggests that sexual trauma can have an extreme impact on children. In this chapter I attempted to open up knowledge regarding the transtheoretical model and its underlying processes. Knowledge and skills of the different therapeutic interventions that were integrated within the transtheoretical model were also discussed, namely Narrative therapy, EMDR, sandtray therapy and art therapy techniques. Relevant key concepts, including the effects of childhood sexual trauma, therapeutic intervention for survivors of childhood sexual trauma and the transtheoretical model's relation to eclecticism and integration were discussed. The chapter also focused on aspects of cognitive, language, physical, sexual, and psychosocial development in middle childhood. The following chapter will outline the research methodology used in this study.

CHAPTER THREE

METHOD OF INQUIRY

3.1 INTRODUCTION

In chapter two a review of the literature on the transtheoretical model, therapies used within the transtheoretical model, middle childhood development and sexual trauma was explored.

In this chapter, the research design and methodology of the study will be discussed, including sampling, methods used for data gathering and data analysis. There will also be a focus on issues such as reliability, validity and ethical considerations.

Considering the above mentioned issues, social research has different aims, of which some general aims are 'exploring', 'description', and 'explanation'. 'Exploration' is a relevant aim when a new or unfamiliar topic is studied (Babbie & Mouton, 2001:79). This study attempts to explore, describe and explain the different facets of a transtheoretical model and its application to sexual trauma in middle childhood. For this purpose a case study will be presented where the researcher's role entails participatory involvement.

In this chapter the general set up and the sequential flow of the research will be outlined.

3.2 RESEARCH AIM

According to Johnson (2004:463) sexual abuse of children can have an immediate and long-term impact which can continue into adulthood. As already mentioned, Koraleski and Larson (1997:303) note that research on the transtheoretical model (up to 1997) has not yet concentrated on sexually abused clients. It is envisaged that the outcomes of this research can contribute to research in this field.

Considering the above, the general aim of the study is to explore the use of the transtheoretical model applied to a case of sexual trauma in middle childhood. The specific aims are to expand my knowledge and understanding of the transtheoretical model as an alternative treatment model and the underlying processes thereof, to determine the relevance and appropriateness of the transtheoretical model in a case of sexual trauma, to gain insight into progression of the client in the therapeutic process and to reflect upon the impact that the use of this model had on me as a research-therapist-in-training.

3.3 RESEARCH DESIGN

Mouton (2001:55) describes the research design as the "plan or blueprint" of how planned research is envisaged. This provides a channel between the research questions and the assembling, organizing and integration of data (Durrheim, 1999:29; Merriam, 1998:6).

Given the aim of the study, a qualitative case study within the social constructivist/interpretive paradigm, was chosen as research design exploring the use of the transtheoretical model and its application to a case of sexual trauma in middle childhood.

Merriam (1998:5) stresses the characteristics of qualitative research as follows:

- Qualitative research is primarily concerned with process rather than outcomes of products. In this study the therapeutic process, consisting of 14 sessions, will be described. Change processes used by the participant, as described by the transtheoretical model, will also be emphasized.

- Qualitative research is concerned with meaning – how people make sense of their lives, what they experience, how they interpret these experiences and how they structure their social worlds. The therapeutic process will focus on the meaning that Elna gives to her experience as well as the meaning that the therapist attaches to the experience, which facilitates co-authoring of meaning.

- The importance of the researcher in qualitative case study cannot be overstated. The researcher is the primary instrument for data collection and analysis and has

to respond to the context in a sensitive way. As research-therapist-in-training I attempted to get acquainted to Elna and obtain insight in her as a person. The use of various data collection methods and the analysis thereof supported me with this task.

- Qualitative research usually involves fieldwork. One must physically go to the individuals involved, setting, site, or institution in order to observe behaviour in its natural setting. In this study, I did not work in the natural setting of the participant, as Elna came to the Child Protection Unit on a weekly basis. Her foster parents, as well as her class educator, constantly reflected on her behaviour at school and at home throughout the therapeutic process.

3.4 RESEARCH PARADIGM

According to Denzin and Lincoln (2000:19) "The net that contains the researcher's epistemological, ontological and methodological premises may be termed a paradigm, or an interpretive framework, a basic set of beliefs that guides action". Ontology refers to the researcher's view regarding the "nature" of reality. Epistemology specifies the "relationship of the researcher to that being researched". Methodology describes the way the researcher views the progression of the research in totality (Creswell, 1998:76-77).

A social constructivist/interpretive paradigm will be used for the purpose of this study. This paradigm believes that knowledge is socially constructed. Vorster (2003:76) notes that constructivism claims that "reality" could not subsist autonomously of the onlooker, who rather has the role of shaping it. Denzin and Lincoln (2000:197) mention that it is through the description of encounters and background that case study researchers support readers in the building of knowledgeable information. When the social constructivist/ interpretive paradigm is used, the knowledge, experiences and opinions of the respondents as well as the themes that arise from the case study, can be used to construct knowledge. In this study the researcher had the role of both therapist and participant. Conversations with Elna, the participant, were interactive and conversations were constantly re-authored.

According to Denzin and Lincoln (1998:19) all research is interpretive in nature and the interpretation is guided by acceptance and feelings about the world and the way it should be studied and comprehended. The essence of the paradigm used by the researcher is understanding human behaviour. Within this paradigm the qualitative researcher attempts to understand reality (ontology) in terms of the meanings attached to a certain environment by its people. Behaviour is considered as "intentional and creative" and it is accepted that it can be clarified but not foretelled. In terms of epistemology the qualitative researcher is subjectively involved with the participants due to the interaction with them. Knowledge is gained through observation and interpretation. In terms of methodology the participant's world is uncovered and understood through qualitative methods, for example interviews (Schurink, 1998:242 in De Vos et al., Creswell, 1998:76).

Denzin and Lincoln (2000:191) consider human (social) behaviour as intrinsically significant, which means "… to understand a particular social action (e.g. friendship, voting, marrying, teaching), the inquirer must grasp the meanings that constitute that action (Denzin & Lincoln, 2000:191). The aim of my conversations with Elna was not to uncover or reveal truths about her. In stead, she was given the opportunity to tell her story and together we searched for meaning and re-authored her story within the transtheoretical model for psychotherapy.

3.5 RESEARCH METHODOLOGY

3.5.1 Case study

In this study the transtheoretical model for psychotherapy will be described, used for supporting a victim of sexual trauma in middle childhood.

Merriam (1998:19) describes case studies as follows:

> Case studies are differentiated from other types of qualitative research in that they are intensive descriptions and analysis of a single *unit* or *bounded system* (Smith, 1978) such as an individual, program, event, group, intervention, or community.

The interactions between Elna, the participant, and myself will be described in detail but also analysed to determine common themes in our conversations and the meaning thereof. The qualitative case study will be facilitated by a descriptive-interpretive approach (De Vos et al., 2002:109). In their description of the qualitative research process, Babbie and Mouton et al. (2001:278) mention "an emphasis on detailed description and understanding phenomena within the appropriate context. Interpretation is also called the 'hermeneutic circle' which means that it can be reinterpreted by a different person. McLeod (2003:87) maintains that although there will always be other interpretations, the appropriateness of any interpretation can be determined. In addition, Maistry (2001:160) argues that "Qualitative research, and in particular, the case study is used to understand the meaning of an experience. In case study research, the intention is not to find the precise interpretation of the facts, but rather to eliminate erroneous conclusions so that the researcher can generate the most convincing interpretation".

An instrumental case study will be conducted for the purpose of this study. It is described by Denzin and Lincoln (2000:437) as research regarding a specific case mainly to gain insight into a matter or to outline general ideas. An instrumental case study was selected to provide insight into the transtheoretical model and its underlying processes in the therapeutic process of a sexually traumatised participant in middle childhood.

3.5.2 Unit of analysis

Mouton (2001:51) states that the unit of analysis is the 'what' of a study, entailing the object, phenomenon, entity, process or event the researcher wants to investigate further. In this study the unit of analysis will be the use of the transtheoretical model and its application to a female survivor of sexual trauma in middle childhood.

3.5.3 Selection of participant

Selection of the participant involved purposeful sampling. McMillan and Schumacher (2001:400) describes this sampling method as "… selecting information-rich cases for studying in-depth when one wants to understand something about those cases without needing or desiring to generalize to all such cases". The participants in a purposeful sampling are referred to as "information-rich key informants" (McMillan &

Schumacher, 2001:401). This study is an in-depth analysis of the transtheoretical model for psychotherapy and its application to a survivor of sexual trauma in middle childhood.

The participant in this study was Elna (pseudonym), a nine year old female survivor of sexual trauma. She had a history of sexual abuse, committed by her biological mother's boyfriend. A medical evaluation and an assessment by a forensic social worker at the Child Protection Unit confirmed the history of sexual abuse and that she was raped[11] by the perpetrator.

Elna, as well as her younger brother, was placed in foster care in different homes, as determined by the court, when the history of sexual abuse was revealed. Elna's foster parents approached the Child Protection Unit for psychological support as they were concerned about the impact the sexual trauma had on Elna's life. According to her foster parents she displayed inappropriate sexual behaviour towards males in general, she displayed aggressive behaviour towards her peers, and experienced difficulty adapting in foster care and in a new school. The Child Protection Unit of the South African Police Services of the Western Cape (Goodwood) referred Elna, to the Unit for Educational Psychology at Stellenbosch University, due to a collaborative relationship between these institutions.

My ethical commitment guided me in exploring and reflecting on a specific client's experiences of sexual trauma involving the use of the transtheoretical model for psychotherapy. According to Swart (1994, in Newmark, 2002:283) reflection plays a role in the building of an individual's theory. Elna did not receive previous psychological support. Therapy sessions took place in the playroom of the Child Protection Unit, which was equipped with a one way mirror and sound system.

3.5.4 Data collection

The qualitative researcher is normally considered as the 'research instrument' due to their 'personal' participation in the environment where the research occurs. 'Verbal' (interviews, fieldnotes), as well as 'nonverbal' (photos, video recordings, drawings)

[11] Nash et al. (1990:492) define rape as an extreme form of violence which occurs when one person forces another to submit to sexual activity such as intercourse or oral-genital sex.

data, were collected (Leedy, 1997:107) as the use of multiple sources of data is important in case studies (Babbie & Mouton, 2001:282).

3.5.4.1 Literature review

A literature review on the transtheoretical model, sexual trauma and middle childhood provided a foundation for this study. Other key concepts pertinent to this study, such as therapies integrated in the transtheoretical model, the effects of childhood sexual trauma, therapeutic support for survivors of childhood sexual trauma and the transtheoretical model's relation to eclecticism and integration also formed part of the literature review.

3.5.4.2 Participant observation

Breakwell et al. (2000:225-228) emphasises the importance of observation as a research strategy in psychology. Participant observation was used to become better acquainted with the participant and increase involvement in the research activities.

It was during a period of 14 therapy sessions that I got more involved in the research process. Breakwell et al. (2000:225-228) mention that taking notice of verbal as well as non-verbal reactions of the participants in the study are essential. They also state that this kind of observer will not be able to be an 'objective' researcher. According to Vorster (2003:78) "A second order view would mean that the therapists included themselves as part of what must change, they did not stand outside".

Babbie and Mouton et al. (2001:293-295) suggest that the information obtained could for example be exterior physical signs, such as clothing, expressive movements such as eye movements, bodily movements and language usage of the participant. Elna's behaviour, as well as our interaction during therapy, were noted.

3.5.4.3 Interviews

An initial interview was conducted with Elna and her foster parents to introduce myself to them and explain my role as therapist. One of the aims of this interview was to explore Elna's problem-saturated story and the effects thereof on her family life. On several occasions I had informal telephonic interviews with Elna's class teacher. The aim of this was to determine what the effects of Elna's problem-

saturated story was on her school life but also to gain insight into the development of her preferred, alternative story. "One of the first things a narrative therapist is interested in doing is to separate the person's identity from the problem for which they seek assistance" (Morgan, 2000:17). The aim with these type of interviews was to give a voice to the participant and other participants.

Interviewing, as an instrument for data collection, was used to explore Elna's problem-saturated story as well as her alternative, preferred story and the impact it had on her life.

3.5.4.4 Video recordings and photos

Therapy sessions and interviews were recorded, while dialogues and observations were later transcribed, coded and analysed. Elna's foster parents gave written consent for sessions to be videotaped. A series of photos was taken of the participant's sand trays. Breakwell et al. (2000:233-234) note that one of the advantages of video recordings is that it can be viewed several times, making the analysis more reliable. However, the possibility of participants behaving unnaturally with the presence of a video camera however exists.

Video recordings were very helpful during supervision sessions. A closer look at therapeutic techniques was possible which gave guidance for follow up sessions.

3.5.4.5 Fieldnotes

Detailed fieldnotes were made during every therapeutic session. De Vos et al. (2002:285) suggest that these notes should be expanded "beyond immediate observations" and not only include notes of what can be seen and heard. The fieldnotes contained a description of my observations during therapy sessions, as well as my reflections of each session, which will be discussed in chapter four.

3.5.5 Course of the research process

The unit of analysis was identified by means of a forensic social worker employed at the Child Protection Unit in Goodwood, Cape Town. She referred a 9 – year -old sexually traumatised girl (Elna) to the Unit for Educational Psychology at the University of Stellenbosch for psychological support. The girl was placed in foster

care for a period of two years, as determined by the court. This was due to exposure to a history of sexual abuse by her biological mother's boyfriend, as well as neglect by the biological mother.

The foster parents were contacted and research possibilities were explained to them during the initial interview. The researcher explained what the process possibly could entail, e.g. interviews with parents, discussion of therapy sessions with a research supervisor, contact with the participant's school and interviews with her class educator on a regular basis. Also interviews with other relevant role players, such as the forensic social worker and investigative official of Elna's case at the Child Protection Unit.

The following ethical aspects were also discussed:

- It was agreed upon that all activities and information would be managed confidentially and the participants would remain anonymous.
- Written consent was obtained from Elna's foster parents for her participation in the process.
- Permission was given by the foster parents to make contact with various relevant role players with regards to the participant.

The aim of the study was explained to the head as well as a forensic social worker at the Child protection Unit. Consent was obtained to continue with the research process.

Other activities that were part of the process are outlined below:

- With the initial interview information regarding Elna's problem-saturated story was obtained. During the research process telephonic contact was made with the participant's foster parents before and sometimes after therapy sessions.
- Telephonic contact with the participant's class educator took place on a regular basis. This contact can be described as informal conversations about Elna's school life. Later in the research, her class educator became part of one of our therapy sessions.

- A conversation with the forensic social worker, who assessed the participant's case, to gain more background information.
- A conversation with the investigator official who had information regarding the participant's medical evaluation and court details of the case to gain more background information regarding this.
- The participant attended 14 therapy sessions at the Child Protection Unit.
- In the 12th session of therapy an experienced psychologist acted as consultant in the process. At that stage the need as therapist was to determine how my client's preferred story had developed. It was also an opportunity for Elna to see how her preferred story had unfolded and the acknowledgement thereof.

3.5.6 Data analysis

Data analysis entails the divising of the information collected, determining whether "themes, patterns, trends and relationships" can be put in place. "Interpretation" refers to the blending of the information into logical and connected unities (Mouton, 2001:108-109).

Qualitative research makes use of an inductive form of analysis. Leedy (1997:107) notes that inductive reasoning entails making conclusions after gathering all relevant information, and deducts a theory according to the available data.

In this research study, data collection and analysis happened simultaneously and continuously. In an attempt to make thorough observations and have better understanding of Elna's experiences during the therapeutic process, I transcribed video recordings of our sessions. An example of such a transcription follows:

Dag/Datum/Sessie	Persoon	Gesprek	Kodering
Vrydag 22 Augustus 2003 SESSIE 5	T:	Hello Elna … Hoe gaan dit vandag met jou jong?	
	E:	Nee tannie … Nie so goed nie…Ek voel nie baie lekker nie..Ek het mos pampoentjies … (Sy kyk na haar babapop wat sy saamgebring het na die sessie)	
	T:	Elna, sorg jy goed vir daardie pop?	
	E:	Ja tannie … Ek sorg goed vir my newborn baby pop … Ek is lief vir haar. (Skielik kyk sy op) André (pseudonym) het kamtig van die balkon af gespring maar ek dink nie hy het regtig nie.	
	T:	Wie is André nou weer?	
	E:	Dit is Oupa … die een wat Ouma met die belt geslaan het. Dit is Ouma se man. Ek dink hulle het hom afgestamp toe hy dronk was en nou is hy in die Conradie Hospitaal.	

Content analysis was used to analyse and interpret the qualitative data of this study. Breakwell et al. (2000:319) state that content of data collected from interviews can be analysed, allowing for the clustering of codes and categories that recur within transcripts on interviews, into themes. Given the *amount* of information collected during case studies, it becomes necessary to have clear conceptual categories in order to provide a focus (Babbie & Mouton, 2001:283). The use of narrative therapy during the therapeutic process provided me with an opportunity to analyse data according to categories of Elna's problem-saturated story, values, hopes, dreams, as well as her alternative, preferred life story (See Addendum 6). Addendum 8 indicates the manner in which data of sand trays was arranged into categories and themes. This will highlight specific aspects of her life and experiences.

The process of data analysis in this study was supported by reflections of the client and the therapist in the therapeutic process, video recordings, fieldnotes and other documents from our therapy sessions. In chapter four the therapeutic process is described and discussed according to the transtheoretical model.

3.6 THE SETTING

Therapy sessions took place in the playroom of the Child Protection Unit of the South African Police Services in Goodwood, Cape Town. During the initial interview the collaboration between the University of Stellenbosch and the Child Protection Unit was explained as well as my role as therapist. The procedure of recording sessions and the use thereof for supervision and research purposes were explained to Elna and her foster parents.

3.7 ROLE OF THE RESEARCHER

The role of the researcher in qualitative research can be very versatile. Denzin and Lincoln (2000:4) state it as "scientist, naturalist, fieldworker, journalist, social critic, performer, filmmaker, essayist. The researcher, in turn may be seen as a bricoleur, a Jack of all trades or a kind of professional do-it-yourself person".

In this research the researcher participated as a therapist-in-training. Weekly supervision and discussions regarding the therapy process with a research supervisor took place. Before this study commenced, I completed level one of EMDR training. During my academic year, I also received thorough training and supervision in narrative therapy and sandtray therapy.

Leedy (1997:157) notes that "Case study researchers often assume an interactive role with their participants, becoming personally involved with the people and phenomenon being studied". With the co-construction or re-authoring of conversations, the participant and myself influenced each other. In a narrative conversation the therapist is not considered as an expert but the relationship between the therapist and the client can be described as a "power-sharing dialogue" (Winslade & Monk, 1999:30).

3.8 VALIDITY AND RELIABILITY

According to McMillan and Schumacher (2001:407) the validity of qualitative research is the level to which the view and conception have shared "meanings"

between the participants and the researcher. The researcher and participants have consensus of opinion on the account or arrangement of proceedings, particularly the "meanings" of these proceedings. They state that "*Qualitative researchers use a combination of any of ten possible strategies to enhance validity: prolonged field work, multimethod strategies, participant verbatim language, low-inference descriptors, multiple researchers, mechanically recorded data participant researcher, member checking, participant review, and negative cases".* In this study the following strategies were used:

- Prolonged field work was done over a period of 6 months.

- Triangulation was included in this study to ensure more reliable results. Different sources of information were used including interviews, fieldnotes, video recordings and photos, participant observation and a consultant (multimethod strategies). This was followed up by the interpretations of others. McMillan and Schumacher (2001:408) notes that "Different strategies may yield different insights about the topic of interest and increase the credibility of findings".

- The participants were asked to give input and feedback about the data and preliminary findings.

- The researcher consulted with colleagues and supervisory psychologists and requested their comment upon the process and findings to avoid inconsistencies. The researcher consulted with Dr. Mariëtte van der Merwe, a social worker, specializing in the field of psychic trauma including sexual trauma. The purpose for consulting with her was to assess the utilization of relevant literature within this field as well as assisting the researcher outlining the therapeutic process as part of the implementation of the study in order to increase the validity of the study.

3.9 ETHICAL CONSIDERATIONS

According to Finch (in Mason, 1996:159) qualitative methods promote a high degree of trust between the researcher and the participants. Therefore it is important that the researcher will not jeopardize this relationship. As a research-therapist-in-training I

engaged with Elna in a position where she was the "expert" of her problem. A respectful approach to Elna and her experiences of the problem was used (Freedman & Combs, 1996:44).

Elna's foster parents gave permission for her to take part in this research project. See addendums 10, 11 and 12 for letters of consent. Written consent was obtained to record sessions and use the information for research purposes. Elna's foster parents were made aware of supervision sessions where video-recorded data were discussed with a research supervisor on a weekly basis. Elna as well as her foster parents remained anonymous during the reporting of data. It was explained to them that all information would be dealt with in the strictest confidence. Consent to conduct the research study was also obtained from the head of the Child Protection Unit and the forensic social worker at the Child Protection Unit.

3.10 REFLECTION

The qualitative research design and case study as method had several advantages for the description of Elna's experiences of her problem within a transtheoretical model. It allowed for a descriptive and in-depth study. In this chapter details of the research design and methodology, including selection of the participant and methods of data collection and data analysis were given. The chapter concluded with a discussion of validity, reliability and ethical considerations of the study.

Chapter four will be a description of the implementation of the study. The changes in Elna's life become evident through the therapeutic process. The development of Elna's problem-saturated story through different stages of change and the use of various processes of change to a preferred, alternative story will be shared.

CHAPTER FOUR

IMPLEMENTATION OF THE STUDY

Chapter four describes the implementation of the study and entails a detailed description of the case study that was undertaken. Glesne and Peshkin (1992, in Leedy, 1997:107) remark that qualitative researchers function under the belief that 'reality' is collectively created, multifaceted and an ongoing transformation. According to Leedy (1997:107) the qualitative researcher is normally considered as the research tool due to their own participation in the research environment. As this research process was facilitated within a social constructivist/interpretive paradigm, the active involvement of the participant as well as the researcher will be demonstrated in this chapter. I was curious to learn about Elna's experiences through listening, curious questioning, reflection and interpretation. In stead of knowing what is best for the client, I preferred to focus on her own lived experiences with regard to her problems.

Our conversations during the 14 therapy sessions will be described. In this chapter I attempt to demonstrate how the transtheoretical model can be applied to a case of sexual trauma in middle childhood. The therapeutic process creates an opportunity for a closer look into Elna's problem-saturated story, levels of change, processes of change, stages of change and Elna's preferred, alternative life story. The therapeutic process indicates how the integration of psychotherapy systems (Narrative Therapy, EMDR, sandtray therapy and art therapy techniques) was implemented within the transtheoretical model. As already mentioned, I mainly used the language of narrative therapy to ensure consistency within the therapeutic process, using the transtheoretical model. Given this, the language of narrative therapy was mostly used describing the therapeutic process. Data was analysed and organized within categories indicating Elna's problem-saturated story, values, hopes, dreams, and her preferred, alternative life story (Addendum 6). As the social constructivist/interpretive paradigm attempts to comprehend human behaviour (Denzin & Lincoln, 1998:19), I envisaged that the photos of Elna's sandtrays could be a way of gaining insight into

Elna's experiences and the unfolding of her life story. Reflections on the therapeutic process are included in this chapter.

Keys used in transcribing conversations:

E: **Elna**

CE: **Class educator**

FM: **Foster mother**

T: **Therapist**

4.1 THE USE OF THE TRANSTHEORETICAL MODEL IN THERAPY

Table 4.1 attempts to demonstrate how the transtheoretical model was used in therapy in this study. An integration of the levels, stages and processes of change of the transtheoretical model according to the therapeutic process is indicated in table 4.1.

Prochaska and Norcross (2003:516) state the following:

> "… we set out to construct a model of psychotherapy and behaviour change that can draw from the entire spectrum of the major theories- hence the name *transtheoretical.*"

As stated above, the transtheoretical model gives recognition to different schools of thought within psychotherapy. As previously mentioned, the different therapies that were used in an integrated manner with this client were EMDR, narrative therapy, sandtray therapy (used in a narrative context) and art therapy techniques. Table 4.1 shows how the above mentioned therapies were utilized in different sessions and stages of change.

As therapist I preferred to work on all five levels of change simultaneously which are indicated in table 4.1. The five levels are: Symptom level, cognitive level, interpersonal level, family level and intrapersonal level. Prochaska and Norcross (2003:530) state that this method is referred to as "maximum impact strategy" and is

normally used in complicated cases. In 4.1.1 Elna's problem-saturated story is linked and described according to these five levels. The number of sessions linked to each stage of change are indicated for example 3 sessions for the precontemplation stage. Within the stages of change table 4.1 attempts to reveal the various processes of change that were possibly utilised by the client to bring about changes in her life. An example would be the use of consciousness raising, self-reevaluation and helping relationships in the contemplation stage of change. In 4.1.2 a detailed description and reflection are given on the 14 therapeutic sessions where there is a focus on the different processes of change.

Brogan and Prochaska (1999:111) refer to other research (Prochaska & DiClemente, 1982, 1984, 1992; Prochaska, Rossi, & Wilcox, 1991) and remark that when applying the transtheoretical model the therapist should attempt to synchronize the therapy with the client's current stage of change. If this does not happen, it can lead to termination of therapy.

The transtheoretical model is based on processes, stages and levels of change. "The transtheoretical model considers therapeutic integration as the differential application of the processes of change at specific stages of change according to the identified problem level" (Prochaska & Norcross, 2003:530).

TABLE 4.1 INTEGRATION OF LEVELS, STAGES AND PROCESSES OF CHANGE (Adapted from Prochaska & Norcross, 2003:531)

LEVELS ↓↓↓↓↓	STAGES OF CHANGE ↓	↓	↓	↓	↓	
	Precon-templation **Session 1-3**	**Contem-plation** **Session 4-5**	**Preparation** **Session 6-9**	**Action** **Session 10-12**	**Maintenance** **Session 13-14**	
	Therapies: Narrative Therapy, EMDR, sandtray, art therapy techniques.	**Therapies:** Narrative Therapy, EMDR, sandtray.	**Therapies:** Narrative therapy, EMDR, sandtray, art therapy techniques.	**Therapies:** Narrative Therapy, sandtray.	**Therapies:** Narrative therapy.	
Symptom	Conscious-ness raising	Conscious-ness raising	Conscious-ness raising	Conscious-ness raising	Conscious-ness raising	← **P R O C E S S**
Cognition		Self-reevaluation	Social liberation	Social liberation	Social liberation	
Interpersonal	Helping relationships		Dramatic relief	Self-reevaluation	Self-reevaluation	
Family		Helping relationships	Helping relationships	Helping relationships	Self liberation	
Intrapersonal					Helping relationships	

4.1.1 Linking Elna's problem-saturated story to levels of change (what must change)

It seemed that Elna's problem-saturated story could be linked to all five hierarchic levels of change within the transtheoretical model (Prochaska & Norcross, 2003:528). When a therapist works with multi-level problems, as in Elna's case, the therapist can use the "maximum impact strategy level" for intervention, as already mentioned in 4.1, where each level of change is addressed (Prochaska & Norcross, 2003:538). Prochaska et al. (2004:47) argue that a "multi level approach" shows

potential in altering of behaviour. A description of Elna's problem-saturated story will follow where suggestions for levels of change will be linked to it and indicated in brackets.

In the first therapy session, which I would rather refer to as an intake interview, I met with Elna as well as her foster parents. Elna did not initially tell her problem-saturated story. It was mainly her foster parents and class educator that described her problem-saturated story to me. During the intake interview Elna did not talk much, appeared very withdrawn, listening while her foster mother was describing her problem story. I was wondering whether Elna knew why she had to come to the Child Protection Unit, since children are often not told why they have to come for therapy. In an effort encouraging Elna to speak, I asked her if she knew why she was there.

T:	Elna, weet jy waarom jy vandag hier is? [Elna, do you know why you are here today?]

She then handed me drawings (See addendum 8 for some of the drawings) which portrayed the sexual abuse, causing her trauma. She mentioned that she made the drawings on request of her foster mother. It was my opinion that she knew her visit to the Unit was somehow related to the sexual trauma. However, it seemed that she did not have an awareness and insight into her problem-saturated story. As already mentioned, the precontemplation stage refers to therapy clients that are not fully conscious of their problem behaviour and do not plan to alter these behaviour immediately (Brogan et al., 1999:106).

According to Elna's foster mother she used to live with her biological mother, her mother's boyfriend, grandmother, grandfather and younger brother until the age of 8 years. Elna's foster parents stated that Elna was sexually abused by her biological mother's boyfriend. They also mentioned that she was exposed to alcohol related problems of her biological mother, grandmother and grandfather. It was stated that Elna was exposed to a history of physical abuse[12] by her biological mother and grandmother. The background presented to me by her foster parents as well as later

[12] "Physical abuse includes acts such as punching, beating, kicking, biting, burning, shaking, or otherwise physically harming a child" (Mash & Wolfe, 2002:381).

conversations in the therapeutic process, also suggested emotional neglect[13] of Elna by her biological mother.

E:	"Dit is Oupa, die een wat Ouma met die belt geslaan het … Dit is Ouma se man … Ek dink hulle het vir hom afgestamp toe hy dronk was …" [It is Grandfather, the one that hit Grandmother with the belt … It is Grandmother's husband. I think they pushed him off when he was drunk …"
E:	"… ek dink aan my ma wat my pakslae gegee het …" "[… I think of my mom that gave me a hiding …"]
E:	Ek raak kwaad as ek dink hoe Johan (pseudonymn) aan my gevat het … Mamma wou my nie eers glo nie …" [I become angry when I think of the way in which Johan (pseudonym) touched me … Mommy did not even want to believe me ... "]

Elna's foster parents explained that she was placed in their foster care with for a period of 2 years as determined by the court. She now formed part of a family with a foster sister which was 16 years of age at the time, and a foster mother and father. Her younger brother was placed in foster care with Elna's foster parents' parents who lived next door from Elna. Placement in foster care meant that she had to attend a new school. This was, as stated by her foster mother, after she had been sexually traumatised by her biological mother's boyfriend over an unknown period of time. The sexual abuse, described as sexual assault,[14] was medically confirmed and also reported by a forensic social worker.

Elna's foster parents brought her to the Child Protection Unit, due to their concerns regarding Elna's reportedly inappropriate sexual behaviour towards males in general, including her younger brother. These behaviour included inappropriate physical contact, e.g. touching of other children's sexual parts, forcing herself on older boys' laps and inappropriate exposure of her sexual parts to other children at school (**symptom level**). As already mentioned, Brilleslijper-Kater et al. (2004:1009) note that improper age related sexual behaviour and symptoms of Posttraumatic Stress Disorder (PTSD) are considered as the most frequent consequences of sexual abuse.

[13] "Some caregivers continually ignore or are unaware of the child's needs. An adult may not care for a child's basic needs or may not prevent a child from becoming involved in a potentionally harmful situation. The neglect may be of a child's physical or emotional needs, or of both" (Lewis, 1999:85).
[14] Sexual assault is a complex and comprehensive term that include rape (Feiring, Rosenthal and Taska (2000:312).

FM: "By die skool hardloop sy agter die ouer seuns aan en 'flash'." ["At school she runs after the older boys and flashes."] **(symptom level)**

CE: "Sy soek aandag by die ouer seuns by die skool … Sy wil op hulle skote sit … sy wil hulle vashou en praat met hulle."

["She is seeking attention at the older boys at school ... She wants to sit on their laps, wants to hold them and talk to them."] **(symptom level)** [Telephonic conversation with class educator.]

They were also concerned about Elna's relationships with her peers at school as she displayed aggressive behaviour towards them (**symptom level**). According to Brems (2002:63) "Aggressively outgoing children tend to be rejected by peer groups" in middle childhood. Children in middle childhood prefer to play with children of the same gender (Brems, 2002:63). These concerns were shared and confirmed by Elna's class educator with whom I spoke telephonically on a regular basis. Her class educator described her as a child who did not interact well with other children and that her aggressive and inappropriate sexual behaviour affected her school life to an extend that caused it immensed difficulty adapting in her new school environment (**symptom level**). Studies comparing sexually abused with nonabused children have found a higher incidence of adjustment problems amongst abused children (Johnson, 2004:63). Her class educator said that she was not easily accepted by her peers (**interpersonal level**) due to the above mentioned behaviour.

CE: "Sy het nie vriende nie as gevolg van haar aggressiewe gedrag." ["She does not have friends because of her aggressive behaviour."] **(interpersonal level)**

Elna's foster mother stated that Elna found the fact that she had very little contact with her biological very upsetting **(cognitive level, intrapersonal level, family level)**.

FM: "In 6 maande se tyd het haar ma haar een of twee keer gebel … Dit is moeilik vir Elna …Sy sê dat haar ma haar en haar boetie weggegooi het." ["In 6 months time her mother phoned her once or twice … It is difficult for Elna … She says that her mother has thrown her and her brother away."]

Later in the therapeutic process:

T: "Verlang jy nie na jou ander Mamma en Pappa nie?" ["Don't you miss your other Mother and Father?"]

E: Ja, ek begin huil. Dan raak ek vies. Ek wil teruggaan na my mamma toe." [Yes, I start to cry. Then I become angry. I want to go back to my mother."]

According to Elna's foster parents her biological parents are divorced and she had no contact with her biological father. Elna's foster parents and her class educator further described Elna as an untidy and unorganised child at home and at school (**Intrapersonal level**). Her foster father mentioned that he had to help Elna tidy her school bag on a daily basis. Her foster mother mentioned that Elna's room is always untidy. Her class teacher noted that her school desk was very untidy and unorganised, which led to unneat school work.

CE:	"Sy is nie gemotiveerd nie … Haar werk is slordig … Sy is ongeorganiseerd." ["She is not motivated … Her work is untidy … She is unorganised."] **(Intrapersonal level)**

Although the above quotes and information are attempts to shed light on Elna's problem - saturated story it was only throughout the therapeutic process it became clearer to me. As I got more acquainted to Elna and our therapeutic relationship of trust developed, she was more comfortable sharing parts of her problem-saturated story with me. The transtheoretical model's stages of change and the sandtrays (See 4.3) link and further describes not only Elna's problem-saturated story, but also indicate progression and change to live according to her preferred, alternative life story. Her preferred, alternative life story will be discussed at the end of this chapter.

4.1.2 Stages of change (when) and processes of change (how) - the therapeutic process

Five stages of change can be distinguished, namely a) precontemplation, b) contemplation, c) preparation, d) action and e) maintenance (Scholl, 2002; Prochaska & Norcross, 2003:516-525).

4.1.2.1 Precontemplation (Session 1, 2 and 3)

The individual in this stage has no desire to change or does not even realise that a problem exists (Scholl, 2002; Prochaska & Norcross, 2003:519). It appeared that Elna was aware of certain aspects of her problem story, but unaware of other aspects thereof for at least the first 3 therapy sessions.

Session 1: Intake interview with Elna and her foster parents.

Aim of the session: To obtain more information on Elna's problem story and to start building a trusting relationship with Elna. My goal was to map the influence of the problem in Elna's life and her foster family's life (White & Epston, 1990:42).

Notes and reflections on the session: The intake interview took place at the Child Protection Unit in Goodwood, Cape Town, where Elna (pseudonym) was accompanied by her foster parents. After we introduced ourselves an explanation was given of the team approach of the university towards therapy. Consent was given by Elna's foster parents to make video recordings of sessions and using it on a weekly basis for discussion with my research supervisor. The history of Elna's family structure was discussed during this session, as well as her current circumstances as part of a family consisting of a foster dad, mom and sister (16 years of age). According to her foster parents, Elna used to stay with her biological mother and grandparents where she was exposed to sexual abuse, alcohol abuse by her mother and grandparents, swearing, stealing, extreme conflict, physical abuse, and emotional neglect by her biological mother. It was stated that she was sexually abused and assaulted by her biological mother's boyfriend. Her foster parents expressed their concern about Elna's inappropriate sexual behaviour towards her younger brother, other boys as well as male educators at her new school. Aggressive behaviour towards her peer group as well as adults occurred on a regular basis (according to her foster parents), which complicated socialization with her peer group. Elna's foster parents mentioned that she found it difficult adapting in foster care as well as in her new school due to her longing for her biological mother. During the session I realised that Elna was not taking part in the conversation which lead me to ask her why she thought she was there. Without answering me she handed me pictures which she drew of the sexual abuse and exposure to alcohol abuse and physical abuse. Her foster mother asked her to draw the pictures. It seemed that Elna was aware that her coming to therapy was related to the sexual trauma but it was also evident that she was not aware of the effect the sexual trauma had on her life, specifically her behaviour towards males and towards her peers.

Contact with Elna's class educator:

After the intake interview I had telephonic contact with her class educator to gain insight into the influence of the problem in Elna's school life. Elna's inappropriate sexual behaviour towards males and her aggressive behaviour towards her peers were confirmed by her class educator. Her class educator also mentioned that she was very untidy and unorganised at school.

Session 2: Art therapy techniques (drawings) and sandtray therapy (used in a narrative context).

Aim of the session: To obtain information on the problem-saturated story; To get to know Elna as an individual separate from the problem and as the "expert in her own life" (Dickerson & Zimmerman, 1993:229); To build a trusting relationship with Elna and to determine what meaning Elna attached to traumatic events in her life; To make Elna aware of the traumatic impact the abuse had on her life. To follow the principle that Elna had the best knowledge of her own experience and life.

Notes and reflections on the session: During our session Elna drew me a picture of herself, represented as a baby lying in bed and sucking a bottle (See addendum 1). Elna wrote a few sentences on the sexual abuse: "My rêrige mamma glo nie dat Johan (skuilnaam) aan my gevat het nie". ["My real mother does not believe that Johan (pseudonym) touched me".

Elna's story of her sandtray:

E: "Daar is baie mans in my wêreld … Ook perde, olifante, en koeie … Daar gebeur baie in my wêreld … Almal kry partykeer seer … word gebyt … Ek hou van my wêreld. My wêreld is baie, baie lekker … My mamma en pappa is spesiaal vir my." ["There are a lot of men in my world ... Also horses, elephants, cows … There is a lot happening in my world … Everybody gets hurt sometimes … is bitten … I like my world … My world is very very nice … My mom and dad are special to me."]

Session 3: Narrative therapy, sandtray therapy and EMDR.

Aim of the session: Respectful interest and exploration of the history of the problem; To build a trusting relationship with the client; To make Elna aware of the influence of the problem on her life.

Notes and reflections on the session: During our interaction Elna noted the following:

E:	"Partykeer gaan sit ek bo in 'n akkerboom waar niemand my kan kry nie … Ek kruip daar weg … Ek sit daar wanneer ek hartseer is. Niemand kan my daar vang nie … Ek gaan daarnatoe as ek alleen en bang voel." Ons het gesels oor haar veilige plek. Installeer veilige plek met oogbewegings (EMDR). [E: "Sometimes I sit high in an oak tree where no one can find me … I hide there. I sit there when I am sad, no one can catch me. I go there when I am lonely and feel scared." We talked about her safe place. Instalment of safe place with eye movements (EMDR).

Elna's story of her sandtray:

Elna threw the miniatures and said: "My wêreld is gevaarlik want hulle is baie stout … Wanneer jy stout is, dan gebeur stout dinge soos die dogtertjie wat 'gerape' is … Dit is gevaarlik vir klein kinders om in die strate te loop … Daar is 'armies' in my wêreld wat ons beskerm … My ma, pa, juffrou en ek … Daar is 'n klein ysbeertjie in my wêreld … Hy speel in die sneeu … Daar is spinnekoppe en 'n man van Mars … Dit is 'n gevaarlike wêreld." ["My world is dangerous because they are very naughty … When you are naughty, then naughty things happen like the girl that has been raped … It is dangerous for little children to walk in the streets … There are armies in my world that protect us. My mom, dad, teacher and I … There is a small ice bear in my world … He plays in the snow … There are spiders and a man from Mars … This is a dangerous world."]

REFLECTION ON THE PRECONTEMPLATION STAGE OF CHANGE AND PROCESSES OF CHANGE

In the precontemplation stage of change it appeared to me as though Elna was aware of certain aspects of her problem-saturated story and unaware of other aspects thereof. On several occasions in the therapy sessions her awareness of the sexual trauma became evident as pointed out in session 1-3. In spite of her referral to a dangerous world (session 3), a girl that has been raped (session 3) and that everybody is hurt sometimes (session 2), she also mentioned that she liked her world and that her world was "very very nice" (session 2). These contrasts in her story lead me to doubt her awareness of the influence the problem had on her life. Kasila et al. (2003:161) argue that a patient can be in different stages of change for different aspects of a problem. It was already during the intake interview that I realised that consciousness raising as a cognitive process of change needed to be built into the therapeutic process. Burke et al. (2004:125) explain consciousness

raising as informing the client about the problem. This process of change seems to be an essential factor in most therapies for altering of behaviour. Narrative therapy, according to Prochaska and Norcross (2003:518), is one of the therapies that can be used in therapy to promote consciousness raising. As already mentioned, Elna came to therapy on request of her foster parents and it seemed as if she was unaware of the necessity of any behaviour change. Focussing on consciousness raising was an attempt to create awareness of her behaviour towards other people and to possibly alter these behaviour in future. A behavioural process of change that Elna appeared to use during this stage was helping relationships. According to Burke et al. (2004:125), helping relationships refer to the utilisation of caring and help of devoted others. In session 2 she told me how special her parents were to her and in session 3 she talked about a protecting army that included her mother, father and class educator.

4.1.2.2 Contemplation (Session 4 and 5)

In this stage the individual is aware of his or her problems (Scholl, 2002), but might not be prepared to make changes yet (Prochaska & Norcross, 2003:520). Session 4 and 5 explain Elna's contemplation stage of change.

Session 4: Narrative therapy, EMDR, sandtray.

Aim of the session: To explore and make Elna aware of the effects of the problem in her life story and to externalise 'fear' and 'sadness' in her life. White (1995:22-23) comments that externalising conversations enable people to experience an identity that is distinct or separate from the problem.

Notes and reflection on the session: My experience was that Elna was very cautious or even resistant to take part in the session for example her refusal to talk at times. Roberts (1999:19) notes that "Silencing seems part of all traumatizing or abusing experience". More than once she said, "Ek is bang" ["I am scared."]. Elna had thoughts of her mother giving her a hiding and of her mother "throwing her away". I found that the use of EMDR was very helpful to work with cognitions such as "I am scared" in the sense that healing from traumatic experiences could take place and make development and movement in the therapeutic process possible. She started talking about love and that one can only get love from a boyfriend,

connecting it to physical aspects such as kissing and touching. At this point we started to deconstruct love but further deconstruction was necessary. I also attempted to make her aware and remind her of the helping relationships in her life. This was Elna's sandtray:

Elna's story of her sandtray:

Elna threw the miniatures into the tray, especially the sea animals. She brought a miniature of a dog to the session. E: "Sy naam is Wagter." [His name is Wagter."] She then isolated a giraffe and a goat with a fence and said, "Sodat niemand hulle kan sien nie. "[So that no one can see them."] Many of the miniatures were buried and got dug out again. She described this sandtray as a "pragtige wêreld" ["pretty world"]. Elna described her own miniature ('Wagter') as being "stout" ["naughty"]. E: "Hy het twee kinders … Hulle word Beauty en Billy genoem … Daar is baie visse en haaie in my land … Daar is baie in my land wat persoonlik is." ["He has two children …They are called Beauty and Billy …There are a lot of fish and sharks in my country … There is a lot in my country which is personal".]

Session 5: Narrative therapy, EMDR, sandtray, art therapy techniques (drawing).

Aim of the session: To collaboratively deconstruct knowledges such as deconstructing the meaning of love.

Notes and reflection on the session: In this session Elna drew a picture (See addendum 2) of herself holding her brother when he was still a baby with the heading "Ek is liefdevol" ["I am loving"]. She also wrote "Ek hou my boetie vir die eerste keer vas by die hospitaal" ["I hold my brother for the first time at the hospital"]. I tried to make her aware of different kinds and meanings of love for example love for nature, for animals, for parents and for family members as her only description of love was linked to a 'boyfriend' and the physical aspects of such a relationship. In our conversations a theme of caring surfaced strongly, her commitment in caring of others. This caring theme stood in contrast of her problem-saturated story. In light of this, I hoped to probe for unique outcomes that could stand in contrast to Elna's problem-saturated story. Another theme that surfaced in our conversations was hurt. In our conversation she agreed that love and hurt can stand next to each other. After this session I wrote Elna a letter (See addendum 3) as letter writing play a part in thickening the alternative story (Morgan, 2000:110). Morgan (2000:104) further notes that "letters that summarise a conversation and contain some further questions also assist people to stay connected to the emerging alternative story that is co-authored in narrative meetings. When people are more connected to the preferred stories of their lives, they are more likely continuing to become free from the influence of the problem." This was Elna's sandtray:

Elna did not want to talk about this sandtray.

REFLECTION ON THE CONTEMPLATION STAGE OF CHANGE AND THE PROCESSES OF CHANGE

In session 4 and 5 Elna's responses corresponded very well with Prochaska and Norcoss' (2003:520) description of the contemplation stage of change, where the client is aware of his/her problems, but not yet ready to make changes. Elna's refusal to talk about session 5's sandtray and telling me "There is a lot in my country that is personal" in session 4's sandtray indicated to me that there was a deeper awareness of her problems at this stage, but she was not fully ready to talk about some aspects thereof. I respected her for this and also attempted to work with her in "a respectful, non-blaming approach … where she is the expert of her own life (Morgan (2000:4). A process of change that appeared to be used by Elna in this stage was self-reevaluation. Self-reevaluation can be described as an individual's thinking and feeling about him or herself (Prochaska et al., 2004:37; Burke et al., 2004:125; Smith, 1995:35). Elna's talking about her commitment in caring for others indicated to me that she was using self-reevaluation as a process of change. Again our conversations were shaped by talking about the caring people in her life. This refers to her utilisation of helping relationships as a process of change (Burke et al., 2004:125). Prochaska and Norcross (2003:518) suggest that EMDR is one of the approaches that can be used to engage in self-reevaluation as a process of change. In my sessions with Elna I also became aware of EMDR's contribution in making Elna aware of her problems, thus encouraging consciousness raising as a cognitive process of change. Upon my reflection I thought that EMDR would also be an useful approach the therapist can use for consciousness raising as a process of change, although this was not suggested by Prochaska and Norcross (2003:518).

4.1.2.3 Preparation (Session 6, 7, 8 and 9)

Prochaska and Norcross (2003:521) state that the client has an intension to take action in this stage. Kasila et al. (2003:164) comment that patients in this stage are motivated to think in a "future-orientated" manner and dynamically stop unsuccessful beliefs. Session 6 to 9 demonstrate the preparation stage of change.

Session 6: Narrative therapy, art therapy techniques (future orientated collage).

Aim of the session: To work on unique outcomes and landscape of identity - her dreams, the future, relationships. In this session I read her the letter I wrote which created more opportunity for discussion. I was curious on what she wanted for her life and what it revealed about her personal qualities. White (in Carey & Russell, 2003:65) refers to these 'qualities' as intentional states of identity in stead of internal states of identity. With intentional states there is a focus on an individual's intentions, hopes, values and commitments that motivates reaction in a certain way which stand in contrast to labelling a person as having internal states (for example strengths and deficiencies).

Notes and reflections on the session: Conversations about Elna's intentional states of identity became known by her future oriented collage (See addendum 4). We talked about her dreams, who she wanted to be in the future and what she wants in future. The caring theme featured dominantly in our conversations. For example, caring for animals and for a baby. She expressed her need for a healthy lifestyle. The theme of love coming from a boyfriend and the physical relation thereof surfaced again. From this I realised that we still need to deconstruct the meaning of love.

Session 7: Narrative therapy, EMDR and sandtray.

Aim of the session: Deconstruction and of the following themes: Love, caring and protection. Deconstruction refers to a process of 'unpacking' or unravelling of a problem (Freedman & Combs, 1996:57; Monk, 1997:8). The aim was to give the client the opportunity to explore these themes from different angles or perspectives (Monk, 1997:8).

Notes and reflection on the session: Our conversation revolved around the collage she made the previous week. T: "Jy het gesê dat jy wil sorg vir diere in jou strandhuis … Dink jy sorg en liefde is vriende van mekaar? … Wat dink jy kan nog naby liefde staan? … Miskien seerkry? [T: "You said that you want to take care of animals in your holiday house … Do you think that care and love are friends? … What else do you think can stand near love? …"] E: "Wanneer ek saam met Mamma (pleegsorg) lag … Mamma help my in die middag met my huiswerk … Ons gaan

saam op uitstappies …" [When I laugh with Mommy (foster) … Mommy helps me with my homework in the afternoon ... We go on outings together ..."] I also explored who she would like to be in her love team and her care team. T: "Is daar iemand wat jou kan weghou van gevaar? ... Wie dink jy kan in jou omgee span wees?" [T: "Is there someone who can keep you away from danger? ... Who do you think can be in your care team?"] Towards the end of the session she built the following sandtray:

Following our discussion, it seemed that love and caring themes were displayed in the sandtray. Elna built different families in the sandtray. A dinosaur's family, a snake family and an Indian family. Within the Indian family, she said that the dad and son protected each other. She said that protection can also be in love's team.

After session 7 I had an interview with Elna's foster parents. They were very concerned about her as she did not want to talk to them about the sexual trauma at home any longer like she did in the past.

Contact with Elna's class educator: After this interview I made contact (telephonically) with Elna's class educator to find out how Elna was doing at school. Her class educator was also concerned as she was still very untidy and unorganised at school.

Session 8: Narrative therapy, EMDR and sandtray.

Aim of the session: To give Elna the opportunity to decide for herself whether she wanted to live according to her problem-saturated story or wanted to localise herself in an alternative story. In narrative therapy, better known as the 'news of difference' (Winslade & Monk, 1999:11).

Notes and reflection on the session: The session started off by Elna telling me how sick she was feeling because she had mumps. In our conversation the caring theme continued to surface again as she told me how she looked after and cared for her doll and how her foster mother cared for her. She then started to talk more about her past. She told me about her grandfather who was in hospital. E: "… die een wat Ouma met die belt geslaan het." ["… The one that hit Grandma with the belt (Elna)", due to alcohol related problems. She expressed her sadness and dissatisfaction with her biological mother who sold her baby clothes. Eye movements (EMDR) were used to work with Elna's negative cognitions. T: "Hoe voel jy as jy daaraan dink?" E: "Ongelukkig". ["How do you feel when you think of that? E: "Sad."] Later in our conversation she started to talk about a magic key. E: "Ek wens ek kan 'n towersleutel kry en dit deur die lig trek en dan kan al my probleme en moeilikheid verdwyn." [E: "I wish I can get a magic key and pull it through the air and then all my problems and trouble can disappear."] Then I asked her, T: "As jy verskillende towersleutels kan hê, wat sal jy hulle noem?" [T: "If you had different magic keys, what would you like to name them?"] She named them LOVE, WONDERFUL and her own name, ELNA. Given this, we talked about the love team in her life. She said that the WONDERFUL magic key helped people with their problems by giving them surprises. E: "Dit is soos wanneer Mamma vir jou 'n geskenk gee." [E: "It is like when Mommy gives you a gift." Elna's longing for her biological mother became very evident in our conversation. I asked her if she missed her biological mother and father. She responded by saying, E: "Ja … Ek begin huil … Dan raak ek kwaad … Ek wil terug gaan na my mamma toe (Trane kom op in haar oë)." [E:"Yes…I start to cry … Then I become angry … I want to go back to my mommy (She became tearful)."] Eye movements (EMDR) were used to process these cognitions. At the end of our session Elna built the following sandtray:

Elna's story of her sandtray:

"Die beer sê, 'Ek het 'n Pappa, Mamma en bababeer." ["The bear says, 'I have a Daddy, Mommy and baby bear.'] She picked up miniatures of snakes and threw it in the sandtray. She pointed to the bull and said, "Bul en sy kind … Hulle is altwee seuns … Die Mamma is dood … Hulle mis die Mamma … Die Pappa en sy kind (miniature van wildevarke) … Mamma is ook dood … Die rot soek kos (sy trek die rot deur die sand) … My kat sal hou van hierdie muis … Mamma en baba vark (sy wys na die miniature van die varke) … Ek weet nie baie van varke nie." ["Bull and his child …They are both boys …The Mommy is dead …They miss the Mommy … The Daddy and his child (miniatures of warthogs) … Mommy is also dead …The rat is looking for food (she pulled the rat through the sand) … My cat will like this mouse … Mommy and baby pig (pointing to miniatures of pigs) … I don't know much about pigs."]

Session 9: Narrative therapy, EMDR and sandtray.

Aim of the session: To thicken Elna's alternative story and to determine her community of concern. When thickening an alternative story, White (1995:33) indicates to the importance of requesting and motivating clients to involve other significant people in their lives in the preferred developments of their lives. He argues that these developments are "authenticated" by involving significant others.

Notes and reflections on the session: In our session I was hoping to open a conversation with people whom Elna identified with, the caring and supportive people in her life. In this session she mentioned her class educator as a member of her team. E: "Ek kan met my juffrou by die skool praat as ek hartseer voel … Sy sê

my handskrif is netjies." [E: "I can talk to my teacher at school when I feel sad … She says my handwriting is neat."] Suddenly Elna started to talk about the person who sexually taumatised her. E: "Wanneer ek aan hom dink en wat gebeur het, dan raak ek so kwaad." E: "When I think of him and what happened I get so mad."] This was the sandtray Elna built in this session:

Elna's story of her sandtray:

"Dit is die olifantfamilie … Hulle gaan skool toe … Pappa, Mamma en kinders … Pappa bok met bababok … Mamma is dood … Mamma koei en die kind ... Hulle bly saam, want Pappa is dood … Visse in die water ... hul lewe is om te swem in die water ... Die slange is vriendelik ... Ek gaan 'n ander slang by die huis kry ... Mamma vark en die kleintjie..Pappa is dood ... Mamma en die kind is by die begrafnis ... Mamma perd en die baba perd ... Pappa is dood ... Wildevark Mamma en kind ... Daar was 'n bom wat ontplof het." ["This is the elephant family … They are going to school … Daddy, mommy and children ... Daddy goat with baby goat ... Mommy is dead ... Mommy cow and the child ... They stay together because Daddy is dead ... Fish in the water ... - their life is to swim in the water ... The snakes are friendly ... I'm going to get another snake at home ... Mommy pig and little the one ... Daddy is dead ... Mommy and the child are at the funeral ... Mommy horse and the baby horse ... Daddy is dead ... Warthog Mommy and child ... There was a bomb that exploded."] She threw snakes and fish in the sandtray.

REFLECTION ON THE PREPARATION STAGE OF CHANGE AND PROCESSES OF CHANGE

In our therapy sessions I attempted motivating Elna to think in a "future orientated" way. It was the skills and knowledges of narrative therapy and EMDR that assisted me in working this way. Elna's responses to landscape of action and meaning questions were busy opening up a different, alternative story (Morgan, 2000:69). White (1995:31) also refers to the landscape of action and landscape of meaning as "the landscape of consciousness." These questions help in the exploration of the effects of the problem, but also invite an individual to reflect on events and experiences that most exactly describes his/her preferences (White, 1995:31). This allowed Elna to make use of social liberation as one of the cognitive processes of change which Burke et al. (2004:125) define as a heightened consciousness by the client of different ways of living. I thought that working in a future orientated way, especially in session 6 and 7, introduced a great deal of hope to Elna for the future, which might have influenced her to start sharing her traumatic experiences of the past with me in the sessions that followed. It was in session 8 and 9 that Elna referred to her traumatic experiences of the past and where her longing for her biological mother became very clear. By referring to these experiences, a process of change called dramatic relief emerged during the therapeutic process. This process of change created an opportunity for Elna to communicate the meaning she attached to her traumatic experiences (Burke et al., 2004:125). When it seemed to me that Elna became overwhelmed by talking about her past traumatic experiences (session 8) I attempted to make her aware of the helping relationships in her life. In her sandtrays she mainly displayed different animal families, mostly without mothers who died and were missed by the fathers and children. Since Elna was the expert of her problem-saturated story and told me that she missed her mother (biological) and wanted to return to her mother, I thought that the dying themes could resembled her longing for her biological mother. Although Elna's class teacher and foster parents were very concerned about her, I believed that Elna was already taking steps in her life as this became apparent to me during the therapeutic process. In session 8 she even referred to herself as a magic key who could make problems disappear. In the preparation stage of change it seemed that Elna's use of social liberation, dramatic relief and helping relationships as processes of change supported her in moving to the next stage of change.

4.1.2.4 Action (session 10, 11 and 12)

Povey et al. (1999:641) contend that clients alter their behaviour during this stage of change. Prochaska and Norcross (2003:521) state that clients in this stage "modify their behaviour, experiences, and/or environment to overcome their problems." Session 10, 11 and 12 describe the action stage of change.

Session 10: Narrative therapy, EMDR and sandtray.

Aim of the session: To link events in history of time and thickening of the alternative story. Freedman and Combs (1996:195) are of the opinion that thicker and more multi-stranded stories should be authored through the search of many past events which strengthen the alternative story.

Notes and reflection on the session: In this session we talked about Elna's memories when she used to stay with her biological mother but also about her current situation in foster care. Elna's facial expression lit up when we started talking about her fond memories of her biological mother. She said: "Ek onthou van Kersfees en my verjaarsdag. Ek onthou mamma Diana (skuilnaam) wat verlede Kersfees vir my 'n porseleinpop gekoop het ... Op my verjaarsdag het sy vir my R50,00 gegee en het 'n verjaarsdagkaartjie gekoop." ["I remember about Christmas and my birthday. I remember Mommy Diana (pseudonym) bought me a porcelain doll last Christmas ... On my birthday she gave me R50,00 and bought me a birthday card."] She also talked about what she liked at her new home with her foster parents. E: "Ek gaan my eie kamer en 'n CD player kry ... Ons gaan 'n nuwe babakamer kry ... Ek gaan 'n bababoetie of sussie kry ... Ek gaan die baba baby-sit as Mamma Shoprite toe gaan ... Ek gaan hom vashou en vir hom bottel gee ... Hy gaan 'n klein baba wees ... Die eerste keer toe ek my boetie vasgehou het was sy oë nog toe ... Toe Mamma by die huis kom, het sy hom gebad en ek het 'n nappy aangesit." ["I'm going to get my own room and a CD player ... We are going to get a new baby room ... I'm going to get a baby brother or sister ... I'm going to baby-sit the baby when Mommy goes to Shoprite ... I'm going to hold him and give him bottle ... He's going to be a small baby ... The first time I held my brother, his eyes were still closed ... When Mommy got home, she bathed him and I put a nappy on."] Later in the conversation she started talking about the bad memories at her biological mother and the reasons

for her being mad with her. In this session there was a marked difference in her sandtray compared to the previous sandtrays. For the first time she built families where there was a mother present. In the previous sandtrays the Mommies were always absent or dead. Her sandtray looked like this:

Elna story of her sandtray:

"Dit is 'n olifant ... Hy het kinders wat skool toe gaan ... twee kinders en 'n Mamma ... Pappa vark rol in die modder ... Mamma en baba ook ... Ek is die groot vis wat al die ander visse eet ... Kon ons speel hierdie is die skilpad se eiers ... Die skilpad lê bo-op die eiers ... Mamma, Pappa en baba perd ... Die leeu en die tier is vriende ... Hierdie is sy vrou ... "["This is an elephant ... He has children who go to school ... Two children and a mother ... Daddy pig rolls in the mud ... Mommy and baby too ... I am the big fish who eats all the other fish ... Let's play this is the turtle's eggs ... The turtle lies on top of the eggs ... Mommy, Daddy and baby horse ... The lion and the tiger is friends ... This is his wife ... "

Session 11: Narrative therapy.

Aim of the session: To re-author a 'preferred story' together with Elna. In narrative therapy, the therapist and client are co-authors of the preferred or alternative story. It is during re-authoring conversations that the alternative story will be thickened out as the therapist and the client together explore occasions when personal abilities and qualities had a positive effect in a difficult situation or lead to desirable effects (McKenzie & Monk, 1997:109).

Notes and reflection on the session: Elna expressed her need to have contact with her biological mother and her biological mother's family. During our conversation she said the following: "My baba niggie het vir my sandale gekoop ... Sy is so oulik ... Ek het haar lanklaas gesien ... Ek sal haar graag weer wil sien." ["My baby cousin bought me sandals ... She is so cute ... I haven't seen her for a while ... I would like to see her again."] She also clearly stated that she did not want to see her grandmother again. For the first time she said that she wanted to see her biological father again. She started telling me how happy she was at her school and that she was taking part in the school's concert and how happy she was to be part of it. She told me that she now had friends at school and about her good relationship with her class educator.

Contact with Elna's class educator: After this session I was curious to hear how things were going with Elna at school. In my telephonic contact with Elna's class educator I was amazed to hear that there has been quite a few changes in Elna's behaviour at school. She told me that Elna was taking part in the school's concert and that this was currently a highlight in Elna's life. At this stage I realised that Elna's class educator might have been a person who witnessed the steps that she was busy taking. I wanted to know more of the steps that Elna had taken and with Elna's permission I invited two people to our next session. The one person was her class educator and the second person was Elize Morkel, an experienced consulting psychologist.

Session 12: Narrative therapy was used in session 12.

During this therapy session an experienced psychologist acted as consultant in the process. At that stage the need as therapist was to determine how my client's preferred story had developed. It was also an opportunity for Elna to see how her preferred story had unfolded and the acknowledgement thereof. As the transtheoretical model considers how people change, it was important to me to be aware of the steps Elna took in her life story. My position in his session was mainly one of an 'outsider' as the conversation basically took place between the consultant, Elna and her class educator. The consultant sent a therapeutic letter to Elna the week after the session. Winslade and Monk (1999:18) state "A letter that documents the changes clients have been making strengthens the significance of the changes in

their own and others' eyes". The therapist provided a summary of the conversation she had with Elna in the letter (See Addendum 5).

It included reflections of the therapist about the session, unique outcomes of the client, questions and clarifications on some parts of the conversation.

Aim of the session: To determine how Elna's preferred story had developed and the acknowledgement thereof by Elna's community of concern and to have a re-membering conversation. During session 10 and 11 re-membering conversations happened spontaneously as Elna recalled important and noteworthy people who were then absent in her life. Re-membering conversations is a way by which experiences of earlier periods can be linked to the current situation and to the future (White, 1997, 2000 in Besley, 2002:139). A community of concern can be described as people who can value an individual's "new identity" (Winslade & Monk, 1999:98).

Notes and reflection on the session: Elize Morkel talked to Elna and her class educator about her life story while I listened to the conversation. Elize Morkel mainly talked to Elna but constantly gave Elna's class educator an opportunity to reflect on what she heard during the conversation. In their conversation they touched on different themes. They talked about various memories Elna had of her biological parents but also about the daily support and care she received at her foster parents. Elize made Elna aware of her caring qualities for other people in her life that stood apart from her problem-saturated story. Themes such as self care and self protection were also part of their conversation. Elna's class educator spoke of her progression in terms of her school life, as well as in terms of organising herself in the classroom and neatening of her school work. She also mentioned that Elna formed part of a group of friends and that she treated them with respect. The inappropriate behaviour (sexual) towards older boys, according to her class educator, did no longer occur. Elize talked about the sexual trauma with Elna and again pointed out courage and brave qualities (that stood in contrast to the problem-saturated story) of Elna to talk about the sexual trauma. Elna shared her excitement about dancing in the school's concert with us.

Elna's class educator said:

"Sy het begin blom!" ["She started to blossom!"]

This was a sparkling moment.

REFLECTION ON THE ACTION STAGE OF CHANGE AND PROCESSES OF CHANGE

Elna's sandtray of session 10 stood in contrast with these in the preparation stage of change as the mothers and fathers were no longer absent in the families. The fact that session 10 was our last session where EMDR and the sandtray were implemented was very much guided by my conversations with Elna. Our conversations in this stage mainly focussed on co-authoring and thickening out her alternative, preferred story session. In the action stage of change it was Elna's past events and positive memories of family members that supported the strengthening of her alternative story. This helped me to author and thicken out Elna's preferred story. The process of change called helping relationships, was linked to the present and the past. She referred to fond and positive memories of the past regarding her biological mother's family but also referred to her currently good relationship with her class educator and her new friends at school (session 10 and 11). In the action stage of change we linked past, present and future events in our conversation. It was interesting how her commitment to caring for others in the past (caring for her baby brother in session 10) and the future (caring for a new baby brother or sister - session 10) surfaced in our conversations. In session 12 Elize emphasized Elna's caring qualities, her courage and braveness which stood in contrast with the problem-saturated story. Elize also made Elna aware of the importance of self care and self protection and specifically referred to the "seksuele molestering" ['sexual molestation"]. Identifying Elna's personal qualities and values created an opportunity for her to make use of the self-reevaluation process of change (Burke et al., 2004:125). This again gave rise to the use of social liberation as a process of change as Elna's awareness of an alternative lifestyle was increased, expanded and thickened out by using co-authoring conversations. It appeared that Elna carried hopes and dreams for the future, which she started to turn into action. Her class educator was someone who witnessed this action and rewarded her in session 12 for the changes she made. "Rewarding oneself or being rewarded by others for making changes" is referred to as the reinforcement management process of change (Burke et al., 2004:125). In the action stage of change the consciousness raising process of change was almost like a train of thought that ran through the whole process activating awareness for the processes of change that appeared to be used

by Elna. Several changes in Elna's life were clear to me in the action stage of change, especially the conversation in session 12 between Elize, Elna and her class educator. I was overwhelmed by all the changes that took place in her life story. I could sense movement in the therapeutic process but did not expect and still think I was not aware of all these changes. It was very valuable to make use of a consulting psychologist as I gained insight in the steps Elna was taking to change and the work that we have done in therapy up to this stage. For me, and not only for Elna, her blossoming was most certainly a sparkling moment.

4.1.2.5 Maintenance (session 13 and 14)

Derisley and Reynolds (2000:372) note that the maintenance stage of change is considered to be the stage where reinforcement of preceding changes are encouraged.

Session 13: Narrative therapy.

Aim of the session: To thicken out Elna's alternative, preferred story.

Notes and reflection on the session: Elize Morkel wrote Elna a narrative letter about their conversation of the previous week (See addendum 5). Elize requested me to read the letter to Elna and asked that she should confirm her agreement on the contents of the letter. I did just this. Elna was so surprised, pleased and excited about this letter. This letter spoke of Elna's landscape of identity (her values, dreams, hopes) and of all the positive changes she made in her life. The letter was describing Elna's preferred, alternative life story. We talked about Elna's class educator who said that she started to blossom and moved on talking about a garden. When I asked her what kind of flower she would like to be in the garden she said that she would like to be a red rose. We talked about caring for the rose and caring for herself. Elna was very eager to share the contents of the letter with her foster parents and asked if they could come with her to the following session. In this session I explained to Elna that the following session would be our last session. In my discussion with my research-supervisor, Prof. Newmark, we thought that it would be an appropriate time for me to step back and bring the therapeutic process to an end.

Session 14: Narrative therapy.

Aim of the session: To share Elna's preferred story with her foster parents and to further thicken out her preferred story.

Notes and reflection on the session: This was my last therapy session with Elna. She did not only bring her parents to this session but also one of her new friends at school. The participants in this session almost became like a reflecting team. Carey and Russell (2003:4) suggest that "an outsider witness is an invited audience to a therapy conversation - a third party who is invited to listen to and acknowledge the preferred stories and identity claims of the client's existing community - family, friends and may represent the reflecting team." Our conversation in this session revolved around this letter. Elna's parents spoke of positive changes in her life but also about aspects that she still needed to work on at home such as organising herself and her room. Her friend from school said that it was difficult to be friends with Elna in the past but that it changed and was easier and better now. According to White (1995:179) this is how the process of a reflecting team works. He argues that the reflecting team should not only talk about the client's positives but acknowledge the difficult experiences in the client's life and what still needed to change in the client's life. Elna's foster parents and friend recognised some of her values, dreams and hopes that supported her alternative life story. When this happens, White (1995:20) argues that this is the stage to "discharge" the psychologist.

REFLECTION ON THE MAINTENANCE STAGE OF CHANGE AND THE PROCESSES OF CHANGE

As maintenance refers to the "continuation" of change (Prochaska & Norcross, 2003:522), this was a stage in therapy where I tried to expand and thicken out Elna's alternative, preferred story to bring about continuation of the changes she made in her life story. The process of change that stood out for me in this stage of change was helping relationships. Some of the important people who were currently part of Elna's preferred story also formed part of the maintenance stage of change. Their acknowledgement of Elna's values, hopes and dreams which supported her alternative story once again might have opened up opportunities for her to use processes of change such as self-reevaluation and social liberation. It could, and I

hoped it would, support Elna to make use of self- liberation as a behavioural stage of change. Burke et al. (2004:125) describe self-liberation as the choice and commitment of a client to alter behaviour and the "belief" to do this.

4.1.3 Elna's steps to an alternative, preferred story - a closer look at themes

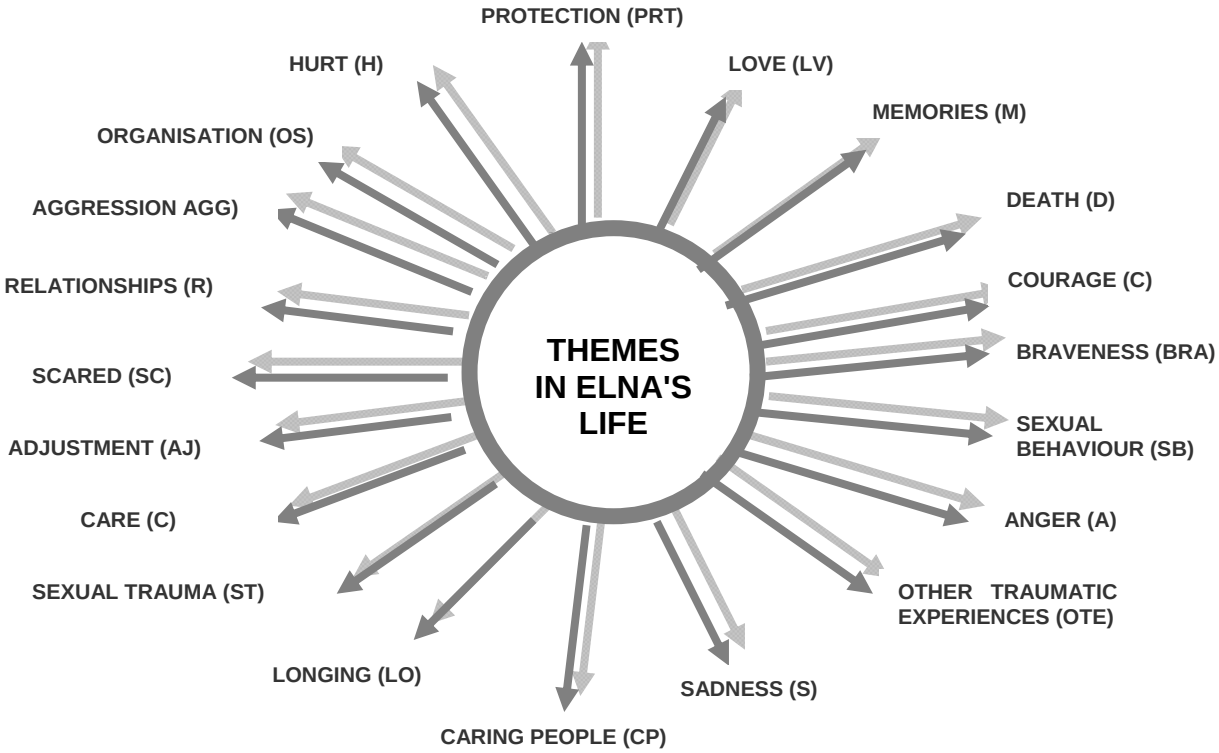
During the research process I used several data collection techniques including a literature review, informal interviews, observation, and fieldnotes to obtain information for this study. Sessions were recorded on videotape, and the recordings transcribed. Photos were also taken of Elna's sandtrays. As the data was collected my role as researcher was to condense, introduce and make meaning of the data (De Vos et al., 2002:286). I systematically worked through the data, assigning coding categories. Addendum 7 shows an example of part of a transcript that was coded and Addendum 8 is an example of how the data of sandtrays was sorted into categories and themes. As already mentioned in chapter 3 (3.5.6), the use of narrative therapy provided me with an opportunity to analyse data from video recordings, fieldnotes, drawings, informal interviews and photos of sandtrays, according to the following categories:

a. **Elna's problem-saturated story;**

b. **Elna's values, hopes, dreams;**

c. **Elna's preferred, alternative life story** (See addendum 6).

The **themes** that emerged from the 14 sessions can be summarized as follows:



The link between the above mentioned themes and categories is evident in Table 4.2.

TABLE 4.2: THE LINK BETWEEN CATEGORIES AND THEMES IN ANALYZING DATA

CATEGORIES	THEMES
PROBLEM-SATURATED STORY	• Anger (A) • Sexual behaviour (SB) • Other traumatic experiences (OTE) • Sadness (S) • Longing (LO) • Sexual Trauma (ST) • Adjustment (AJ) • Scared (SC) • Relationships (R) • Aggression (AGG) • Organisation (OS) • Hurt (H) • Love (LV) • Memories (M) • Death (D)

VALUES, HOPES, DREAMS	• Caring People (CP) • Longing (LO) • Care (C) • Relationships (R) • Memories (M) • Courage (CGE) • Braveness (BRA)
PREFERRED, ALTERNATIVE STORY	• Sexual Behaviour (SB) • Caring people (CP) • Care (C) • Adjustment (AJ) • Organisation (OS) • Protection (PRT) • Love (LV) • Memories (M) • Courage (CGE) • Braveness (BRA) • Relationships (R)

In our first session Elna's foster parents presented their description of Elna's problem-saturated story and the impact thereof on her family life and her school life. At this stage it seemed that Elna was not fully aware of the influence the sexual trauma had on her life in general. It was through the use of Narrative Therapy, EMDR and sandtray within the transteoretical model that I became familiar to Elna apart from her problem-saturated story. The transtheoretical model allowed me to systematically observe how Elna's alternative, preferred story developed and which processes she apparently used in the therapeutic process to make the necessary changes in her life.

Elna talked about her commitment in caring for others. She expressed her need to care for other people, especially babies, and for animals. She mentioned how she took care of her baby brother in the past and talked about caring and missing her mother (biological) despite breaking her promises she made in court and denying the sexual trauma Elna confessed to her. Later in the therapeutic process self care and self protection also became part of Elna's preferred story. Not only care for others but also love for her foster parents and biological parents was evident in her preferred story. In most sessions Elna referred to her foster parent's care and love for her and how she valued this. Elna's courage and perseverance were an important part of her alternative story. It was her courage, perseverance and braveness that helped Elna to talk about the sexual trauma and other traumatic experiences in her

life although she was threatened by the perpetrator and not believed by her mom (biological). I thought she took some courageous and brave steps in sharing her traumatic experiences in the therapeutic process with myself, Elize Morkel and her class educator.

With regard to Elna's school life, her class educator mentioned how she started valuing respect in relationships with other children at school. She formed part of a new circle of friends and appropriate behaviour towards boys and men became part of her preferred life story. In her school work, neatness and organisation became evident. Her class educator said that she was a practical child and that she made lovely drawings in her art class. Elna's dancing part in the school's concert made her feel like a star.

Elna's hopes and dreams for the future shaped and influenced her alternative, preferred story. She had the dream to be a caring mother in the future. She also wanted to have a holiday home where she could care for babies and animals. To lead a healthy life style which included self care and self protection was part of her plans for the future.

In session 12 her class educator said, "Sy het begin blom!" ["She started to blossom!"]. Elna said that she would prefer to be a red rose. I believed that this red rose was going to show its beautiful colour because she and other people in her life were committed to care for it.

It is clear that many changes happened in Elna's life during the therapeutic process. The therapeutic letter, written by Elize Morkel - Addendum 5, is quite a detailed description of these changes. It seemed as though the application of the transtheoretical model to this particular case contributed to positive changes in the client's life story.

4.1.4 Summarizing reflection

In chapter 4 I attempted to describe how the transtheoretical model can be applied to a case of sexual trauma in middle childhood. I started off with describing Elna's problem-saturated story. The use of the transtheoretical model and how different therapies (Narrative therapy, EMDR, sandtray and art therapy techniques) were

used within the model was explained and reflected upon in 14 therapeutic sessions. I also reflected on the different processes of change that was possibly used by Elna to contribute to changes in her life and to construct an alternative, preferred story.

Chapter 5 will give a summary of the findings and I will share my reflections on the process and the mentioned themes and categories will be discussed in more detail.

CHAPTER FIVE

CONCLUDING REMARKS, FINDINGS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter four demonstrated the use of the transtheoretical model and its application to a case of sexual trauma in middle childhood. Reflections of the therapist upon the unfolding of the therapeutic process were also included.

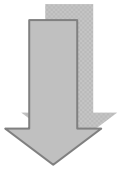
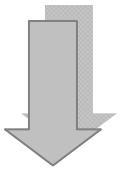
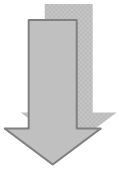
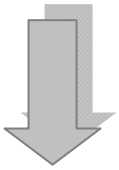
This chapter will provide a summary of the main findings of the research, as well as a discussion on recommendations and suggestions for further research possibilities. Limitations of the study will be discussed and the chapter will conclude with my reflections on the process as a research-therapist-in-training.

This chapter will begin with a table (table 5.1) that attempts to demonstrate the use and application of the transtheoretical model within the context of sexual trauma in middle childhood. The researcher will continuously refer back to this table in the discussion of the findings.

When working within a social constructivist/ interpretive paradigm, the client and therapist mutually influenced one another during the research process (Vorster, 2003:76). The impact the use of the transtheoretical model had on me as a therapist, as well as the effect it had on the client, will be discussed in this chapter.

5.2 SUMMARY OF MAIN FINDINGS

TABLE 5.1 THE TRANSTHEORETICAL MODEL AND THE CONTEXT OF SEXUAL TRAUMA IN MIDDLE CHILDHOOD

Change Stages	Levels of change	Change process facilitators	Therapies and sessions	Movement
Precontemplation 	• Symptom • Cognition • Inter-personal • Family • Intra-personal	• Conscious-ness raising • Helping relationships	Sessions 1-3 <u>Therapies:</u> Narrative therapy EMDR Sandtray Art therapy tecniques	Awareness of certain problem aspects by significant others **And then**  **Movement**
Contemplation 	• Symptom • Cognition • Inter-personal • Family • Intra-personal	• Conscious-ness raising • Self-reevaluation • Helping relationships	Session 4-5 <u>Therapies:</u> Narrative therapy EMDR Sandtray	Awareness of certain problem aspects by client **And then**  **Movement**
Preparation 	• Symptom • Cognition • Inter-personal • Family • Intra-personal	• Conscious-ness raising • Helping relationships • Social liberation • Dramatic relief	Session 6-9 <u>Therapies:</u> Narrative therapy EMDR Sandtray Art therapy tecniques	Preparing for altering problem behaviour **And then**  **Movement**
Action 	• Cognition • Inter-personal • Family • Intra-personal	• Conscious-ness raising • Helping relationships • Social liberation • Self-reevaluation	Session 10-12 <u>Therapies:</u> Narrative therapy Sandtray	Systematic altering of behaviour **And then**  **Movement**
Maintenance	• Cognition • Inter-personal • Family • Intra-personal	• Conscious-ness raising • Social liberation • Self-reevaluation • Self liberation • Helping relationships	Session 13-14 <u>Therapies:</u> Narrative therapy	Consolidation of gains attained during action stage.

The **general aim** of this study was to explore the **use** of the transtheoretical model and its application to a case of **sexual trauma** in **middle childhood**.

Four specific aims of the study were:

- To expand my knowledge and understanding of the transtheoretical model as an alternative treatment model and the underlying processes thereof.
- To determine the relevance and appropriateness of the transtheoretical model in a case of sexual trauma.
- To gain insight into progression and the effect of the transtheoretical model on the client in the therapeutic process.
- To reflect upon the impact that the use of this model had on me as a research-therapist-in-training.

A **summary** of the **main findings** that have emerged out of this research will follow.

With regard to the **general aim** of the research, it was during this study that I became aware of the possibilities of the transtheoretical model, its application to a case of sexual trauma in middle childhood, which could open up new possibilities to therapeutic intervention. **The findings suggest that the transtheoretical model could successfully be used and applied in a case of sexual trauma in middle childhood** because Elna's problem-saturated story developed into a positive preferred, alternative story. When considering the stages of change, the personal growth and development are also evident in the therapeutic process.

The **findings** of the four **specific aims** will now be discussed. Although these aims are discussed separately, their findings overlap and aspects thereof are integrated.

♦ **To expand my knowledge and understanding of the transtheoretical model as an alternative treatment model and the underlying processes thereof.**

It was through my experience as a research-therapist-in-training and consulting relevant literature that I started gaining insight into the transtheoretical model and the possibilities for practitioners captured within it. Reflecting on the therapeutic process

further contributed to my understanding of the transtheoretical model and the possible application thereof.

Although the use of **various processes of change (See table 5.1)** by Elna was evident during the therapeutic process, it seemed that the use of the **behavioural process** of **helping relationships** and the **cognitive process** of **consciousness raising** appeared to be critical throughout the 5 stages of change in this study. Prochaska et al. (1992, in Prochaska et al., 2004:34) points out that research on health behaviours showed that clients tend to apply cognitive processes more in the beginning stages of change whereas behavioural processes are more utilized towards the later stages of change. This study demonstrated **the use of** cognitive processes, not only in the **beginning** stages of therapy, but also throughout the process into the maintenance stage of change. The cognitive process of consciousness raising was used throughout the therapeutic process regarding her problem behaviour. In the beginning of therapy the focus was mainly making Elna aware of her problem behaviour whereas the focus was more towards maintaining the altered behaviour in the maintenance stage.

As the transtheoretical model originated from research of the mutual processes between various psychotherapy systems and processes of change used by individuals who changed without therapy (Derisley & Reynolds, 2000:372), it suggests a **correspondence** between **therapeutic systems** and **processes of change** (See Table 2.3 in Chapter 2).

By applying the transtheoretical model to a case of sexual trauma I found that the therapies that were integrated in the therapeutic process could be linked to **additional processes of change**, in stead of the specific processes of change as suggested by the transtheoretical model. In Elna's therapeutic process, Narrative therapy, for example, could also be associated with processes of change such as social liberation and self-reevaluation, while EMDR could be linked to processes of change, such as consciousness raising and dramatic relief. In terms of social liberation, Elna started living according to her preferred, alternative story. During the action and maintenance stages of change, it seemed to be unnecessary to focus any further on the symptom level of the client, since she started altering her behaviour.

Therefore, it appeared that the use of EMDR as a therapeutic intervention was no more applicable.

- **To gain insight into progression and the effect of the transtheoretical model on the client in the therapeutic process.**

The progression of the participant during the therapeutic process, considering the stages of change within the transtheoretical model, will be described and explained. This will be based on the observations and interpretations obtained by the researcher.

The above is in line with the social constructivist/ interpretive paradigm, which is interested in the individual or collaborative way by which a person constructs and interprets his social and psychological world within different contexts (Schwandt, 1997:19; Denzin & Lincoln, 1998:222).

According to the constructivist/interpretive paradigm any occurrence or happening can be declared according to several interrelated factors, occurrences and developments (Henning et al., 2004:21). Considering the above features of this paradigm, while applying the transtheoretical model, assisted me in explaining the progression that occurred during the therapeutic process within the following categories: **a) Problem-saturated story; b) her values, hopes and dreams and c) her alternative, preferred story.** The movement of several **themes** (See 4.1.3) which emerged within these categories will be described.

a) Problem-saturated story

Due to **sexual trauma** and other **traumatic experiences**, Elna's problem-saturated story was initially characterized by **inappropriate sexual behaviour** towards males, **aggressive behaviour** towards peers which resulted in poor social relationships. She gave a thin description of **love** and considered love as exclusively involving physical contact. During our conversations themes of **scaredness** and **hurt** became evident. This could be related to the sexual trauma she experienced as well as her mother's disbelief when she revealed the trauma to her. She communicated ambivalent **memories** to me about her biological mother, since some memories

were positive while others were negative. Elna experienced **adjustment problems** when she was placed in foster care and a new school environment. Being separated from her biological mother and lack of contact with her, she experienced feelings of **sadness, anger** and **longing.** When analyzing her sandtrays themes of **death** emerged repetitively which could possibly be linked to her longing for her biological mother. Her class educator described her as being very untidy and **unorganized** in terms of her school work as well as her appearance (**self care**).

b) Values, hopes and dreams

As the therapeutic process unfolded, there was a gradual flow from the problem-saturated story into the revelation of values, hopes and dreams. She expressed a strong desire to **care** for others, as well as herself. Positive **memories** and **longing** for her biological mother resulted in hopes and dreams about a closer **relationship** with her mother and being reunited with her family. She communicated the hope of being part of a circle of friends (**relationships**). Elna realised her **courage** and **braveness** during the therapeutic process when she was acknowledged for her willingness to share her story of sexual trauma with others. **Caring people** became aware of Elna's hopes, values and dreams and played a significant role in encouraging and reinforcing it.

c) Elna's preferred, alternative story

Several aspects of Elna's preferred, alternative story are captured in the narrative letter that Elize Morkel wrote to her (See addendum 5). Elna's inappropriate **sexual behaviour** towards males was no longer evident in the home and school environment. Aggressive behaviour towards her peers did not occur any more and positive **relationships** with her peers became part of her preferred, alternative story. A more thickened version of her understanding of **love** was given towards the end of the therapeutic process. The theme of **care** was extended towards **self care** and self **protection**, caring for others and nature. Elna now expressed more positive **memories** about her biological mother (for example about birthdays and Christmas) in comparison with the initial ambivalent memories she mentioned. She appeared to have dealt with her **adjustment** difficulties to a great extend, as her class educator and foster parents witnessed and confirmed how she became **organized** and tidy in

her school and home environment. **Courage** and **braveness** were encompassed in her alternative life story since she was ready to share the significance of her traumatic experiences with others. A community of **caring people** formed part of her preferred, alternative story who acknowledged, valued and was committed to encourage the further development of this story.

The development of Elna's life story during therapy involved progress through a **series of stages at multiple levels (see Table 5.1).** I realized it was critical to understand and identify the stage the individual is in before changed intervention can be considered and applied. In Elna's case, it was evident that she was not aware of the necessary changes that had to take place in her life, positioning her in the precontemplation stage of change at the beginning of therapy.

With regard to the stages of change, Kasila et al. (2003:161) note that it can be challenging at times to determine a client's stage of change. The same client can be in **various stages of change for different aspects of a problem**. I found this to be true for Elna as she, for example, was aware of the sexual trauma in her life but not aware of the general impact it had on her life. Therefore I found it quite complicated placing Elna in any particular stage of change at any specific time. I did, however, attempt to relate her **progression** in the therapeutic process to the transtheoretical model's **stages of change predominantly evident.** Table 5.1 indicates the clients progression according to the stages of change. In session 1-3 (See 4.1.2.1), it was one of my goals to make Elna aware of the impact the sexual trauma had on her life. It seemed that she gradually became aware of some aspects thereof. This awareness made movement possible from the precontemplation stage to the contemplation stage (see 4.1.2.2.). As her awareness of the influence the problem had on her life developed further in the contemplation stage (session 4 and 5), it allowed for progressing to the preparation stage of change. (See 4.1.2.3). Most sessions (sessions 6-9) were spent in the preparation stage of change, where the goal was guiding the client to think in a future-orientated manner (Kasila et al., 2003: 164), preparing the client taking action (See 4.1.2.4.). From session 10 – 12 Elna's steps towards her preferred, alternative story became evident in the therapeutic process. The steps that Elna took in session 10-12 permitted movement to the

maintenance stage of change (see 4.1.2.5.), where reinforcement of Elna's positive steps in her life was necessary.

Prochaska and Norcross (2003:522) argue that **linear progression** through the stages of change, especially with regard to addictive behaviours, **is not always possible** due to relapse of clients. In this study, a case of sexual trauma, it seemed that there was a **fairly linear development** through the stages of change.

- **To determine the relevance and appropriateness of the transtheoretical model in a case of sexual trauma in middle childhood**

Brogan and Prochaska (1999:111) refer to research arguing that when using the transtheoretical model, the therapist should attempt complying the therapy to the client's stage of change (Prochaska & DiClemente, 1982, 1984, 1992; Prochaska, Rossi, & Wilcox, 1991). This is referred to as stage-targeted interventions. I found that in a case of sexual trauma, it was very valuable to consider the stages of change of the client to suggest or portray psychological and behavioural movement. However, I realised that individualized support beyond stage-targeting will be needed to acknowledge the unique differences and life stories of clients. In other words, individualized support that goes beyond stage targeting.

- **To reflect upon the impact that the use of this model had on me as a research-therapist-in-training**

Due to the active, shared process of meaning making during the research process, significant of the social constructivist/interpretive paradigm, the participant and the researcher influenced each other significantly. Denzin and Lincoln (2000:193) refers to this as "human subjectivity". The influence the use of the transtheoretical model in this research had on me as a therapist will be described.

When I reflect, I realise that the use of the transtheoretical model and specifically its application to sexual trauma had a **dynamic impact** on my **development as** a **psychologist** in training. Implementing the theory of the transtheoretical model to practice, considering theory again and reflecting upon it (Ivey, 997:418) provided me, as a novice therapist, with **growing opportunities** in the therapeutic process. My

reflections made me aware of the **value** of **supervision** and the use of a **consultant psychologist** during the therapeutic process. As I did not have experience in therapy, it was supervision sessions that supported me becoming more confident in the therapeutic process. Elna, the participant, also experienced growth, change and development in her life that was witnessed by me and significant people in her life. I found the conversation between Elna and Elize Morkel (session 12), an experienced psychologist, very enriching as the development of Elna's alternative, preferred life story was once again confirmed to me.

Elna's movement through the stages of change of the transtheoretical model and specifically the possible **processes of change** she used to ensure developments in the therapeutic process, became of great interest to me and will **influence** my **work** with clients in the **future**. I will be able to reflect on the possible processes of change that clients are using or not using during the therapeutic process. As the transtheoretical model views the change of people as a process, I realised through reflection that this is one way of describing progression within the therapeutic process. Implementing the transtheoretical model I became aware of the **multidimensionality of people** and that it can be **problematic** to propose that people move through a **fixed series of stages** or to assign a specific stage of change to an individual in therapy. Therefore I think it can be wise to use this model in a flexible and accommodating frame of mind.

Since the transtheoretical model acknowledges different schools of thought within the boundaries of psychotherapy, it provided me with an opportunity to work within an *integrative spirit*. Given this, Narrative therapy, EMDR, sandtray therapy and art therapy techniques were integrated in the therapeutic process. It was through the therapeutic process, and specifically through the changes in Elna's life, that I became aware of the **healing power** and **possibilities** of working within an **integrated** fashion.

It was a privilege and experience to have worked with this particular participant. Many changes occurred in Elna's life, reported especially by the significant people in her life. In my conversations with Elna, I attempted asking questions from a "not knowing" approach, trying not imposing my own meaning on our conversations (Freedman & Combs, 1996:44). The "not knowing" approach prevented me not to

regard myself as the expert, but rather to consider Elna as the expert of her own life. This is how I would prefer to see my position as therapist in future as well. Although I have learnt so much from this client and this process, I still want to know more.

Elna's life story touched me, influenced me and brought about **changes in my life**. The process with Elna further inspired and developed my passion to work therapeutically with traumatised children and wanting to obtain more knowledge and skills.

5.3 RECOMMENDATIONS AND FURTHER RESEARCH POSSIBILITIES

Implementing and reflecting on the transtheoretical model made me realise the endless opportunities of research for this model. It is **recommended** that the transtheoretical model for psychotherapy can be **applied to individuals** with a history of **sexual trauma**. It can be valuable to provide insight into clients' readiness for change, the processes of change possibly utilised by clients during the therapeutic process and movement (psychological and behavioural) during the therapeutic process. The value of supervision in using the transtheoretical model can not be overstated to encourage responsible and respectful practice.

Due to the **complex dynamics of people** (Bandura, 1997, in Povey et al., 1999:649), it can be problematic to suggest that movement occurs through a series of fixed stages. It is suggested that the transtheoretical model can be viewed as an attempt to reveal psychological and behavioural movement and more specifically, the stages of change at constructing potential processes of change. Treatment should acknowledge individual differences that might influence the effectiveness of treatment.

Through reading the relevant literature on the transtheoretical model and experiencing the implementation thereof, it seemed that there is **not** yet consensus on the most effective way of assigning people to the different stages of change **of the model. This suggests that further research is needed to improve the stages of change construct.**

Prochaska and Norcross (2003:519) encourage therapists to explore a **broader range of processes of change** (than suggested by their research) in order to develop the most effective treatment for clients. This, and also the correspondence between therapies and processes of change warrants further research within the field of sexual trauma as this study suggests that certain therapies can be related to additional processes of change. The use of different schools of therapy within the transtheoretical model can open up new possibilities to therapeutic intervention.

By reviewing various literature during this research study, it seemed that no research had previously been conducted in South Africa on the transtheoretical model or its application to a case of sexual trauma in middle childhood, which opens a **new field of research.**

5.4 LIMITATIONS OF THE STUDY

In this study I attempted to give a detailed description of the context of an individual case and not making generalizations. This suggests that further research on the transtheoretical model with other clients with a history of sexual trauma on a larger scale would be valuable.

It is important that the transtheoretical model should not be seen as the only way to explain movement within therapy and behaviour, but should rather be seen as one way to explain progression within the therapeutic process.

5.5 REFLECTION

In this chapter the concluding remarks and findings of the study were discussed. Recommendations for further research were suggested and limitations of the study were mentioned.

A summary of the stages of change, integrating it with the levels and processes of change, as well as therapeutic movement that occurred within each, was outlined.

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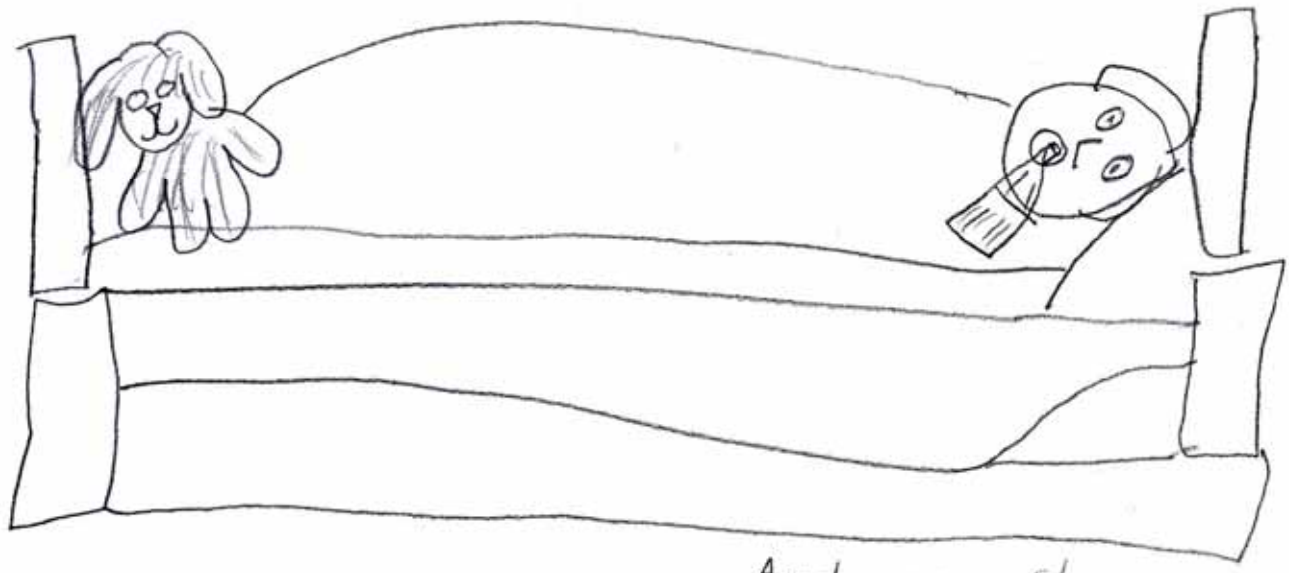

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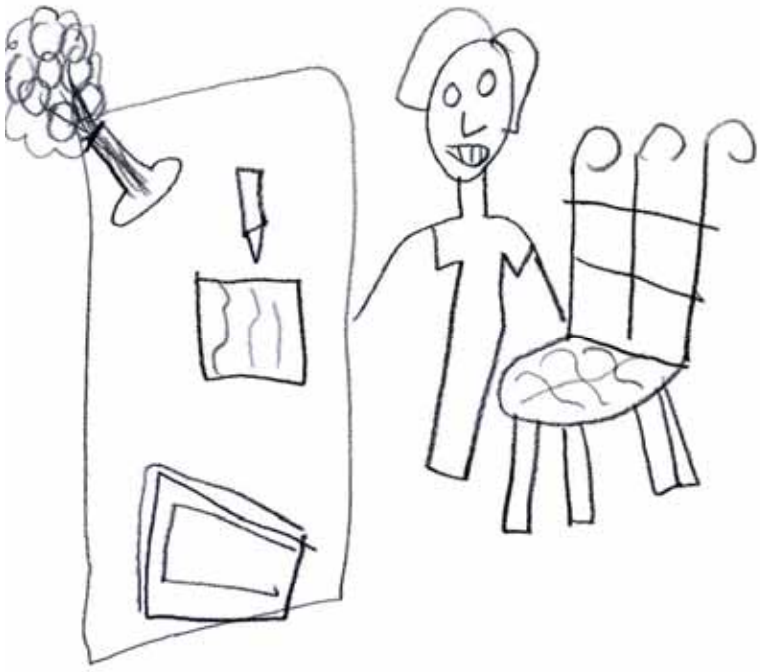


Huiswerk
Partykeer haat ontbyskoek,
lelik met my

Ek is Liefdevol

Ek hou my boetie vir die eerste keer vas by die hospietaal.

23 Augustus 2003

Beste XXXXXXX

Ek het die afgelope week baie aan jou gedink. Ek voel bevoorreg om by jou te leer van liefde. Al die verskillende betekenisse van liefde. Liefde vir die natuur, die berge en die see. Liefde en versorging is maats wat naby aan mekaar staan. Jy het vir my vertel dat jou nuwe Mamma en Pappa goed sorg vir jou. Julle gaan op uitstappies, lag lekker saam, jy kry drukkies en soentjies, hulle koop vir jou klere en kos. Net so goed soos jy vir jou Newborn baba pop sorg, sorg hulle vir jou. Jy het ook gesê dat jy al voorheen vir jou boetie gesorg het toe hy 'n baba was. Jy het vir my geteken hoe jy hom vir die eerste keer vasgehou het by die hospitaal en gesê dat jy liefdevol is. Ons het ook gesels oor die verskillende betekenisse van seermaak vir jou. Jy het gesê dat liefde en seermaak ook naby mekaar kan staan. Jy het verlede week iets belangrik vir my geleer: Versorging, omgee, beskerming en seermaak kan alles deel wees van liefde.

Groete

Tannie Sanél

Wat Ek graag wil hê

Boosmy Boom wat ve skunder - kleure het

vir liefde

mooi te maak vir

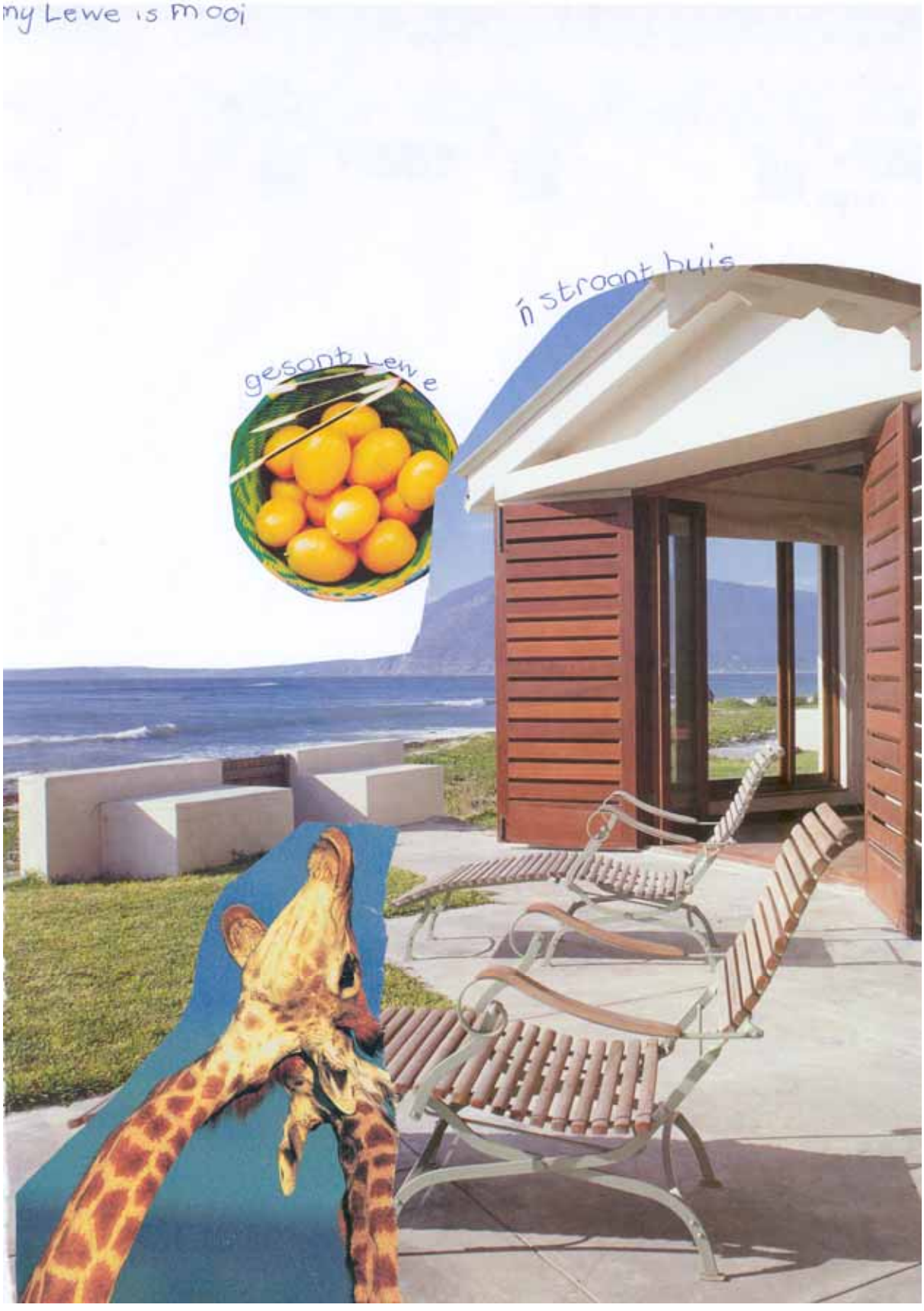
mooi kyk na die baba

Ek praat met hom as Ek ongelukkig voel

om met te praat

song vir die mammaer die baba

my Lewe is mooi



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25 Oktober 2003

Beste .....

Vandat ons gister daar by die Kinderbeskermingseenheid saam met Tannie Sanel en Juffrou ..... gesels het, dink ek baie aan jou. Ek wonder of die konsert toe goed afgeloop het gisteraand en of jy dit geniet het. In my gedagtes kon ek jou sien dans en sing met jou mooi make-up en kostuum! Wens Somerset-Wes was nie so ver nie, dat ek alles kon sien. Moenie vergeet om die foto vir Tannie Sanel te gee nie, want dan kan sy dit vir my wys.

Ek het gevoel asof ek 'n baie besonderse dogtertjie ontmoet het en het gedink ek wil vir jou skryf wat my veral van jou opgeval het, ... Dalk het ek hier en daar iets verkeerd verstaan, dan moet jy maar vergewe, hoor.

Jy het vertel van die verlange na jou Mamma wat jy baie, baie lanklaas gesien het en wat nooit bel en kom kuier nie al het sy in die hof belowe om dit te doen. Jy het gesê dat jy lekkerder sal bly by jou pleegouers as jy kontak met Mamma kan hê. Dit het geklink asof jy bekommernis het oor Mamma en ook kwaad ervaar omdat sy al tevore beloftes gemaak het wat sy nie nagekom het nie soos die keer toe sy vir jou 'n New Born Baby belowe het en dit nie gegee het nie. Ek was beïndruk dat jy jou Ouma-hulle se adres in Parow-park so goed ken en ook jou Pappa ..... se adres. Klink vir my asof jy ook weet dat mens nie jou ou adres en regte ouers hoef te vergeet net omdat jy op 'n nuwe plek by pleegouers bly nie, is ek reg? Is dit wat jy ook van jou Mamma verwag, om jou te onthou en te kontak al bly jy nie nou by haar nie? Het jy agtergekom dat mens sommer vir baie ouers kan lief wees, ...? My seun het altyd vir my Mamma Lise genoem en vir sy dagma Mamma Huibre, so het hy vir my geleer dat mens sommer vir baie mammas kan plek hê in jou hart! Dit het vir my geklink asof jou pleegma regtig ook haar spesiale plek in jou hart het; veral as sy omgee wys soos met die New Born baby wat sy vir jou gegee het toe sy uitgevind het hoe graag jy een wil hê. Ek het ook gehoor hoe mooi jou pleegmamma julle grimering doen en hoe sy graag by die skool help.

Ek het so baie by jou geleer van omgee- en versorgliefde, ... Ek dink aan jou wat vertel het dat jy graag mense en diere versorg. Dit was 'n mooi storie van jou en

Pappa ..... wat so baie budgies gehad het. Slim "deal" wat hy uitgedink het om die budgies te koop sodat jy harder kan werk met die skoolwerk, ek moet onthou om bietjie "deals" te maak as my seun nie wil leer nie! Jy het ook vertel van hoe mooi jy Mamma se raakskeerplekkie versorg het daardie keer. Nee jong, ek dink jy is sommer klaar 'n verpleegster/dokter/veearts-soort-versorgerpersoon, wat dink jy? Van pappas gepraat, ek het ook gehoor van jou pleegpappa se omgee- en versorgingsliefde, soos dat hy skooltoe kom om te kom uitvind hoe hy kan help met die skoolwerk en organiseer van jou boektas en huiswerk. En dan's julle nog so "Lucky" dat hy al die lekker eetgoedjies van die lughawe af bring waar hy werk. Selfs Juffrou ..... het haar lippe afgelek toe sy sê dat daardie eetgoed altyd so lekker vir haar lyk.

Jy het ook vertel hoe Juffrou ..... hierdie jaar saam met jou gestaan het om dinge in jou lewe daar by die skool te verbeter. Julle twee het vertel dat deurmekaargeid soms lol en dan is jou bank en tas in so 'n toestand dat jy nie jou werk gedoen kan kry nie. Juffrou ..... se afgooi van jou goed van die bank af het jou gehelp om georganiseerd te raak sodat jy nou baie vinniger werk. Julle het vertel hoe Pappa nou tuis help met die huiswerk en tas sodat orde en roetine vir chaos en ongeorganiseerdgeid sommer goed uit die pad gekry het. Onthou jy ek het gewonder hoe 'n dokter mense sal kan help as sy tas so deurmekaar is dat hy nie sy inspuitingsnaald, koorspen, stetoskoop ens kan kry nie! Sal nie eintlik 'n goeie dokter kan wees nie, nê!

Juffrou ..... het ook getuig van hoe mooi jou skoolwerk verbeter het, die skryfwerk wat mooi regkom en dit het geklink asof jy planne het om dit nog beter te kry. Wat my hart die meeste geraak het, was toe Juffrou ..... gesê het: "..... blom!". Sy het gesê dat jy nou in 'n oulike groepie maatjies is en dat jy nie lelik en katterig is nie, ook nie een is wat "sulk" nie, maar praat as iets jou pla. Verder het sy gesê dat jou prente eers so deurmekaar was en nou maak jy die mooiste prente. Sy het ook gesê jy is 'n "praktiese kind" wat beteken dat jy sal goed wees met versorg en dinge maak. Juffrou ..... het genoem dat daar aan die begin van die jaar probleme was met jou wat so met die Gr 7 seuns gespeel het op maniere waarvan hulle nie gehou het nie en dat jy ook nou dit verstaan en meer met jou eie maats speel. Al die verbeteringe en gelukkigheid wat Juffrou ..... raaksien en wat sy "blom" noem, het ook vir Tannie Sanel baie bly gemaak, want sy het baie van die hartseer en verlang gesien aan die begin toe jy by haar gekom het.

Dit het vir my geklink asof julle twee se praat, speel en werk Vrydae ook baie gehelp het sodat die blom weer sy mooi kleure kan wys en lekker oop en mooi kan wees, wat dink jy?

....., ek het vir jou gesê dat ek so verbaas was om te hoor dat jy die moed gehad het om te praat oor die seksuele molestering wat Oom ..... aan jou gedoen het. Jy

het verduidelik dat dit baie, baie moeilik was om hieroor te praat omdat hy jou gedreig het om stil te bly omdat hy kon tronk toe gaan en dat dit moeilik was omdat selfs jou Mamma jou nie wou glo nie, maar nogtans het jy deurgedruk. Ek het gevra waar jy die moed vandaan gekry het en jy het verduidelik dat jy geweet het dat jy die hartseer uit jou moes uitkry. Weet jy ek wens dat meer kinders en vroue wat deur grootmense soos Oom ..... seergemaak en misbruik word so dapper soos jy sal wees, want dan sal mense wat kinders en vroue seermaak dit nie so maklik kan doen nie. Ek dink jy het jouself en ander kinders 'n baie groot guns gedoen deur jou dapper optrede. Ek wonder of jy al daaraan gedink het dat die praat oor die seksuele molestering ook vir jou gehelp het om beter te voel oor jouself en dat dit ook 'n manier is waarop jy vir jouself omgee en versorging gegee het? Dink jy dit is ook iets wat ons moet doen, selfversorging en selfbeskerming?

Ek is nou nie presies seker met wie jy eerste gepraat het nie, maar ek dink jy het gesê dat jou Juffrou van verlede jaar, Juffrou ..... (weet nie of ek haar naam reg het nie?) ook iemand was wat baie omgegee het vir jou en dat sy ook iemand was met wie jy kon praat oor slegte en hartseergoed en dat sy jou getroos het as die hartseer jou soms oorval het. Jy het ook gesê dat Jesus jou gehelp het met die praat en dat Hy jou vriend is.

Ek het ook gehoor dat jy nie hou van Mamma se vriendin met wie sy nou 'n verhouding het nie. Jy het genoem dat sy lelik met jou praat,en jou met 'n belt pakgee. Vind jy ook dat daar beter maniere is waarop grootmense kinders kan help met probleemgedrag, soos Juffrou ..... se help met die deurmekaargeid en Pappa se deal byvoorbeeld. Gaan jy van nou af iemand wees wat nie sal stilbly as grootmense of kinders jou seermaak of sleg behandel nie, iemand wat opstaan vir wat reg is al is dit hoe moeilik en seer?

....., ek het genoor van 'n hele paar mense wat jou help en vir jou omgee, miskien kan jy en Tannie Sanel vir jou 'n lys maak van al die mense wat jou omgee-mense is sodat jy hulle kan onthou as kwaadwees, hartseer en verlange jou wil kom vertel dat jou Mamma jou weggegooi het en jou nie eers meer kontak nie. Klink my jy het sommer 'n lang lys omgee-mense in jou lewe daar in Kraaifontein en dalk ook uit Parow al het jy hulle lanklaas gesien.

Geniet die konsert verder, jy is mos een van die sterre wat dans en nie net sommer in die koor sing soos al die ander maatjies nie! Tannie het jou mooi sing en dans so geniet ek voel sommer hoe die glimlag op my mond kom as ek daaraan dink.

Vriendelike groete van nog 'n omgee-mens.

Tannie Elize

LIST OF CATEGORIES, THEMES AND CODES USED IN DATA ANALYSIS

CATEGORIES	THEMES IN ELNA'S LIFE	CODES
Problem-saturated story	Anger	A
Values, hopes and dreams	Sexual behaviour	SB
Preferred, alternative story	Other traumatic experiences	OTE
	Sadness	S
	Caring people	CP
	Longing	LO
	Sexual trauma	ST
	Care	C
	Adjustment	AJ
	Scared	SC
	Relationships	R
	Aggression	AGG
	Organisation	OS
	Hurt	H
	Protection	PRT
	Love	LV
	Memories	M
	Death	D
	Courage	CGE
	Braveness	BRA

EXAMPLE OF TRANSCRIPTION AND CODING

Dag/Datum/Sessie	Persoon	Gesprek	Kodering
Vrydag 24 Oktober 2003 SESSIE 12 VIDEO 5	T: EM: T: EM: T: EM: E: EM: E: EM:	Dit is _____ (Elna se klasopvoeder) en dit is Elna. Hello. Julle kan maar gerus sit. Elna, wil jy nie vandag die naaste aan my sit nie. Ek dink ek wil vandag die meeste met jou gesels. Sanél, kan ek maar gesels? Ja, enige tyd. Jy is meer as welkom. Ok. Elna, wat noem jy vir haar? Tannie? Ok. Ek help vir tannie Sanél hulle. Hulle leer mos eintlik by die universiteit hoe om met kinders te praat. Doen sy 'n goeie 'jobbie' van praat? (Almal lag). Moet ons vir har hoë punte gee by die universiteit? Weet jy wat is 'n universiteit? Dis soos die skool van groot mense. So nou, het sy gewonder of ek nie lus het om saam met julle te gesels nie. Tannie Sanél het vir my gesê tannie gaan vandag kom. Ok. So jy het dit geweet. Laat ek net gou almal se name skryf. Tannie Sanél en Biancka. Jy skryf mos jou naam met 'n… C en 'n k. O ja. Ek het geweet daar is ietsie snaaks. 'n Bietjie anders as gewoonlik. Wat's jou juffrou se naam nou weer?	

	E:	Juffrou _____.	
	CE:	Wat is my regte naam? Kom, jy ken dit mos.	
	EM:	Watter klas is jy? Watter graad?	
	E:	Graad 3.	
	EM:	En jy is nou 9 jaar oud … (Elna skud haar kop) Ek weet nou nie so baie van jou af nie Elna maar weet jy wat? Ek hoor baie van baie kinders en dan vergeet ek soms of raak partykeer so bietjie deurmekaar. So is dit reg as ek vir jou 'n paar vrae vra? Ek weet ietsietjie van jou en dit is dat jy nie by jou eie mamma bly nie en dat jy by 'n pleegmamma en pappa bly. En ek het verstaan dat dit partykeer vir jou moeilik is. Is dit so? (Elna skud haar kop) Is daar verlange in jou hart? Na wie verlang jy?	LO
	E:	Na my ma.	LO
	EM:	Jou ma/ wanneer laas het jy jou ma gesien?	
	E:	Baie baie lanklaas. Sy het nie eers vandat ek um…by my pleegma gebly het het sy nog nie eers gebel of ge um…gekuier of iets nie. En sy het vir die hof gesê dat sy gaan by my kom kuier, sy gaan bel en al dit. Sy gaan alles doen om by my uit te kom.	LO
	EM:	En sy doen dit nie? So in jou hart wonder jy bietjie hoe het dit nou gebeur. Dat sy gesê het sy gaan dit doen maar…	
	E:	Sy koop net sigarette. En sy um…sy	

		um…Ek weet nie wat sy doen nie maar sy is partykeer af dan kom kuier sy nooit vir ons nie.	LO
	EM:	Is dit. Wat se werk doen sy?	
	E:	Sy doen nie meer werk nie want laas toe ek gekom het toe daai ander werk waar sy werk…toe sê die ander mense maar sy werk nie meer daar nie.	
	EM:	So sy het dalk nou glad nie werk nie. Weet jy waar sy woon?	
	E:	Ja. _____ (Elna gee die adres).	M
	EM:	Uh! Jy ken die hele adres! Wag sê weer.	
	E:	Elna herhaal die adres.	
	EM:	Dis nie waar jou Ouma woon nie né.	
	E:	Dit is.	
	EM:	Is dit waar jou ouma woon? So jou mamma woon by jou ouma-hulle.	
	E:	Ja. Ek weet nie waar Charmaine bly nie want…	M
	EM:	Is Charmaine haar vriendin? Of is dit jou tannie?	
	E:	Dit is my tannie. Dit is Mamma se suster.	M
	EM:	O, dis Mamma se suster. Het jy boeties en sussies?	
	E:	Ja, ek het een boetie.	M
	EM:	O, en waar woon hy?	

	E:	My stiefsuster _____.	
	EM:	Stiefsuster _____ en die boetie se naam?	
	E:	_____ (Elna sê die boetie se naam).	M
	EM:	_____ Het ek reg gehoor? Hoe oud is _____ (boetie)?	
	E:	_____(boetie) is nou 5 jaar oud.	M
	EM:	Waar woon hy?	
	E:	My suster is 15.	
	EM:	Dis nou _____(suster). Sy is al in die hoërskool. Sien jy haar partykeer?	
	E:	Nee, sy bly saam met ons.	
	EM:	Ok. Ook by die Pleegmammie.	
	E:	Ja. Sy's…sy's my pleegsussie.	
	EM:	O, sy's jou pleegsuster, nie stiefsuster nie.	
	E:	Ek het deurmekaar geraak.	
	EM:	Dit is genoeg om 'n mens deurmekaar te maak. Al die families. Uh?Het julle al ooit die families geteken? Soos hie's die een en hy's met daardie een getroud en woon saam met daai een en so? (Elna skud haar kop). Het julle dit nog nooit gedoen nie? Sal jy darvan hou? Om hulle so te teken en te sê hier's die Pleegma en hier's die Pleegpa en hier's hulle kinders en hierso is ons en hierso is my ma en hier's my ouma-hulle.	

	E:	Ek kan nie meer eers onthou hoe lyk my ma of my ouma nie.	LO,M
	EM:	Rêrig my skat, het jy hulle so lanklaas gesien? Nie eers 'n foto van Mamma nie? (elna skud haar kop). Glad nie. Sal dit help as tannie Sanél 'n bietjie uitvind waar sy is en of daar 'n fototjie is?	
	E:	Ek weet nie eintlik waar sy is nie maar ek weet net sy bly by my ouma.	LO,M
	EM:	Ok. Kan tannie vir jou vra, weet jy, maar jy hoef niks te antwoord as jy nie lus is nie hoor. Ek vra maar sommer maar miskien is dit sommer stupid vrae wat ek vra. So ek wonder maar net, of…of…of as jy so dink oor jou mamma of daar bekommernis in jou hart is? Is daar bekommernis?	
	E:	Ja.	
	EM:	Rêrig? Of is die bekommernis nie so groot nie?	
	E:	Die bekommernis is so groot.	LO, S
	EM:	Is dit groot?	
	E:	Ja want um…ek is baie bekommerd oor haar want ek het haar nog nie een keer gesien toe in ek by my stiefbroer gebly het nie.	LO, S, PRT
	EM:	En dis al baie slapies en baie tyd. Weet jy hoeveel tyd dit is?	
	E:	Nee.	
	EM:	Soos weke en weke en weke.	

	E:	Laas…laas…laas…um…laas	AJ
	EM:	Kwartaal. Ja.	
	E:	Kwartaal.	
	EM:	Hoe lank is jy al by juffrou_____ in die klas?	
	E:	Um…van…van	
	EM:	Van die begin van die jaar? So dit was jou skool waar jy altyd was.	
	E:	Nie altyd nie. Die halwe…die halwe…Ek is deurmekaar…	
	T:	Helfte van die jaar.	
	EM:	Helfte van die jaar by die pleegmense. Helte van die tyd by die pleegmense.	AJ
	E:	Ja.	
	EM:	Juniemaand hierdie jaar.	AJ
	CE:	Nee, verlede jaar.	
	EM:	O, ok. Jy's al meer as 'n jaar in daai skool. So toe was jy verlede jaar by 'n ander juffrou gewees en toe hierdie jaar by 'n ander juffrou se klas.	
	E:	Ja, ek was verlede jaar in juffrou _____ se klas.	
	EM:	O. Jong, nou het ek sommer al baie gehoor. Nou is ons blaai sommer vol. Kan ek net vra oor die bekommernis. Is daar partykeer 'n gedagte dat sy miskien iets oorgekom of iets sleg het met haar gebeur dat sy jou nie bel nie. Is daar partykeer so 'n gevoel?	

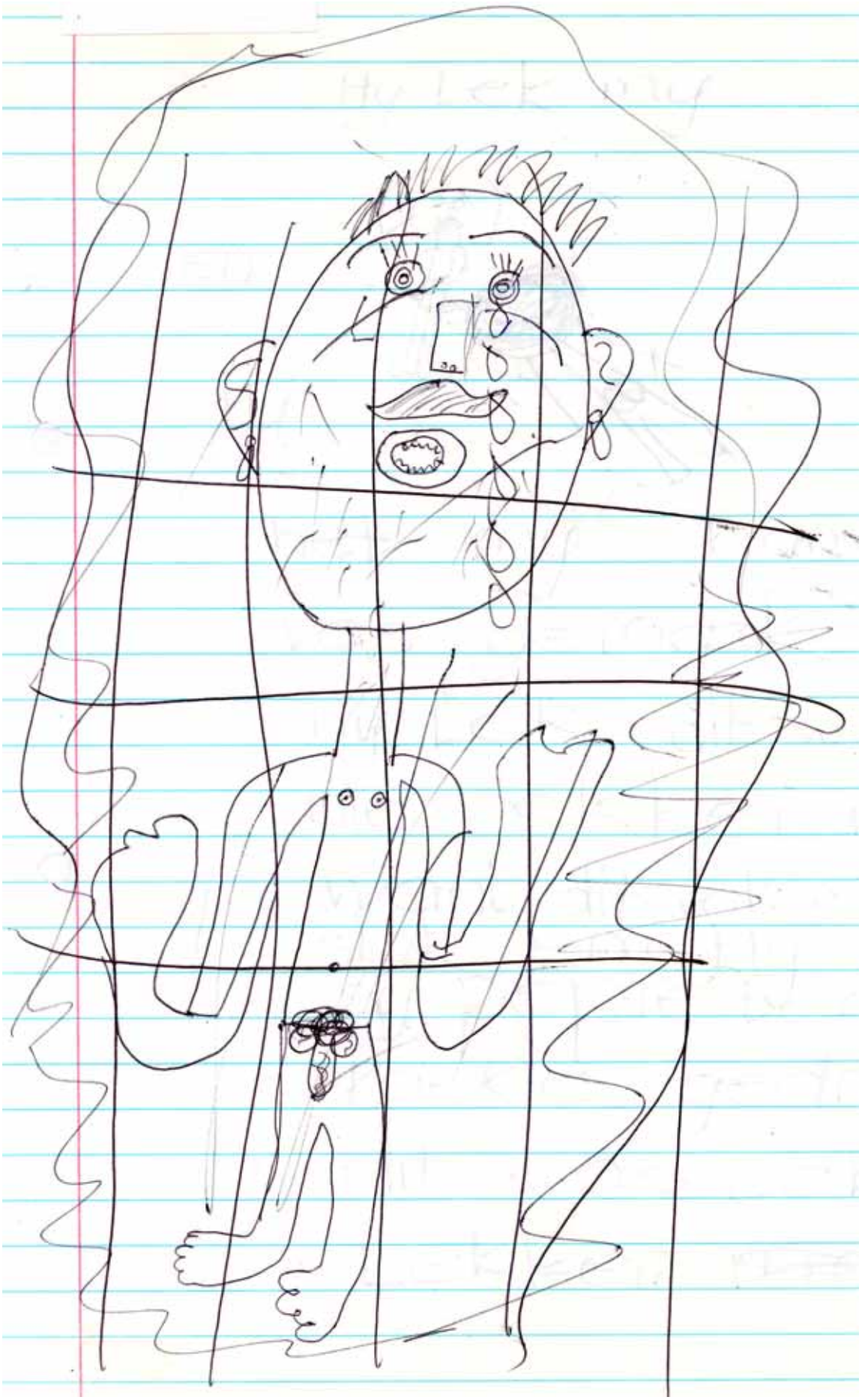
	E:	Partykeer dink ek um…sy's in 'n ongeluk of so iets. Dan raak ek baie bekommerd. Dan gaan klim ek sê maar in my boom of my nuwe veilige plek.	LO, S
	EM:	O.	
	E:	Dis wat ek vir tannie Sanél gesê het.	
	EM:	Het julle 'n geheim? Is dit 'n geheim?	
	E:	Ja.	
	EM:	Ek sal vir niemand sê nie. Oraait. So die bekommernis is oor Mamma se veiligheid want as iemand baie lank nie van hom laat hoor het nie dan kan jy tog nie weet of hy iets oorgekom het nie. Is daar ook bietjie kwaadwees vir haar?	PRT, A
	E:	Ja.	
	EM:	Rêrig.	
	E:	As sy nie vir my bel of so iets nie, …	A
	EM:	Uhu… Dan dink jy…Wat dink jy?	
	E:	Dan …dan raak ek kwaad vir haar. Dan wil ek vir haar bel maar dan wil ek ook nie want ek het nie geld nie…ek het nie geld op my selfoon nie.	A
	EM:	Het jy 'n selfoon?	
	E:	Ja.	
	EM:	Rêrig. Hy bied nie veel as 'n mens nie geld op hom het nie.	
		Maar ek kan altyd vir haar 'n	

	E:	boodskap stuur maar ek het ook nie geld nie.	
	CE:	Het jy Mamma se nommer?	
	E:	Ek het my ouma se nommer. Dit is haar ou nommer. Ek glo nie sy het meer die nommer nie.	LO
	EM:	Dink jy die nommers het dalk verander?	
	E:	Ja.	
	EM:	Voel dit soms vir jou…vir my klink dit of jy sê mamma Elna Mamma het 'n belofte gemaak sy sal julle gereeld kontak maar nou kom sy nie haar belofte na nie.	
	E:	En sy het altyd nie haar beloftes nagekom nie. Sy het gesê ek kan…sy gaan vir my 'n newborn baby koop toe…toe…kom sy nie haar beloftes na nie.En nou het ek vandat ek by my stiefmamma bly sê ek my ma het nie haar beloftes nagemaak nie en die volgende dag toe was daar so groot boks op my bed. Toe maak ek dit oop en ek kon deur die dingese sien Toe ek weer sien 'n pop hieso toe skree ek en gaan aan met die ding en toe um… was dit 'n newborn baby gewees.	M CP
	EM:	Wat sê dit vir jou van hoe jou Pleegmamma is?	
	E:	Sy is…sy's baie…sy's lief vir my en al daai dinge en ek hou baie van daai…	CP
	EM:	Van daai presente kryery? (Almal lag). Uh?	

	E:	Sy gee om vir my ook. En sy…	CP
	EM:	Jy dink so.	
	E:	Ja. Sy doen my make-up…	
	EM:	Anders sou sy nie…Sy doen make –up en sy bring 'n newborn baby vir jou.	CP
	E:	Vra die juffrou. Sy make up baie baie mooi.	
	CE:	Ja, ek moet sê hulle het baie mooi gelyk.	
	EM:	Vir wat moes julle dan so ge make-up gewees het?	
	E:	Vanaand gaan ek weer ge make –up word.	
	EM:	Is dit 'n konsert of iets?	
	E:	Dis 'n konsert. Tannie kan in my boek kyk.	
	EM:	Het jy 'n boek?	
	T:	Wil jy vir ons wys?	
	E:	Kyk, dit het ek geteken vir julle twee.	
	EM:	Nou wat is jy in die konsert?O… dit lyk soos'n wonderlike engel. Een van die vrioendelikste engels. Weet jy wat hou ek van?Is daai ronde wange.; Ek hou van om te dink engele het so bietjie vetjies aan hulle. (Almal lag).het ek ook so kans om 'n engeltjie te word? Wat dink jy?	
	E:	Ja.	

AN EXAMPLE OF DATA OF SANDTRAYS ARRANGED INTO CATEGORIES AND THEMES

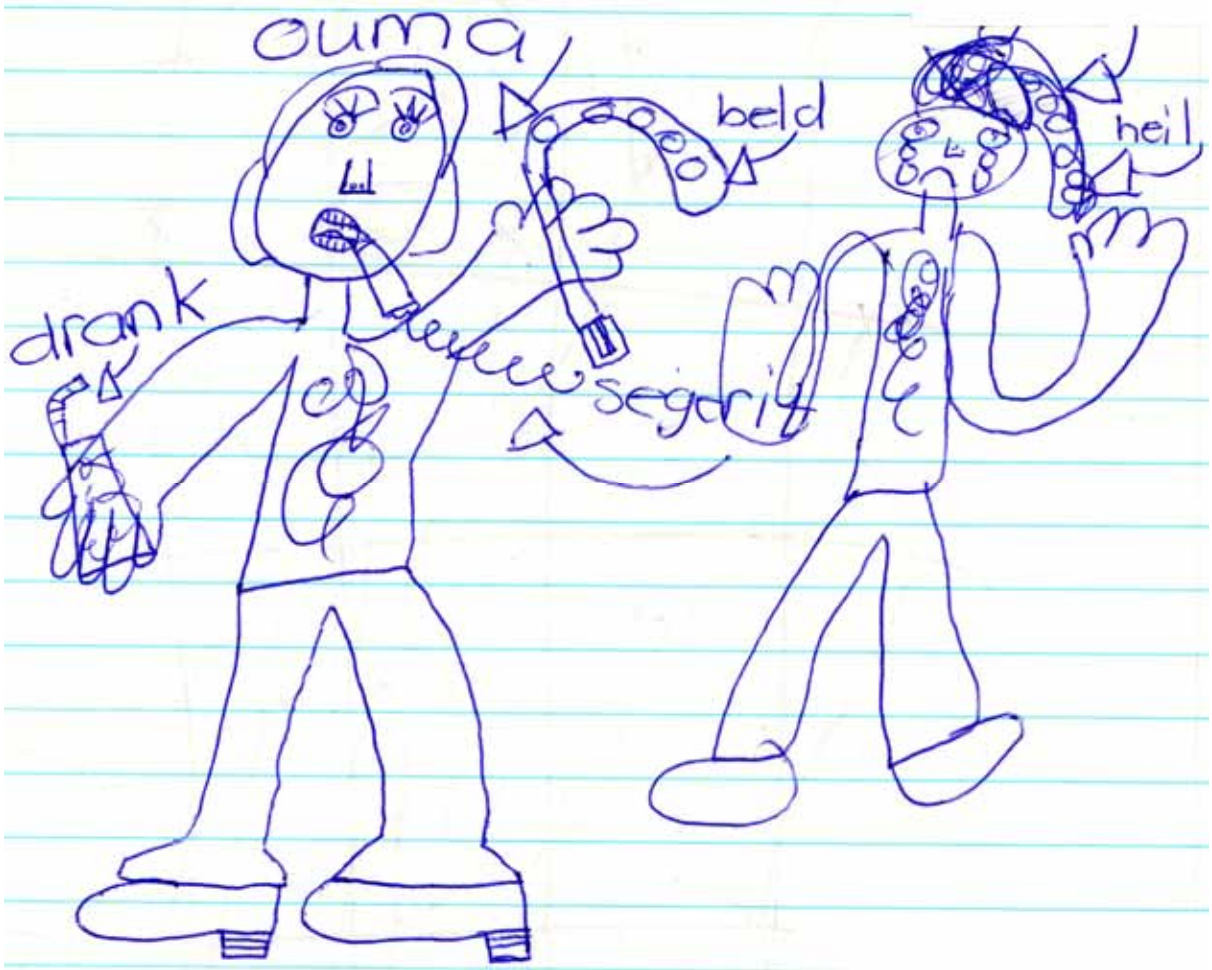
CATEGORIES	THEMES IN ELNA'S LIFE
PROBLEM-SATURATED STORY **Session 9:** **Session 10:**	Pappa bok met bababok … Mamma is dood … (**D**) Mamma koei en die kind … Hulle bly saam want Pappa is dood (**D**) Mamma vark en die kleintjie ... Pappa is dood ... Mamma en die kind is by die begrafnis (**D**) … Mamma perd en die baba perd … Pappa is dood (**D**) … Wildevark Mamma en kind … Daar was 'n bom wat ontplof het.
VALUES, HOPES AND DREAMS **Session 9:** **Session 10:**	Visse in die water … hul lewe is om te swem in die water … Die slange is vriendelik … Ek gaan 'n ander slang by die huis kry (**R**) Die leeu en die tier is vriende (**R**)
PREFERRED, ALTERNATIVE STORY **Session 9:** **Session 10:**	Dit is die olifantfamilie … Hulle gaan skool toe … Pappa, Mamma en kinders (**CP**) Visse in die water … hul lewe is om te swem in die water … Die slange is vriendelik … Ek gaan 'n ander slang by die huis kry (**R**) Dit is 'n olifant … Hy het kinders wat skool toe gaan … twee kinders en 'n Mamma (**CP**) … Pappa vark rol in die modder … Mamma en baba ook (**CP**) Die leeu en die tier is vriende (**R**)



Hy Lek my

en 

Hy het my hande
vas gemaak toe
hy Lek dit was
nie Lekker nie
want dit vol soos n
slak. en. Hy het
sy pepie teen my
koekie gedruken
dit was ook nie
Lekker ~~nie~~ nie


ouma
beld
heil
drank
segerik

TOESTEMMINGSBRIEF

Geagte Ouers/Voogde

Ek is tans 'n student in Opvoedkundige Sielkunde aan die Universiteit van Stellenbosch. 'n Deel van my studie behels 'n navorsingsprojek om die bruikbaarheid van 'n spesifieke terapeutiese hulpverleningsmodel (transteoretiese model) te bepaal vir kinders tussen 6-10 jarige ouderdom, wat aan seksuele trauma blootgestel was.

Ek wil u en u kind graag uitnooi om deel te vorm van hierdie navorsingsprojek. Dit sal behels dat ek met u as ouers/voogde informele onderhoude voer, sowel as terapiesessies met u kind. Ek sou ook graag u toestemming wou verkry om met u kind se klasopvoeder, sowel as lede van die Kinderbeskermingseenheid onderhoude te voer, om meer agtergrondsinligting te verkry. Ek beplan om hierdie studie oor ongeveer 'n tydperk van ses maande uit te voer.

Ek wil dit beklemtoon dat deelname aan hierdie studie heeltemal vrywillig is en ek wil u ook die versekering gee dat alle inligting as uiters vertroulik hanteer sal word.

Ek glo dat hierdie studie op die lang duur 'n bydrae kan lewer om kinders wat aan seksuele trauma blootgestel was, meer effektief te ondersteun.

Indien u enige navrae aangaande die studie het, kontak my gerus by telefoonnommer (021) 808 2229.

By voorbaat dankie

Sanél Vos (Student: Opvoedkundige Sielkunde)

Datum:

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jou kennisvennoot • your knowledge partner

MAGTIGINGSVORM

Ondergetekende _____ _____ kliënt/vader/moeder/voog **(onderstreep waar van toepassing)** gee toestemming aan die **EENHEID VIR OPVOEDKUNDIGE SIELKUNDE** van die **UNIVERSITEIT VAN STELLENBOSCH** om:

1. inligting aangaande myself of kind van relevante persone of instansies te verkry, en/of inligting aan kundige persone/instansies te verstrek:

_____

HANDTEKENING

2. indien nodig, te observeer, video- of klankopnames van die verloop van die ondersoek/hulpverlening te maak. Sodanige opnames word streng vertroulik en anoniem hanteer:

_____

HANDTEKENING

3. verkreë inligting (wat anoniem en streng vertroulik hanteer sal word) vir navorsingsdoeleindes te gebruik ten einde die diens te verbeter tot voordeel van toekomstige kliënte:

_____

HANDTEKENING

_____ _____

DATUM **GETUIE**

Eenheid vir Opvoedkundige Sielkunde • Unit for Educational Psychology
GG Cilliégebou/Building • Ryneveldstraat/Street 7600• Stellenbosch
Privaat Sak/Private Bag X1 • Matieland 7602 • Suid-Afrika/South Africa
Tel +27 21 808 2229 • Faks/Fax +27 21 808 3932

CONSENT FOR EYE MOVEMENT DESENSITIZATION AND REPROCESSING TREATMENT

We (parents/…..) have been advised and understand that Eye Movement Desensitization and reprocessing (EMDR) is a new treatment approach that has not been widely validated by research. We have been informed that initial studies have shown EMDR has produced promising results in reducing anxiety and in reducing post-traumatic stress symptoms, such as intrusive thoughts, nightmares and flashbacks. We have also been advised that, although there are currently no known serious side effects to EMDR, there is minimal data as to its efficacy and safety.

We have also been specifically advised of the following:

1. Distressing, unresolved memories may surface through the use of the EMDR procedure.
2. Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including a high level of emotional or physical sensations.
3. Subsequent to the treatment session, the processing of incidents/material may continue, and other dreams, memories, flashbacks, feelings, etc. may surface.
4. Before commencing EMDR treatment, we have thoroughly considered all of the above, we have obtained whatever additional input and/or professional advice we deemed necessary or appropriate to having EMDR treatment, and by our signature below we hereby consent for _____ to receive EMDR treatment.

   We consent that _____ can receive EMDR treatment.
   Our signature on this Acknowledgment and Consent is free from pressure or influence from any person or entity.

   Signed at _____on the ____day of _____ 20….

   _____ _____

   Signature Witness

   _____ _____

   Signature Witness