

**WRITING IN THERAPY: A GESTALT APPROACH WITH AN
ADOLESCENT**

by

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Declaration

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I hereby declare **WRITING IN THERAPY: A GESTALT APPROACH WITH AN ADOLESCENT** to be my own work and that all references used or quoted were indicated and acknowledged comprehensively.

Zarine Roodt

Date

This study is dedicated to my brother, Pierre †

Abstract

This exploratory and descriptive investigation used the case study as research strategy to indicate how writing may be used as a specialised form of therapy for an adolescent in the phase of mid-adolescence. The study researched and consolidated a body of knowledge concerning writing in a therapeutic context, while highlighting the Gestalt therapeutic approach. Its empirical integration culminated in a method for the use of therapists who - irrespective of their therapeutic orientation - wish to apply writing in therapy with adolescents.

The dissertation argues that writing practised from a Gestalt therapeutic perspective should move gradually from being a tool of self-expression to becoming one of self-nurturing. It should guide the client through a process of self-regulation to a point of self-support. In such a process, writing *in* therapy will evolve into writing *as* therapy, a therapy practised by the client her- or himself as a means of achieving equilibrium.

Key terms:

Writing therapy ■ Gestalt practice model ■ Adolescence ■ Qualitative research ■ Case study
■ Expressive therapy ■ Writing as therapy ■ Gestalt play therapy ■ Equilibrium ■ Self-regulation

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For the attention of the reader


The reader is alerted to the following information which is vital to an understanding of how this particular study has been construed:

Regarding academic constraints:

- 1 The study exceeds the prescribed number of pages, the reasons for which are fourfold: first, the historical and theoretical basis of the unit of analysis was such that, restricting the writing of it, would have had a detrimental effect on the literature review. Secondly, qualitative research is, by its nature, both wider and deeper than quantitative research, for instance; thirdly, the subject in this investigation brought extraordinary depth to the study so it proved impossible to restrict the narrative and chronology of her case. For these reasons, chapters 2 (the main literature review) and chapter 5 (empirical investigation) carry considerably more weight than the other chapters. Finally, it was considered conducive to successful outcome of the empirical investigation to conduct a pilot study; this not only extended the study's number of pages, but inclusion of its findings in the chapter on research and design - the logical place to do so - is the reason for a weightier chapter (chapter 4) than might otherwise have been expected.
- 2 In chapter 2 it will become evident that two areas, bibliotherapy and narrative therapy respectively, feed into expressive therapy – the umbrella concept for writing in therapy. These two areas are discussed briefly inasmuch as they contribute to an understanding of the main construct, writing in therapy. However, these two areas are not integrated into the empirical investigation for the following reasons: in bibliotherapy the historical emphasis is on the reading of material, while narrative therapy emphasises the external world rather than inner exploration. Despite the decision not to integrate bibliotherapy and narrative therapy beyond the point where they are discussed in this chapter, the information was retained in the main study, rather than attaching it as an appendix, for purposes of broader understanding.
- 3 It was not possible to restrict the study to sources not older than 10 years, the reason being that the roots of the unit of analysis – writing in therapy – date from the early 1900's. Also, with regard to qualitative research, certain classic texts were included, despite their being older than 5 years. Finally, there is a scarcity of published material on Gestalt therapy (Fagan & Shepherd, 1970:vii), and many of these are dated.

Regarding readability and accessibility of the text:

Because this study comprises a considerable amount of reading, for the reasons stated above and also because of the nature of its unit of analysis, the reader is guided through the text by means of two symbols:

- An arrow (⇒) is used to draw the reader's attention to a point important to the rest of the discussion.
- A writing hand () denotes instances of writing as homework.

Also, to increase readability, the text has been laid out professionally in Corel Ventura 10. This accounts for the slight inconsistencies in inter-line spacing, in particular.

In general:

Other than the above, a few ordinary conventions apply:

- This study follows the convention of using masculine and feminine pronouns randomly rather than he/she or him/her; therefore, there is no gender preference, although the use of female gender is weighted in view thereof that the subject in the study is female;
- All quotations are quoted verbatim from the source: so, occasionally, the use of “and” and the ampersand (&) may appear to be inconsistent;
- Author’s quotations have not been standardised – hence quotations appear consistently in the author’s usage;
- All names and identifying information in chapter 5 have been changed for purposes of privacy and confidentiality;
- The very bulk of the transcripts (chapter 5) prohibit their inclusion in this dissertation. In addition, the transcripts are in Afrikaans as the interviews were conducted in Afrikaans. Serious researchers, who would like to have access to these documents, are welcome to contact the researcher on 083 251 5847.

Chapter 1

Orientation



... this study is in response to the various crises, emotional and otherwise, faced by the youth of today in general and in South Africa in particular ...

1.0 Introduction

It is an incontrovertible fact that today's youth is in crisis. The United Nation's World Youth Report for 2005 (United Nations World Youth Report 2005 ..., 2005) states that

- more than 200 million young people worldwide live in poverty;
- 130 million between the ages of 15 and 24 worldwide are illiterate;
- 113 million children do not go to school;
- 88 million are unemployed;
- 10 million live with HIV/Aids which is the primary cause of death of most young people, followed by violence and injuries;
- there is an unprecedented increase in the use of synthetic drugs amongst young people.

Other than the circumstances in which and with which the world's youth live, their mental health is also under considerable pressure: the World Health Organisation (Brits, 2003:7) reports that an estimated 20% of the world's children and teenagers experience some form of mental illness. Further, it is estimated that, by 2020, the emotional and behavioural problems of these groups may increase, proportionally, by 50%. The implication is that mental illness will become one of the five most common reasons for death and disability amongst children (Brits, 2003:7). Closer to home, the international scenario depicted above is reflected in South Africa. Regarding the South African youth's mental health, the local Mental Health Information Centre is of the opinion that mental health problems are already as common as physical problems such as asthma (Brits, 2003:7). Increasing awareness of the significance and seriousness of the scenario regarding our youth's mental health can perhaps best be illustrated by noting that one of the eight priority research areas of the South African Human Sciences Research Council's (HSRC) Child Youth and Family Development (CYFD) Research Programmes is child and adolescent mental health (Research Programmes ..., 2004).

Other serious problems abound in South Africa, as shocking headlines in newspapers and features in magazines trumpet. These include suicide, which is the third largest cause of death amongst young people (Louw, 2005:7), alcohol and substance abuse, with reports of binge drinking among teens reaching "epidemic proportions" (Caelers, 2005b:10), and teens turning to the drug "tik", for instance, "in droves" (Caelers 2005a:1). Apart from experimenting with drugs and alcohol, teenagers also engage in other risk-taking behaviour, the most serious of which is sex, with the age of first experimenta-

tion becoming younger and younger, while sex games, amongst other things, abound (see Magoulani-McGregor & Rassool, 2005:32 and Joubert, 2006:31). Even more shocking is the fact that violent crime committed by South African youth is increasing (Van Dyk, 2004:3), with more and more children murdering one or both their parents (Carstens, 2004:8). Mackay (2002:24) points to the obverse: that adolescents in South Africa are subjected to additional external sources of trauma, including a dramatic increase in rape, assault and violent robbery (Mackay, 2002:26). The author expresses the situation precisely: "The many threats that may affect adolescents of today have manifested themselves in South Africa in the following areas in particular: domestic abuse, substance abuse, HIV/AIDS, exposure to violence in the community, unemployment, criminality and unwanted pregnancies" (Mackay, 2002:29).

Furthermore, both black and white South African adolescents regard adolescence as a difficult developmental stage, according to Thom's research findings (in Louw, Van Ede, Louw¹, 1998:391). Thom's findings (in Louw *et al.*, 1998:391) relate not only to the influence of the dramatic developmental changes on the physical, cognitive, personality, and social levels that require very specific adjustment from this age group (Louw *et al.*, 1998:392), but also, more specifically, to the influence of the change-oriented society in which they are growing up. Their society is characterized not only by rapid technological and social changes, but also by changes regarding their roles, behavioural norms, ideologies, and values (Louw *et al.*, 1998:391). Moreover, black and white South African adolescents are expected to form a synthesis between one of the many idiosyncratic traditional cultures and the modern Western-oriented culture in order to form an identity (Dreyer, Kilpatrick, Thom in Louw *et al.*, 1998:391). More recent studies have indicated that South African adolescents are confronted by issues regarding self-confidence and self-esteem, emotional stability, health, familial influences, personal freedom, group sociability, and morality (Boulter in Louw *et al.*, 1998:391).

At this juncture, it serves the purposes of the discussion to expound on both the adolescent's situation and on adolescence as developmental phase. On the one hand, it is important to understand that the adolescent functions as part of, and therefore his circumstances are bound up in, a particular community as well as a wider external environment. On the other, the adolescent functions in terms of a particular developmental phase, so that her own life skills and needs impact on this phase. Therefore, in short, external factors and problems have internal consequences and influences. This point is relevant to all developmental phases, but even more so with regard to adolescence. Furthermore, the adolescent's own process plays into these factors, both external and internal. (In Gestalt therapeutic terms, "process" has a particular connotation, which Blom, 2004:83 denotes as "the way they present themselves to the world and satisfy their needs".) Therefore, to summarise the significance of the facts provided in this introduction, it should be pointed out that the stress already present in adolescence is compounded by factors which "complicate successful resolution of developmental tasks" (Mackay, 2002:24).

Taking note of the United Nations World Youth Report's call for investment in our youth, the researcher reasoned that one form of investment could be therapeutic intervention. Moreover, given that, in Erikson's view, the quest to form an identity is the primary developmental task of adolescence (Louw *et al.*, 1998:430), the researcher speculated that the use of the written word in such therapeutic

1 With regard to findings being quoted from a secondary source, first, and one which dates to 1998, secondly: the researcher was unable to access directly the findings of the various studies referred to here by Louw *et al.* (1998). Also, the authors Louw, Van Ede, Louw are currently working on a 4th edition of their 1998 text. The reader is referred to Thom & Coetzee (2004) for a more recent perspective on the adolescent in South Africa today, albeit in terms of the development of identity in general and not solely in terms of these findings.

interventions could be ideally suited to the propensity towards self-expression and the need for self-definition exhibited by the typical adolescent.

An initial survey of literature indicated that, of the numerous and established therapeutic interventions and techniques, few are based on the written word. Moreover, the written methods are situated within different perspectives or practice models; they are scattered across the spectrum of therapeutic techniques and are insufficiently informed in terms of application in practice.

1.1 Motivation for the research

The preceding introduction illustrated clearly that there is sufficient reason to believe that children and adolescents today are not in balance with their world. As a consequence, they manifest extreme forms of disequilibrium, both from without – the environment and social pressures – and within – physical and intra-psychic processes. Therefore, it may be surmised that our youth are in need of some form of therapeutic intervention.

At this point it should be noted that Fouché (2002:118), in discussing the significance of a particular research endeavour, stresses the importance of indicating the value and benefits of the investigation for research in general, but also with regard to specific target and age groups. He also indicates that, other than making a contribution to knowledge, the particular research should be applicable in practice.

Therefore, in keeping with Fouché's view (2002:118), the following is pointed out: first, this investigation is relevant to, and has potential value for, the South African youth; secondly, regarding its practical application, a case could be argued for the exploration and description of hitherto underdeveloped forms of therapy in order to enhance the existing array of options available to therapists. It was the researcher's sense, borne out by a search and subsequent review of literature, that writing – or the written word – appeared to be one such unexplored therapeutic technique. Moreover, there was the potential of developing writing as a significant therapeutic tool for adolescents who, increasingly, have to be able to express themselves and deal with harsh external realities. In addition, it appeared that there are voids in the Gestalt approach in respect of aid to the adolescent by means of writing as therapeutic technique. With such a therapeutic aid at the Gestalt therapist's disposal, the therapist should be able to focus on the adolescent's process from a holistic perspective, gaining knowledge and insight so as to introduce balance into the adolescent's functioning by fostering self-awareness, self-support, and integration (cf. 3.5.1). Oaklander (2000:31) underscores the argument that the adolescent's self-awareness will assist her with control and the acceptance of responsibility, thus embracing an increased measure of self-support with regard to both interaction and functioning.

Therefore, the motivation for this research may be thus summarised: in this investigation, a personal research interest – writing in therapy - was linked to the phenomenon of our troubled youth, with a view to expanding writing in therapy in response to a call for more intensive investment in our youth. The study's focus was on the adolescent in therapy from a Gestalt perspective. It included the adolescent's frame of reference, her feelings, thoughts, and behavioural responses, and how the Gestalt therapist can both address the adolescent's process and support her by using writing as a therapeutic technique.

1.2 Research issue

Instead of couching the crux of the research in terms of the conventional problem formulation, the term "research issue" (Creswell, 1998:19) describes more aptly the researcher's view. The research

issue relates to the aim of the study and indicates the focus of the study (Mouton, 2002:91). Fouché (2002:104-106) is in agreement and emphasizes two key tasks at this point: (a) specification of the unit of analysis, and (b) an explanation of the aim or purpose of the investigation.

For the purposes of this study, a social artifact or product of human action – writing – was studied, specifically regarding its application in a therapeutic setting. Therefore, writing may be described as the unit of analysis, i.e. the object of investigation (Durrheim, 1999:37). A distinction is made between four different units of analysis that are common in the social sciences, namely individuals, groups, organisations, and social artifacts (Babbie in Durrheim, 1999:37). Social artifacts, in turn, are defined as the products of human action and forms of social interactions (Durrheim, 1999:37).

However, it is most important to indicate how the unit of analysis relates to the research issue at hand, and to this end the researcher draws attention to the following point. If one were to phrase South African youth's current dilemmas in Gestalt terminology – the practice model favoured in this study – it could be stated that the self-regulating mechanisms of today's children and teenagers, which enable them to establish emotional equilibrium, are under severe strain. Furthermore, it could be speculated that such is the case, because either they are not sufficiently capable of self-support or they do not receive adequate support from their external environment.

Therefore, the research issue concerns, first, the fact that today's youth are under increasing pressure which manifests in various ways, ranging from adjustment problems to serious disorders which, in Gestalt terms, signifies that they experience disequilibrium. These problems, especially at the more serious end of the continuum, require professional therapeutic intervention. Secondly, writing has not been explored extensively as a means of such therapeutic intervention, despite adolescence being characterised by experimentation with forms of self-expression and emoting in creative forms such as poetry and music. To this end, the researcher draws the readers' attention to the following principles, which relate to the Gestalt practice model and to writing as therapeutic technique:

- The contribution of the Gestalt therapeutic relationship: Joyce & Sills (2001:43) regard this relationship as of core importance in terms of Gestalt practice and the helping process. The quality of such a relationship can determine the adolescent's susceptibility towards therapeutic input and is essential to the establishment of a relationship of trust. In this sense, the therapeutic relationship may be regarded as a “successful” socialisation opportunity;
- The value of awareness and contact-making, and the role of sensory stimulation in this regard: Oaklander (1997:294-298) indicates how the child and adolescent who has suffered trauma can be distanced from her body, herself, her physical and emotional energy. Based on this understanding, writing as a therapeutic technique makes it possible for, and also offers an opportunity to, the adolescent to express her process non-verbally, to make contact with herself on a conscious level, and to verbalise these and other aspects during therapy;

1.3 Research questions guiding the study

Although pre-empting the discussion in chapter 4, the point should be made that, this being a qualitative study, no hypotheses were formulated as would have been the case in quantitative research; instead, research questions were formulated in accordance with Fouché's view (2002:106).

The research questions emerged from the introductory comments and the motivation. According to Fouché (2002:100-103), these questions should be situated within a scientifically-based framework. The scientific validity of the research issue with regard to the discipline of Gestalt therapy was demon-

strated by exploring the therapeutic value of writing for an adolescent who experienced disequilibrium.

Based on the research issue, and in accordance with Creswell's view (1998:99) of a *central* research question, the overarching question guiding this investigation was phrased as: How can writing be used – from a Gestalt perspective – for an adolescent who requires a therapeutic intervention?

A number of sub-questions followed the central question (Creswell, 1998:101); this exploratory and descriptive study was guided by the following sub-questions, relating to the unit of analysis:

- 1 How has the historical basis and theoretical foundation for the concept of writing in therapy evolved?
- 2 From a historical and theoretical perspective, what does writing in therapy comprise, and what specific forms or techniques of writing are available as therapeutic tools?
- 3 What models or programmes or recommendations have been developed for writing in therapy?
- 4 How can writing be incorporated into a Gestalt therapeutic approach?

The sub-question relating to the unit of observation was:

- 5 How applicable is the written method to an adolescent in therapy?

1.4 Aim of the research

Through the preliminary investigation of literature, it was established that a theoretical basis exists for the utilisation of writing in therapy. However, the researcher wished to explore the nature and content of writing in therapy on the one hand and, on the other, its applicability to the developmental phase of adolescence.

Hence, the primary *goal* of the study was:

To indicate, by means of an exploratory and descriptive investigation, how writing may be used as a specialised form of therapy, within the Gestalt approach, for an adolescent in the mid-adolescence phase. This investigation was aimed at creating a method for using writing in therapy with adolescents, as well as opening up avenues of further research. In this way, the knowledge base of professionals in the helping professions would be expanded, with regard to working with writing as therapeutic tool, thereby extending the array of techniques available for therapeutic intervention with South Africa's youth.

The goal was realized by the following *objectives*:

- 1 To delineate the body of knowledge underlying the main theoretical construct, i.e. writing.
This is outlined in chapter 2.
- 2 To distill, from this body of knowledge, those components and recommendations pertinent to exploration of writing in a therapeutic setting.
This is investigated in chapter 2.
- 3 To describe adolescence and to situate this developmental phase within a Gestalt framework.
This is the main concern of chapter 3.
- 4 To continue the research process and obtain further information through an empirical investigation by observing a subject in a therapeutic setting.
The design of this process is described in chapter 4 and the process itself is set out in chapter 5.
- 5 To integrate the theoretical constructs, i.e. writing, adolescence and the Gestalt approach – described by means of the literature review – with the findings of the empirical description and

observation, with a view to applying this knowledge by formulating meaningful recommendations for professionals regarding the use of writing in therapy with adolescents.

These aspects span chapters 5 and 6.

1.5 Clarification of concepts

In order to facilitate understanding, a number of terms – which appear throughout the study – should be explained. These concepts are organised alphabetically and their discussion is brief, serving only to enlighten the reader until the point where these concepts will be elucidated within a particular context in the following chapters.

Adolescence

According to Berk (2003:6), adolescence is defined as the period stretching from 11 to 20 years and is regarded as “the bridge between childhood and adulthood”. Louw *et al.*, (1998:388) cite the onset of adolescence as varying between 11 and 13 years and the end as varying between 17 and 21 years. These authors regard it as more meaningful to define adolescence as commencing during puberty, i.e. with the development of sexual maturation, rather than defining the phase in terms of chronological age (Louw, *et al.*, 1998:388). This particular study has targeted middle adolescence, more accurately, the period varying between approximately 14 and 18 years (Berk in Louw *et al.*, 1998:389).

Disequilibrium

Motivation for this study relates to our youth in crisis and specifically to adolescents who experience “disequilibrium”. Use of the term in this study should be understood on two levels. In the first place, in Gestalt terms, disequilibrium denotes a state where the individual in question is not in balance – i.e. a state in which homeostasis is not present. Perls (in Aronstam, 1989:633) describes homeostasis as “the process by which the organism maintains its (*sic*) equilibrium and therefore its (*sic*) health under varying conditions. Homeostasis is thus the process by which the organism satisfies its needs”. The researcher has elected to use the term “disequilibrium” as the common denominator for the many and varying *emotional* problems experienced by our youth, more specifically by adolescents, in our day and age. The motivation for use of disequilibrium is, first, because it is situated within the Gestalt framework and, second, because it can be understood as an umbrella term for the varied emotional problems experienced by adolescents; finally, use of this term enables the researcher to focus the research and, more accurately, its study population, by not extending the literature review to aspects relating to mental health, such as depression, which constitutes an area of study all its own. Therefore, from this perspective, disequilibrium should be seen as a state where adolescents are not in balance with their world because of either internal or external factors.

On the second level, having explained the researcher's understanding and use of the term, it must be pointed out that disequilibrium, from Mortola's perspective (2001:45), describes the “destabilisation” experienced by children and adolescents as they move to a higher level of development and thus a more complex level of understanding. In Mortola's view, disequilibrium therefore comprises a necessary period, preparatory to a level of “organismic growth and change”, and should not necessarily be seen in terms requiring intervention (Mortola, 2001:55). The researcher takes note of this view, which forms the basis of the discussion of adolescence from a Gestalt perspective in chapter 3.

Gestalt therapy

Gestalt therapy owes its origin and development to the work of Frederick (Fritz) S. Perls (Aronstam,

1989:629). From tentative beginnings in the early fifties, Gestalt therapy has developed into an acknowledged and useful form of psychotherapy (Aronstam, 1989:630). Gestalt therapy was influenced by a range of other theoretical models (see Aronstam, 1989:630-632), one of the main ones for the purposes of this study was psychoanalysis (Aronstam, 1989:630-632). The main aims of original Gestalt therapy is self-support and awareness (Aronstam, 1989:639). Finally, Gestalt therapy is characterised by (Aronstam, 1989:639-641) working in the here and now; basing contact between therapist and client on an I-Thou relationship; emphasising direct experience with the therapist acting as catalyst; focusing on awareness throughout the therapeutic process; frustrating the client's negative behaviour and providing support, and taking responsibility for self and exercising choice. The following definition encompasses these aspects neatly:

Gestalt therapy is a process psychotherapy with the goal of improving one's contact in community and with the environment in general. This goal is accomplished through aware, spontaneous and authentic dialogue between client and therapist. Awareness of differences and similarities [is] encouraged while interruptions to contact are explored in the present therapeutic relationship (Bowman in Bowman, 2005:5).

The principles inherent in Gestalt theory and practice have been selected as the approach to follow in this study. ⇒ The researcher did not treat the Gestalt approach as a *separate* theoretical construct in the same manner as the concepts “writing” and “adolescence”, but elected instead to *merge* the Gestalt approach with the main theoretical constructs. Consequently, the reader will be referred to a number of Gestalt sources for a comprehensive review of the approach, while relevant Gestalt terms are highlighted and incorporated into the discussion in chapters 2 and 3 respectively.

Gestalt play therapy

Although the emphasis in this study is on Gestalt therapy, as indicated by the foregoing paragraph, aspects of Gestalt play therapy have certainly influenced or contributed to the study, particularly to the therapeutic process followed in the empirical part of the study. Gestalt play therapy, founded by Violet Oaklander (Oaklander, 1997:292), embraces a number of Gestalt therapy's theoretical principles, including relationship, organismic self-regulation, contact boundary disturbances, awareness, experience, and resistance (Blom, 2004:5). Therefore, Gestalt play therapy may be considered as “a psychotherapeutic technique that uses the principles and techniques of Gestalt therapy during play therapy with the child” (Blom, 2004:5). The goal of Gestalt play therapy is to restore the child's “natural functioning and self-regulatory process” (Thompson, Rudolph & Henderson, 2004:196). In turn, “integration, choice and change” are achieved by experiencing the contacting process (Thompson, *et al.*, 2004:196). Oaklander adapted Gestalt techniques for children (Thompson, *et al.*, 2004:196), although its principles and techniques are equally applicable to adolescents.

Qualitative research

A qualitative framework is defined as (Creswell, 1998:15):

... an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting.

According to Fouché & Delport (2002:79), “[t]he qualitative paradigm stems from an antipositivistic, interpretive approach, is idiographic and thus holistic in nature ...”. Therefore, the qualitative approach comprises an interpretivist framework which represents a shift away from positivism

(Henning, Van Rensburg & Smit, 2004:19) and the emphasis is on understanding why rather than on determining how many; also, design and methodology will, self-evidently, follow from this approach, hence data-collection and data-analysis will be of a qualitative nature. Understood in this way, a qualitative approach provided the ideal basis from which to launch an investigation aimed at understanding a particular concept – writing – in its fullest possible sense – that is, in holistic terms. This study takes a qualitative approach for reasons which will become clear in the explanation of the study's design and methodology.

Writing

The crux of this study is the concept “writing”, and, more specifically, as it applies to a therapeutic context. For the purposes of this study, it was conceptualised as a technique utilised in therapy and it was attempted to focus on this technique, that is, emphasizing the written technique instead of embracing a number of different techniques as might otherwise be expected in a therapeutic situation. Also, the emphasis is on writing as a process – of self-discovery, for instance – rather than on the product or outcome of writing, although the value of such outcomes is not discounted in any way.

To understand the use of writing in the context of this study, it should, first, be viewed in terms of Allport's (1951:xvii) description of “personal documents”; secondly, understood as part of the umbrella term, “expressive therapy” (Ulman, 1961:14); thirdly, seen as a therapeutic intervention and, finally, conceptualised as autobiographically based (in the sense in which Hunt, 2000:12 uses the term).

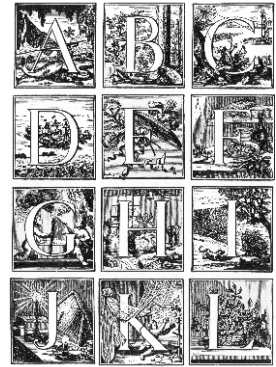
⇒ It should be noted that, despite inclusion of the principles and aims of Gestalt play therapy, in this investigation writing is not treated as a form of play. Had this been the case, writing would have been narrowed down in terms of bibliotherapy, a form of play in Gestalt play therapy (Van der Merwe, 1996:108). Rather, the researcher opted for a wider approach, which allowed for an investigation sufficiently diverse so as to include concepts such as writing therapy (Writing Therapy, 2005) and writetherapy... (Henderson, 2005).

1.6 Broad plan and order of dissertation

To achieve the ends so far described, the study is organised as follows: After this opening chapter, *chapter 2* comprises the main literature chapter. It contains a detailed analysis of the conceptual and theoretical basis of “writing in therapy”, while indicating specific written methods and suggestions. It also situates the main theoretical construct within a Gestalt framework. Consequently, this chapter sets off the unit of analysis. *Chapter 3* extends the theoretical basis of the investigation by incorporating adolescence from both a developmental and Gestalt perspective. An adolescent serves as the unit of observation in the study, while the Gestalt approach is the therapeutic model selected for the study. *Chapter 4* provides the clarification and the methodology for a thorough understanding of the findings of the study. It also describes the very important aspect of the trustworthiness of the research. *Chapter 5* narrates the findings of the study. Its approach is one of discussing the therapeutic process followed with the case, while integrating Gestalt therapeutic moments throughout. Its specific purpose is to highlight ways in which the written method was incorporated in the therapeutic process. *Chapter 6* concludes the report. It includes recommendations and points to avenues of future research. The research ends with a List of References and Appendices.

Chapter 2

Writing in therapy: a theoretical and Gestalt framework



The written word is more enduring, less fleeting, and a more permanent reminder of painful thoughts and feelings (Leavitt & Pill, 1995:146); personal writings increase both the effectiveness and efficiency of therapy (Oppawsky, 2001:30).

2.0 Introduction

An analysis of relevant literature has led to the understanding that the subject at hand, “writing in therapy”, relates to three areas: bibliotherapy, narrative therapy, and expressive therapy. For reasons which will become clear later in this chapter, the latter – expressive therapy – is regarded as the one best describing the area of study in this dissertation. However, in order to arrive at an understanding of the underpinnings of the subject at hand, a brief survey of both the others – bibliotherapy and narrative therapy – will be provided. Furthermore, in this process, the conceptual background and historical highlights will emerge. In view of the fact that these two areas are related to, but do not comprise the main thrust of, the unit of analysis in this study, the discussion of each of these two fields will be a limited one. Hence, the following strategy will be evident in the discussion (although the points to follow will not necessarily be touched upon in the order mentioned here):

- First, a major, acknowledged exponent(s) in each of these fields is introduced, upon whose definition and description the discussion will hinge.
- This will be followed, in the second place, by a brief description of the term.
- Thirdly, historical aspects will be highlighted where applicable and, finally, the techniques which have a bearing on this discussion will be identified. Certain points pertinent to the larger subject at hand will be highlighted throughout.

The chapter will then continue with a comprehensive analysis of writing in therapy, under the umbrella term "expressive therapy".

2.1 Bibliotherapy

Rhea Rubin is regarded as an able spokeswoman for the field of bibliotherapy and has contributed a variety of concepts which help to shape it. Furthermore, she has both an academic and an applied background in the field, and has made an important contribution to the theoretical framework of the field (Rubin, 1978b:vii). Most of the sources which were consulted refer extensively to Rubin's work for this very reason, and the following offer important contributions: Russell & Shrodes, 1950; Hannigan, 1962; Favazza, 1966; Hoagland, 1972; Horne, 1975; Crompton, 1980; Smith, 1981; Smith, 1982; Van der Linde, 1986; Calhoun, 1987; Riordan & Wilson, 1989; Pardeck, 1990; Stutterheim & Kroon, 1991; Thompson & Rudolph, 1992; Gould, Clum & Shapiro, 1993; Kroon, 1993; Stutterheim & Pretorius, 1993; Van der Merwe, 1993; Lidren, Watkins, Gould, Clum, Asterino &

Tulloch, 1994; Nichol & Scheffer, 1994; Ackerson, Scogin, McKendree-Smith & Lyman, 1998; Shechtman, 1999.

According to Rubin (1978b:1), the term “bibliotherapy” is rooted in the Greek *biblion* (book) and *oepatteid* (healing). It was coined in a 1916 article by one Samuel McChord Crothers (Rubin, 1978b:1). The author also makes reference to the first definition of the term in 1941 and acceptance of a definition of the term by the American Library Association in 1966: “The use of selected reading materials as therapeutic adjuvant in medicine and psychiatry; also, guidance in the solution of personal problems through directed reading” (Rubin, 1978b:1). Rubin (1978b:2) uses the following definition of bibliotherapy for the purposes of her book: “A program of activity based on the interactive processes of media and the people who experience it. Print or nonprint material, either imaginative or informational, is experienced and discussed with the aid of a facilitator”.

Based on distinctions drawn by various researchers in the field, Rubin (1978b:3-7) proposes three types of bibliotherapy, namely institutional, clinical, and developmental:

- Institutional bibliotherapy refers to the use of literature, primarily didactic, with individual institutionalised clients. Traditional medical uses of bibliotherapy apply in that mental hygiene texts are commended to mental patients. A librarian performs this type of bibliotherapy only in conjunction with a physician or medical team. The work reported by William Menninger of the Menninger Clinic in the early period of bibliotherapy (1932-1937) serves as an example of this type of bibliotherapy. This type also includes the use of media by doctors with individual patients in their private practices (Rubin, 1978b:3-4).
- Clinical bibliotherapy includes the use of literature, primarily imaginative, with groups of clients with emotional or behavioural problems. Groups can be led either by a doctor or a librarian, but are usually led by both in consultation with each other. An example of the use of this method is oral group reading followed by discussion led by the bibliotherapist. It is then followed by a staff conference in which the bibliotherapist mentions significant individual reactions (Rubin, 1978b:4-5).
- Developmental bibliotherapy refers to the use of both imaginative and didactic literature with groups of “normal” individuals. The bibliography group is designed and led by a librarian, teacher, or other professional from the “helping” professions. Its goal is to promote normal development and self-actualization, or to maintain mental health. Developmental bibliotherapy can help people with developmental tasks, as well as helping them cope with individual problems which range from, for example, divorce to death (Rubin, 1978b:5-6).

Rubin (1978b:6) points out that all three types have one common characteristic, discussion of the material after reading – cf. point 17 in table 5.

Other characteristics of the three types of bibliotherapy are indicated below (Rubin, 1978b:7):

Table 1: Different types of bibliotherapy

	Institutional	Clinical	Developmental
Format	Individual or group; usually passive	Group – active; voluntary or involuntary	Group – active; voluntary
Client	Medical or psychiatric patient, prisoner, or client in private practice	Person with an emotional or behavioural problem	“Normal” person, often in a crisis situation
Contractor	Society	Society or the individual	Individual

	Institutional	Clinical	Developmental
Therapist	Physician and librarian team	Physician, mental health worker, or librarian, often in consultation	Librarian, teacher, or other
Material used	Traditionally didactic	Imaginative literature	Imaginative literature and/or didactic
Technique	Discussion of material	Discussion of material, with emphasis on client's reactions and insights	Discussion of material, with emphasis on client's reactions and insights
Setting	Institution or private practice	Institution, private practice or community	Community
Goal	Usually informational, with some insight	Insight and/or behaviour change	Normal development and self-actualization

Two other important distinctions should be pointed out at this juncture: first, the distinction between clinical and educational bibliotherapy (Berry, 1978:183) and, secondly, that between didactic literature and imaginative or creative literature (Monroe, 1978:260). Both Berry and Monroe appear in a source under the editorship of Rubin (1978a), titled *Bibliotherapy sourcebook*, and these distinctions are made because the subject at hand is related to clinical bibliotherapy and to imaginative or creative literature.

Rubin (1978b:13-24) provides a detailed historical review of the term, of which only a few highlights are mentioned here to aid an understanding of the origin of the field (see Beatty, 1962 who provides a comprehensive historical review). According to Rubin, the concept of bibliotherapy began to take form in the 1930s with the work at the Menninger Clinic. It achieved “official” status in librarianship in 1939 with the establishment of the first committee on bibliotherapy. The 1940s, 1950s and 1960s are described as periods which produced many more publications and some significant research, of which the most important was the work by Shrodes which “laid the groundwork for much of the current theory of bibliotherapy” (Rubin, 1978b:15). Another important highlight was the establishment of the Association for Poetry Therapy (APT), founded in New York in 1969; its founder, Jack Leedy, has edited two books on poetry therapy which are quoted to this day. The Poetry Therapy Institute was founded in California in 1973 (Rubin, 1978b:15). (Although Rubin mentions other highlights, these serve as important markers for the discussion of expressive therapies, which follows in 2.3.)

Rubin (1978b:16) refers to the evolution of bibliotherapy into its “present common form” (note the year was 1978) of directed reading and group discussion. She makes an important contribution in that she discusses the roots of bibliotherapy in library science and psychology respectively.

- Roots in library science: the development of reading courses, specifically reading lists for the purpose of adult education – leading to a program of book-based discussion – paralleled the development of the more “therapeutically oriented book service” referred to as bibliotherapy (Rubin, 1978b:17).
- Roots in psychology: the history is traced to group therapy, in particular; also, mention is made of psychodrama introduced in the United States in 1925, dance therapy which commenced in 1942, and the establishment of both art therapy and music therapy in the 1950s (Rubin, 1978b:18). The points regarding psychodrama, dance therapy, art therapy, and music therapy are mentioned in particular as they are related to the discussion of expressive therapy.

Rubin (1978b:18) refers to published material dealing with bibliotherapy and remarks that, in the period from 1970 to 1975, a considerable amount of material was appearing in other fields such as nursing, occupational therapy, psychiatry and education – which led her to the conclusion that

bibliotherapy is an interdisciplinary field. Also, in a discussion of the mechanics of bibliotherapy, Rubin (1978b:82) points to differences in bibliotherapy procedure, indicating that “some combine bibliotherapy with other therapies such as therapeutic writing”. She makes mention of poetry therapy, the diary or autobiography as well as the writing of life histories (Rubin, 1978b:83). Along this vein, she provides a systematization of literature-based therapies which serves this discussion (Rubin, 1978b:85):

		Nature of Patient's Linguistic Response	
		Receptive Language	Expressive Language
Verbal Communication Medium	Written	A	C
	Oral	B	D

Figure 1: A systematization of literature-based therapies

A Traditional Bibliotherapy. Written material read by the patient.

A and B Literatherapy. Literature read by, or spoken to, the patient.

C Creative Writing Therapy. Writing emphasis.

D Creative Orating Therapy (A potentially useful version of poetry therapy for illiterate persons).

D' Oral Linguistic Response in which the response is the reading of a pre-existing work that he/she has selected to present to the therapist.

Models of therapy:

- Therapist presents selected material to individual patient – A
- Therapist-Selected or Patient-Selected materials shared in Group Therapy – A, B, and D
- Therapist urges Patient(s) to Write – C
- Mixed Modality: Therapist presents selections to patient(s) and patient(s) is/are urged to write – A, B, C, and D
- Non-traditional creative writing instruction (poetry therapy without patient and therapist roles) – B,C, and D
- Non-patient reads/writes, uses literature as a coping resource – A and/or C.

Rubin's (1978b) distinction above is an important one, mainly because bibliotherapy is conventionally regarded as an oral tradition, i.e. one in which the client is read to from selected, relevant works or is referred to works relating to his problem (as an example of this approach, compare Schrank & Engels, 1981). Rubin (1978b), on the other hand, provides a basis for an additional component which is important to this study.

In late 1975 an entire issue of the *Health and Rehabilitative Library Services Quarterly* (Rubin, 1975),

is devoted to bibliotherapy: it refers to the users of bibliotherapy, some of whom are education oriented rather than therapy oriented; the authors conclude by pointing out that the goals and basic techniques of poetry therapy, literatherapy, and bibliotherapy are the same and that only the semantics and details are distinct (Monroe & Rubin, 1975:15,17).

Therefore, by 1975, bibliotherapy in the USA as described by one of its major exponents, includes aspects of librarianship, psychology, literature, and counselling (Rubin, 1978b:102). In Britain almost a decade later, in 1983, Howie (1983:287) contends that bibliotherapy is a useful additional tool for social workers. In South Africa, another decade later, in 1996, a seminal work on the play therapy approach by Schoeman & Van der Merwe (1996) – two social workers – makes reference to biblio-play. Biblio-play forms part of a specific approach, namely bibliotherapy (Van der Merwe, 1996:108). The author provides a wide background which includes not only the terminology, but also the advantages and disadvantages of biblio-play. ⇒ For the purpose of discussion of the unit of analysis, namely writing in therapy, it is important to mention those techniques and materials of biblio-play which have a direct bearing on the discussion at hand, including life books (Van der Merwe, 1996:116-119), diaries (Van der Merwe, 1996:121), self-descriptions (Van der Merwe, 1996:121), poetry (Van der Merwe, 1996:122), the use of incomplete sentences (Van der Merwe, 1996:124), and letters (Van der Merwe, 1996:124). For the sake of clarity, it should be emphasized that the techniques identified by Van der Merwe (1996) form part of biblio-play, which, in turn, resorts under various forms of play in play therapy; in this instance, Gestalt play therapy.

Following this description of bibliotherapy, the next related aspect to be discussed is that of the narrative tradition.

2.2 Narrative therapy

Narrative therapy is a new approach, and is regarded as one of the more recent approaches to family therapy which are being developed amidst “growing disillusionment” with the prevailing systemic/cybernetic paradigm (Soal & Kottler, 1996:123). (The issue surrounding the so-called systemic/cybernetic paradigm and the location of narrative practices within the context of post-structuralist thought lie beyond the scope of the present research. For a deeper understanding of the theoretical basis underlying the narrative approach, Freedman & Combs, 1996 may be studied, particularly their descriptions of first-order and second-order cybernetics (1996:2-8) and social constructionism (1996:14-41).)

The narrative approach, developed mainly by David Epston and Michael White, is based on social constructionist ideas and a Foucaultian analysis of the operation of power through the construction of truth (Hoffman, 1992 and White, 1991 in Soal & Kottler, 1996:123); White (1995:11-13) expounds usefully upon the summary in Soal & Kottler (1996:123-124). However, as Soal & Kottler (1996:123) point out, the narrative approach is more than just another brand of family therapy. According to Payne (2000:2), narrative therapy is regarded as “one of the most influential and innovative therapies of our time”.

The meaning of narrative relates to “stories”, “accounts”, and “narratives” which are used interchangeably (Payne, 2000:19) and, according to a dictionary definition, they refer to “*selected sequences of life* which come into existence as an entity through the very act of being ‘told’”. Within the narrative tradition, it is also important to understand the concept of a person's self-story which is “a first-person narrative through which he defines his identity, based on his memories and perceptions of his history, his present life, his roles in various social and personal settings, and his relationships”

(Payne, 2000:19). (See also Payne, 2000:42-46, for a broader discussion of the concept of self-story.)

At the suggestion and invitation of Cheryl White, Alice Morgan (Morgan, 2000) was asked to write an introduction to narrative therapy and this has been consulted because of its concise synthesis of the major premises supporting the approach. The assumptions that inform narrative ways of working are spelt out by Morgan (2000:129-130) in the following table:

Table 2: The assumptions underlying the narrative tradition

1	The problem is the problem. (The <i>person</i> is not the problem or, problems are separate from people).
2	People have expertise on their own lives. (In other words, the therapist is not the all-knowing one, and the process of therapy is an interactive one – cf. the I-Thou relationship in 2.3.2.)
3	People can become the primary authors of the stories of their own lives.
4	By the time a person consults a therapist, they will have already made many attempts to reduce the influence of the problem in their lives and relationships.
5	Problems are constructed in cultural contexts. These contexts include power relations of race, class, sexual preference, gender, and disadvantage.
6	The problems for which people seek consultation usually cause them to reach thin conclusions about their lives and relationships. Often, these conclusions have encouraged them to consider themselves as deficient in some way and this makes it difficult for them to access their knowledge, competencies, skills, and abilities.
7	These skills, competencies, and knowledge can be made available to them to assist with reclaiming their lives from the influence of the problem for which they seek help.
8	There are always occasions in a person's life upon which they have escaped a problem's influence. Problems never successfully claim 100% of people's lives or relationships.
9	Ensuring an atmosphere of curiosity, respect, and transparency is the responsibility of the therapist.

The discussion to follow constitutes a simplified version of narrative therapy and serves to explain the concept of narrative therapy, and to link it to the larger subject of writing in therapy. The following sources were consulted and will provide a deeper understanding of narrative therapy as such: Penn & Frankfurt (1994); Schneider (1998); Maree & Kruger (2001); Du Plessis & Ferreira (2002); also, Cattanach (2002) and Kotzé, Morkel & Associates (2002) which provide pertinent case studies and meaningful information on the application of narrative techniques.

The concept of “re-authoring” is a central one in narrative therapy while stories are an integral part of the narrative approach (Morgan, 2000:5). For narrative therapists, stories consist of events, linked in sequence, across time, and according to a plot. As humans, we have daily experiences and events to which we attempt to assign meaning. We create stories about our lives by linking certain events together, in a particular sequence across a time period, and we attempt to make sense of them. Our wish to make meaning of these events form the plot of the story. This is a continuous process; hence the narrative is like a thread that weaves the events together, forming a story (Morgan, 2000:5). The author explains further that, as part of a simultaneous process, we all have many stories about our lives and relationships, e.g. we have stories about ourselves, our abilities, our competencies, our work, our achievements and failures. The way we have developed these stories is determined by how we have linked certain events together in a sequence, and by the meaning we have attributed to them (Morgan, 2000:5,6). There are many different kinds of stories according to which we live our lives and relationships, whether these are about the past, present or future.

From a narrative point of view, it is important to understand that our lives are multi-stories, i.e. there are many stories occurring at the same time while different stories can be told about the same events (Morgan, 2000:8). Stories, as they occur, will be interpreted according to the meaning (plot) that is dominant at that time. Hence, according to Morgan (2000:9), the “act of living” implies that we will mediate between the dominant and alternative stories of our lives at all times: “we are always negotiating and interpreting our experiences”.

The purpose of therapy, from a narrative perspective, is the naming of an alternative story or creating a new story. As a new and preferred story begins to emerge, according to Morgan ((2000:74), the therapist would like to find ways to assist the person consulting her to “hold onto” the story or to stay connected to it. This presents a challenge and there are numerous ways in which to take it on (see Morgan 2000:75). For the purposes of this discussion, the following can be singled out: Therapeutic documentation (Morgan, 2000:85-99), e.g. handbooks and lists and, specifically, therapeutic letters (101-110). According to Tomm, in his foreword to the definitive *Narrative Means to Therapeutic Ends* (White & Epston, 1990:ix), White and Epston have opened up a “major territory” and he refers to “... the multiplicity of ways in which the written word may be employed therapeutically” (Tomm in White & Epston, 1990:ix). All in all, the authors argue a strong case for the incorporation of written means in therapy.

In describing “A Storied Therapy”, White & Epston (1990:83) summarise a therapy contextualised within the narrative mode; their points appear in the table below.

Table 3: The nature of therapy in the context of the narrative mode

1	(It) Privileges the person's lived experience;
2	Encourages a perception of a changing world by plotting or linking of lived experience through the temporal dimension;
3	Invokes the subjunctive mood in the triggering of presuppositions, the establishment of implicit meaning, and in the generation of multiple perspective;
4	Encourages polysemy ¹ and the use of ordinary, poetic and picturesque language in the description of experience and in the endeavour to construct new stories;
5	Invites a reflexive posture and an appreciation of one's participation in interpretive acts;
6	Encourages a sense of authorship and re-authorship of one's life and relationships in the telling and retelling of one's story;
7	Acknowledges that stories are co-produced and endeavours to establish conditions under which the “subject” becomes the privileged author;
8	Consistently inserts pronouns “I” and “you” in the description of events.

(Regarding the table above, see Payne, 2000:10-17 and White in White & Denborough, 1998:225-227.)

A comprehensive discussion of narrative therapy as such does not fall within the ambit of this study. However, the following points are integral to an understanding of narrative therapy and may be studied in order to flesh out the present discussion: a distinction between the oral and written traditions (White & Epston, 1990:33); the contribution made by a writing system (White & Epston, 1990:35); that

1 In the original text White & Epston (1990:83) added an asterisk to the word with the following explanation: “Gianfranco Cecchin (1987), in referring to Systemic Therapy, proposes a 'polyphonic orientation' and the encouragement of 'multiplicity'”.

narrative is not “constrained to literary texts” (White & Epston, 1990:79); and the therapeutic documents checklist (White, 1995:208-213).

This discussion on narrative therapy concludes by pointing to the techniques employed in this tradition, specifically those which have a bearing on the topic of discussion. Morgan (2000:85) makes reference to therapeutic documentation which includes a spectrum of written methods, i.e. documents, declarations, certificates, handbooks, and lists. One of the most popular mechanisms employed in the narrative tradition is the use of letters (which is discussed comprehensively in White & Epston, 1990:84-163, and in Morgan, 2000:101-110); these letters cover a wide range of purposes and are aimed at transforming the “lived experience” into a narrative or story and self stories (White & Epston, 1990:163-187). Payne's (2000:127) description of therapeutic documents sheds further light on their value when he describes them as including new knowledges, perspectives, and preferred changes. He views them as forming part of the person's “enriched, but still perhaps slightly fragile view” of the remembered experience (see Payne, 2000:127-156) for a full discussion).

Freeman, Epston & Lobovits (1997:147) provide an important bridge to the following part of this discussion in their stated belief that we should not limit our conception of a person's life to what is “storied” in words, thereby subscribing to the Cartesian dualism of mind and body as separate entities. They argue that expressive arts therapies “directly engage” not only the senses, but – more important – emotions (the emphasis on emotions is the researcher's for reasons relating to the Gestalt approach which will be discussed in 2.3). ⇒ However, Hunt (2000:150) points to a major distinction between the White and Epston narrative approach and the psychodynamic context followed in this dissertation. She believes that the narrative approach, with its emphasis on re-writing a story and on the individual acquiring his own power within a power-oriented world, is outward-looking, i.e. concerned with the external world and a person's ability to act within it. In the psychodynamic context (as well as the Gestalt context), her focus is much more inward-looking.

The discussion up to this point has focused on bibliotherapy and narrative therapy as two fields related to, and feeding into, expressive therapy. The focus now shifts to expressive therapy as the unit of analysis in this dissertation. ⇒ The reader's attention is drawn to the following vital point: the discussion in 2.1 and 2.2 will not be integrated beyond this point; it serves as background to the field of expressive therapy in terms of which findings will be made and conclusions drawn.

2.3 Expressive therapy

In order to provide a thorough review of the subject at hand in as much detail as the scope of this dissertation allows, the discussion will be sub-divided as follows:

- the field of expressive therapy will be demarcated before it is situated within a Gestalt practice model;
- a case will be made for the recognition of writing in therapy;
- various aspects related to writing in a clinical context will be discussed; and
- the chapter will conclude with a brief discussion of the professionalisation of the field of expressive therapy.

2.3.1 Demarcation of the field of expressive therapy

This section will cover the following points: first, the difficulty in establishing exactly what constitutes the field of expressive therapy and what it should be named, and secondly, those aspects included and excluded from this particular dissertation.

Mention has already been made of the extensive nature of this field and the first two sections of this chapter (2.1 and 2.2) have substantiated this. Complicating the matter further, from the researcher's point of view, is the question of semantics or, more specifically, how different authors view and define the field. Furthermore, aspects of expressive therapy have wandered into the esoteric realm which is expounded upon, to a large extent, on the Internet and no clear distinction could be gained between expressive therapy, creative therapy, and creative arts therapy. For this reason, mainly, it has been decided not to review the conceptual background relating to the field "expressive therapy" but rather to delineate what should constitute part of this discussion and what should be excluded from it.

However, in order to arrive at a basic understanding, it is imperative – at this point – to revisit the definition of the term (expounded in chapter 1). The definition, and the umbrella term "expressive therapy", to be used for purposes of this discussion are the ones employed by Ulman (1961) and the more contemporary definition offered by Webb (2003).

According to Ulman (1961:14):

***Expressive therapy** centers on the expression of emotion within the framework of the therapeutic relationship ... Simple, easily handled art materials best serve the purposes of expressive therapy, and the psychotherapist conducting it need have little specialized knowledge about media and art techniques.*

Parenthetically, Talerico (1986:230) refers to "the expressive arts as therapy; specifically bibliotherapy, poetry therapy, creative writing, and music therapy".

Webb (2003:405) also refers to *expressive therapy* and points out that reference is also sometimes made to "creative arts therapies" (this points to the crux of the issue of definition of the field) and describes these as non-verbal methods which assist individuals in expressing their feelings. The author includes art, music, and writing in the definition and further describes them as treatment specialisations which focus on "one specific method of intervention" (Webb, 2003:406). ⇒ According to the author, the basis underlying all these methods is that feelings often are "released more readily in non-verbal form" – a theme which will recur throughout this section of the chapter.

As has already been mentioned, various authors coin phrases for their work in this area or conceive of it in differing terms or as different forms of therapy. In order to create a shared understanding of the nature of the topic of discussion, the following manifestations of writing in therapy are *included* in this work, based on the fact that these are conducted mainly, but not exclusively, as a therapeutic intervention and in a therapeutic setting:

- writing as a therapeutic medium in therapy (see Oppawsky, 2001:30);
- autobiographically-based creative writing (Hunt, 2000:51);
- self-generated creative writing (Wenz & McWhirter, 1990:37);
- distance writing, defined as "writing, away from the presence of a clinician, as in written homework assignments" (L'Abate, 1992:23);
- client writing in the main, although, in some discussions, it is relevant to include therapists' responses; however, the focus is not on writing from the perspective of the therapist's intervention (see Nunnally & Lipchik, 1989);
- highly unusual therapy situations in which written communication has been chosen as the major – or only feasible – medium for treatment; in this sense, the author distinguishes between solicited and unsolicited writings (Rampling, 1980).

More specifically, the area of writing to be explored is related to personal documents described by

Allport (1951), these being “first-person human documents”, in which the psychologist's analytical skill is involved.

It is important to review Allport's¹ (1951:xii) description here: he defines a personal document as “any self-revealing record that intentionally or unintentionally yields information regarding the structure, dynamics, and functioning of the author's mental life”.

This dissertation does not cover the realm of writing as a means of communication between therapist and client in a therapeutic setting or as a means of conducting therapy where a conventional therapeutic setting is not possible. Hence the following are *precluded* from the scope of this work:

- Written communication with clients which usually takes place in the course of psychotherapy under three sets of conditions (Burnell, 1973):
 - 1) physical circumstances which separate client from therapist;
 - 2) special occurrences in the transference or counter-transference (where writings are offered as “gifts” to the therapist);
 - 3) conditions which preclude or limit other types of communication.

Burnell (1973) refers to this as correspondence therapy. (See Hargens, 2001 and his concept of “letter (writing) therapy”.)

- Written communication in a specialised treatment situation where the psychiatrist is deaf and his patients communicate with him in writing at the time of the interview (see Farber, 1953:365-374).
- Therapy at a distance such as that described by L'Abate (1992:23).

A form of writing which lies on the *periphery* of the current discussion is programmed writing, which is described as the assigning of “structured, self-administered, self-instructional, systematically written lessons as regular homework” (L'Abate, 1992:2; see L'Abate & Platzman, 1991:102). This approach does not sit comfortably with the Gestalt perspective in view of its prescriptive nature which denies the I-Thou nature of the therapeutic relationship at the heart of the Gestalt approach. However, success is being achieved with this method as indicated by five illustrative projects (L'Abate, Boyce, Fraizer & Russ, 1992). Also, L'Abate (1992) makes a valuable contribution to the understanding of the use of writing in therapeutic terms and, for this reason, pertinent points from his work are included in the discussion where appropriate.

Despite reservations about L'Abate's use of writing (L'Abate & Platzman, 1991:102) in terms of this particular study, there is, nonetheless, considerable merit in referring to his classification of the uses of writing in a therapeutic setting, specifically the continuum along which he structures the range of possibilities. He conceptualises these as open-ended which includes the use of a daily diary or journal, providing the example of “write anything that comes into your head”, to the more focused, for example, “write about your depression”, to the even more structured, quoting materials and workbooks (see also L'Abate, 1992:5-6 for his description of open writing, focused writing, guided writing, and programmed writing).

It should be borne in mind that the discussion which follows includes various uses of writing from different perspectives and different practice models. This dissertation uses the Gestalt approach (discussed in the following chapter) in relation to adolescence as developmental phase. In order to

1 It is worth noting that Dr Gordon Allport's monograph, *The use of personal documents in psychological science*, was prepared for the Social Science Research Council's Committee on Appraisal of Research and published as early as 1951.

facilitate integration, a synthesis between the Gestalt approach and writing in therapy is provided at this point.

2.3.2 The Gestalt approach and the field of expressive therapy

If one were to select a theoretical framework within which to situate the subject of writing in therapy, the Gestalt approach would certainly emerge as a strong contender. Other than providing a relevant vocabulary, Gestalt proves meaningful in a number of other significant ways. The present discussion attempts to illustrate the synergy between writing in therapy from a Gestalt perspective or, more specifically, *why the Gestalt practice model is regarded a suitable, even ideal framework for exploring and experimenting with expressive writing as a tool in a therapeutic setting*. One of the original Gestalt works (Perls, Hefferline & Goodman, 1951:321) lays a basis for this integration by the way in which it contrasts neurotic verbalizing and poetry: according to the authors, the poet's activity is "an end in itself" (Perls *et al.*, 1951:323), during which, "just by handling the medium, he solves his problem" (Perls *et al.*, 1951:321). The authors liken this to solving an "inner conflict" and sketches poetry as a means of dealing with unfinished business.

This synthesis is offered neither as an exhaustive discussion of Gestalt therapy nor as a detailed comparison of the two concepts under discussion, but comprises the researcher's understanding – albeit limited – of the similarities inherent in both approaches. (For a thorough understanding of the Gestalt approach – the first published, and groundlaying works in this regard are Perls, Hefferline & Goodman, 1951 and Perls, 1969 (original work published 1947). They provide explanations of the original concepts and theorems. For interpretations of the founders' work, the following may be consulted: Fagan & Shepherd, 1970; Latner, 1973; Polster & Polster, 1973; Smith, 1976; Zinker, 1977; Aronstam, 1989; Clarkson, 2004; Nevis, 1992; Yontef, 1993a; Geldard & Geldard, 2002; Blom, 2004; Woldt & Toman, 2005. Woldt & Toman (2005), in particular, apart from offering a recent perspective, also provide incisive chapters on the history and development (3-19) and the theoretical lines of Gestalt therapy (25-30). Their "Comprehensive Reference and Gestalt Book List" (321-345) is particularly valuable, as is their reference to the doctoral dissertations and master's theses that deal in part or whole with Gestalt therapy in the research collection at Kent State University Library and which may be accessed electronically (xiv). Other than these contributions, Woldt & Toman, 2005 provide overall insight into original Gestalt therapy theory and contemporary Gestalt therapy in terms of its field theory. Also, the reader is pointed to figure 2 in chapter 3.)

Self-evidently, Gestalt therapy is based on Gestalt theory (Yontef, 1993a:50). The Gestalt approach should be regarded as a hybrid theory in that it "shares" its basic tenets with a number of other approaches and theories (Louw, 1989:630; see Nevis, 1992:14). Clarkson (2004:17) provides a valuable metaphor in this regard:

... Gestalt as an approach to counselling and psychotherapy can be compared to a tree. It has its roots in psychoanalysis and character analysis, its trunk is phenomenology and existentialism and its branches reach up towards eastern philosophy and transpersonal understandings. The tree stands in a landscape of holism and field theory with which it is inextricably interlinked.

Thus, it can be understood that Gestalt is significantly embedded in *psychoanalysis* (Nevis, 1992:14), although, in many instances, Perls' theory can be regarded as a reaction to certain psychoanalytic constructs (Louw, 1989:629,631). However, many of the constructs in Perls' theory are best understood within the psychoanalytic framework, as indicated by Polster & Polster (in Louw, 1989:632). Writing in therapy, in the sense in which it has been adopted in this study, is strongly situated in the

psychoanalytic context and this position is illustrated richly in the texts by Hunt (2000) and Hunt & Sampson (1998b), to name but two examples. Their view of the way in which writing contributes to the search for and development of the self are cases in point. As Hunt (2000:13) explains: "I believe a psychoanalytic approach is important because it allows the exploration of unconscious processes and intrapsychic mechanisms not taken into account by [for instance] a narrative approach, which focuses primarily on social and cultural factors". However, it must be made clear that the Gestalt approach focuses most strongly on awareness, i.e. what is conscious and on the foreground.

Exploration of the self within both the Gestalt framework and the writing context necessarily involves what Stuart (1998:142) refers to as "the Self and the Social Process". In Gestalt terms, this refers to *holism*, which is a central tenet in Gestalt therapy (Louw, 1989:631): the organism both as a whole in itself and as part of its total environment is involved in, and explored in, the process of therapy (Louw, 1989:629). From a Gestalt perspective, it also relates to the *field* theory: "the person in his or her life space constitutes a field" (Yontef, 1993b:1). In this sense, the individual forms part of a surrounding field and, more specifically, the field comprises parts which are related to one another (Nevis, 1992:20-22; see Joyce & Sills, 2001:24-25). From the point of view of therapeutic writing, it underscores the idea that the self – as expressed in writing – can be understood only in relation to others (Stuart, 1998:142).

Other strong tenets underlying both the Gestalt approach and writing in therapy are those of *awareness* and the *here and now*. The idea of gaining insight is central to the Gestalt approach (Yontef, 1993a:3), with the understanding that awareness leads to change (see Joyce & Sills, 2001:27-37). According to Yontef (1993b:16), the only goal in Gestalt is awareness. Reflective writing, *per se*, is aimed at awareness and insight. Furthermore, it can be surmised that this kind of writing is situated in the here and now, because events in the present lead the writer on a journey of introspection and reflection. However, it should be pointed out that, despite the Gestalt approach's foundation in psychoanalysis and classic psychoanalytic or the Freudian preoccupation with the past, the Gestalt manifestation of the term "past" emphasises the current reality, experience in the here and now, without discounting the role of past experiences in leading up to the present (Hunt, 1998a:187) (see the following for a fuller explanation: Yontef, 1993b:19 and Nevis, 1992:16-19).

Gestalt has another strong link with reflective or expressive writing in terms of both *experimentation* and *creativity*. Experimenting with various techniques or applying techniques in innovative ways constitutes a mainstay of Gestalt therapy (Joyce & Sills, 2001:98; Yontef, 1993b:3,5; Clarkson, 2004:113; Zinker, 1977:18). In fact, as Clarkson (2004:102) states, "individual creativity" always exceeds the restrictions normally experienced in terms of rules, prescriptions or predictions in the therapeutic or clinical setting.

In a similar vein, writing in a therapeutic context is as wide as the therapist's imagination and may be applied in various guises and in different forms. Furthermore, writing in the sense in which it is construed here is, by its very nature, creative. Therapy, and Gestalt therapy in particular, is viewed as a creative act and to this end writing – which constitutes an art form – is an act of creativity. In fact, Zinker (1977:96) goes as far as saying that "Gestalt therapy lends itself to creation". Further, Talerico (1986:235) argues that the creative process is also a therapeutic one and explains it as follows:

There is a natural and powerful link between the creative process and therapy because, like many therapeutic approaches, creativity encourages expression of feelings, confidence through risk-taking, communication with the unconscious, development of new insights, resolution of conflict, reduction of anxiety, and rechannelling of psychic energy for

problem-solving purposes. Most forms of art and art expression are viable means for therapeutic encounter (Talerico, 1986:231).

An important emphasis, shared by writing as used in this research and the Gestalt approach, is on emotion and, more specifically, the *experiencing of emotion* (Oaklander, 1997:302). Gestalt therapy differs from the traditional view of therapy – which may be described as talk therapy or the “talking cure” (Hunt, 1998a:181) – in that its emphasis lies not on a cognitive, rational, “talking about” approach, but rather on a feeling, emotional, experiencing or doing approach:

... most of the techniques and procedures used by Gestalt therapists appear to disrupt left lobe functions and to evoke right lobe perception and memories in order to allow past and present experiences to be more adequately symbolised and integrated (Fagan in Clarkson, 2004:113).

In Gestalt, the important element is an experience of the emotions associated with a particular event or phase in life as opposed to a rational “working through” of an experience or trauma. Clarkson, (2004:2) views this process as “the full expression of feelings”. In this sense, writing is a more “primary process” than conversation; metaphor facilitates rapid access to innermost thoughts, which makes them easier to approach and ultimately confront (Leavitt & Pill, 1995:146).

As can be seen in Fagan's (in Clarkson, 2004:2) view above, the purpose of the expression of feelings lies in the value of *integration*, one of the goals in Gestalt therapy: “The Gestalt goal is to extend and increase integrated functioning of the body/mind self and to do it in awareness in the present” (Clarkson, 2004:92). Linked to the concept of integration is the idea of *polarities* which features strongly in the Gestalt approach (Yontef, 1993b:15). Zinker (1977:33) echoes this idea in his description of the way in which the creative process in Gestalt therapy integrates polarities in the client's personality. Working with polarities forms one of the mainstays of the Gestalt therapeutic model and the use of this principle in writing – in varied and creative ways – is illustrated repeatedly in Hunt (2000) and Hunt & Sampson (1998b) as 2.3.4.5 will indicate.

Another similarity between the Gestalt approach and expressive writing is that of *projection* – not in the sense of the classic, Freudian understanding of the term which comprises a defence mechanism aimed at protecting the ego (Meyer, 1997:73) – but rather in terms of the Gestalt (play) therapeutic view of the term (see Schoeman's, 1996:64 explanation): in her view, a projection constitutes a mechanism behind which the client can “hide”, and a vehicle which forms the basis of exploration of feelings and emotions within a therapeutic context. Viewed in this manner, writing *is* a projection: “The text may act as a mask behind which the writer can experiment with the possible and the actual” (Sampson, 1998:140). Zinker (1977:259) distinguishes between a pathological and creative projection, and writing may be regarded as an example of the latter, where “the creative projector knows that his production was born of a dialogue within himself” (Zinker, 1977:260).

A concept endemic to both topics under discussion is that of “acting out” (see Pateman's, 1998:155 understanding of the term and compare Schoeman, 1993:2 for a Gestalt perspective): “If we are unhealthy, we may ... act out unresolved psychological conflicts in our behaviour”. The idea of acting out, and the authors' explanation of the concept, relates to two Gestalt terms, *unfinished business* (Joyce & Sills, 2001:130-131; Schoeman, 1996:68) and *contact boundary disturbances* (Clarkson, 2004:54). The concept of formation and dissolution of gestalts (Nevis, 1992:29-36) is central to the Gestalt approach; therefore, it stands to reason that incomplete or interrupted gestalts result in, or manifest themselves in terms of unfinished business. Unfinished business, in turn, manifests itself as contact boundary disturbances. The term contact boundary disturbance should be read in relation to

the concept contact, specifically in a Gestalt semantic framework. Nevis (1992:27) explains it as follows:

Contacting is the way we change and grow. It is how we come to grips with our lives, organizing the field to make possible the best achievements and solutions it will support. At the same time, contacting is the way in which the environment, the rest of the field, adjusts us to it.

Contact boundary disturbances (see Nevis, 1992:36-40 for a review) therefore “cause interruptions of the natural, healthy process of organismic self-regulation” (Oaklander in Blom, 2004:21,22). This process, in turn, plays out on the following basis (Reynolds, 2005:161): becoming aware of a need (figure) affecting her equilibrium (ground); the individual moving to make contact to satisfy the need – either within the self, the environment and/or other, then returning to a state of balance or homeostasis – the need having been met or a more satisfactory alternative having presented itself. Disequilibrium manifests when needs are not met, i.e. where the process of maintaining balance, organismic self-regulation, and homeostasis (Reynolds, 2005:161) do not take place in a cyclical, functional manner.

Pateman (1998:155) echoes Hunt & Sampson (1998b) in stating that “we can also act out in our writing” – meaning that writing provides both the context for, and means of, expressing our unfinished business on the page, while therapeutic benefit is derived from dealing with and integrating the manifested contact boundary disturbances. The author couches these disturbances in Freudian terms such as rationalisation, projection and denial (Pateman, 1998:156). However, in Gestalt terminology, the contact boundary disturbances are known as confluence (fusion), isolation (loss of connectedness), retroflexion (split within the self), introjection (absorption of toxic material without discrimination), projection (confusion of self and other) and deflection (avoidance of contact) (Yontef, 1993b:10,11; Clarkson, 2004:60-66). Joyce & Sills (2001:112-129) couch these in different terms – albeit still from a Gestalt perspective – and prefer to use the concept “modification to contact” in view of the fact that the understanding of “interruptions to contact” has undergone significant change in recent years. Therefore, “modifications to contact” describe “a series of processes that are simply creative adjustments that may or may not be appropriate” (Joyce & Sills, 2001:113). Whether contact boundary disturbances or modifications to contact, Pateman (1998:158) refers to these as “repressed material [i.e. in the unconscious] which comes to the surface in the course of writing [and which] may be dealt with (worked through) *in the writing itself*”.

It is important to point out how, in a Gestalt therapy process – which plays out on the basis of an I-Thou relationship (Joyce & Sills, 2001:41-48) – the therapist remains in confluence with the client, i.e. the therapist respects the client's process and way of being in the world which manifests itself in the therapeutic context yet the therapist provides structure to the therapeutic process by employing certain techniques or exercises to facilitate the process (see, for instance, Clarkson's, 2004 description of Gestalt counselling; see also the writing exercises explained in 2.3.4.5).

An extension of the *I-Thou relationship* in Gestalt therapy, touched upon in the previous paragraph, is the concept of the “healthy, self-regulating essence” of the individual (Clarkson, 2004:50) or the Gestalt therapist's belief that people have “an innate drive to health” (Yontef, 1993b:14). In this sense, the Gestalt therapist is not regarded as the expert who knows what is “wrong” and how it should be “fixed”, but believes in the fact that the individual possesses the potential for self-healing with the I-Thou relationship, coupled with the therapists use of innovative techniques, providing the context within which this potential may be realised. Clarkson (2004:23) states that Gestaltists work from the

basis of the organism's tendency to *self-regulation* in view of the fact that, at some level, people know what is "good for them". In this sense, the individual aims at restoring balance in his life, which is likened to *homeostasis* (Blom, 2004:11). On a higher level, this may be viewed as a state of *wholeness*, where the individual functions in respect of all his different physical, emotional and spiritual components. Hunt (2000:40) indicates that, for some people, finding a "writing voice" means engaging with their inner world and involves the development of a strong enough "sense of self" – another Gestalt therapeutic goal. The author indicates further that this kind of exploration has a strong self-developmental or therapeutic dimension. From a Gestalt point of view, therefore, two sides of the same coin are emphasised when the individual utilises writing in this manner: the "self is the agent of change" (Nevis, 1992:14) and the potential for self-regulation and self-support (Yontef, 1993b:16) is fostered and enhanced.

⇒ This section of the chapter has attempted to indicate why the Gestalt practice model is regarded as providing a suitable and even ideal framework for exploring and experimenting with expressive writing as a tool in a therapeutic setting. The researcher concludes this section with the opinion that the Gestalt therapeutic goals of awareness, integration, and self-support may be realised by utilising the technique of writing in therapy. The Gestalt therapeutic goals will be discussed in the context of the therapeutic process in the following chapter.

2.3.3 A case for the recognition of writing in therapy

This section of the discussion will illustrate that: 1) there appear to be differing and even opposing views regarding both the use of and the recognition of writing in therapy; this can be explained, in part, by the fact that exponents are working on different continents, i.e. in the United Kingdom and the United States of America mainly (and in Australia in the case of narrative therapy); 2) it also appears that, although there is sufficient anecdotal evidence of writing being used in practice, this phenomenon is not necessarily supported by clinical literature; however, this is quite common to aspiring professions (see the discussion in 2.3.5); 3) there is an emerging case for the therapeutic value of writing in therapy.

Differing views appear to exist concerning the use of writing as a medium for therapeutic or preventive interventions, ranging from "has not often been used" (L'Abate & Platzman, 1991:100) and a lack of understanding or emphasis on writing in therapy, including the paucity of literature on the "curative aspects" of writing (Leavitt & Pill, 1995:139) to writing as a technique is "appearing consistently" in scientific literature (Wenz & McWhirter (1990:37), and writing therapy has been receiving "considerable recent attention" (Largo-Marsh & Spates, 2002:581). L'Abate (1992:vii) points to the heart of the matter by observing that writing has a "distinguished history" of being used for therapeutic or para-therapeutic purposes and may even be used by more therapists than is expected; however, it has not received the "professional interest and systematic use", either as an adjunct or even as an alternative to traditional therapist-client contacts.

The power of expressive writing needs to be "recognized, valued, and promoted" within the therapeutic community, according to Leavitt & Pill (1995:137). The authors argue that not only does it serve the purpose of expressing innermost thoughts and feelings, but also enhances the therapeutic process when these writings are shared with the therapist. Hence, they subscribe to the idea that expressive writing has curative benefit and indicate that these aspects of writing are confirmed repeatedly in clinical practice (1995:140) (see in this regard Allan & Bertoia, 2003:3 and their experience over a 25-year period).

Writing is "often" used clinically. However, this is substantiated mainly by considerable anecdotal evi-

dence as empirical evidence is difficult to obtain (Brand & Mazza, Mazza & Scaturro in Wenz & McWhirter, 1990:37).

Leavitt & Pill (1995:138) make a valuable contribution in establishing a bridge between the evolving body of clinical literature about the use of storying in people's lives (the narrative approach described in 2.2) and what they refer to as the "vast" body of literature about writing. However, they point out that the role of storying in people's lives using the constructivist or narrative approach is employed by most clinicians in an oral rather than written tradition. This researcher has come to the same conclusion, although there are some exceptions as has been indicated in the discussion in 2.2.

According to Hunt & Sampson (1998a:10), there is a significant and evolving body of work in the field of expressive writing. The authors state that, in the 10 years from 1988, there has been a steadily growing interest in the United Kingdom in "the practice of autobiography and creative writing as a means of gaining insight into oneself, of coping with difficult emotional or psychological problems, or as a way of dealing with difficult life experiences such as emotional traumas, illnesses, ageing, and death".

These authors are of the opinion that the *practice* of writing in therapy is found not only amongst individuals and groups working towards personal growth, but also amongst therapists, analysts, and counsellors who utilise writing in work with patients or clients; furthermore, it is utilised in a wide variety of settings and across a wide spectrum of mental health problems (Hunt & Sampson, 1998a:10). However, clinical *literature* does not emphasise writing in therapy (Leavitt & Pill, 1995:139).

2.3.4 Writing in a clinical context

The following points will emerge from this section of the discussion: 1) there is a substantial body of work validating the therapeutic benefit of writing; 2) there is a call for further research on the subject; 3) there are definite therapeutic considerations in the utilisation of writing.

From the literature review, it has become evident that writing takes place in different forms and under different circumstances, ranging from the individual to a group level, from spontaneous writings to programmed writing, from those assigned by a therapist to those prescribed in a school counselling situation.

The strongest case made for the therapeutic benefit of writing is the research conducted by Pennebaker and his colleagues and students over a 20-year period from the late 1970s (Pennebaker, 1991:66). This is an important body of research regarding the therapeutic value of writing, and any discussion of this subject has to be cognisant of these views and findings. However, owing to the span of their work and given the confines of a dissertation, it is impossible to do full justice to their treatment of the subject. The main thrust of their work will therefore be summarised. The following sources were consulted in preparation of this summary and will provide detailed information on the nature of their studies and the resultant findings: Pennebaker & O'Heeron, 1984; Pennebaker & Chew, 1985; Pennebaker & Beall, 1986; Pennebaker, Hughes & O'Heeron, 1987; Pennebaker & Susman, 1988; Pennebaker, Kiecolt-Glaser & Glaser, 1988a; Pennebaker, Kiecolt-Glaser & Glaser, 1988b; Watson & Pennebaker, 1989; Pennebaker, Barger & Tiebout, 1989; Pennebaker, Colder & Sharp, 1990; Francis & Pennebaker, 1992; Pennebaker, 1993; Wegner & Pennebaker, 1993; Hughes, Uhlmann & Pennebaker, 1994; Petrie, Booth, Pennebaker, Davison & Thomas, 1995; Pennebaker & Francis, 1996; Pennebaker, Mayne & Francis, 1997. This is not a comprehensive reflection of their body of work, but rather the ones which could be accessed.

The research conducted by Pennebaker and others (Pennebaker, 1991) has important implications

in view of Engel's biopsychosocial model (in Smyth, Stone, Hurewitz & Kaell, 1999:1309) which comprises a recognition of the role of psychological and social factors in both preventing and healing illness. From a Gestalt perspective, this is equally important, as has been indicated in 2.3.2.

During the course of his research, Pennebaker developed what is described as the “most thoroughly researched writing strategy” (Largo-Marsh & Spates, 2002). Pennebaker (1991) describes the writing strategy employed in the research as follows: student volunteers were requested to keep journals (in notebooks), writing 15 minutes a day over four days. They were to write about either traumatic experiences or superficial topics. Also, those who wrote about traumas would either: 1) merely vent their emotions, 2) write down facts only or 3) combine both by writing about facts and emotions simultaneously.

Pennebaker (1990) initially developed an inhibition / confrontation approach or an inhibition model based on the following premises: inhibition, or actively holding back or inhibiting thoughts and feelings can be hard work; in time, this effort gradually undermines the body's defences (Pennebaker, 1990:13), while excessive inhibition involves the risk of both major and minor diseases (Pennebaker, 1990:14). However, it was found that significant short- and long-term health benefits are derived from confronting innermost thoughts and feelings – whether by talking or writing (Pennebaker, 1990:14). More specifically, writing or talking leads to “profound” physical and psychological changes (Pennebaker, 1990:100).

The work of Pennebaker and his colleagues eventually questioned the “viability” of the initial inhibition model and, on reflecting on the issue of what accounts for the “powerful” effects of writing, the broader field of cognitive change was gradually entered into (Pennebaker & Francis, 1996:603). Bootzin (1997), for instance, provides a very succinct description of these two lines of research.

In the course of studying the Pennebaker material, research along similar veins materialised, either in an effort to replicate their findings or as an expansion of their findings, for example: Jamner, Schwartz & Leigh (1988); Greenberg & Stone (1992); Greenberg, Wortman & Stone (1996); Smyth (1998) who comes to the conclusion that written expression may “fill a very important niche”; Lepore (1997); Largo-Marsh & Spates (2002:581) who believe there is good reason to suggest that “writing for therapeutic benefit” might serve as a treatment in its own right when properly structured; Pizarro (2004) who concludes that brief sessions of writing therapy can reduce “social dysfunction” (in the context of a comparison between writing therapy and art therapy). In this respect, note should be taken of the research conducted by Murray, Lamnin & Carver (1989) which supports the idea of cognitive reappraisal following emotional expression, rather than mere “affective discharge”, and by Donnelly & Murray (1991) whose results conclude that both psychotherapy and written expression are effective in resolving the emotions related to stressful and traumatic events, but who point to the “key role” of the therapist in providing support in coping with emotional trauma; in this regard, also see Murray & Segal (1994). (The theme of the importance of the therapeutic setting – specifically in the Gestalt context with its emphasis on the I-Thou relationship – will surface a number of times.)

The value of the substantial body of work referred to lies in that it provides just evidence of the salutatory effect of writing about emotional experiences (see similar findings by Hunt, 2000 and Hunt & Sampson, 1998b). However, as Murray & Segal (1994:403) indicate, there has – unfortunately – been essentially no research on the effectiveness of writing therapy “outside of the Pennebaker tradition”.

The idea is emphasized by Bootzin (1997) who, in an examination of the theory and clinical utility of

writing about emotional experiences, calls for “systematic research” to investigate its clinical application, believing that it is “premature” to view writing intervention as a part of any treatment for specific problems. The author concedes that “writing about emotional experiences has beneficial effects on health”, but argues for further research regarding the mechanisms regulating its effectiveness. In view of the fact that the present study is an exploratory study, and that further research on this topic is indicated, it is believed to be valuable to add Bootzin's (1997:169) suggestions in this regard:

- 1 Focus on whether this intervention produces “clinically significant effects” – in view of the fact that research up to this point has focused on theory testing, and, specifically, the scope of the effects and the proportion of responsive clients have to be determined;
- 2 Practical issues revolve around the following:
 - 2.1 Whether clients should be instructed to focus their writing on a specific problem, e.g. addiction, or on their deepest thoughts and feelings related to a topic;
 - 2.2 Whether discussion of the writing should become part of the therapy or whether the privacy of the writing should be maintained;
 - 2.3 Whether this intervention is particularly appropriate for some problems or some clients (as opposed to an inappropriate intervention for certain problems and patients – e.g. suicidal or violent subjects).

Certainly there are questions to be raised in this regard, one of the most important of which is the therapeutic setting in, and stage during, which writing is applied. Largo-Marsh & Spates (2002:585), for instance, are of the opinion that the use of writing assignments is “a powerful intervention”. However, they caution that it should be used only by skilled clinicians or by junior clinicians who are supervised (their intervention was aimed at trauma survivors and targeted the pivotal trauma along with the emotional components which affected the client). L'Abate's view (1992:12) is that writing in general (and programmed writing in particular) can enhance and even shorten therapy or primary intervention. Nevertheless, he believes that this should take place within the context of a “caring and compassionate” professional relationship.

A final point regarding the use of writing in a clinical context concerns the issue of the stage of therapy during which writing may be used. In this respect, Kelley & Williams (1988:25) point out that writing is a useful tool at various stages, e.g. the assessment stage where written materials provide important information regarding the problem and its manifestation in the client's life; also, it establishes the basis for the evaluation of change at a later point. Further, the authors are of the opinion that it has diagnostic value. However, from a Gestalt perspective, the therapist is not concerned with making diagnoses or identifying the *what* of a problem but is at pains to determine the *why* of a problem situation (see Nevis, 1992:52).

Continuing the discussion of writing in a clinical setting, attention will now be paid to a number of specific aspects relating to writing in a clinical contexts: the uses and benefits of writing in therapy; possible problems and constraints in the use of writing in therapy; the application of writing in a therapeutic setting; specific techniques utilised in writing; and, finally, exercises used in writing.

2.3.4.1 The uses and benefits of writing in therapy

Surveying the available literature, some of the uses of writing may be listed thus:

- It leads to the development of new perceptions and to the dealing with personal problems in innovative ways (Lauer, 1972:40).
 - It is useful in focussing the client's attention, in clarifying directives, in heightening dramatic

impact, and in sending messages to family members who are absent from therapy sessions (the latter mainly from a family therapy perspective) (Nunnally & Lipchik, 1989:5).

- Client writings can be used to tie clients' mental health histories to current problems, to disrupt dysfunctional behaviours, and to establish goals with the clients, as well as for the prevention and reduction of recidivism (Oppawsky, 2001:31).

Furthermore, writing has specific benefits which have been pointed out by various authors; some of the main points can be summarised as follows:

- It has cathartic value to the extent that Milici (in Allport, 1951:42) labels the term “graphocatharsis” (referring to the case of a schizophrenic who was allegedly cured by writing down his personal experiences and thoughts). Painful memories and emotions are expressed thus leading to new insight and understanding (Jordan, 2001:68); see also Allan & Bertoia (2003:3) in this regard.
- It becomes possible to articulate issues and to achieve distance and objectivity; also, repeated consideration is made possible through written material; in addition, the client's sense of participation in therapy is enhanced (Ryle, 1983:365).
- It fulfils the need for completion and the search for meaning (Pennebaker, 1990:100-106); it is a form of self-expression and relates to a basic human need (Pennebaker, 1990:110-112); one of its values lies in helping to “integrate and organise” our lives by, amongst other things, clearing the mind and resolving traumas that stand in the way of important tasks (Pennebaker, 1990:198).
- In addition to enhancing the expression of feelings, it also develops cognitive skills such as balanced thinking (L'Abate, 1992:19).
- It diffuses resistance when working with one's own words in therapy, the reason for this is that it is harder to dispute oneself than it is to disagree with another (Leavitt & Pill, 1995:146).
- The written word is more enduring, less fleeting, and a more permanent reminder of painful thoughts and feelings (Leavitt & Pill, 1995:146).
- Oppawsky (2001:30) underscores the fact that personal writings increase both the effectiveness and efficiency of therapy; furthermore, she believes that they increase the accountability of therapy (by acting as a measure of the outcome) and that such writings can be used in prevention and to reduce recidivism of symptoms by enhancing cognitive awareness.
- In view of the fact that writing allows for a “flow or stream of consciousness”, the opening or unfolding of images, ideas, and thoughts is often demonstrated (Allan & Bertoia, 2003:17).
- Through the process of writing, time for reflection on our “inner world” is created, with the opportunity to “work through or transform” difficult emotions and painful thoughts (Allan & Bertoia, 2003:18).

There are those who believe that writing in therapy may save time and even money in that it could shorten the duration and costs normally associated with traditional forms of therapy (L'Abate, 1992:14). However, there are some problems inherent in the use of writing in therapy, as the next section will indicate.

2.3.4.2 Possible problems and constraints in the use of writing in therapy

The overriding problem in using writing in a therapeutic context is pointed out by Hunt (2000:14) when she states that her findings and conclusions regarding writing as a therapeutic tool “are not going to apply so readily to people who do not have such skills or the environment in which to develop them”. In other words, the use of writing in the therapeutic context will have a limited rather than a universal application. The reason for this will become clear in the discussion that follows. On the other hand, it

should also be understood that writing is not only for the gifted, the educated, or the highly literate person (Leavitt & Pill, 1995:137).

Stuart (1998:149) points out that writing is “a process of social interaction”. The implication is that, in writing, we imagine our reader and we write *to* someone. Although this creates the possibility for writing, according to Stuart (1998:149), it also constrains the writer. The constraint lies specifically in how the writer imagines his audience or audiences will “see” him, and this shapes the “presentations” of self.

There are reasons for, and also situations in which, the use of writing could present problems. For instance: “Writing apprehension” and “writing anxiety” (Allen and Grundy respectively in Wenz & McWhirter, 1990:37) are phenomena which are believed to affect many people in modern American culture (Wenz & McWhirter, 1990:37). Oaklander (1988:95) phrases it as follows: “I think children (and adolescents) are often reluctant to write because the schools put primary emphasis on spelling, form, sentence structure, and even penmanship, thus stifling and choking off the child's creative flow”.

L'Abate (1992:18) mentions Burton's work in highlighting the potential disadvantages of the use of writing in psychotherapy (the work of Burton quoted here appears in an important work edited by Pearson, 1965¹). These disadvantages are listed in Table 4.

Table 4: Disadvantages of using the writing method in psychotherapy

1	It might threaten the dissociation of the therapeutic relationship
2	It might move the emphasis to ideas rather than feelings, at the cost of less affective involvement by the client
3	Some clients might be unable to write or to use written material
4	It might provide a distraction and a defence from the honesty of direct confrontation, becoming ultimately another form of defence
5	Therapy might be relegated to writing alone
6	It might affect the tone and structure of the therapeutic relationship “insidiously”
7	It might become a magical process, precluding actional outcomes (i.e. it could help some clients avoid direct actions and rest at the level of writing rather than of acting)

Some of these points are echoed by other authors. Pennebaker (1990:191) refers to the implicit values behind writing in the sense that psychologists and other therapists are not “value free”. He points out that the values and goals of the therapist could subtly colour the therapeutic relationship and, in the process, the degree to which the client chooses to disclose in his writing (for example, disclosing the use of drugs). This point obviously relates not only to the writing technique, but is applicable to the therapeutic relationship as a whole. However, given the “permanent” nature of the written tradition, it could be that the client could be more reticent when this method is employed.

Pennebaker (1990:202-204) believes further that an “over-reliance” on writing could be problematic, especially in terms of using writing as a substitute for action, writing being an intellectual rather than a self-reflective exercise, using writing as a forum for uncensored complaining, or writing as an exercise in self-absorption rather than in self-reflection.

A very strong argument in this case relates to the “upsurge” in negative mood following a session of written expression; this point relates to the research findings of Murray, Lamnin & Carver (1989),

¹ Pearson's (1965) work referred to is *The use of written communications in psychotherapy*. However, the source could not be obtained for purposes of this literature review.

Pennebaker (1991), Donnelly & Murray (1991), and Murray & Segal (1994). In the latter study, it is pointed out that this could limit the “practical use” of the written method (Murray & Segal (1994:404). In fact, Pizarro (2004:6) believes this “unintended side effect” of writing therapy is sufficiently serious because it may, ultimately, defeat the object of the therapeutic exercise. On the other hand, it should be noted that Pennebaker's (1991:91) follow-up research – four months after the original experiment – found that the volunteers' moods had improved: “Writing about their deepest thoughts had started a process that resulted in a lighter mood and more positive outlook”. This finding was substantiated by reports from the student health centre who reported that these students had visited the health service for treatment “much less” than the control group(s). It stands to reason that this effect can, if not counteracted, at least be managed by discussing the matter beforehand. Also, Pizarro (2004:11) proposes a solution in the form of combining art therapy with the writing therapy so as to motivate participants to continue therapy and to make therapy a more “enjoyable” experience.

On a final note of caution, Crabbs (1973:391) points to the confidential nature of such writings, particularly because of the very personal way in which the client reveals himself. He urges that precautions should be taken to ensure not only the confidential nature of the writings but also of the relationship (see Allan & Bertoia, 2003:20).

2.3.4.3 The application of writing in a therapeutic setting

This section of the discussion is of particular value to this study as these specific pointers will be used as a basis for the recommendations and conclusions in the final chapter. Some of these points appear to be contradictory and should be read in conjunction with section 2.3.4.5 of this chapter where they will be elaborated on.

A very important point regarding writing is the one made by Wenz & McWhirter (1990:40), namely, that a client “mindset” for writing is useful – meaning that there should be some proclivity towards writing (these authors discuss the creative writing experience within a group context, but the principles apply). Inevitably, in a writing therapy *some* ability is implied.

Also important is the question of separating the two parts of the writing process (Elbow in Hunt, 2000:20): the creating and the editing. The idea that writing is facilitated if the writer is able to achieve this separation, is attributed to Elbow (in Hunt, 2000:20), who believes that writing is a developing process: a free flow of words should be encouraged as a right-brain activity, whereafter these can be “shaped” by applying the critical or left-brain faculty. This distinction serves the purpose of letting go of conscious control (Hunt, 2000:20) which normally attends left-brain thinking.

L'Abate & Platzman (1991:103) and L'Abate (1992:47-50) refer to the importance of Phillips and Wiener's work and paraphrase their guidelines for the use of writing in therapy, of which applicable ones appear below:

- Writing should be done at set times and for a set period of time. (It must be pointed out that a certain degree of experimentation, certainly during the initial stage of writing, is useful until such time as the individual determines what works best for her (Haarhoff, 1998:34).)
- Suggestion of a specific topic by the therapist is useful.
- Writing should take place freely, without pause to consider grammar or other language considerations (this point has already been made – see Elbow (in Hunt 2000:20). (The researcher's own experience to date has indicated that this is useful in the early stage of writing so as to initiate a flow of ideas or of what is on the foreground; if not structured and/or edited following the exercise so as to assemble a meaningful whole, it could result in an almost meaningless jumble of words.)

- Discussion of the client's writings during therapy is advised.
- The use of writing and its implementation should be agreed upon prior to commencement of the intervention.

Pennebaker (1990:49-51) answers some of the questions commonly asked about the writing methods. In view of the fact that the researcher has come across very little material of this nature and, given this extensive research on the writing methods, this information is considered extremely worthy of inclusion:

- What should the writing topic be?
 - The author suggests focusing on everyday issues, not necessarily the “most traumatic” experience of one's life.
 - He believes it is critical to describe not only the experience itself, but particularly the emotions surrounding the issue.
 - He suggests writing continuously without being overly concerned about grammar, spelling or sentence construction. (The emphasis here is on “*overly* concerned” and should be read in conjunction with the researcher's comment concerning her own experience on the previous page.)
- When and where should one write?
 - One should write whenever the need arises – it need not necessarily be that frequently. (This contradicts L'Abate & Platzman's, 1991:103 guideline on the previous page. The answer probably lies in a degree of individual experimentation, as pointed out by Haarhoff, 1998:34.)
 - Writing should not be used as an avoidance strategy where action is called for.
 - Where one writes depends on circumstances, but a unique setting has an influence on writing.
 - Writing should ideally take place in a setting where there is no interruption or troubling sounds, sights, or smells. (The emphasis here is on “*troubling* sounds, sights, or smells”. Sensory stimulation, on the other hand, may enhance the writing experience as the discussion in 2.3.4.5 will indicate.)
- What should one do with what one has written?
 - He suggests anonymity in the sense that one should keep what one has written to oneself or even destroy it when finished. Obviously, this point will not apply in a therapeutic setting.
 - He believes that, from a health perspective, one should act as one's own audience and not rationalise or justify oneself in terms of the perspective of another.
- What should one do if one hates to write – is there a substitute?
 - The author suggests talking into a tape recorder as a substitute – continuously, for fifteen minutes a day.
 - Irrespective of which method is used, it is important to relax and practice, bearing in mind that no one is evaluating one or one's work.
- What can one expect to feel during and after writing?
 - He cautions that the writer may feel “sad or depressed” immediately after writing (this was confirmed in all the Pennebaker studies; see, for instance, Pennebaker, 1990). However, these feelings usually dissipate within approximately an hour, or may last for a day or two at

most in some cases. On the upside, feelings of relief, happiness, and even contentment are experienced soon after conclusion of the writing process.

- He believes that writing should provide both distance and perspective which will accompany the improved understanding of feelings and emotions produced by the writing exercise.

Haarhoff (1998:34) points out that it is important for the individual making use of the writing technique to ascertain what mood she has to be in in order to write – angry, excited, or at peace, for instance. In other words, one should be aware of which particular mood facilitates writing.

Leavitt & Pill (1995:147) suggest the following ways of encouraging clients to experiment with writing: first, by asking them whether they write (as the clinician would enquire about or suggest, for example, physical exercise or meditation, visualisation, or listening to relaxation tapes) and, secondly, by showing an interest; also, by suggesting a meaningful topic, or by doing fantasy exercises in which the therapist suggests a story line and the client, placing himself in the story, imagines responses within the scenario.

Allan & Bertoia (2003:20-23) provide pointers on the implementation of successful writing programmes, a few of which are: first and, from this researcher's perspective, most important, the authors are of the opinion that counsellors using this method must themselves be convinced of the value of writing and use it as one way in which to foster their own inner development; the authors point out that, in a sense, it is unethical to request others (and children, in particular, in their book) to do so if they themselves are not prepared to work on their own inner world and to use writing as a means of doing so (the authors work from the Jungian perspective and believe that the processes of transference and counter-transference are enhanced in such a process); secondly, the counsellor should be skilled in knowing which writing tasks to assign so as to make the experience both profitable and enjoyable; the authors believe that if the counsellor has good *rapport* with the child or adolescent, he/she should not encounter resistance in this regard; thirdly, clients (in particular when they are children and adolescents) should be prepared for this style of writing, explaining to them that they will be writing from the “inside to the outside”; they should be taught about the creative aspect within themselves and enabled to value this part of themselves; fourthly, they must be prepared for the fact that, at times, it will be hard to get started or that they might encounter aspects which are frightening.

The above discussion of the application of writing in a therapeutic setting is summarised in the table below. The column on the left denotes specific pointers gleaned from the literature review, while the column on the right includes aspects of the researcher's experience to date.

Table 5: Specific recommendations for the application of writing in a therapeutic setting

	<i>Recommendation</i>	<i>Explanation</i>
1	Therapist should be convinced of the value of writing and use it herself	Therapist can expect difficulty in eliciting interest if she is unfamiliar with the method
2	Client should have a “mindset” for writing	<ul style="list-style-type: none"> ■ Some proclivity towards writing is necessary ■ Ability in writing is implied
3	Use of writing and its implementation should be agreed upon prior to intervention	Client should know what to expect and be prepared to experiment with the method
4	Client should be cautioned that feelings of sadness or depression might surface immediately after writing, but that these will disappear	If these feelings appear and the client has not been forewarned, she might not wish to continue; also, knowledge of positive affect following on the exercise(s) should act as motivation

	<i>Recommendation</i>	<i>Explanation</i>
5	Client should be taught about creative process within herself and to value it	The act of creation is therapeutic in and of itself
6	Client should be prepared that it might be difficult to commence writing and that aspects thereof might be frightening	<ul style="list-style-type: none"> ■ Therapist should experiment with written exercises so as to initiate flow ■ Frightening aspects should be contained within therapeutic sessions
7	Therapist should explain to client that she will be writing from the “inside to the outside”	The emphasis is on inner experience
8	Therapist could suggest a specific or meaningful topic, or do fantasy exercises	<ul style="list-style-type: none"> ■ Focus on everyday issues (although some might wish to focus on a traumatic experience) ■ Describe in particular the emotions surrounding an issue
9	Therapist should experiment with various writing tasks to ensure that experience is profitable and enjoyable	Therapeutic impetus and process should be maintained in this way
10	Write at set times and for a set period of time	A degree of experimentation is advised: some might wish to write whenever the need arises
11	Write in a setting where there is no interruption or troubling sounds, sights, smells	<ul style="list-style-type: none"> ■ Experimentation to establish personal preference is recommended
12	Experiment with physical exercise, meditation, visualisation or relaxation tapes	Combining these with the writing experience before, during or after a writing session could induce creative flow
13	Ascertain which type of mood facilitates writing	Feelings of anger or excitement or being at peace might enhance writing
14	Write freely and continuously	Do not pause to consider grammar or other language considerations
15	Separate the parts of the writing process, i.e. creating and editing	<ul style="list-style-type: none"> ■ Creating equals right-brain activity and editing equals left-brain activity ■ Shape the work after the flow of ideas on paper
16	Therapist should show an interest in client's writing	Written exercises and their outcome should be integrated into the therapeutic session
17	Discussion of client's writings during therapy is advised	Discussion serves to contain experiences and to explore their therapeutic value

Until now, the discussion on writing in therapy has been couched in general terms. The next two sections narrow the focus of the discussion to specific information which is endemic to the written method in a therapeutic setting, the first of which concerns the variety of techniques which may be utilised.

2.3.4.4 Specific techniques utilised in writing

The actual techniques employed in writing in therapy are manifold and, once again, full justice cannot be done to these in this dissertation. A further complication is that what is referred to as techniques in this section, are regarded as therapies in their own right by some authors (see Hunt & Sampson, 1998b), for example poetry therapy and journal therapy as opposed to poetry or the journal as techniques used in therapy.

Of these techniques, that of poetry appears to be the most developed one as was indicated in point 2.1 where mention was made that an Association for Poetry Therapy was established as long ago as in 1969. Another technique which has been intensively developed is that of journals: Dr Ira Progoff, in particular, is well-known for his efforts in this regard and has developed the Intensive Journal program (Progoff, 2005). Another important exponent is Kathleen Adams who, in 1985, founded The Center for Journal Therapy (Adams, 2005).

A survey of the field points to the following as being available to therapists who wish to work in this medium, bearing in mind that this is not an exhaustive review for reasons mentioned formerly:

- Poetry: According to Sampson & Hunt (1998:207) the “most fruitful model for a writing therapy” is provided by poetry therapy. Mazza (1994:125) refers to several models of poetry therapy, including:
 - Leedy's prescriptive model, which utilises the isoprinciple of selecting a poem that matches client's mood, but includes elements of hope;
 - Lerner's interpersonal model, which utilises poetry as a vehicle in expressing feelings and becoming aware of internal processes;
 - Schloss's psychopoetry model, which has been developed from psychodramatic theory and practice;
 - Hynes and Hynes-Berry's interactive bibliotherapy model, which focuses on the interaction “of the triad of participant-literature-facilitator as well as the use of creative writing as material” (Hynes-Berry in Mazza, 1994:125); and
 - Mazza's model of poetry group therapy which commences each session with a pre-existing poem and concludes each session with a collaborative poem.

Oaklander (1988:97) makes the point that rhyming poetry is not the most useful for “free-flowing expression”; therefore, it should be pointed out that poetry need not necessarily rhyme in order to be regarded as such. Sampson & Hunt (1998:208) single out poetry therapy as being unique amongst the existing writing therapies in terms of professionalisation: it has a national organisation, has a vehicle for accrediting practitioners, and a programme of research and, in particular, has mechanisms in place to evaluate methods of work.

- Journals: Journal writing focuses on the writer's internal experiences, reactions, and perceptions and differs from traditional diary writing where daily events and happenings are recorded from an exterior point of view (Adams, 2005) (see also journal writing from a psychological perspective by Halberg, 1987). Sampson & Hunt (1998:206) refer to “a detailed method of therapeutic diary writing” advanced by Ira Progoff. Progoff renders the journal process in book form which involves documenting one's life from different perspectives; the contents page, for instance, includes entries such as a “Life History Log” and “Intersections” (Haarhoff, 1998:31). This researcher identifies with the Allan & Bertoia (2003) approach to journals: although theirs is a Jungian approach, there are strong similarities between the Jungian and Gestalt perspectives in relation to dreamwork (see Nevis, 1992:51 for a discussion of dream theory in Gestalt therapy), and the recording of dreams figure largely in journals in general, and in the Allan & Bertoia (2003) journal method in particular. The authors refer to the technique as picture and writing journals. They suggest a booklet of approximately 184 x 228mm, and recommend that the top half of the page is blank and the bottom half lined which would enable the addition of drawings to words and sentences. In this approach, journals are referred to as “experience journals” and so-called time-tabling logs (i.e. “Today I did this and then that ...”) (Allan & Bertoia, 2003:50) are not permitted. The goal of these experience journals is to enhance perceptiveness about the environment and to facilitate reflective thought. One variation on the journal theme is a dream journal where the dream is not only recorded, but where some aspect of it is illustrated (hence the suggested format for the journal) (Allan & Bertoia, 2003:59). The dream journal is regarded as an important tool in view of the fact that the self-healing ability of the indi-

vidual emerges at night – “when the control of the ego and ego defenses weaken during sleep and the dream process becomes activated” (Allan & Bertoina, 2003:190).

- Letters: Letters are used as a vehicle to offer interpretations, hypotheses, empowerment, messages about self-esteem or as a form of strategising; in short, therapeutic letters may take many different forms and may also incorporate different goals (Wojcik & Iverson, 1989). Sloman & Pipitone (1991:82) indicate that letter writing can be used to bridge an impasse, which is important from a Gestalt perspective. (The term “impasse” appears to be the Gestalt equivalent of being “stuck” in more general psychological terms.) Furthermore, according to these authors, letter writing can be incorporated into a variety of theoretical models. Schaefer (1988:392) provides information best suited to this dissertation: writing letters or even notes can be very therapeutic as a method for expressing feelings. They are particularly useful in the sense that they are not as direct or as confrontational as a face-to-face exchange. Also, by expressing themselves in a letter, children and adolescents are able to clarify what they want to say and how to say it. Finally, letters may be mailed while others may simply be written for their therapeutic value. Fox (2003) offers a review of therapeutic documents in the narrative tradition, which includes letters; however, this view does not suit the scope of this particular dissertation. Marner (1995) provides examples of the therapeutic use of letter writing; although these are also within the context of narrative therapy, the letters written by children to one another provide useful examples. (For other applications, see Bradshaw, 1990 and Van der Merwe, 1996:124).
- Incomplete sentences: This technique is briefly described by Van der Merwe (1996:124) and can address aspects such as preferences and dislikes, family, friends, aims, wishes, etc. It is essentially a projection technique and constitutes a basis for further discussion (Van der Merwe, 1996:124). Oaklander (1988:96) describes pairing opposing statements, such as “I’m happy when ... and I’m mad when ...” as a means of creating awareness of the polarities of human feeling and personality. Mazza (1994:124) describes the use of sentence stems such as “When I am alone ...” as a prestructured means of creative writing which can be helpful in both assessment and treatment.
- Self-descriptions: This comprises a description of the self by writing about positive and negative characteristics (Van der Merwe, 1996:121). The therapist can facilitate the process by supplying specific criteria.
- Stories and autobiographies: Not much information on the utilisation of the story-writing technique as such could be found. However, there were references to story-telling mainly and, to a lesser extent in certain sources, story-writing; also, at least one of the exercises listed in the following section results in stories. It must be pointed out that, in this dissertation, the emphasis is on story-writing in the personal sense as opposed to storying as the concept is understood in the narrative tradition (see the discussion in 2.2). Haarhoff (1998:25-29) discusses the writing of stories, albeit from a creative writing rather than a therapeutic perspective, and he links it to autobiography. In the main, these two techniques refer to the way in which an individual can write incidents or aspects of her life as “stories”, the purpose of which is integration. Goldfield & Lauer (1971), for instance, utilise the autobiographical method for a different purpose and describe the way in which the autobiography is used in a creative writing therapy group as a means for the different individuals to introduce themselves. Two important aspects in this regard are: first, the fact that personal memory is “unreliable”, in other words, the unconscious or, in Gestalt terminology, that which is not on the foreground (Yontef, 2005:88-89) or part of present awareness, plays a role in the sense that certain aspects are forgotten or selectively remembered; secondly, stories, and particularly life stories, change over time as the individual's perspective changes. Although it may be understood that the autobiography is written mainly

by older persons as part of their developmental tasks at that age, this technique may be put to good use with adolescents, for instance.

Table 6: Specific techniques in the written tradition

<i>Included in this dissertation</i>	<i>Excluded from this dissertation</i>
Poetry	Life books
Journals	Workbooks
Dream journal (a variation on above)	Guided autobiographical process
Letters	Incomplete sentences
Self-descriptions	
Stories	
Autobiographies	

Other manifestations of the written therapeutic method which lie on the periphery of this dissertation include life books which are used mainly in the context of recording information on the child's situation, such as those made with foster and adoptive children (Harrison in Schaefer, 1988; Bondy, Davis, Hagen, Spiritos, Winnick & Wright, 1990; Van der Merwe, 1996) and which therefore have a more limited application. Another example which lies on the periphery of this discussion is workbooks – such as those made with victims of molestation (Oppawsky, 2001). This method is a very structured one and involves less writing than the other examples listed above. Other examples are the guided autobiographical process (De Vries, Birren & Deutchman, 1990) which is excluded from this discussion (given that it explores adolescence as developmental phase) because it is aimed more at creating meaning in the later years.

The following section will explore some of the writing exercises which may be employed in a therapeutic setting.

2.3.4.5 Exercises utilised in writing

It is self-evidently impossible to provide examples of all the different writing exercises employed by therapists and others in a therapeutic setting, because the therapist can use her own imagination, creativity, and innovative skills to unlimited effect. It should be pointed out that, in the examples which the researcher came across, some exercises emphasized therapeutic benefit, while, in others, the emphasis is on the act of creation. However, in all cases, the principle of application in a therapeutic setting applies. Certain exercises, singled out by way of illustration, mainly in terms of their applicability from a Gestalt point of view, should be read against the background of 2.3.2. A good many exercises, some of which are applicable in a group setting and/or which utilise writing in conjunction with exercises such as guided imagery (see Nevis, 1992:6 and Allan & Bertoia, 2003:244), have not been included, purely because it has been necessary to draw the line at a certain point so as to conclude the subject of writing in therapy.

- The first exercise singled out, is that of “freewriting” which is an exercise in *how* to write. With reference to the earlier point regarding a release of conscious control (see 2.3.3.3), Elbow (in Hunt, 2000:21) suggests the following exercise in two parts: the first comprises two or three writing periods of approximately five minutes. During each of these periods, the writer will write continuously – for the first, there is no given starting point; the writer simply starts writing whatever is in her head (in Gestalt terminology, this results in the writer writing whatever is on her foreground). In this period, no attempt is made to edit in any form and, should the writer become

stuck, the previous word or phrase will be repeated until the flow commences again. Once the five minutes are up, the next stage comprises a reading of the text, and an underlining of anything seemingly interesting or significant as a basis for the next stage of the exercise. During the second stage, the selected word, phrase, or image is written at the top of a new sheet of paper, and another five minutes of freewriting commences, using the heading as the trigger and with the emphasis on keeping the flow going; this stage can be repeated several times. Having completed the first part, the writer proceeds to the second part which comprises the editing stage for which at least 20 minutes is allowed. Corrections are done at this point and shape is given to what has emerged from the freewriting exercise. As an alternative, it is suggested that the second stage is postponed for at least a week, so as to create distance from the material (Brande in Hunt, 2000:23).

- Hunt (2000:91) recommends this exercise as a means of suspending the “critical faculty” so as to evade the control of defence mechanisms – or, in Gestalt terms, contact boundary disturbances – which, as indicated, prevent us from gaining full awareness and making meaningful contact with the self and the environment. Therefore, given the importance of awareness as the major therapeutic goal in Gestalt, this exercise is regarded as being particularly meaningful.
- Hunt (1998:21-27) describes the exercise “writing with the voice of the child” which provides insight into the inner life by accessing early memories. This exercise is facilitated by the use of old photographs of the individual, her parents, and early environment. The individual is requested to “enter” the photograph and experience it in sensory terms, before writing down words and phrases associated with the memory; this forms the basis of a more connected piece of writing in either prose or poetry format.
 - From a Gestalt point of view, the sensory exploration in this exercise is important; also, although the photographs represent the past, its exploration in the here and now is encouraged.
- Bradshaw (1990:149-151) recommends writing the myth or fairy tale about one's childhood (Bradshaw, 1990:149-151). He suggests focusing on an event or events during the school years, for instance, or on an event that strongly affected the individual. The story should have two parts, the first commencing with “once upon a time”, describing the events chosen by the individual and how they created the spiritual wound. Part two should begin with “and when she/he grew up”, focusing on the later life-damaging effects of this wound. Bradshaw (1990:151) believes that the resulting story enables the individual to get in touch with feelings about matters, while it also enables the individual to see the connection between the neglect of unmet developmental dependency needs and consequent life history. (It is important to point out that Bradshaw focuses on a “self-help” therapy; to this end, he suggests enlisting a support person.)
 - Bradshaw (1990:149) points out that myths and fairy tales circumvent the rational, thinking brain, an approach in keeping with Gestalt reasoning, which emphasizes the experiencing of emotions. In terms of the Gestalt approach, the emphasis will be on part two, “when she is grown”, so as to stay true to the Gestalt emphasis on the here and now experience.
- Moskowitz (1998:35-45) employs an exercise referred to as “the self as source” to enhance personal development through self-exploration, investigation, and understanding. The author utilises the exercise, for example, by locating an area of conflict or polarity within the individual's personality – such as the “good” girl and the “bad” girl. These two aspects of the personality are described as two different characters, named and ultimately integrated by creating a story.
 - This exercise is valuable from a Gestalt perspective in that the Gestalt therapist often works with polarities in the individual's personality with the therapeutic aim of integrating these.

- Hunt (2000:33-35) describes “creating a life map”, which is useful not only in identifying topics and themes arising from one's own experience, but in “objectifying the self”. In this exercise, a horizontal line is drawn across an A4 sheet to indicate lifespan from year zero to the present. The task is to divide this line up into time segments, denoting significant change in their lives. For each segment, the following are to be identified and written underneath the line:
1) significant places, 2) significant events, 3) significant people; a word or phrase to characterise their relationship with the outside world during that period is to be added. Having completed this part, the next task is to distance oneself from the personal material and to identify topics and themes of a more general nature which characterise the different time segments; these are to be written above the line. Having completed the life map, certain of the topics or themes can be singled out and used as a trigger to write a story (about an aspect of their lives – author's addition). See also Van der Merwe's (1996:122) use of this exercise from a Gestalt *play* therapeutic perspective.
- Hunt (2000:29-31) uses dialogue on paper as a means of “taking us back into the present of the experience and re-experiencing it from the inside”. Individuals are asked to write a short piece, using mainly dialogue, under the title “The Misunderstanding”. This exercise facilitates a dialogue with “the voices of significant people in our lives ... voices which exert a powerful influence over our views of ourselves and our relationship with the past” (Hunt, 2000:97).
 - This exercise is singled out because, from a Gestalt point of view, it can provide useful information on introjects, one of the contact boundary disturbances (cf. 2.3.2). An introject comprises beliefs or descriptions about the self which have been incorporated into the individual's view of self: “we take in an element of the environment without digesting it ... introjecting is swallowing whole” (Nevis, 1992:38). Hunt (2000:125) illustrates this in quoting from a real-life example: “She (the sister) was bad; there was never any doubt in my mind about that. And I? I had to be perfect. The message was there in the air that I breathed”.
- On the subject of keeping a dream journal, Allan & Bertoia (2003:61) suggest the following technique for those who “don't have dreams” or “don't remember” dreams. While falling asleep, the individual is to repeat “I am going to dream and remember it”; in addition, a tape recorder or dream journal should be kept beside the bed and the dream should be written down immediately on awakening, before getting up out of bed.
- Allan & Bertoia (2003:78) make use of letter-writing and have found a “To whom it may concern” format useful, especially with individuals who have just come through a very difficult period; the suggestion is that the letter would be helpful to others, but its actual benefit lies in the possibility of it integrating an experience. They also suggest the “unsent letter” in instances where communication with another party could exacerbate the existing problem. Allan & Bertoia (2003:84) regard this technique as especially helpful in dealing with bereavement in that it affords the opportunity of completing unfinished business with the deceased.
 - In terms of the Gestalt approach, where one of the therapeutic aims is integration, the first format is regarded as a meaningful one. Secondly, in accordance with the Gestalt view, the structure of the personality comprises five layers, indicating how individuals fragment their lives (Clarkson & Mackewn and Thompson & Rudolph in Blom (2004:35); these layers are the synthetic, phobic, impasse, implosive, and explosive layers (Blom, 2004:35; cf. 3.4). The “unsent letter” holds the potential of a valuable contribution in terms of assisting the individual to deal with the unfinished business which may cause her to remain in the impasse.
- Oaklander (1988:98) recommends reading other children's (and adolescents') poems as one of the most effective ways of getting them interested in writing poetry. She requests a child to close her eyes and allow the poem to “go through her” while the poem is read aloud. Once she

is finished reading, she requests the child to draw a picture of her feelings about the poem and what she became aware of while the poem was read. The child is also asked to draw a picture of some aspect which the poem reminded her of. Actual poetry writing can follow these exercises and, in cases where children are hesitant to do the actual writing themselves, the therapist takes dictation and writes it down for them.

Hunt (2000:27) is of the opinion that exercises such as the ones described above provide a means of getting in touch with oneself and one's experience "at a deep, emotionally felt level". She makes specific mention of one of her students who was enabled to write, not only with her head but with her heart through a particular exercise. In Gestalt terms, these exercises point to aspects such as awareness – the central therapeutic aim in the Gestalt approach – contact-making, and the importance of experiencing emotion in therapy as opposed to talking through emotions.

Furthermore, the above exercises can be explored and expanded in different ways, one of which is by combining them with art and music, for instance (see Cohene & Cohene, 1989 regarding combination with art). Playing music before or while a writing exercise is conducted in the therapy room is a means of heightening sensory awareness. In this regard, it is important to take note of Pennebaker's (1990:112) observation. He compared art and music therapies and stated that these were found to "quickly strip away" inhibitions and other defenses. In such a state, individuals were more emotionally aware – the Gestalt emphasis on the importance of sensory exploration – although, as the author pointed out, they have not necessarily achieved understanding. Pennebaker's point (1990:112) is that thoughts and feelings are understood through the process of writing. Leavitt & Pill (1995:146) explain this phenomenon by their view of writing as being "metaphoric" (in Gestalt terms this compares to writing is a projective technique). In terms of the concept "metaphoric", the authors understand that writing is a more "primary process" than conversation, and metaphor facilitates rapid access to innermost thoughts, which makes them easier to approach and ultimately confront or, in Gestalt terms, to integrate.

Table 7: Examples of exercises which may be utilised in writing

<i>Exercise</i>	<i>Description</i>
"Freewriting"	<ul style="list-style-type: none"> ■ Exercise in how to write ■ Releasing control, critical faculty
"Writing with the voice of a child"	<ul style="list-style-type: none"> ■ Provides insight into inner life ■ Accesses early memories
Writing the myth or fairy tale about one's childhood	<ul style="list-style-type: none"> ■ Commences with "once upon a time" ■ Concludes with "and when she grew up"
"The self as source"	<ul style="list-style-type: none"> ■ Enhances personal development through self-exploration, investigation and understanding ■ Can focus on polarities
"Creating a life map"	<ul style="list-style-type: none"> ■ Identifies topics and themes arising from own experience ■ "Objectifies the self" ■ Divides lifespan into time segments
Dialogue on paper	<ul style="list-style-type: none"> ■ Retraces an experience and re-experiences it from the inside ■ "To whom it may concern"
Exercises to facilitate written techniques	
The dream journal	<ul style="list-style-type: none"> ■ Repeat: "I am going to dream and remember it" ■ Keep tape recorder or dream journal beside the bed and write dream down immediately upon waking up

Poetry	<ul style="list-style-type: none"> ■ Read out poems by other children and adolescents ■ Listen to it with closed eyes and experience the poem ■ Draw a picture about feelings experienced while listening
Exploration and expansion of written exercises	
Combine with art	Draw a specific part of self or create a symbol of an experience so as to facilitate integration
Combine with music	Play music before or while writing an exercise to heighten sensory awareness

Penultimately, we need to situate this discussion within its practice model. In view of the Gestalt emphasis on integrated functioning of the body/mind self (see again Clarkson, 2004:92 in this regard), it is important that writing exercises *per se* be rooted in the experiential level. In other words, they should form part of the therapeutic incident and, in typical Gestalt experimentation fashion, should be “lived” and experienced at the emotional level. An example of this is where an adolescent is requested to write a “story” about her two selves – the sad self and the humorous self, the latter being the one which she presents to the outside world. In an attempt to integrate these two polarities, she could be asked to re-enact a scenario where these two selves enter into dialogue with each other, and describe the emotion experienced by each.

Further, note should be taken of Talerico's view (1986:237). In a seminal article on the expressive arts therapies, the author indicates that these – which include creative writing – all suffer from a short-coming of approach. Each is limited in that 1) a single creative mode, such as poetry or music, is involved, 2) that particular mode is presented in a single format as opposed to a multi-media approach, and 3) responses are elicited from participants through “restricted forms of expression” (Talerico, 1986:237). The author suggests a combination of several of these methods in “a creative synthesis” and opines that this would prove more innovative. In fact, he has devised an approach which also serves as a model for the therapeutic experience incorporating various expressive arts: the multi-media approach of CARE (Creative Arts Reciprocity Experience). However, it has been decided not to incorporate this model in the discussion for two reasons: 1) this particular model is aimed at the group experience, and 2) this dissertation focuses on writing in therapy. Hence, this model is more suitable for later exploration and further mention of it will be made in this regard as part of recommendations for future research in the final chapter.

This section of the chapter concludes with a reference to Allport's (1951) work, specifically in relation to this study where the unit of observation is the adolescent. In a review of users of personal documents, Allport (1951:7) refers to Hall who was of the opinion that the experiences of adolescents are so “transitory” and soon forgotten that knowledge of them should be obtained through diaries and autobiographies. Hall (in Allport, 1951:7) also believed that young people should be encouraged to maintain such documents as it teaches them “self-knowledge and the art of self-expression” (Allport, 1951:8).

2.3.5 Professionalisation of the field of expressive therapy

This chapter now concludes with a brief discussion of a theme which has surfaced repeatedly throughout the discussion in chapter 2.3, namely the professionalising of the field of expressive therapy. There are two major problems in this regard: first, there is no consensus on ways to define and demarcate the field, nor does it appear as if efforts have been made to do arrive at such a consensus. Talerico (1986:231), to name but one, pointed this out almost 20 years ago, and no significant progress appears to have been made subsequently; secondly, developments in the field are fragmented and scattered across disciplines and continents with little or no contact between them.

These two aspects alone would make it hazardous to attempt a discussion of professionalising the field at this point. However, the subject cannot be ignored. Consequently a few tentative aspects are mentioned at this juncture (see Appendix 1 for useful information on writing as therapy).

The concept of professionalisation should be viewed along a continuum, ranging from completely unprofessionalised to highly professionalised, through which a particular occupation develops (Roodt, 1988:11). Furthermore, the concept should be regarded as “the dynamic process whereby many occupations can be observed to change certain crucial characteristics in the direction of a 'profession', even though some of these may not move very far in this direction” (Vollmer & Mills in Roodt, 1988:11). The process of “professionalisation” may be measured with a number of professionalisation elements, including knowledge, education, skills, research, professional literature, professional values, membership of a professional organisation, and a professional code or codes (Roodt, 2003:1-3). Against this background, the following elements can be highlighted, bearing in mind that experience has indicated that the elements of research and professional literature traditionally lag behind the other elements.

The field started taking shape in the 1990s, according to Hunt & Sampson (1998a:10). These authors are referring to recent practice in the United Kingdom so these developments should be seen in conjunction with developments in America, mainly in respect of poetry and journal therapy as discussed in 2.3.4.4. A search on the Internet revealed the existence, not only of a National Institute of Expressive Therapy (which will be elaborated on further in the discussion), but also the existence of a website for writing therapy (Writing Therapy, 2005) and a registered trademark listed as Writing Therapy... (Writing Therapy..., 2005); the latter falling more in the commercial than professional spectrum of course. Regarding the United Kingdom, the authors single out various instances including articles in professional journals, papers delivered at conferences (these referring to *professional literature*; see also Sampson, 2004:13), meetings of special interest groups, and the establishment, in 1996, of the Association for the Literary Arts in Personal Development – LAPIDUS – which is aimed at providing a focus for continued development in the field. The examples listed above refer to the establishment of a *professional organisation* (see also Sampson, 2004:13); similar movements are the founding of the National Institute of Expressive Therapy in the mid-1970s (National Institute, 2005), which was initially established in New York with emphasis on art, but has subsequently evolved to its present form. It provides professional education and training in expressive therapy and expressive arts therapy. (This researcher was unable to distinguish between their demarcation of expressive therapy and expressive arts therapy, however). The same year also saw the emergence of the first academic programme in the UK paying critical attention to the emerging field: the Postgraduate Diploma in Creative Writing and Personal Development at the University of Sussex Centre for Continuing Education (Hunt & Sampson, 1998a:11). (These developments constitute the *education* dimension of professionalisation.) What is important is the fact that, in the process, a theoretical orientation is evolving for the field (Hunt & Sampson, 1998a:11). (Here, a *body of knowledge* and a theoretical framework is evolving). Often, the matter of the body of knowledge underlying a specific profession is a problematic one, specifically in achieving agreement on what the body of knowledge should comprise. Once again, the field of expressive and creative writing and personal development is no exception as Hunt & Sampson (1998a:14) indicate:

Plainly theory is going to have an important role to play in the constitution of the field. But how can any single theoretical framework, whether borrowed, appropriated or constructed, account for the diversity of practice ...? The answer seems to be that this is not possible. In the contemporary field of creative writing and personal development, practices and their

contexts are diverse. So are their aims and their ideas about the nature of writing, personality and development. Some practices even seem to contradict each other... No unifying theory can accommodate such diversity and contradiction. And indeed no single dominant theoretical strand has emerged from the field.

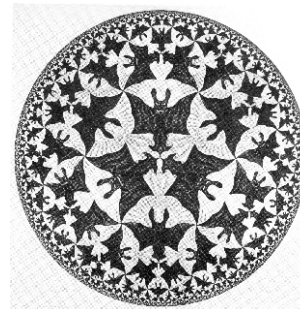
Other aspects that Sampson & Hunt (1998:203-208) refer to are: the necessity of identifying appropriate *ethical codes*, although the authors point to the dilemma that the field itself has not been fully defined; the need for *research* into the practice of writing and personal development, particularly given the fragmentary fashion in which this is currently conducted across a series of disciplines.

From these observations, it appears that there is certainly an awareness of the need for professionalisation of the field and also of what this would entail – Mazza's (1994) incisive article regarding a research agenda for poetry therapy in the 1990s, Rossiter's (1992) view of commonalities among the creative arts therapies as a basis for research collaboration, and Sampson's (2004:24) call for evaluation and research to establish good practice in creative and therapeutic writing being cases in point. However, it is equally obvious that, although important advances have been made, most of these constitute only the beginnings of what such a process entails. Moreover, the few points made here raise the even more important question of whether such an attempt should even be made.

In conclusion: in this chapter, the value of writing in a therapeutic context has been thoroughly reviewed in an attempt to indicate how this technique assumes an important position in the array of tools available to the therapist. Moreover, this technique has been firmly rooted in the Gestalt approach. The next chapter will discuss adolescence as a developmental phase from a Gestalt perspective.

Chapter 3

Adolescence: a developmental and Gestalt perspective



Gestalt: a German term which unfortunately has no exact English equivalent. The primary focus of the term is that it is used to refer to unified wholes, complete structures, totalities, the nature of which is not revealed by simply analysing the several parts that make them up (Reber & Reber, 2001:299).

3.0 Introduction

This chapter comprises a discussion of adolescence as a developmental phase because the unit of observation in this study is an adolescent. It provides the basis for an exploration of the relevance of writing as therapeutic method for this developmental phase. Furthermore, since the Gestalt approach functions as practice model in this study, a synthesis will be established between adolescence and the Gestalt perspective. To this end, the chapter commences with a brief introduction to the adolescent on whom the study focuses.

3.1 The case of Cee

Cee, a 17-year old female adolescent, commenced therapy at her own instigation. Originally, she formed part of a group of six female adolescents who were seen for group therapy by the researcher (two members of this group formed part of the pilot study for this investigation which, in turn, had led to the group therapy). The group itself was aimed at goals relating to personal growth. However, during the group's first session, it became obvious that Cee presented with issues which would require therapeutic intervention. The situation came to a head after she went into hospital with severe physical symptoms relating to the digestive tract. The presence of ulcer(s) was eliminated by means of a gastroscopy. However, she was warned that she appeared to be overly tense and that this manifested mainly in the stomach region. She was also anaemic, and received a number of iron transfusions. During her stay in hospital, Cee requested her mother to contact the researcher with a view to individual therapy.

Two main themes emerged, once individual therapy commenced. First, she is an only child born out of wedlock. Her mother fell pregnant after knowing her father, a married man at the time, for approximately three months. Her mother made the decision not to inform the father and has had no further contact with him. Subsequently, the mother learned that he had divorced in the meantime, but she has no idea whether he has remained in South Africa as he was originally from Ireland. Cee knows her father's name, but that is the full extent of her knowledge of him. This void, coupled with the fact that she has no siblings, is becoming increasingly hard for her to deal with. The second theme concerns her mother and the fact that, when Cee was seven years old, her mother confided in her that she was gay and was involved in a relationship with another woman – a relationship which has lasted for 10 years and which has only recently broken up. Cee is torn apart by her deeply ambivalent feel-

ings towards her mother and is particularly concerned about her mother's sexual preference, not understanding how it was possible for her mother to have had her, as she seems to prefer women at this point in her life. Cee therefore manifests with disequilibrium other than what would be considered “normal” for this developmental phase.

From the discussion in the rest of this chapter, it will be understood that adolescence is a difficult developmental phase. In Cee's case, the difficulties inherent in this phase are compounded by issues in her life, which leave her with insufficient energy to cope with the sum of her developmental tasks. She struggles with ambiguities or polarities (Joyce & Sills, 2001:136-137) in her relationship with her only parent. Her way of dealing with her world or – from a Gestalt point of view, her process – is either to turn on a happy face and/or to exert a directive, even overbearing presence in the external world, while another part of herself turns inward and becomes sad. She is also unable to integrate these polarities of love/pity versus anger/aggression towards her mother into her moral and religious framework. In view of the symbiotic relationship between herself and her mother, as well as the lack of a father and other siblings, she is unable to express this anger; therefore she suffers from the negative introject that, in loving her mother, it would not be permissible to be angry with her. This, in turn, causes her to retrofect her anger in a manner described by Oaklander (1988:265,266): she labours under her anger and the concomitant tension to the extent that she lands in hospital with severe stomach ache. In this way, she attempts to regain homeostasis and to balance her life; the extremity of her physical symptoms and the overwhelming nature of her emotions have led to a situation where she herself has realized that she requires professional help.

This brief introduction serves both as a bridge between the Gestalt approach and adolescence, and as a focal point for a discussion of a number of key Gestalt concepts. It should be pointed out that, in a few instances, aspects relating to the unit of observation will be broached and integrated into the discussion; however, these are pointers only – the theoretical basis in this chapter is integrated in chapter 5.

3.2 Adolescence

Adolescence as a significant developmental phase has, to a large degree, been neglected by theorists and researchers (Thom, Louw, Van Ede & Ferns, 1998:388). A change in this state of affairs, with adolescence regarded as a separate phase between the childhood years and adulthood, was heralded in 1904, due mainly to the work of G. Stanley Hall and his ideas regarding adolescence (see Shaffer, 1999:9 for a comprehensive discussion). For this reason, Hall is regarded as the “father of the psychology of the adolescent” (Thom *et al.*, 1998:388; see Seifert & Hoffnung, 1994:483 for a discussion of Hall's theory).

In this respect, one should note “the dominance of Euro-American research” in South African developmental textbooks and many developmental psychology courses (Macleod, 2002:379). From this, it must be understood that developmental theory should be cognizant of, and relevant to, its particular context.

3.2.1 Definition and demarcation of the concept

The term is derived from the Latin verb *adolescere*, of which the literal meaning is to grow up, to grow to adulthood (Thom *et al.*, 1998:388). In large part, definitions or descriptions of the term in English are similar; in the case of extended descriptions, the same aspects are emphasized. Berk (2003:6), for instance, describes it as “the bridge” between childhood and adulthood. Papalia, Olds & Feldman (1999:508) refer to a “long transitional period”, which marks a developmental transition between

childhood and adulthood “that entails major, interrelated physical, cognitive and psychosocial changes”.

Despite its early publication date, Josselyn (1952:5) captures the essence of adolescence, while highlighting a major issue related to any discussion of adolescence, in her view of this phase of development. In order to do justice to her view, it is reproduced here in full:

Adolescence is frequently defined as the intermediate stage between childhood and adulthood. This definition, however, is not an entirely accurate one. It implies that childhood and adulthood are two sharply delineated periods of life, and that adolescence is a definite period that begins when childhood ends and is completed when adulthood is reached. In reality, the growth process does not occur in stages ... Arbitrarily separating this process into periods gives the false impression that growth proceeds by 'steps'. Actually, the growth chart depicts a curve.

Josselyn (1952:5) continues by stating that adolescence comprises an extensive period of “accelerated physical and psychological growth”, its onset characterized by physical changes. It terminates physically once a mature body structure is established with the mature functioning of the hormonal and reproductive system. It terminates psychologically once relatively consistent patterns that enable the individual to deal with internal conflicts and the demands of the external environment are in place.

One aspect relating to any description of the term “adolescence” is that of cultural influence. Although authors such as Thom *et al.* (1998:387) believe that the term “adolescence” is applicable to all cultures, note should be taken that rites of adolescence, for instance, are idiosyncratic to a particular culture; for example, traditional initiation ceremonies in South Africa (see Thom *et al.*, 1998:388, 389).

In addition to a description of the term, it is even more important to review the demarcation of the developmental period defined as “adolescence”. Berk (2003:6), for example, regards adolescence as the period from 11 to 20 years. Thom *et al.* (1998:388) describe the beginning of adolescence as varying between 11 and 13 years, with adolescence coming to an end between 17 and 21 years. Therefore, these authors regard it as a more meaningful approach to describe adolescence in terms of certain specific physical and psychological developmental characteristics rather than merely in terms of chronological age. With reference to varying social roles in individual versus collectivistic cultures, psychological characteristics such as emotional independence from their parents, for instance, or legal requirements where, in a country such as South Africa, adolescence ends at the age of 21, the authors conclude that it is understandable that many authors tend to describe adolescence in terms of three phases (Berk¹ in Thom *et al.*, 1998:389):

- Early adolescence, between approximately 11 and 14 years
- Middle adolescence, varying between approximately 14 and 18 years
- Late adolescence, between approximately 18 and 21 years.

The subject in this study falls in the phase described as middle adolescence, having turned 17 in June 2005.

A relevant point concerning the demarcation of adolescence is that neither its beginning nor its end point can be signified clearly (Papalia *et al.*, 1999:508). These authors take the approach of identifying markers of adolescence: their first marker of adolescence is puberty, which is regarded as sexual maturity and therefore the ability to reproduce (see also Berk's, 2003:6 view of puberty as leading to

1 Berk's latest edition (2003) does not contain a reference to this division. However, because this is the only such distinction the researcher came across, and because of its relevance to this study, the researcher opted to retain this division, albeit one which appears in a secondary source.

an adult-sized body and sexual maturity). Their second set of markers resembles Thom *et al.*'s (1998) approach, which includes legal, sociological, and psychological definitions (Papalia *et al.*, 1999:508).

In their description of adolescence as a developmental transition, Papalia *et al.* (1999:508) raise the matter of opportunities and risks of adolescence. Opportunities for growth – other than those relating purely to physical growth – include cognitive and social competence, and self-esteem, amongst others. Risks are related to the vast number of changes confronting adolescents and their difficulties in handling these, as was noted in the introduction to this study and will also be seen from the next section of this discussion.

3.2.2 Issues in adolescence

There are a good many issues relating to adolescence as developmental phase – see, for instance, the discussion of debates and controversies in the theory of developmental psychology by Hook & Cockcroft (2002:14-27). However, for purposes of this study, only a number are relevant and have therefore been singled out.

One of the questions which bears closer scrutiny is whether adolescence is, of necessity, the “Sturm und drang” phase it is purported to be (see Berk, 2003:170). Without becoming sidetracked by this issue, it is nevertheless valuable to mention that there are differing views on this matter. At one end of the continuum lies the opinion that adolescence is a stormy phase, characterized by intense conflict and an identity crisis; at the other end of the spectrum lies the view that adolescents are more informed and more intelligent than previous generations, with adolescence being idealised in a certain sense (Thom *et al.*, 1998:390). Thom *et al.* (1998) shed light on the matter by pointing out that these views are based on research which has, in the past, been conducted with small groups of atypical adolescents and, consequently, comprises unfair generalizations made on the basis of non-representative samples (Adelson in Thom *et al.*, 1998:390). The current position is that most psychologists accept that these views are extreme and that the truth lies in a balanced viewpoint between them, typified by the following statements regarding some adolescents:

- Some adolescents do experience “storm and stress”;
- Some adolescents' development takes place with equanimity and without too much tension; and
- Some adolescents do experience a stormy period, but are able to overcome this in time (Thom *et al.*, 1998:391).

In the second place, given the developmental tasks to be acquired during adolescence (see 3.3), the adolescent is often deprived of choice and decision making concerning the formation and establishment of a world-view and an own frame of reference for an own identity, system of norms and values, etc. (Walsh & Middleton in Peens & Poggenpoel, 1997:79).

Finally, one should note the “special problems” of adolescence. This phrase is borrowed from Seifert & Hoffnung (1994) as it is particularly sensitive to the difficulties involved in the transition from childhood to adolescence, on the cusp of adulthood. What is important here, in Seifert & Hoffnung's view (1994:575), is that there are a number of reasons which place adolescents at “high risk” for developing certain psychosocial problems, in addition to the physical and health risks which they face as a group. For a recent, South African perspective, the scenario – supported by media facts and figures – sketched in the introduction to this study should be compared. South African academics and researchers echo these: Potgieter, Roos & Du Preez (2001:312) identify various “issues” which South African youth face and which calls for intervention; these include rape, teenage pregnancy, divorce, suicide, HIV/AIDS, alcohol and drug abuse, and family violence. Shefer (2004:80) refers to “risk-taking behaviours”, and singles out sexuality as a key area of such behaviour, particularly in respect of

the HIV/AIDS crisis, but also regarding STIs and unplanned pregnancies. She points to the fact that substance abuse amongst adolescents appear to be increasing in South Africa; and with regard to violence and criminal activities, South African youth are drawn into violence, particularly through gang cultures (Shefer, 2004:81). These facts support the view of adolescence as a difficult developmental phase, because at this stage – in the process of undergoing significant physical, emotional and social changes – the adolescent is expected to ground and orientate himself with regard to the rest of his life.

A final aspect relating to adolescence, yet to be discussed, is the special situation of the adolescent in South Africa today.

3.2.3 The specifics of “here and now”: the adolescent in South Africa

The concept of “here and now” is central to the Gestalt approach (see 2.3.2). Consequently, this heading is taken directly from its author, Hook (2002:9) in his discussion which points to the vital importance of remaining aware of the specificity “*of the time, the place, the culture and the socio-political environment*” of the development being studied.

The difficulty of black and white South African adolescents relates specifically to the influence of the change-oriented society in which they are growing up. Their society is characterized not only by rapid technological and social changes, but also by changes regarding their own roles, behavioural norms, ideologies, and values. Added to this is the fact that adolescence presents its own set of developmental challenges which may be exacerbated by these societal, cultural, and intra-familial factors (Thom *et al.*, 1998:391).

According to the results of a study conducted by Boulter (in Thom *et al.*, 1998:391), South African adolescents are struggling with issues regarding self-confidence and self-worth, emotional stability, health, familial influences, personal freedom, group sociality, and morality, all of which demand huge adjustments from adolescents.

Hence, development in the South African “here and now” should be recognized as being significantly different from development anywhere or anytime else in the world (Hook, 2002:9). To this should be added the reality of the Eurocentric or individualistic world-view versus the Afrocentric or collectivistic world-view and their merging in the South African reality of today. This merging implies that both the white and the black South African adolescent should form a synthesis between one of the many idiosyncratic traditional cultures and the modern Western-oriented culture in order to form an identity (Dreyer, Kilpatrick and Thom in Thom *et al.*, 1998:391). Against this background, it needs to be said that Cee is white, and therefore part of the Eurocentric or individualistic culture in the country.

3.3 Developmental theory regarding adolescence

In discussing the characteristics of adolescence, one approach would be to review the various developmental theories and models. Given that this is a subject of discussion all on its own, it is both relevant and meaningful to provide a classification of theories, as an alternative to a comprehensive discussion, and, more specifically, as a means of eliciting an understanding of the sheer volume of such an undertaking. Shaffer's (1999:xxi) work, which “reflects the best theories, (and) research ... that developmentalists have to offer”, provides a concise review of the theories of human development. Shaffer's (1999:viii) division provides insight into the range of this subject:

- The *psychoanalytic viewpoint*, including Freud's psychosexual theory and Erikson's theory of psychosocial development;
- The *learning viewpoint*, including Watson's behaviorism, Skinner's operant-learning theory, and Bandura's cognitive social learning theory;

- The *cognitive-developmental viewpoint*, which includes Piaget's view of intelligence and intellectual growth, and the information-processing viewpoint;
- The *ethological (or evolutionary) viewpoint*;
- The *ecological systems viewpoint* comprising Bronfenbrenner's contexts for development.

From these theories, the best-known tenets regarding adolescent development have evolved: a description of adolescence as the *genital* stage, according to Freud (Meyer & Van Ede, 1998:49); the stage of *identity versus confusion of identity*, according to Erikson (Meyer & Van Ede, 1998:55); and, the stage of *formal operations*, according to Piaget (Piaget, 2001:162). Other than the adolescent's psychosexual functioning (Freud), identity development (Erikson) and cognitive development (Piaget), Kohlberg's model of moral development views adolescents as exhibiting *conventional to postconventional stages of morality* (Toman & Bauer, 2005:180-181).

Each of these theories have made a significant contribution to understanding of adolescent development. However, given two factors, namely (1) that none of them offers the picture as a whole (Toman & Bauer, 2005:181), and (2) that there is "no one, true, universally accepted Gestalt developmental model" (Toman & Bauer, 2005:180) the researcher chose to focus on a particular developmental model which is in keeping with this study's Gestalt approach, Havighurst's psychosocial developmental model (1972).¹ The Gestalt approach is strongly based on the concept of holism (see 2.3.2), i.e. the individual is seen as a whole, rather than merely in terms of a particular dimension. Therefore, Havighurst's model, which emphasizes the individual in his totality (Verreynne, 1991:3.9), has been selected for this reason. Havighurst's approach, like that of Erikson, is a lifespan approach, of which there has been some criticism, not the least of which concerns the question of universality, i.e. the applicability of the North American reality to the South African one (Laubscher & Klinger, 1997:64). Having already made the point of the dominance of Euro-American research, no further discussion is entered to as Havighurst is not an exception, but appears to be part of the norm.

Havighurst (1972:vii) divides the development of the individual into six periods, with the understanding that a number of developmental tasks should be completed within each period. Havighurst (1972:2) defines a developmental task as

A task which arises at or about a certain period in the life of the individual, successful achievement of which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks.

Havighurst (1972:4) elaborates on the essentials of the bio-socio-psychological tasks by stating that, if a task is not achieved at the appropriate time, it will not be achieved well, causing partial or complete failure in the achievement of the tasks which follow on these. The origin of developmental tasks is ascribed to physical maturation, the cultural pressure of society, and the personal values and aspirations of the individual, the latter being part of his personality or self (Havighurst, 1972:5).

Therefore, the developmental tasks originate in the needs of the individual, on the one hand, and because of environmental claims made on the individual, on the other. Further, the individual is more susceptible to the learning and mastery of specific developmental tasks at certain stages of her development. Hence, any effort to master a developmental task too early is met with less success, while the delaying of a task, which is not acquired during the critical period, is met with a similar lack of success. In this sense, too, the Havighurst approach resembles Erikson's epigenetic approach (see Meyer & Van Ede, 1998:53 for further discussion).

1 Although this model is more than 30 years old, it remains set course work by Dr A E Louw, a respected academician and author in the field of developmental theory, and was recommended to the researcher by her.

Havighurst (1972:43) views adolescence as the period from 12 to 18 years (compare the distinction in 3.2.1). This phase is characterized primarily by the attainment of physical and socio-emotional maturity. Like Erikson, Havighurst views the primary task during adolescence as the forming of the identity (see Meyer & Van Ede, 1998:55 for more detailed discussion) to which eight developmental tasks contribute. It is useful to provide a comparison between Havighurst's tasks, according to his psychosocial model, and a synthesis of developmental tasks by various researchers according to Thom *et al.* (1998:392), who are of the opinion that the adolescent in the modern Western tradition should master the developmental tasks set out in the figure below.

Table 8: A comparison of developmental tasks

Havighurst (1972)	Thom, <i>et al.</i> (1998)
Achieving new and more mature relations with age-mates of both sexes	Acceptance of and adjustment to certain groups; Establishment of heterosexual relationships
Achieving a masculine or feminine social role	Development of a male or female gender role identity
Accepting one's physique and using the body effectively	Acceptance of a changing physical appearance
Achieving emotional independence of parents and other adults	Development of independence from parents and other adults
Preparing for marriage and family life	Development of a strong emotional bond with another person; Preparation for marriage and familial responsibilities
Preparing for an economic career	Choice of and preparation for a career
Acquiring a set of values and an ethical system as a guide to behavior – developing an ideology	Development of moral terms and values which could serve as guidelines for behaviour; Development of a value system which relates to a realistic and scientific world-view
<i>This is not spelt out by Havighurst, but is implied by the former point</i>	Development of a life philosophy
Desiring and achieving socially responsible behaviour	Development of socially-responsible behaviour
<i>This aspect is not identified by Havighurst – probably in view of the fact that his model emphasizes psychological and social aspects</i>	Development of cognitive skills and the acquisition of knowledge
<i>This aspect is not identified by Havighurst</i>	Development of an own identity

Some of these developmental tasks are more in keeping with middle adolescence, e.g. choice of and preparation for a career, while others are more strongly related to late adolescence, i.e. achievement of economic independence and preparation for marriage and familial responsibilities. The following developmental tasks of the adolescent in question in terms of the above synthesis can be highlighted (they are offered here in the order above, not according to their priority):

- Adjustment to a specific group of peers at school is a major theme in her life. There appears to be a good deal of conflict between herself and the informal leader of their circle of friends at school, mainly because of Cee's non-verbal behaviour – specifically an irritating manner of speech which she affects from time to time – and because of an overbearing attitude which surfaces in certain situations and which is described by other group members as “taking over”.
- She did not have a special relationship with a member of the opposite sex when her therapy commenced, although this has emerged as a theme towards the end of her therapy.
- She has a very close relationship with her mother, which is compounded by the fact that their family unit consists of only the two of them. However, this relationship at present is characterised by a good deal of ambivalence, because of her mother's sexual preference. In other words,

Cee's healthy development of independence is made more complex by the symbiotic relationship with her mother and by the polarities inherent in her relationship with her mother.

- The choice of a future career is also a preoccupation at this stage, although it is preceded by the two major themes in therapy. She is unsure of the career path she would like to follow, and vacillates between a career in the hospitality industry and a gap year with a lifelong friend. Her mother, who is in the hospitality industry, is of the opinion that Cee glamorises the industry and believes that the option of a gap year might be a better choice at this point so that Cee can ascertain what she would like to do with the rest of her life from a career point of view.

At this time, a considerable amount of Cee's mental energy is consumed by her two main preoccupations: the lack of a father figure (and consequent lack of siblings), and concern regarding her mother's sexual status; the latter also translates into a moral and religious issue for her. In view of the Gestalt emphasis on "holism" and the inclusion of field theory in its basic tenets (see chapter 2.3.2), it stands to reason that 1) there is a paucity of energy for Cee to cope with the sum of her developmental tasks; and, 2) she compartmentalizes her life so as to focus on these preoccupations to the exclusion of her other developmental tasks, resulting in poor contact with herself and her environment (see the discussion of contact boundary disturbances in 2.3.2). To this may be added the fact that, other than having to acquire a set of values, which relate to an ethical system and ideology, and having to frame her own moral terms in terms of an individual world view (cf. developmental tasks in table 8), Cee has to develop her own religious framework. In this sense, it is to be expected that she will experience problems, based on Leonard's view (1982:11) that a daughter's emotional and spiritual growth is "deeply affected" by her relationship to her father. In Cee's case, where there is an "absent father" (Leonard, 1982:9), this must translate into a religious problem, as she is unable to relate to the idea of "God the Father" (Leonard, 1982:13).

3.4 Adolescent development from a Gestalt perspective

Although a universally-accepted Gestalt developmental model does not exist, as was pointed out earlier, there are certainly a number of strong lines of thought concerning adolescent development from a Gestalt perspective. The most significant ones are singled out inasmuch as they have a bearing on this study, specifically from "a more 'field-influenced' conceptual base" – an area relatively unexplored by earlier Gestalt therapists (Parlett, 2005:56). This conceptual base is contained in Yontef's observation (in Parlett, 2005:56): "[t]he Gestalt therapy concept of human development is that it is always a function of biological maturation, environmental influences, interaction of the individual and the environment, and creative adjustment by the unique individual". Therefore, "development is a function of the whole field" (Parlett, 2005:56).

In this sense, Gestalt theory's focus is on "the configuration of the whole" (Toman & Bauer, 2005:181) or holism. In adolescent developmental terms, this relates to development of "the self" (McConville & Wheeler in Toman & Bauer, 2005:181) or, as the authors paraphrase it, "the process of the self-in-relation to the world or field" (Toman & Bauer, 2005:181). This, in turn, relates to Lewin's field theory, which has informed original Gestalt theory and which can be seen to integrate the biological, psychological, and social aspects of adolescent development (McConville in Toman & Bauer, 2005:181). This aspect brings the researcher's preference for Havighurst's model into sharper focus (cf. 3.3). From the perspective of field theory, the following are relevant to the context of this study, specifically in terms of the earlier discussion of issues in adolescence and the "here and now" of the adolescent in South Africa:

- The field consists of both the outer and inner world of the adolescent (Toman & Bauer, 2005:182). Linking with Mortola's (2001:55) concept of disequilibrium below, there is reason to

believe that adolescents in South Africa today experience disequilibrium both from without, i.e. their external world or environment, and from within, their intrapsychic processes;

- The typical Gestalt emphasis is on the whole, and consideration of the self – in the context of the field – in the here and now (Toman & Bauer, 2005:182). Linking, yet again, to disequilibrium, development implies that the self and the field “is changing and shifting over time”, implying that the adolescent adjusts her “self” to adapt to the different contexts of school, work, free time, and family; also, that parents and adults become background, while the peer group becomes “a figural field of influence” (Toman & Bauer, 2005:182) (see the adolescent developmental tasks in table 8);
- Despite the Gestalt emphasis on the here and now, Gestalt theory is based strongly on change: while maintaining a place of belonging in the family field, the adolescent is also expected to form a “self” separate from the family (see the same in table 8); in time, adolescents learn to “shift from field to field” (Toman & Bauer, 2005:182);
- The “life space” of adolescents should be seen in terms of its extension, of increased differentiation, and of change in the organisation of the life space (McConville in Toman & Bauer, 2005:183): what this means is that, first, the adolescent’s life space expands over time and differs from its earlier, narrow delineation; secondly, the life space of the adolescent becomes increasingly differentiated in experience, in behaviour, and between parts of the self; thirdly, the life space of the adolescent is reorganised into a more mature whole, while maintaining the interdependence of its different parts.

⇒ Seen from a Gestalt perspective, adolescence – a period of crucial development – may be likened to a state of “disequilibrium”. In point of fact, the Gestalt approach as a theoretical model provides an insightful perspective regarding developmental theory in general, which Mortola (2001:45) phrases precisely: “this pervasive concept attempts to describe the destabilization experienced by children as they move from one level of understanding about the world or themselves to a more complex level of understanding”. Mortola (2001:46) points out that the concept of “disequilibrium” is “at the heart” of the developmental theories of Dewey, Freud, Erikson, and Piaget, as well as at the heart of Gestalt therapy theory.

The significance of Mortola's (2001:55) view is summarised as follows:

Working out of a theoretical model that explicitly acknowledges the role of disequilibrium in the larger process of organismic self-regulation, gestalt therapists implicitly link themselves up to a much larger body of developmental theory that also supports this stance. Such a developmentally appropriate stance, backed by a century of developmental theory and research, is in direct contrast to a troubling but powerful trend in psychology. This trend involves an increasing clamor for therapists to assume a medical model of intervention where they are pushed to “intervene” with increasingly more efficient “technologies” in order to remove or fix “pathologies” as a surgeon might. Instead, what the gestalt perspective offers is a respectful approach to facilitating child development in the therapeutic context by acknowledging and enabling a child's “self-regulatory” process of moving through periods of developmental disequilibrium and organismic growth and change.

From a Gestalt perspective, disequilibrium is therefore regarded as a function of “normal” development. Other important points made by Mortola above, concern Gestalt's non-invasive approach and its acknowledgement of the individual's potential to heal herself, both of which will be taken up later in this discussion.

These aspects have guided the focus of the work with the adolescent in question, Cee, in a manner

which will become evident in chapter 5, where the broad description of adolescence in this chapter will be narrowed down and applied to one adolescent.

A measure of understanding of the Gestalt approach has already been given in chapter 2, where most of the key concepts related to the approach were discussed as they relate to the unit of analysis.

⇒ The researcher has adapted an existing illustration to clarify the discussion of the foregoing Gestalt developmental views; the illustration also serves to integrate these Gestalt concepts and the Gestalt therapeutic process, and the researcher tenders the illustration here to consolidate the reader's understanding and to provide a theoretical and conceptual framework for the empirical investigation.

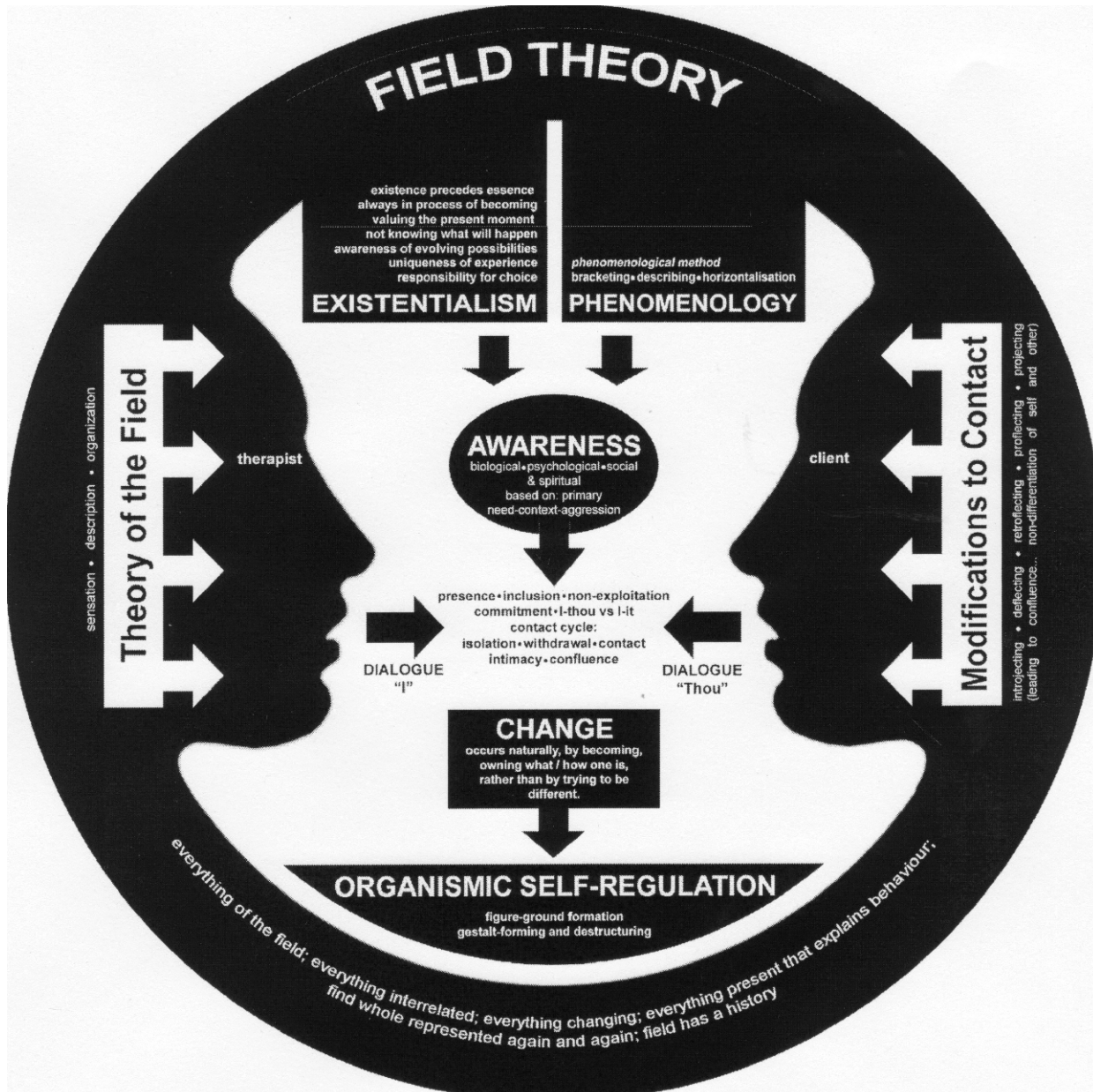


Figure 2: An adaptation of Estrup (in Centre for Play Therapy and Training, 2003/2004:27)

This figure should be seen against the background of the structure of the personality as originally conceived by Perls, in which he describes the five layers of neurosis (Fagan & Shepherd, 1970:4-5): the phony (or synthetic or artificial) layer, the phobic layer, the impasse layer, the implosive layer, and the explosive layer. In the phony layer, the individual lives roles, tries to be what he is not, and, in the

end, disowns much of himself. In the second, phobic layer, the individual begins to come into touch with the fears which maintain phony behaviours and manifestations, avoids new behaviour or has fantasies about the consequences of genuine behaviour. In the third layer – the impasse – the individual is caught, unsure which way to move or what to do; here, the individual experiences the loss of environmental support, but has not yet developed a belief in his own resources, i.e. self-support. The fourth layer is the implusive layer: the individual comes to a realization of how he has “limited and constricted” himself; he experiences feelings of grief, despair; he begins to experiment with new behaviour, accompanied by, alternatively, fear and doubt. Finally, in the fifth layer – the explosive layer – energies previously unused are freed up to be used by the individual in an impactful way.

3.5 The Gestalt practice model

Against the background of the Gestalt view of adolescent development, the Gestalt approach to clinical practice will now be discussed. As pointed out by Toman & Bauer (2005:191), an understanding of clients' development, and of “the different selves they embody in different fields or contexts can help guide the focus of the work with adolescents”.

According to Lampert (2003:8), the Gestalt approach – while not originally conceptualized for children – provides a good fit in therapeutic work with adolescents, partly because of its roots in psychoanalytic theory and partly because of its humanistic, existential flowering. The following principles support her viewpoint (Lampert, 2003:8-9) and accord with Mortola's (2001:55) position, stated earlier:

- The method is deeply respectful and non-intrusive;
- The goal is to facilitate self-healing – not to fix or change;
- The adolescent and child are accepted as they are.

No expectations of performance or behaviour are enforced so as to meet the needs of another.

Estrup's adapted model in figure 2 on the previous page illustrates, amongst others, the two points highlighted in the introduction to chapter 1 on the basis of their role in therapeutic intervention from a Gestalt perspective.

First, it was pointed out that the I-Thou relationship forms the basis of the Gestalt therapeutic approach in that the relationship provides the safe environment in which awareness may be fostered and integration take place; therefore, this relationship lies at the heart of successful therapeutic intervention. Equally important is the basic tenet of this relationship: given the individual's inner potential for healing, the therapist is a facilitator of this process rather than an expert who points the way. Lampert (2003:9) believes it to be the “single most important factor” in promoting healing.

Lampert (2003:9) also regards the paradoxical theory of change and organismic self-regulation as concepts which stem from, and contribute to, the I-Thou relationship. The paradoxical theory of change, which follows from awareness, is paradoxical in the sense that, the more the individual tries to be what she is not, the more she remains the same; and yet, the more aware she becomes, the more inevitable it is that she will change. This principle enables children to honour their “own basic way of being” (Lampert (2003:9) or, to use Gestalt terminology, to be aware of their own process, their own way of dealing with the world (see 3.5.1). Regarding, organismic self-regulation, Oaklander (1988:265) describes the organism as “relentlessly” seeking to achieve homeostasis:

If an emotion lies below the surface, it must be expressed in some way for some sense of

satisfaction to be achieved so that the organism can deal with its next need, and so on in its everlasting cycle of growth. The organism appears to choose some kind of expression of the emotion with or without the cooperation of the child's [or adolescent's] awareness (this author's addition).

Here, it is important to note the matter of interrupted self-regulation as an impediment to healthy change, a situation where awareness does not develop sufficiently or does not lead to creative new behaviour (Yontef, 2005:90). The author links this to a field which either supports children or adolescents – enabling them to identify with who they really are (“be themselves”) – or does not support them – causing them to limit their awareness and to be captured in a “fixed sense of self” which is unable to adapt to new field conditions (Yontef, 2005:98).

Oaklander's view (1988:265) above links with the second point in the introduction: how the child or adolescent can be distanced from her body, herself, and her physical and emotional energy (Oaklander, 1988:128). To illustrate this point, Steiner & Perry's (1997:36) scale of emotional awareness provides valuable insight:

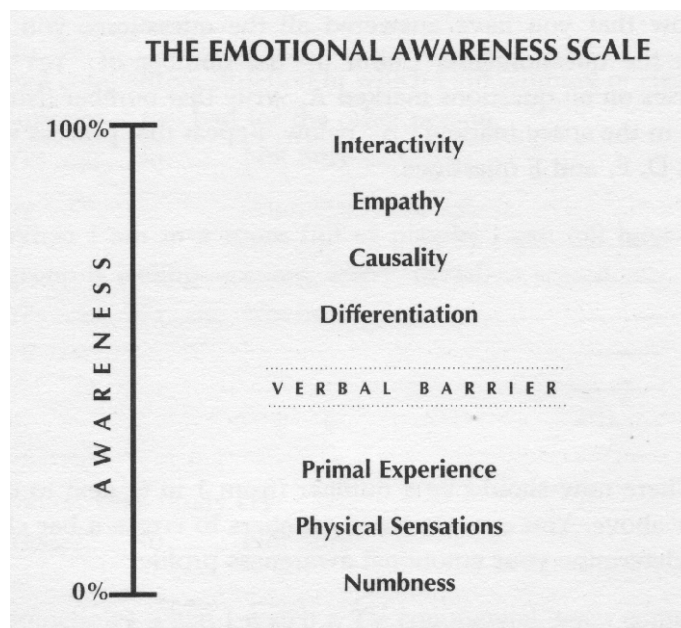


Figure 3: The emotional awareness scale (Steiner & Perry, 1997:36)

When presenting for therapy, Cee's emotional awareness manifested at level 2; in other words, her emotional awareness made itself known in the form of physical sensations. In this vein, Oaklander (1988:265,266), in referring to the emotion of anger, describes the organism's attempt to achieve homeostasis by releasing or taking care of the energy of anger in whichever way: by retroreflecting anger, for instance. This means that the individual does to herself – in literal terms – what she would like to do to others, for example, “burn her stomach lining until she gets an ulcer” or “constrict her muscles into stomach aches” and so forth. As may be concluded from the introduction to this chapter, Oaklander might as well have been referring to Cee in these instances. Oaklander (1988:267) further describes how the suppression of emotions, particularly that of anger, relates in essence to the “taking in of negative introjects”. In view of the fact that the child's emotions form her innermost being,

non-validation of feelings means that the child as a person is not validated; in the process, a vicious cycle is set in motion where the child begins to absorb negative messages about herself and, ultimately, experiences an actual loss of self (Oaklander, 1988:268).

In the discussion of retroflexes and introflexes as contact boundary disturbances or modifications to contact, the link between mind and body (Pert, 1997:9) and its particular relevance to the Gestalt approach is illustrated. In Gestalt, the senses or sensory awareness is harnessed to lead to conscious awareness and, as Goleman (1995:54) states, “self-awareness is fundamental to psychological insight”. Conscious awareness, in turn, leads to the development of a range of skills in the individual which work together in fulfilling the supporting therapeutic goals in Gestalt therapy, a strong sense of self, and integration. As Oaklander (in Mortola, 2001:55) states: “The healthy, uninterrupted development of a child’s organism – senses, body, emotions, and intellect – is the underlying basis for the child’s sense of self”. The harmony of and between senses, body, emotions and intellect – that is, the holistic view – points to the crux of the matter, namely that “the body and mind are one” (Pert, 1997:9). Pert’s ground-breaking research, which adopts a holistic view, has provided evidence of “the biochemical basis for awareness and consciousness” (Pert, 1997:9). In the author’s own description about her theory of emotions

I have postulated a biochemical link between the mind and body, a new concept of the human organism as a communication network that redefines health and disease, empowering individuals with new responsibility, more control in their lives (Pert, 1997:15).

In short, the author has – for the first time – established a scientific link between the role emotions play in health and disease (Pert, 1997:17). Furthermore, the importance of Pert’s research for this study lies in two principles: first, that there is a connection between brain and behaviour, mind and body and, secondly, that something happening in the body could have an effect on the emotions (Pert, 1997:33). The link between these two principles is provided by the Gestalt approach’s overriding emphasis on awareness: by utilising the senses as an aid in arriving at conscious awareness – that is, facilitating the connection between brain and behaviour, mind and body – two-way communication between the body and emotions is set into motion. In other words, not only do feelings manifest in the body in the form of psychosomatic illnesses (as we have come to know them through the discipline of psychopathology), but what is happening in the body has an effect on the emotions, as Pert (1997) has proven for the first time. From a Gestalt therapeutic point of view, the process described here sets healing in motion – not healing as is traditionally understood, but self-healing, that aspect for which the Gestalt approach believes the individual has the potential.

The way in which the aspects discussed here are relevant to the subject in question has already been hinted at in the beginning of this chapter where Cee’s case was introduced. The discussion of the empirical findings in chapter 5 will indicate to what extent she is, virtually, a textbook example of the way in which the aspects expounded here are played out, both in real life and from a therapeutic point of view.

As an expansion of the Gestalt practice model, the Gestalt therapeutic aims and process will now be discussed. These are central to the empirical investigation in chapter 5.

3.5.1 Gestalt therapeutic aims

The Gestalt therapeutic aims, mentioned briefly previously, are discussed here so as to illustrate how they guided the therapeutic process followed with the subject. Blom (2000:200-204) identifies and

discusses these goals in a manner which serves the purposes of this discussion: promotion of awareness of own process, promotion of integration and promotion of self-supporting behaviour.

Concerning promotion of *awareness of own process*: This concerns what the individual does and how she does it (Blom, 2001:202). It includes responsibility, awareness, freedom and choices as flip-sides of the same coin: the measure to which an individual possesses awareness and responsibility is an indication of the extent to which she is free to select a response, including actions, thoughts and attitudes. What is particularly important in the context of the subject in this study is an awareness that the self is not responsible for the actions, attitudes and emotions of others, although it does not imply a lack of concern for others' needs or an inability to act upon their needs (Blom, 2000:202; see also Joyce & Sills, 2001:27-36).

Relating to *integration*: this can be regarded as the completion of an unfinished gestalt or unfinished business so as to form a new whole (Blom, 2000:203; see Joyce & Sills, 2001:130-131; 137-139). Once an individual's functions are integrated, her system forms a whole or, as Blom (2000:203) summarises: this implies that the individual – as holistic unit – is assisted to integrate her cognitions, emotions, body, and senses so as to complete the unfinished business on the foreground.

Regarding *self-supporting behaviour*: from a therapeutic point of view, in this process the individual is taught to take more responsibility for herself and to be less dependent on support from the environment (Blom, 2000:201). In this sense, Joyce & Sills (2001:83) provide valuable, practical information as to what constitutes self-supports and environmental supports respectively; it is obvious that the individual should have environmental resources, too, although she or he should not be reliant on these to the exclusion of self-supports.

Table 9: Types of support (Joyce & Sills, 2001:83)

Self-supports	Environmental supports
Good physical health	A healthy physical environment
Supportive body posture and breathing	Adequate resources, e.g. food, shelter, etc
Effective coping strategies and creative adjustments	Intimate relationships
Relationship with nature	Loving family and friends
Strong sense of identity	Validation from others
Realistic beliefs about self and the world	Religious or social network
Spiritual practice	Fulfilling employment
	Enjoyable leisure activities

It should also be noted that – according to Yontef (in Blom, 2000:201) – self-support includes both self-knowledge and self-acceptance, two important aspects which will surface throughout the discussion to follow.

3.5.2 Gestalt treatment phases

Other than the Gestalt therapeutic aims, the Gestalt therapeutic process is central to an understanding of the task at hand with the adolescent in question. A number of different approaches are available, for instance: Clarkson (2004), Oaklander (1997:292-317) and Schoeman (2002:12-13), of which the latter two constitute play therapeutic models. ⇒ The researcher identified with the Joyce & Sills (2001:78-81) approach because it provides structure without being rigid. The authors divide their

treatment process into five phases with a number of tasks in each and this process is set out in the table below. Three principles support their model, the first being that the order in which these appear may vary and, secondly, that the early, more fundamental tasks lay the groundwork for the more complex tasks of the later phases; finally, that many of the tasks are “addressed, reworked or integrated” in all of the phases (Joyce & Sills, 2001:78).

Table 10: Treatment phases (Joyce & Sills, 2001:78-81)

Phase 1: The beginning phase
■ Creating a safe container for therapeutic work
■ Developing the working alliance
■ Using phenomenological enquiry
■ Raising awareness and self-responsibility
■ Offering a dialogic relationship
■ Increasing self-support (especially with clients who have fragile self-process)
■ Identifying and clarifying needs and emerging themes
■ Prioritizing the diagnostic features
■ Considering cultural and other issues of potential difference
■ Planning for special conditions (for example, self-harm, sexual abuse, personality disorders)
■ Co-creating the treatment plan.
Phase 2: Clearing the ground
■ Exploring introjects and modifications to contact
■ Addressing unfinished business
■ Supporting expression or catharsis
■ Experimenting with new behaviour and expanding options
■ Engaging increasingly in a dialogic relationship
Phase 3: The existential encounter
■ Facing the void or the unknown and trusting in organismic self-regulation
■ Re-owning lost or alienated parts
■ Making an existential decision to live and move on
■ Doing systematic and persistent work around deconstructing self-limiting core beliefs
■ Choosing to live with courage in the face of uncertainty
■ Connecting with spiritual meaning
■ Experiencing a developmentally reparative relationship.
Phase 4: Integration
■ Re-organizing life-patterns in the light of new insights and understanding
■ Focusing on making satisfying relational contact
■ Contacting to the larger field of community and society
■ Accepting the uncertainty and anxiety that can come with newness
■ Accepting responsibility for living.
Phase 5: Ending
■ Grieving in anticipation of the loss of relationship
■ Allowing re-cycling of issues
■ Celebrating what has been achieved
■ Accepting what has <i>not</i> been achieved

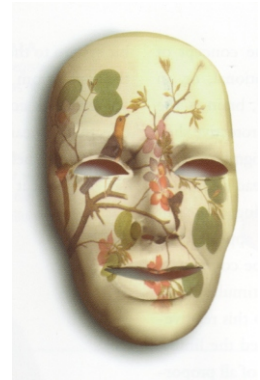
- | |
|---|
| ■ Anticipating and planning for future crises |
| ■ Letting go and moving on. |

Cee's therapeutic process in terms of the framework provided by the Joyce & Sills approach (2001:78-91), and, in the context of the earlier therapeutic goals, may be charted as follows: in the context of the I-Thou relationship, she will be guided so as to become aware of her own process; she will be enabled to come into contact with, and express, the feelings and emotions from which she has been cut off because of emotional trauma; she will be enabled to own and take responsibility for these feelings; these emotions will be integrated so as to constitute healthy gestalts which, in turn, will enable her to regain homeostasis. In this process, her self-regulatory capacities will become more and more evident to her and she will come to recognise her own power in rectifying her experiences and living her life to its fullest as a whole organism who functions in terms of all her potentialities.

A statement by Pert (1997:262), borne out by her research, concludes: "... each of us is a dynamic system with a constant potential for change in which self-healing is the norm rather than the miraculous".

Chapter 4

Research design and methodology



... the study was aimed purely at exploration and description, and a single case served these purposes ...

4.0 Introduction

In setting out the study's research design, the researcher chose to use the format proposed by Durrheim (1999) as a means of elucidating the various facets of the design. The researcher acknowledges the fact that there are other ways in which to approach the matter of research design (e.g. Yin's, 2003:21 components of research design specifically aimed at case studies) but found that Durrheim's (1999) framework presented a logical manner in which to present the various aspects of design, while also integrating design and methodology. However, before commencing with this description, a few points which informed the researcher's understanding of the topic should be highlighted as they have a direct bearing on the discussion. First, Durrheim (1999:29) understands design as a strategic framework, "a plan that guides research activity to ensure that sound conclusions are reached". Secondly, the author makes the point that qualitative researchers propose designs that are "more open, fluid and changeable"; in this sense research should be regarded as an "iterative process", requiring a "flexible, non-sequential approach" (Durrheim, 1999:31). Thirdly, Durrheim (1999:30) indicates that research design serves as a bridge between the research question and the execution of the research; furthermore, he conceives of the qualitative research process – and the place of research design in this process – as of an iterative nature, which means that, after initial posing of a research question and developing a design, the situation may change, leading to a change in the original design.

To indicate how the iterative process came to pass in this study, the discussion in this chapter is divided into two parts: first, the pilot study and, secondly, the main investigation.

4.1 Pilot study

A pilot study is necessary as a prolegomenon to the main investigation because, through that pilot study, aspects of research design and method evolved. The concept of a pilot study is described as "trying it out on a small number of persons having characteristics similar to those of the target group of respondents" (Strydom, 2002:210). The pilot study was undertaken in accordance with Strydom & Delpont's view (2002:337) and, as a consequence, it was informal and a few respondents "possessing the same characteristics as those of the main investigation" were involved. As Yin (2003:80) states: the inquiry for the pilot cases can be much broader and less focused than the ultimate data collection plan, while both substantive and methodological issues may be covered.

Therefore, a statistically correct pilot study (Strydom & Delpont, 2002:337) was not of major importance and the purpose of a pilot study in this instance was to first, determine whether the relevant data

on writing in therapy could be obtained from the empirical study and, second, which subjects would reflect aspects of the group, adolescence. The overriding value of the pilot study was that it enabled the researcher to plan the approach to be followed in therapy, while paying attention to detailed methodology.

⇒ The aspects or phases of the pilot study comprised the four recommended by Strydom & Delport (2002:337-338) and are discussed here in terms of how they informed the research design and methodology of the main study: reviewing the literature, discussion with experts, preliminary exploratory studies and intensive study of strategic units.

4.1.1 Reviewing the literature

The researcher's interest in the unit of analysis originates in her use of the written method which gradually evolved during her own therapeutic process. During a period when she made intensive use of this method during therapeutic sessions, the idea of selecting this as a subject for postgraduate research coincided with a serendipitous reading of the work of Ingrid Jonker – the tragic and acclaimed South African poet – at which time the researcher realized that the young poet's writing constituted a form of therapy (although the present research subject in time evolved into writing in therapy).

The advance search of literature confirmed this germ of an idea. Initially, it was thought that very little information was available on the written method and the researcher came to the research project with this thought. In the process of substantiating this notion, she made use of conventional search methods via subject specialists at the libraries of Unisa and the University of the Free State, while also conducting research personally on the Internet and via the NRF Nexus database. While drafting the research proposal, the researcher was informed by searches in the fields of bibliotherapy and narrative therapy. It emerged that Rubin (1978a; 1978b) and White & Epston (1990)¹ seemed to be the most important authors in this regard. After this, the scope of the search both widened and deepened, resulting in a thorough analysis of the written method in the context of expressive therapy.

It serves an important purpose to take note of the place of theory and a literature review in the qualitative strategy (Fouché & Delport, 2002:267), specifically in regard to the case study. The authors paraphrase Creswell (Fouché & Delport, 2002:268) whose view is that theory “could be used to guide the study in an explanatory way” (before data collection), or towards the end of the process (after data collection). The researcher's own approach was to gain a broad understanding of the field – seeking “to enter the field with a knowledge of the relevant literature before conducting the field research” (Babbie in Fouché, 2002:275). Hence the researcher was informed by a review of literature of which the findings are summarized in chapters 2 and 3. Data collection commenced after this point, during which time the researcher continued to refine the initial draft, while simultaneously informing herself of ways in which to apply the written method during therapeutic sessions with the subject in question. Therefore, literature was consulted comprehensively before, during and after data collection. The final draft of the theoretical framework was completed before analysis of the data commenced.

1 Both Rubin (1978a and 1978b) and White & Epston (1990) are examples of why sources older than 10 years were, perforce, consulted; a comprehensive investigation into the subject “writing” could not be confined to recent sources.

4.1.2 Discussions with experts

As part of the pilot study – comprising the second phase in terms of Strydom & Delpont's schema (2002:337) – a number of informal, unstructured interviews were conducted with experts¹ on various aspects of the study. The following may be singled out in terms of their contributions:

- Dr Rinda Blom, formerly a senior lecturer at the Department of Social Work at the University of the Free State and currently full-time play therapist, trainer and author. She was consulted on various occasions for her expertise in Gestalt theory and Gestalt play therapy, as well as qualitative research and the case study as research strategy. She also referred two of the cases for the pilot study.
- Dr Retha Bloem, head of the Play Therapy programme at the Huguenot College, Wellington. She provided input on the situation of the literature review on the research continuum, the pilot study, analysis of the research findings, and truth value of the research.
- Prof Tony Ulliyatt, research professor at the Department of English at the University of the Free State and poet. He was consulted on the advisability of involving the “creative” component in the title of the study (which he advised against); he assisted in phrasing the study's title and provided valuable comments regarding framing and execution of the research project.
- Prof Terry Terblanche, former head of the Department of Communication at the University of the Free State. He assisted in the researcher's understanding of how triangulation should be accomplished in the study and provided important pointers regarding authoritative sources on the case study as research strategy (or tradition of inquiry).
- Mrs Annelie Ferreira, lecturer at the Department of Education at the University of the Free State. She alerted the researcher to possible problems with the units of observation in that there is no longer a writing culture amongst the youth because of electronic communication in the form of short text messages and electronic mail.
- Mr JC van der Merwe, lecturer at the Department of Philosophy at the University of the Free State. He pointed out the narrative tradition in the post-structuralist idiom, thus enabling the researcher to focus her literature review.

4.1.3 Preliminary exploratory study and intensive study of strategic units

The third phase of the pilot study was aimed at assessing “the real situation to be investigated” (Strydom & Delpont, 2002:337). These authors advise that phase four, the intensive study of strategic units, should be avoided if a pilot study is conducted along the same lines as the main investigation, focusing instead on a few relevant interviews, observations, or documents. ⇒ However, in this case, the researcher elected to duplicate the main investigation in the preliminary exploratory study until such time as she deemed it appropriate to terminate the therapeutic processes in each individual instance. Other than continuing the therapeutic processes for ethical reasons, she regarded these therapeutic sessions as important in gaining both expertise and experience in the field of therapy in general, and in Gestalt therapy and play therapy in particular.

The details of the preliminary exploratory study will now be discussed. Regarding potential subjects, the following characteristics were important to the researcher:

- adolescents in the age group 14 to 18 years
- residing in Bloemfontein
- not in matric during commencement of therapy so as to avoid possible disruption of the therapeutic process by extra-curricular activities or examinations

1 Addresses and more comprehensive background on each of these experts can be supplied on request.

- from a Eurocentric orientation so as to enhance cultural 'fit' between the researcher and individual
- English- or Afrikaans-speaking in order to facilitate communication and understanding between the researcher and individual
- exhibiting signs of disequilibrium
- eligible for therapeutic intervention in the period 1 April to 30 November 2005
- positively disposed toward the written method of expression
- whose parents consented to their participation.

In terms of these, the three most important characteristics were age, degree of disequilibrium, and propensity towards writing in general terms. Regarding the first one, age: the period of middle adolescence was singled out as the researcher believed that adolescents in this age group (as opposed to approximately 11 to 14 years in early adolescence) were more appropriate to experimentation and to self-expression. With regard to the second criterion, i.e. the degree of disequilibrium requiring a therapeutic intervention, the subjects were identified on the basis of referrals from play therapists, psychologists, psychiatrists, and principals of high schools. In the case of the first two sources of referral, adolescents requiring therapy, but not necessarily in therapy with them, were sought, while in the case of the headmasters, it was hoped to identify adolescents who displayed signs of typical adolescent "acting-out behaviour". Regarding the third criterion, propensity towards writing, writings typical of adolescence in this phase of development were taken as indicators, these being maintaining a diary and writing poetry as the strongest signs, with an aptitude for writing compositions at school serving as a more general indicator.

The researcher commenced with identification of suitable subjects for the study in April 2005. The first attempt, aimed at play therapists, psychologists and psychiatrists, produced results in the form of a teenager seen for therapy by one of the play therapists, but whom she was unable to reschedule because of incompatible appointment times. When the researcher discussed the research project with the subject's parents on 2 May, they requested the researcher to include her twin sister in the research project as they were of the opinion that she would benefit from therapy. As the twin sister conformed to the sampling criteria, she was included in the study, and so therapy with the twins – whose birthdates coincided exactly with the third subject – commenced on 12 May; they are referred to as subjects C and E respectively. Contact with principals led to recommendation of one of the school's pupils for therapy on the basis of her conforming to the sampling criteria. The first contact session with her, attended by her mother, took place on 9 May and she opted to take part in the research project, with her mother granting permission. She commenced therapy on 16 May and she is referred to as subject K.

Preparation for the preliminary exploratory study therefore commenced in April, with the intensive study of strategic units commencing in May 2005. The final phase of the pilot study continued until November 2005, thus overlapping with the main study, which began in September 2005. For ethical reasons already mentioned, individual therapy with the adolescent subjects in the pilot study continued until the researcher deemed it appropriate to terminate either therapy (with C) or the agreement in terms of the research contract (with K and E).

The duration of their individual therapy sessions was as follows:

Case	Duration of therapy
Case K	16 May to 14 November

Case	Duration of therapy
Case E	19 May to 17 November
Case C	19 May to 3 November

Pertinent points regarding these three subjects, their therapy and their role in the pilot study are summarised in Appendix 2.

⇒ In conclusion, phases 3 and 4 of the pilot study proved valuable in terms of the following:

- 1 It shaped the therapeutic process in terms of inclusion of written methods: in time, the researcher came to make use of written techniques mainly as homework as opposed to writing during the therapeutic sessions themselves.
- 2 It informed the research protocol, specifically in terms of the how's and what not to's: the researcher soon learned the importance, for instance, of requesting the adolescents to make notes of the written assignments given as homework.
- 3 It gave an indication of the kind of problems to expect, the main one being the anticipated lack of time of high-school pupils – especially those with serious academic commitments.
- 4 It provided much-needed technical guidance: the researcher became cognisant of her lack of experience in terms of data-collection procedures; more accurately, she had to update her knowledge of audio-taping procedures and of technical requirements to ensure good-quality recordings.
- 5 It shaped methods of data transcription: specific arrangements were put into place and requests were made of the person appointed for the purpose of typing the transcriptions; fortunately, the transcriber had some experience of doing transcriptions – for a clinical psychologist – and this experience stood the research project in good stead.
- 6 The main benefit of the preliminary study was with regard to the study's proposed timeline: the researcher realised that the identification of suitable prospects for the study proper might present a problem which, coupled with the extended nature of the data-collection procedure, might compromise its completion. More important, though, the researcher had come to the conclusion that the opportunistic sample which presented itself conformed sufficiently to the desired characteristics so as to preclude further subjects for the purposes of exploring writing in therapy (the researcher recognizes the vulnerability of this argument and addresses it in further detail as part of the research strategy in chapter 4.2.1.4). At that juncture (June 2005), the researcher approached her study leader regarding the advisability of adapting the study's research strategy. This entailed a modification to the study's title, for which application was made. Approval of the application resulted in the original research title adapted from *Writing as therapy: A Gestalt approach with adolescents* to *Writing in therapy: A Gestalt approach with an adolescent*.
This resulted effectively in the research strategy being adapted from its proposed collective- or multiple-case study format to a single-case study, the case study still revolving around instrumental purposes.
- 7 Finally, this phase of the pilot study indicated the importance of the balance of power in the therapeutic relationship: although this description sounds contrary to the delicate I-Thou relationship in Gestalt terms (elaborated in chapter 3), it points merely to the fact that adolescents should choose to be in therapy – leading to equal distribution of power between client and therapist – rather than being forced into therapy by either parent(s) or authority figures. More important, in this case, the adolescents in question (and their parents) perceived themselves as doing the therapist “a favour”, which attitude cascaded into therapy itself. It may be generalised that, if they choose to be in therapy, they work in therapy; if they are forced or coerced into therapy, they do not – and this has a direct bearing on the efficacy of the therapeutic process and, more specifically, on the techniques utilised in therapy (in this case the written method).

4.2 Main study

4.2.1 Research design and methodology

Durrheim (1999:33) argues that the researcher is led by four principles in developing a research design, these being: 1) the purpose of the research; 2) the theoretical paradigm informing the research; 3) the situation (context) within which the research is carried out; and 4) the research techniques (methodology) used to collect and analyse data. Answering the questions posed by these principles leads to a research design or strategic framework. In addition, design validity (or trustworthiness in qualitative terms) and design coherence are served by reflecting on these questions (Durrheim, 1999:33).

Before commencing discussion of the principles, it should be mentioned that, having clarified a number of issues by means of a pilot study, the research design for the main investigation evolved into a basic and simple one, following the convention of qualitative research by using interviewing and observation as the mainstay of its data-collection procedures. Also, given that the unit of analysis is a social phenomenon – writing in a therapeutic context – rather than an individual, data analysis also conformed to a simple, descriptive procedure with no reliance on computer software or identification of themes or content analysis, for instance.

Each of the aspects of Durrheim's (1999) framework will now be addressed as they relate to this particular investigation. However, the researcher adapted this framework in terms of the following:

- Digressing from the author's initial order of paradigm, purpose, situation and techniques;
- Terminology, using context instead of situation and methodology instead of techniques;
- Introducing an extra element – the research strategy – as this framework presented a logical schema for placing and discussing the investigation's strategy, and because strategy determines methodology.

The adapted schema appears in the figure below, together with a point-by-point summary of the factors unique to this investigation.

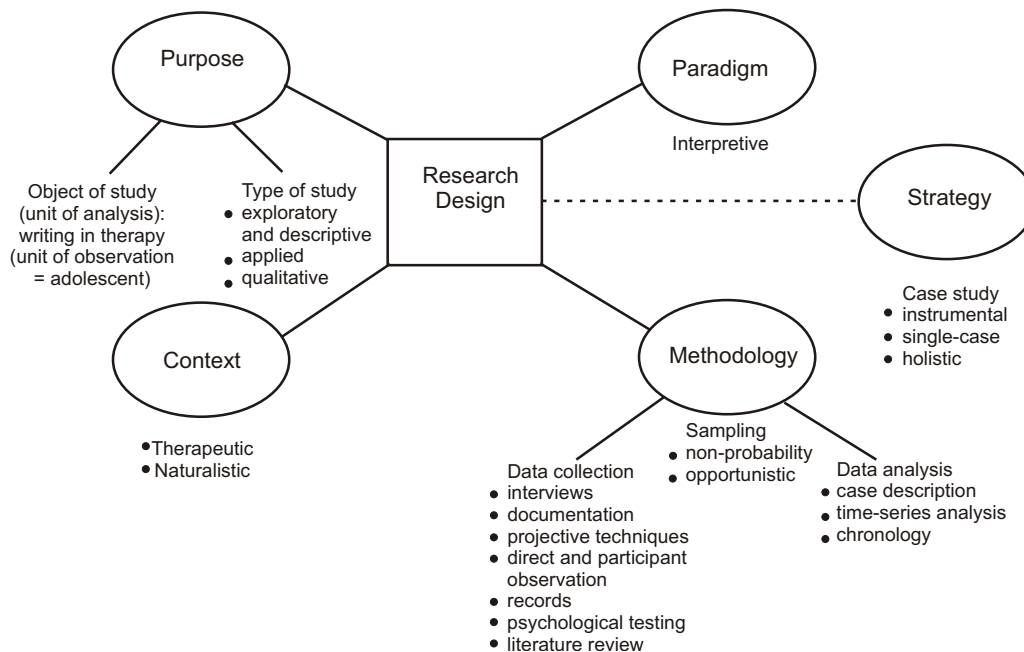


Figure 4: Adaptation of Durrheim's schema (1999:33)

4.2.1.1 Paradigm

According to Durrheim (1999:36), a paradigm acts as a perspective that provides “a rationale for the research and commit[s] the researcher to particular methods of data collection, observation and interpretation”. This researcher acts from an anti-positivist or interpretive approach (Terre Blanche & Kelly, 1999:123). In terms of Durrheim's (1999:35) principle of coherence, the methods of data-collection and data-analysis will consequently follow this approach.

4.2.1.2 Purpose

Here, purpose possesses two aspects: what the researcher wishes to draw conclusions about, and what type of conclusions the researcher wants to draw about the object of analysis (Durrheim, 1999:37).

The object of study

The object of investigation in Durrheim's terms (1999:37) refers to the unit(s) of analysis. In the introduction to this investigation in chapter 1, it was indicated that the unit of analysis in this instance refers to a social artifact, these being defined as products of human action (Babbie in Durrheim, 1999:37). The unit of analysis in this study is writing, more accurately, writing as it is produced in a therapeutic setting.

As the unit of analysis in this study differs from the unit of observation (or unit of data collection in Yin's, 2003:75 terminology), the latter should also be reiterated here: the unit of observation is an adolescent and she will be observed and described in terms of her exposure to writing in a therapeutic setting (this point is clarified here in light of Yin's, 2003:75 explanation of the “undesired confusion between the unit of data collection and unit of analysis”).

In addition to specifying the unit of analysis, the type of information to be focused on regarding the unit is to be specified (Durrheim, 1999:38). Durrheim (1999:38-39) mentions four aspects, two of which are relevant to this investigation: properties and situations. With regard to properties, the properties of writing as it applies in a therapeutic setting was described by way of the literature review in chapter 2; these properties are carried over into the empirical component of the study. Regarding situations: the unit of analysis is described in a specific situation, i.e. a therapeutic context, and as it relates to the unit of observation.

⇒ It must be pointed out that conclusions will be drawn regarding the unit of analysis mainly: the point is made here as the reader might expect to see findings relating to the unit of observation; this aspect is explained in further detail in the discussion of the research strategy.

The type of study

According to Durrheim (1999:39), the purpose of a research project manifests in what the researcher hopes to attain through the study. He suggests three different ways in which the type of research may be distinguished: 1) exploratory, descriptive and explanatory research; 2) applied and basic research; and, 3) quantitative and qualitative research (Durrheim, 1999:39).

First, exploratory, descriptive and explanatory research relate to the goals of the research (Durrheim, 1999:39), the first two of which are indicative of this study. In terms of exploratory type of studies, these tend to be “small scale” and “informal” in structure, aimed at providing illumination on a process, for instance (Hart, 1998:47 and Fouché, 2002:272). In addition, they are aimed at, amongst others, a better understanding of a particular subject and at determining the feasibility of further study. Regarding the descriptive nature of this study, these studies also tend to be small scale and are aimed at,

amongst others, understanding a social phenomenon “by observing the detail of the elements that make it a phenomenon in order to provide an empirical basis for valid argument” (Hart, 1998:47).

Secondly, in terms of Durrheim's (1999:40) view and description of the difference between applied and basic research, this study qualifies as applied research inasmuch as it has a practical application or serves to answer a practical question (Durrheim, 1999:41), the question being: how can writing be used – from a Gestalt perspective – for an adolescent who requires a therapeutic intervention? Therefore, in this sense, the research seeks to answer a practical question deemed important by a play therapist, psychologist or counselor, for instance (Durrheim, 1999:41).

In the third place, regarding Durrheim's (1999:39) typification of the study, this particular study should be regarded as qualitative research, following the interpretivist paradigm.

Reasons for selecting the qualitative approach for this study are provided by Creswell (1998:17-18):

- The nature of the research question lent itself to a qualitative orientation: the emphasis was on *how* or *what* questions;
- The topic of writing in therapy is one which requires *exploration*;
- The topic of writing in therapy requires presentation of a *detailed view*;
- The individual studied for instrumental purposes required observation in a *natural setting*;
- The qualitative approach was ideal as the researcher was interested in *writing* the results in terms of a specific literary style;
- *Time and resources* were planned for and available for extensive data collection and analysis of information as text (as opposed to data);
- Audiences in the helping professions may be assumed to be *receptive* to qualitative research owing to its descriptive, narrative nature;
- The researcher preferred a role as *active learner* who was able to tell the story from the subject's view, as opposed to a role as expert – this view is also in keeping with the Gestalt approach, which is based on a respectful I-Thou relationship (as will be explained in chapter 3).

Hence, the motivation for the qualitative approach was that the researcher believed it to be best suited to the aim and proposed outcome of the research, mainly in terms of providing rich description (Fouché, 2002:91) in both written and spoken language, allowing the researcher to study the phenomenon in depth in order to come to a better understanding (De Vos, 2002:364). Following from the qualitative approach, the methods in this study will self-evidently also be qualitative. Such methods, according to Durrheim (1999:42) “allow the researcher to study selected issues in depth, openness and detail as they identify and attempt to understand the categories of information that emerge from the data”. Therefore, in keeping with the qualitative perspective, data in this study was collected in the form of written or spoken language, and in the form of observations recorded in language (Durrheim, 1999:42).

The researcher's emphasis was on understanding (*verstehen*) (Mouton, 2001:141) rather than on explanation, and more on naturalistic observation and the subjective exploration of reality from the perspective of an insider (Fouché & Delport, 2002:79), than on controlled circumstances. Given the explanation of what the researcher aimed to explore, it is obvious that this paradigm was the only meaningful one to work from.

4.2.1.3 Context

The term “context” delineates the framework within which the research is conducted (Durrheim, 1999:47), although the author uses the term “situation” originally. He outlines different approaches to

either ignoring or incorporating the impact of context on the findings, one of which is to acknowledge the impact of context on behaviour – be it human or social – and attempt to study these as they occur naturally (Durrheim, 1999:48). Given that this study constitutes qualitative research and follows an interpretive tradition, the researcher did not seek to “control and manipulate variables” (Durrheim, 1999:52), and the following pertains to this study: 1) the context was a therapeutic one; it was therefore based on a therapeutic contract and was typified by an I-Thou relationship characteristic of the Gestalt therapeutic model; 2) the researcher did not intervene in the context (in the sense of an experiment), but enacted a role as participant observer; and, 3) the researcher acknowledged the possibility of personal bias (which is addressed in the final section of this chapter).

Terre Blanche & Kelly (1999:124) link to the idea of context in their explanation of *verstehen* – which frames the qualitative approach – and which is informed, amongst others, by the principle of empathy (Terre Blanche & Kelly, 1999:125). The authors refer to this “commitment to understanding human phenomena in context” as the phenomenological perspective (Terre Blanche & Kelly, 1999:126). The principles of understanding and empathy were particularly important in terms of the unit of observation, while the phenomenological perspective is central to the Gestalt approach followed in the empirical part of the study.

4.2.1.4 Strategy

By way of clarification it must be mentioned that Fouché (2002:271) uses the term strategy for the equivalent of “design” in the quantitative approach (for a full explanation, see Fouché, 2002:271-272). However, Fouché (2002) appears to be the sole example of this preference. More specifically, his use of strategy in the qualitative tradition – as opposed to design in the quantitative tradition – gives rise to confusion when seen in the context of Creswell's (1998) use of the term research strategy, which denotes one of five specific traditions of enquiry. Therefore, despite having taken note of Fouché's (2002) preference and despite following a qualitative approach, the researcher has opted for use of the term “research design” as descriptive of the overall plan to be followed for the research.

In his seminal work, Creswell (1998)¹ identifies five strategies or traditions of inquiry which can be used to design qualitative research: biography, phenomenology, grounded theory, ethnography, and the case study. The researcher elected to use the case study, mainly in terms of Yin's (2003:7) rationale, which is that the research strategy links directly to the nature of the research question: “[f]or a case study, this is when a 'how' or 'why' question is being asked about a contemporary set of events, over which the investigator has little or no control”.

According to Yin (2003:14), the case study as a research strategy “comprises an all-encompassing method” or a “comprehensive research strategy”, as it covers the logic of design, data collection techniques, and specific approaches to data analysis. Fouché (2002:275) is of the opinion that the case being studied can refer to “a process, activity, event, programme or individual or multiple individuals”. The product of case study research is an “in-depth description of a case or cases” (Fouché, 2002:275).

Creswell (1998:62) makes mention of three types of case studies, the intrinsic, the instrumental and the collective. Their purposes differ. In the intrinsic case study, the focus is on the case itself; it may

1 Creswell (1998) is referred to by Fouché (2002:279), specifically in terms of types of research strategies. Although Fouché (2002) is a more recent source, the researcher opted to refer to the primary source, of which 1998 is the latest edition.

require study because of its “uniqueness”, for example (Stake¹ in Creswell, 1998:62). The instrumental case study is defined by Stake (2000:437): “The case is of secondary interest, it plays a supportive role, and it facilitates our understanding of something else”. The collective case study involves more than one case (Stake in Creswell, 1998:62). The instrumental case study is preferred for this particular dissertation. Given the fact that the central focus of the research was on writing as therapeutic intervention, the instrumental case study furthered the researcher's understanding about its application.

One relevant issue relating to case study research requires mention and clarification: the existence of the stereotype of case studies as a weak method (Yin, 2003:xiii). However, the author points to the paradox inherent in the continued and varied usage of the case study method, despite its so-called serious weaknesses. It is not deemed necessary to enter into an extended discussion concerning the major criticisms of case study research, which centre around issues of 1) lack of rigor (or trustworthiness), 2) little basis for scientific generalization, and 3) their extended duration and their outcome which is described as “massive, unreadable documents” (Yin, 2003:11). Instead, Yin (2003:10-11) may be studied to see how the author counters these views and concludes that these criticisms are misdirected (Yin, 2003:16); see also Berg (2004:258-260) who discusses the scientific benefit of case studies, specifically with regard to objectivity and generalizability.

Yin's (2003:14) definition above raises the issue of the design of the research strategy, although he views the research strategy as the overarching concept, i.e. as comprising the design of the investigation; the researcher's approach in this chapter has been to discuss the research design of the investigation as a whole, with the research strategy as a component of the design. Therefore, aspects relevant to the design of the case study as research strategy as such have to be singled out, these in accordance with Yin's (2003:39) view. First, the researcher opted for a *single-case (holistic) design*. In the author's use of the term, the single case refers to the unit of observation, the adolescent and – in accordance with Yin's (2003:39) recommendation – this decision was made prior to data collection; it followed the pilot study after which the decision was made to convert the design from a multiple-case – or collective case study in Stake's (in Creswell, 1998:62) terminology – to a single-case design. In terms of qualifying the study as holistic, this should be regarded as the converse of an embedded case study design: the study comprised a unitary unit of analysis – writing in therapy – and the issue as a whole was investigated, instead of paying attention to a subunit or number of subunits (Yin, 2003:42). Secondly: other than the design of the case study itself, it is equally important to discuss the rationale for selection of a single-case design. Yin's (2003:41) rationale of the *representative* or *typical* case (Yin, 2003:41) was relevant to this study: the unit of observation conformed to the author's definition and the lessons learned in this instance could be assumed to be informative about the experiences of the average adolescent or, more accurately, the adolescent exhibiting disequilibrium.

The researcher acknowledged Yin's (2003:42) caution regarding the potential vulnerability of the single-case design, which proposes that “a case may later turn out not to be the case it was thought to be at the outset”, and argues that there are analytic benefits to having two (or more) cases (Yin, 2003:53). Given the fact that the researcher adapted the research design to a single-case design and that the investigation as a whole revolves around this design, it is important to address the issue of the design's vulnerability. The pilot study, in particular the preliminary exploratory study and intensive study of strategic units, eliminated the possibility of the “case not turning out to be the case”, and, for this reason, the researcher believes it important to point out the efficacy of the pilot study in having de-

1 Creswell (1998) refers to Stake (1995); in addition, the researcher consulted Stake (2000).

terminated the suitability of the initial subjects selected as units of observation. Regarding the analytic benefit of having more than one case, the researcher can neither dispute nor argue Yin's point. However, a combination of academic and logical reasons may be harnessed in supporting the researcher's adaptation to a single-case design: first, this investigation is towards a dissertation of limited scope, and secondly, the investigation did not comprise an intervention research design, nor was it aimed at an experiment. The study was aimed purely at exploration and description, and a single case would serve these purposes, provided that a suitable unit of observation could be identified, which proved possible during the pilot study.

4.2.1.5 Methodology

According to Durrheim (1999:44), the techniques refer to the explicit plan of action which the research design should provide for. In this sense, techniques may be seen as referring to the methodology to be employed in the study, and Durrheim (1999:44) divides it into three categories, these being sampling, data collection and analysis.

Sampling

As this is a qualitative study, the description of a universe and population, as well as subsequent identification of a sampling strategy, as would commonly be expected in a quantitative approach (Strydom & Venter, 2002:198-201) do not apply in this case. Therefore, no arguments have to be tendered regarding a sampling strategy as such, other than to point out that sampling in qualitative research is "less structured, less quantitative and less strictly applied" (Sarantakos in Strydom & Delport, 2002:333) than is the case in quantitative research. Qualitative and exploratory research do not typically draw large or random samples (Durrheim, 1999:45); as Berg (2004:34) indicates: researchers in qualitative research do not base their sample selection on probability theory and efforts are undertaken "to have a clear idea about what larger group or groups the sample may reflect" (see Strydom & Delport, 2002:334 who indicate that non-probability sampling "is used almost without exception" in qualitative research). Furthermore, it is important to understand that, in qualitative research, sampling occurs once the circumstances of the study have been clearly and directly established (Strydom & Delport, 2002:334), as was accomplished by means of the pilot study in this investigation. Two other points should be made in regard to sampling as it pertains to this particular study: qualitative researchers "seek out" individuals, groups and settings in terms of their research purposes (Strydom & Delport, 2002:334), as was the case in this study; also, data are often derived from one or two cases in qualitative research; this points not only to why it makes it unlikely that these cases are selected at random (Strydom & Delport, 2002:334), but also supports the motivation for the main investigation being based on one individual.

Thus, having established that representativeness (Strydom & Venter, 2002:201) is not an issue in this research project as would have been the case in a quantitative study which is concerned with statistical accuracy, suffice to say that, in this study, the researcher was interested in how one adolescent – the unit of observation – may reflect a larger group, namely adolescents, in terms of how writing may be applied as a therapeutic intervention for disequilibrium.

Regarding the sampling technique employed to identify subjects for this study: the reader is reminded that, for the *pilot study*, the researcher sought out subjects who conformed to certain characteristics (Strydom & Delport, 2002:334). While the pilot study was underway, the researcher requested one of the subjects to approach their circle of friends at school with a view to identifying prospects for group therapy: this form of therapy was part of the researcher's internship towards the M.Diac degree of which this dissertation comprises partial fulfillment, and the group therapy itself was aimed at per-

sonal growth (as opposed to therapeutic intervention). At the first session, one of the subjects in group therapy exhibited signs of disequilibrium; she later requested individual therapy. Therefore, from the circle of friends of two of the subjects in the pilot study, a suitable subject presented herself. Consequently, opportunistic sampling (Miles & Huberman in Creswell, 1998:119) resulted in a suitable subject for the *main investigation*. This form of sampling is described as “follow new leads” and “taking advantage of the unexpected” (Miles & Huberman in Creswell, 1998:19) (see Berg, 2004:35 for an explanation of a convenience sample, also referred to as an accidental or availability sample (Babbie, and Mutchnick & Berg in Berg, 2004:35).)

In summary, from subjects initially identified sought out for a pilot study, an opportunistic sample presented itself as unit of observation for the main investigation in the form of a 17-year old female Caucasian adolescent. She conformed to the stated characteristics in that she was in the period of mid-adolescence, she manifested with disequilibrium and she showed a propensity towards writing; although the latter was not tested before commencing therapy, she appeared to be right-brain dominant (Neethling & Rutherford, 1996:70-72) and enjoyed expressing herself in art form and on paper – these traits emerged during group therapy and were considered sufficiently substantial in terms of the criterion of writing.

Data collection

According to Durrheim (1999:45), data is the basic material produced by research and, in this study, the qualitative data took the form of language (Durrheim, 1999:46), with the researcher acting as instrument of observation (Durrheim, 1999:46).

Creswell (1999:62) states that data collection should be “extensive”, drawing on multiple sources of information, while Yin (2003:85) refers to sources of evidence, and singles out six as the most commonly used in case studies: documentation, archival records, interviews, direct observations, participant-observation, and physical artifacts. In this investigation, use was made of the following:

- 1 The therapeutic interviews formed the mainstay of the data-collection procedure.
- 2 During the interviews, the subject was given written homework assignments and her implementation of these provided a rich source of information, reflecting directly on the unit of analysis in this investigation. This material is probably best categorized under the heading of documentation in terms of Yin's (2003:97) schema.
- 3 Projective techniques were used during these interviews (an additional source of evidence mentioned by Yin, 2003:97) and these yielded meaningful information, details of which will be described in chapter 5.
- 4 Direct observation took place during therapeutic sessions.
- 5 Participant-observation took place in terms of the therapeutic process in which the researcher acted as therapist / participant; the researcher became fully involved in this specific setting where observation took place in a naturalistic way (Terre Blanche & Kelly, 1999:134). In keeping with the interpretive tradition, observation was less structured (than in the positivist tradition) because of its naturalistic nature (Terre Blanche & Kelly, 1999:134,135).
- 6 In terms of archival records, personal records such as the subject's diary and poems she had written were brought into evidence.
- 7 Psychological testing (another additional source mentioned by Yin, 2003:97) was employed; the subject was requested to undergo a Disc temperament analysis, commonly

used to assess the process of children and adolescents in Gestalt play therapy (Blom, 2004:83).

- 8 The literature review served as source of data – both regarding the unit of analysis and the unit of observation (these are described in chapters 2 and 3 respectively).

Yin (2003:97) is of the opinion that the benefits from different sources of evidence may be “maximized” by following three principles. These are 1) using multiple sources of evidence; 2) creating a case study database, and 3) maintaining a chain of evidence. The first principle relates mostly and specifically to triangulation, discussed later in this chapter. The other two principles, briefly, involve the following: a case study database should be created in that a critical reader should be able to inspect the raw data which led to a study's conclusions. To this end, case study notes, audiotapes, documents, etc. should be organized and categorized and be available for later access (Yin, 2003:103). In a similar vein, a chain of evidence should be maintained so as to enable an “external observer” – or reader of the case study (Yin, 2003:105) – to follow the development of evidence, from the initial research question to the ultimate conclusions. Yin (2003:106) regards data collection for case studies as “more complex” than those in the other research strategies, so formal procedures should be instituted in order to ensure “quality control” of the data. The researcher attempted to conform to both these principles, details of which are related further in this discussion.

Regarding data collection, the researcher made use of Creswell's model (1998:110-134) for the phases of data collection:

1 Locating the individual:

The manner in which the subject for the main investigation was identified was described comprehensively under sampling.

2 Gaining access and establishing rapport:

In this instance, the researcher's task was both simplified and facilitated by her being approached for therapy by the potential research subject. In view of the fact that the subject qualified for the research project in terms of the selection criteria, both she and her mother were approached with a view to gaining access. Formal consent was obtained from her mother, once both of them had consented to the adolescent taking part in the research as part of her therapeutic process. Also, in view of the fact that a relationship had already been established and the researcher was known to the subject in the context of group therapy, no other formalities and no additional submissions for approval were required.

Access in this case hinged upon what constitutes commonly-accepted therapeutic practice: that the individual presents for individual therapy sessions, normally at consulting rooms utilised for this purpose by the play therapist. In this instance, the teenager in question visited the researcher at her home in a private room which is utilised for therapy specifically and which has separate street access. Access took place in the period from September 2005 to February 2006; sessions took place on a weekly basis – excluding school holidays – for 60 minutes duration, although, in some cases double sessions were scheduled when deemed appropriate.

Rapport was established in the manner common to the Gestalt approach, namely via the establishment of an I-Thou relationship, which is based on mutual respect and which is respectful of the individual's potential and ability to heal herself. This process was facilitated by the fact that the researcher was known to the teenager in the context of their group work together.

3 Purposeful sampling strategy:

The sampling strategy was discussed as part of techniques or methodology in terms of Durrheim's (1999) adapted framework.

4 & 5 Collecting data and recording information:

The data sources themselves were discussed earlier. A digital recorder was used to record the interviews and a special 'sound grabber' was employed to ensure that the microphone was sensitive to the acoustics of the room used for this purpose. Although the researcher's initial reason for selecting audio-recordings rather than audio-visual recordings was a matter of convenience and cost, it transpired that video recordings would have been extremely intrusive, and could even have compromised the therapeutic interviews because of the sensitive nature of the information imparted by the subject and, particularly, because of her often being overwhelmed by emotions in the mid-phase of the therapeutic process.

No interview protocol as such was established beforehand as the therapeutic sessions do not take the form of a conventional research interview. Rather, from the point of view of the Gestalt practice model, matters on the subject's foreground were discussed in context of the therapeutic goals identified by the researcher, and thereby taking an unstructured format suitable to a naturalistic setting.

6 Resolving field issues:

A number of field issues presented themselves and the researcher's experience with regard to these is included under recommendations as a means of informing future researchers in the qualitative tradition.

7 Storing data:

Storing of the data will be discussed in more detail as part of data analysis.

Data analysis and representation

Durrheim (1999:47) phrases the aim of data analysis succinctly: "to transform information (data) into an answer to the original research question". Once again, in terms of the principle of design coherence (Durrheim, 1999:35), the qualitative approach will cascade to the level of data analysis, as was the case in this study.

Terre Blanche & Kelly (1999:127) note that the word "data" is not universally popular from an interpretive perspective, given that interpretive researchers "typically work with material that is richly interrelated and would lose its meaning if broken into discrete bits". They suggest the term "research material" as an alternative to "data". The researcher took note of this view, but chose to maintain use of the word "data" as this appears to be the convention, despite its allusion to text as opposed to language. Also, the authors point to the fact that qualitative researchers do not make clear-cut distinctions between the phases of data collection and data analysis in research (Terre Blanche & Kelly, 1999:139). De Vos (2002:341) refers to the "inseparable relationship" between data collection and data analysis in a qualitative study, while Henning's (2004:6) description probably describes this phenomenon best: "qualitative analysis takes place throughout the data collection process". The researcher moved between these two phases at different stages of the research process.

In terms of data analysis, the researcher took note of Terre Blanche & Kelly's (1999:139) key principle of staying close to the data and to interpreting it "from a position of emphatic understanding". What she found particularly helpful was the authors' description of interpretive analysis which "can be seen

as a back and forth movement between the strange and the familiar, as well as between a number of other dimensions – description and interpretation, foreground and background, part and whole” (Terre Blanche & Kelly, 1999:140).

The researcher made further use of Creswell's approach (1998:142-146), which should be read in conjunction with and as a follow-up to data collection discussed earlier. Following *collecting and recording data*, and as part of *data management*, the researcher organised the data, comprising rough jottings (raw notes) for each therapeutic session, into a file folder for the case. The audio-recordings were converted to wave files, back-up copies were made onto compact discs which were labelled and dated. The back-up copies were stored in the researcher's personal safe. Transcriptions were then made of the recordings and the hard copies were also placed into the file folder and kept in the personal safe. A master list was kept of the different types of information gathered, i.e. produced by the subject in and between therapeutic sessions.

Once the data was organised and converted, the researcher continued gradually by gaining a sense of the database as a whole (the complete set of transcriptions as well as the material produced by the subject) by moving into the *reading and memoing* loop. The transcripts, as suggested by Agar (in Creswell, 1998:143), were read in their entirety several times, and then analysed manually (Henning, 2004:129). Furthermore, as suggested by Creswell (1998:144), memos were written in the transcripts so as to enhance the initial process of exploring the database. Then the *describing, classifying, and interpreting* loop was entered. This part is described as “the heart of qualitative data analysis” (Creswell, 1998:144).

According to Yin (2003:109), the analysis of case study data or evidence is “especially difficult” because neither the strategies nor the techniques have been well defined; one could compare Creswell's (1998:140) view that there is no consensus on the analysis of the forms of qualitative data. Yin (2003:109) recommends that the case study should strive towards a “general analytic strategy”, which he defines as setting priorities for what to analyze and why, while also identifying specific techniques. The researcher elected to use Yin's (2003:114) general strategy of *developing a case description* as a means of organizing the case study. In terms of specific analytic techniques, the researcher opted for Yin's (2003:122) *time-series analysis*, specifically as it relates to *chronology* (Yin, 2003:125). The chronology of the subject's therapeutic process was charted, conforming to what the author refers to as one of the “major strengths” of case studies, which is to allow the researcher to trace events over time. Further, the researcher took note of Yin's (2003:125) view that the relaying of events into a chronology should not serve as a mere descriptive device, but include an analytic component by examining relevant “how” questions, for instance, about the development of events over time. To this end, the researcher made use of description, but also attempted to analyse in terms of the investigation's main research question. The way in which both strategy and technique in terms of Yin's description (2003:114, 122) was employed in this study, is reflected in the descriptive, chronological structure (Yin, 2003:153).

4.2.2 Ethical considerations

This is also the place to discuss the matter of ethical issues in the investigation. There is a strong onus on the researcher in the social sciences to act in an ethical manner, because the “object” of study is human beings. A brief definition of the term “ethics” (Strydom, 2002:62) is:

Ethics is a set of moral principles that are suggested by an individual or group, are subsequently widely accepted, and offer rules and behavioural expectations about the most

correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students.

Although ethical considerations do not figure equally strongly in all research projects (Huysamen, 2001:178), a few presented themselves in this study. The most important one concerned *voluntary, informed consent* (Huysamen, 2001:179) (see also Strydom, 2002:65): as it was very important that the subject stay the course of the research, it was imperative that she understood the full implications of her involvement in the project. The researcher was honest and clear in all her communications with both the subject and her consenting parent. The adolescent's participation was based on her full knowledge and approval which was obtained beforehand (Huysamen, 2001:179,180). Also, her consent was based on having been informed objectively and honestly of various aspects, including her freedom to withdraw from the study – although an objective indication was given of the problems which such premature withdrawal would cause for the researcher (Huysamen, 2001:180). Other than gaining her mother's consent, the subject had to consent to the audio recordings which were made during the therapeutic sessions. The second consideration concerned the matter of *psychological discomfort* (Huysamen, 2001:181; Strydom, 2002:64), and surfaced during the therapy or procedure itself. It was especially important to gain her consent, and to obtain this before onset of the therapy, because the proposed technique – writing – in and of itself has been shown to lead to varying degrees of discomfort. The third consideration related to *respecting privacy* (Huysamen, 2001:183) or confidentiality (see also Strydom, 2002:67). In time, this proved of vital importance, mainly because of the extremely sensitive nature of the information shared with the researcher during therapy sessions. A pseudonym was used throughout, while every effort was made to protect the confidentiality of the data in both raw and transcribed form – ranging from the signing of confidentiality clauses by the two transcribers to locking away the data. A number of final matters related to disclosing of the material and to field withdrawal. The subject was made aware of the fact that her story could possibly be utilized in future research and publishing – this concerned the issue of release of publication of the findings (Strydom, 2002:71-72). With regard to field withdrawal, she was informed that a certain number of sessions would be scheduled for the purposes of the study. However, it was made clear that if a need for further therapy was evident, the researcher would be both willing and available to continue – free of charge – until such time as it was deemed appropriate to terminate. Fortunately, termination of her therapy took place within the timeframe set for the main investigation. The final consideration concerned *debriefing* (Strydom, 2002:73), the importance of which is self-evident, given the sensitive nature of the information shared during the therapeutic sessions. In this case, during the research / therapeutic process, her personal feelings were explored time after time – particularly given the Gestalt practice model's emphasis on reliving the emotions related to an event – and this was bound to increase her disequilibrium, at least until the point where her feelings stabilised. It was, therefore, imperative to debrief her at every stage of the research, i.e. throughout the therapeutic intervention, so as not to leave her adrift. Also, in the termination phase of therapy, the therapeutic process and progress as a whole was reviewed. Finally, during follow-up and member-checking it was ensured that she was completely stable and that the therapeutic intervention had been integrated completely.

4.2.3 Standards of quality and verification in the research process

In conclusion to this chapter, the all-important issue of the scientific basis of the investigation is reviewed. The heading to this section is borrowed directly from Creswell (1998:193), who discusses it in terms of qualitative inquiry and asks: “[h]ow do we know that the qualitative study is believable, accurate, and 'right'?”. This is an appropriate and important question relating to this particular investigation. The researcher acknowledges Yin's (2003:33) criteria for judging the quality of research

designs, which are related to the four tests common to all social science methods, i.e. in terms of the conventional positivist paradigm, these being construct, internal and external validity, as well as reliability (Yin, 2003:34). However, the researcher aligns herself with Creswell's (1998) stance which couches this process in terms appropriate to an interpretivist position: "I view verification as a *process* that occurs throughout the data collection, analysis and report writing of a study and standards as *criteria* imposed by the researcher and others after a study is completed" (Creswell, 1998:194). Once again, the researcher took note of alternative approaches, such as the seminal contribution of Guba (1981:79-82) and Guba & Lincoln (1982:246-249), which is framed in terms appropriate to a qualitative or naturalistic inquiry, i.e. truth value, applicability, consistency, and neutrality of the study. However, the researcher found verification in terms of Creswell's approach (1998:201-203) of a more practical nature and attempted to achieve this process in a manner consistent with Creswell's verification procedures:

- *Prolonged engagement and persistent observation* in the field: the researcher was involved with the subject over a period ranging from September 2005 to February 2006, i.e. six months; the additional measures of member-checking extended this process by another month (see chapter 5).
- *Triangulation*: in terms of its current application, the term "has come to refer to the use of multiple perspectives to check one's own position against" (Kelly, 1999:430). Yin (2003:97) is of the opinion that the case study presents both an opportunity and a challenge in terms of data collection: the opportunity to use many different sources of evidence is a strength, while the need to do so "far exceeds" that in other research strategies. The researcher took note of the classic triangulation protocol of Denzin (in Kelly, 1999:430-431) and of the view expounded by Stake (in Creswell, 1998:213). The following types of triangulation were employed during the course of the investigation: data triangulation (Kelly, 1999:430), which refers to the "variety" of data sources in a study, and methodological triangulation (Kelly, 1999:431), relating to the use of "multiple" methods to study a single issue. As this investigation is a descriptive study – describing what was observed and experienced – the findings are not generalised to a larger population; hence there was no call for further triangulation (Heyns, 2006).
- *Clarifying researcher bias*: this process is also known as "bracketing" (see Terre Blanche & Kelly, 1999:140) and refers to the way in which the researcher's preconceived "notions and prejudices" intrude on the research process. In this respect, the researcher concurs with Blom's view (2000:310) where the researcher's attempt towards objectivity and her own integrity in this process is acknowledged. It is further acknowledged that bias could impact negatively on the credibility of the research results, although it was sought to counteract such an occurrence by means of regular sessions with a local supervisor throughout the research process.
- In a *member check*, the researcher tests the subject's view of the findings and interpretations of the investigation. Lincoln & Guba (in Creswell, 1998:202) regards this as "the most critical technique for establishing credibility". This was accomplished by providing the penultimate draft of the chapter with findings as a whole (chapter 5) to the subject so that she could judge the "accuracy and credibility" of the report. In this instance, the subject pronounced the draft "accurate" (her term).
- *Rich, thick description* makes it possible for the reader to make decisions regarding the "transferability" of the study (Erlandson *et al.*, Lincoln & Guba and Merriam in Creswell, 1998:203). The researcher attempted such a description to the extent that academic requirements allowed and is of the opinion that this is sufficient to allow the reader "to transfer information to other settings and to determine whether the findings can be transferred 'because of shared characteristics'" (Erlandson in Creswell, 1998:203). This aspect also relates to "generalisability" (Kelly,

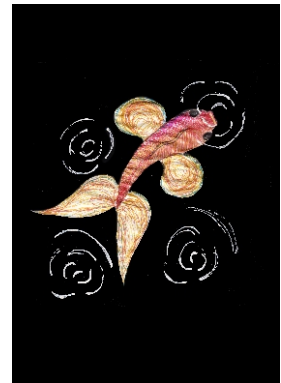
1999:431), where the detailed information on research procedures facilitates the extent to which the findings can be generalized to other settings. These two points speak directly to the issue of representativeness which is “one of the more commonly heard objections to interpretive research” (Kelly, 1999:431). In this instance, the researcher attempted to adhere to the principle of transferability, although the findings of this investigation cannot be generalised for reasons relating to the qualitative nature of this study and the non-probability nature of its sampling.

- An *external audit* was arranged by arranging with an external consultant to act as “auditor” and to examine both the process and the product of the account as a means of assessing its accuracy. To this end, she was provided with all the projections and material produced by the subject, with the raw notes and transcriptions as well as the final draft of the main findings in the investigative report. She pronounced the chapter a “true replica” of the course of therapy and substantiated the findings (see Appendix 3).

Therefore, in terms of testing the strength of the design and of ensuring the scientific quality of the investigation, the researcher was able to conform to six of the eight measures proposed by Creswell (1998:201-203). The exceptions were peer review (or debriefing) and negative case analysis, the reasons being a lack of planning in terms of putting such measures in place regarding a peer review, while the negative case analysis was not applicable to this particular investigation.

Chapter 5

Empirical findings, analysis, and discussion



I am lost in a maze of my imperfect and shattered world, but then you come out of the ocean of refuge and love ... (From Cee's diary).

5.0 Introduction

This chapter is the crux to which the four previous chapters have been building, where the findings relating to the case in question are discussed and analysed. It presented a challenge in deciding how to reflect these findings, given Merriam's view (in Creswell, 1998:186) that "there is no standard format for reporting case study research". The researcher believed it to be imperative to select an approach which would, foremost, do justice to the subject and allow the rich detail and the depth which she brought to the research project to speak for itself: in this regard, the researcher was informed by Stake's recommendation (in Creswell, 1998:186,187) regarding overall rhetorical structure, while Hanley's (2001) approach provided an example of narrative approach and style which appealed to the researcher's sense of how the findings should be reflected. More important, the researcher made a serendipitous discovery in the form of Richardson (2000), whose stance freed her from the constraints she was labouring under in terms of this chapter. A summary of the points in Richardson's (2000:923-936) illustrating view, which resonated particularly strongly in terms of the subject at hand and with the researcher personally, are:

- She regards writing – in the qualitative tradition – as a method of inquiry in itself: in this sense, writing the research report is not merely a "mopping-up activity" at the end of a research project (Richardson, 2000:923), but rather "an open place, a method of discovery", which view honours the idea of the researcher as "instrument" in the qualitative approach, and which places the researcher in her own text (Richardson, 2000:925);
- Writing as a method of inquiry departs from standard social science practices (Richardson, 2000:923) and she refers to the poststructuralism view where "[N]urturing our own voices releases the censorious hold of 'science writing' on our consciousness ..." (Richardson, 2000:929);
- It provides a research practice for investigating how "we construct the world, ourselves, and others" (Richardson, 2000:924);
- She encourages researchers to explore "their own processes and preferences" through writing (Richardson, 2000:924) – in particular: "Writing from our Selves should strengthen the community of qualitative researchers and the individual voices within it, because we will be more fully present in our work, more honest, more engaged" (the concept of writing from the self is central to writing in therapy);
- She is of the view that "qualitative research has to be read, not scanned; its meaning is in the reading" (Richardson, 2000:924).

As a tentative step in the direction explicated by Richardson (2000), and in the spirit of “writing in therapy”, the researcher elected to depart from the impersonal, third-person style in the rest of this dissertation and to introduce both the adolescent, Cee's, voice and her own in this chapter. Hence the chapter constitutes a narrative style which, by its nature, results in a longer chapter, more reading, and less representation in graphs, etc. than could otherwise have been expected.

In short, then, the researcher opted for the following: 1) an extension of this introduction which serves to orientate the reader; 2) a discussion of the subject in terms of chronological flow, so as to enable the reader to grasp the therapeutic process as a whole, 3) which highlights Gestalt moments¹ throughout, and 4) which illustrates how the written method was integrated in the therapeutic exchange. The reader is alerted to the following important information which relates to an understanding of the organisation of this chapter: Cee's voice is introduced where possible.² Illustrations³ have been included – in the text – where it was technically possible to do so, so as to support the narrative. A final point concerns the therapeutic sessions themselves: in view of the fact that the unit of analysis is writing in therapy, the purpose, in the main, has not been to evaluate the sessions themselves, other than to indicate how Gestalt principles and techniques were applied and how the sessions worked towards the Gestalt therapeutic aims: in order to avoid a repetition of cross-references which might cause the text to become cumbersome, and specifically so as not to interrupt the flow of the discussion, integration of the content of the theoretical chapters (chapters 2 and 3) with this content is restricted, where possible, to feedback on the written method and the reflection at the end of each session. Also, towards the same end, cross-references are not repeated, but appear at first mention and are repeated only when it is crucial to the reader's understanding.

The discussion in this chapter rests on a number of pillars: the research question, the therapeutic aims, the therapeutic process, and the findings of the literature review concerning the written method.

First, regarding the *research question*: broadly speaking, the research question was formulated as: How can writing be used – from a Gestalt perspective – for an adolescent who requires a therapeutic intervention? Throughout section 5.2 of this chapter, it will become clear how writing was utilised as such a tool and the main findings will be summarised at the end of the chapter.

Secondly, the *therapeutic aims*: these general Gestalt aims focused on the therapeutic process as it unfolded over a period of time. How these therapeutic aims figured in relation to the subject will be dealt with throughout the discussion in sections 5.1.3 and 5.1.4. By way of reiteration, these aims are: awareness, integration, and self-support (see 3.5.1).

Thirdly, the *therapeutic process*: the preferred process served as a context and to contain the adolescent during her process of discovery and healing. The approach, which suited ideally what the researcher hoped to accomplish, was that of Joyce & Sills (2001:78) and which they refer to as treatment phases (see table 10 in chapter 3). Briefly, these five phases are: the beginning phase, clearing the ground, the existential encounter, integration, and ending. The authors' conceptuali-

1 It will be noticed that these moments include aspects of play therapy. These derive from the internship for the degree of which this dissertation forms part, and from the researcher's own therapy conducted by a Gestalt play therapist. Blom (2004) may be studied in this regard.

2 She tends to express herself in English words and phrases very often, therefore English words which appear between quotation marks – both “ ” and ‘ ’ – are her own.

3 Only those illustrations deemed to have served a specific therapeutic purpose have been included. Where the case described these illustrations in written text, the text is included in typed format for the sake of legibility and for technical reasons concerning reproduction.

sation of a “therapeutic journey” corresponded with the researcher's own belief and experience. Furthermore, they hold the view that such a therapeutic journey, coupled with the individual's unique nature and relationship formed with the therapist, “precludes any *general* treatment plan to be followed by *all* clients”. In keeping with this view, they offer common areas of focus and universal needs or tasks in terms of growth, rather than requiring a commitment to linear progression (Joyce & Sills, 2001:78). The idea of universal tasks in terms of growth is in keeping with the discussion of adolescence in terms of its developmental tasks (see table 8 in chapter 3.3), while divergence from a linear progression is very much in keeping with the Gestalt approach where the individual is met in her “here and now” as opposed to a fixed, preordained structure (see 2.3.2). The phases of the therapeutic process and how these emerged in terms of the subject in question are indicated in 5.1.4.

Consequently, the researcher's approach to therapy with the adolescent in question can be summarised as follows: she was informed by the treatment phases of Joyce & Sills (1978:78-81), and devised her own approach which, while not unstructured, certainly allowed for an open agenda where researcher and client worked with what was on the subject's foreground as presented during each session. As a consequence, the researcher followed a non-directive approach, which was made possible by the existence of an I-Thou relationship (see 3.5) and by the fact that the subject displayed very little resistance in the therapeutic sense of the word. This process developed within the framework of the general Gestalt therapeutic aims, which gradually became more focused as the adolescent's journey and process unfolded. The researcher maintained a mental framework of what is available in terms of the written method throughout, and applied these methods as tools in therapy as and when they were deemed appropriate. The written methods and the way in which they were used as therapeutic tools with the subject served to answer the research question.

Finally, and most important, the *findings of the literature review concerning the written method*: these formed the main thrust of the therapeutic methods used and the reader is referred to tables 5, 6 and 7 in chapter 2. The findings concerning the subject are merged with these tables, after a description of her therapeutic journey, and appear as tables 11, 12 and 13 at the end of this chapter.

The reader is reminded that this is a qualitative study aimed at researching the question of writing in therapy. Its purpose is to explore the ways in which written techniques may be used in therapy with adolescents in the period of middle-adolescence – hence the focus on Cee, an adolescent who conforms to the requirements of the research design and methodology. Therefore, in this study, the unit of analysis is writing in therapy and the unit of observation is the adolescent. The research strategy selected for this qualitative inquiry is the case study. The inquiry is conducted within the context of therapy, following the Gestalt practice model, with the researcher acting as therapist. Cee was 16, and in Grade 11, at the time she presented for therapy and turned 17 during the therapeutic process. She is a female of Eurocentric orientation and resides in South Africa. “Cee” is a pseudonym for purposes of confidentiality and in order to protect her privacy.

5.1 The case of Cee: her therapeutic journey

... maar eintlik op hierdie stadium voel ek net ek weet nie meer watter kant toe nie. Ek is nou by die hartseer en goed, ek wens net iets wil net vir my wys watter rigting om te gaan, want ek weet nie – ek kry my ma net so jammer. Ek kry haar jammer en ek voel sy moet nie hierdie goed alleen dra nie, dit is hoekom ek is soos wat ek is. Dit is hoekom ek so aan ander mense dink. Ek weet nie meer nie, ek is heeltemaal deurmekaar – ek weet nie watter kant toe nie, hoor.

I first met Cee when she was asked to join group therapy by a school friend. At that point, I was sour-

cing candidates for group therapy which had to be conducted in terms of the requirements for my internship in play therapy. Cee's friend was part of the pilot study for the dissertation for the same qualification, and I had asked the friend to approach her small circle of friends at school with a view to group therapy aimed at self-knowledge and personal development, i.e. aimed at growth as opposed to therapy. Eventually, the small circle of six friends came to the therapy room at my home for their first session – which comprised an orientation – in early August 2005 (the group therapy terminated on 17 October). They formulated goals for the group, and we discussed these. Cee elected not to do so, stating in a firm, yet respectful manner, that these were too private. During the second time I saw the group, i.e. their first session proper, on 24 August, I requested the group to list their goals for the group therapy and we conducted an exercise titled “Highest hopes and deepest fears”, sharing the responses in the group. At that point, it was obvious that Cee was very emotional and the thought came to me that she might require therapeutic intervention. I acknowledged her feelings and indicated that, because the group was not aimed at therapeutic intervention, an opportunity for discussion could be created outside the group situation, if she so wished. Her mother called me within the next two weeks, on 9 September. She had been hospitalised that day and had asked her mother to call me to arrange an appointment for individual therapy. She was discharged from hospital on 17 September, although treatment – mainly in the form of iron drips – continued until 25 September, therefore making it difficult to schedule an appointment. I was able to see her for the first time on 22 September, the day the schools closed for the short third-term break.

5.1.1 Pertinent details relating to Cee's case

Note should be taken of the following points:

- Cee is a case of self-referral;
- She raised the issue of depression during the first session when working through an incomplete sentence projection, although she was never clinically diagnosed with depression;
- On an *emotional* level, she appeared volatile and tended to cry during the group sessions; when she was hospitalised, she was told that she was very emotional;
- On a *physical* level, her mother reported the following regarding her hospitalisation: she was anemic (hence the iron drips by way of follow-up treatment); the attending doctor suspected an ulcer or ulcers and scheduled a gastroscopy; the gastroscopy indicated no sign of an ulcer, but she was told that her symptoms could be signs of tension (she was warned, in fact, that she was overly tense);
- She had attended three group therapy sessions by the time her mother contacted me for individual therapy, which means that the basis of a relationship had already been established.

5.1.2 Summary of therapeutic sessions

Cee's sessions are indicated in the table below:

Table 11: Summary of Cee's sessions

Session #	Date	Nature of session	Duration
1	22 September 2005	Assessment	1 hr
<i>September school holidays</i>			
2	3 October 2005	Therapy	1 hr
3	10 October 2005	Therapy	1 hr
4	17 October 2005	Therapy	1 hr
5	24 October 2005	Therapy	45 mins

Session #	Date	Nature of session	Duration
6	14 November 2005	Therapy	1.5 hr
7	21 November 2005	Therapy	1.5 hr
<i>December school holidays</i>			
8	24 January 2006	Therapy	1 hr
9	30 January 2006	Termination	1 hr
10	21 February 2006	Member-checking	1.5 hr

From the above table, it can be determined that

- Therapy stretched over a *four-month period*, i.e. 22 September 2005 to 30 January 2006 – which included a short (September) and a long (December/ January) school holiday;
- All in all, a total of *10 contact sessions*, of varying duration, took place;
- Sessions took place on a *weekly basis*, with the exception of November 2005 when she was in the process of writing examinations;
- She was seen for one session before the schools closed for the September school holiday in 2005. (It was the researcher's view that a session, even on the eve of the school holiday, could present a measure of relief and, more important, offered the opportunity of ensuring that there was no suicide ideation or potential for self-harm);
- The duration of the sessions was *one hour*, mainly, with the exception of the sessions in November. These were scheduled for longer periods, given an hiatus in therapy brought about by the school holidays in December when she visited her closest friend, who lived overseas. Also, the researcher believed – at that point – that it was important for her to gain a strong foothold and a safe place within herself which entailed more, and more intensive, therapeutic work;
- The last appointment with her, on 21 February 2006, was after therapy was terminated and served the purpose of member-checking, where the researcher verified certain aspects relating, amongst others, to the first incomplete sentence projection (22 September) and the second one (just prior to termination, on 9 February);
- With the exception of the first session, all sessions took place at the researcher's home in a private room with a separate entrance which had been converted and refurbished for purposes of therapy.

It must be mentioned that, other than for therapy, the researcher was in telephonic and personal contact with her after 21 February – these contacts serving the purpose of providing feedback on her DISC analysis, of soliciting a written record regarding her therapy from her and as an extension of member-checking.

5.1.3 Narrative description of individual sessions in chronological order

The first two sessions are discussed in a fair amount of detail, as they set the tone for what is to follow. Thereafter, the discussion of individual sessions is restricted, purely for reasons relating to academic constraints. The reader is reminded that the discussion of the individual sessions serves to focus more on the written method and its use than on the sessions themselves, on their structure and possibly the way in which they conform to the Gestalt practice model.

Session 1: 22 September 2005

The first session with Cee took place in a public garden opposite her school, shortly after the school had closed for the September break. This was the only time and place we could fit into our respective schedules and the choice of venue was a fortuitous one as the quiet and peaceful atmosphere in the

beautiful garden setting fostered an introspective mood – in time, Cee came to realize that such an atmosphere is important to her and conducive to work on an intrapsychic level. She appeared subdued on that first day and seemed to have undergone a baptism of fire. By way of orientation, I explained the Gestalt way of working. She was concerned about burdening me with her problems (a theme which recurred concerning other people), and I explained that this was the role of a therapist. As part of an assessment – albeit in typical Gestalt fashion where the emphasis is not on obtaining information as such, but rather on establishing what is on the foreground (cf. Yontef, 2005:88-89 in chapter 2.3.4.4) – I asked her to complete an incomplete sentences test. This she did for the greater part of the session, scribbling furiously and with intent.

Written method: Comment

The incomplete sentences test is a Gestalt projection technique (Read in Blom, 2004:231). It provides valuable material to work with and, in Cee's case, provided important clues to her process and her attitude and approach to the therapy: she had no hesitation in completing the projection, answering every question and providing extended descriptions, where possible.

In discussing the projection, the following main issues materialised (not necessarily in the order in which they presented themselves):

- Ek wil baie graag eendag ... “my pa ontmoet en ek wil baie graag 'n boetie of 'n sussie hê”
- Dit walg my ... “dat my ma 'n verhouding met 'n vrou gehad het vir 10 jaar tot baie onlangs”
- My grootste vrees ... “is om my ma te verloor; om soos sy te word; om deur my pa rejected te word!”
- Snags in my bed ... “bid ek dat dinge sal uitwerk vir my en my ma – huil partykeer”
- Ek kon nooit ... “verstaan hoekom my ma is soos sy is en hoekom ek nie my pa mag ken nie”
- My senuwees ... “is GEDAAN geworry oor my ma!”
- Ek haat ... “die feit dat my ma drink en 'n lesbien is”
- My grootste bekommernis is ... “dat sy [my ma] veral tyd sal wees wat sy is
- Die enigste struikelblok ... “in my lewe is om my ma se leefstyl te aanvaar”
- My grootste begeerte ... “is om 'n pa te hê!”
- Ek strewre ... “na 'n beter verhouding met God!” (echoed by “en ek het nie so veel tyd soos wat ek behoort te hê vir Jesus nie”)

In terms of the development of “the self” and field theory (cf. 3.4 and figure 2), all the above statements – with the exclusion of the final one – are indicative of the fact that Cee has not yet begun “changing and shifting” her self and the field over time: her parents (despite her father being absent from her life) have not yet become “background”, with her forming a “self” separate from the family and learning to “shift from field to field” (Toman & Bauer, 2005:182). She is enmeshed with her mother and in the idea of her absent father, to the extent that she is not accomplishing her most important developmental task, namely that of forming an identity separate from her parents and family (cf. 3.3 and table 8). Therefore, appropriate differentiation is not taking place (cf. 3.4).

In the incomplete sentences test, Cee presented with evidence of a “secret” which she had been carrying for the past approximately 10 years: this is a secret which her mother confided in her when she was approximately seven years of age and which she has kept to herself since then. She used the word “toesmeer” during the session and related this to her recent hospitalisation, the reason being that “ek *kan* nie meer die goed binnehou nie”. The main themes are:

- The fact that her mother is “lesbian” and has been in a relationship with a woman for the past 10 years, which relationship very recently failed;

- She experiences strong antipathy towards her mother's sexual orientation and cannot accept her lifestyle; also, she is extremely concerned about her mother's abuse of alcohol;
- She does not know her father and experiences this as an enormous want; also, as a consequence, she does not have brothers and sisters and therefore no family in the traditional sense of the word;
- She has a close, virtually symbiotic bond with her mother, to the extent that she has taken responsibility for her mother's behaviour and feelings; this is enhanced by the fact that there are no other family members to diffuse these enmeshed feelings or to offer comfort; her feelings towards her mother at this point are characterised by ambivalence;
- She wishes for a closer connection with God and Jesus, and the fact that this is missing from her life at present must certainly enhance her negative affect and the fact that she has limited sources of comfort.

She also made mention of the fact that she was exposed to “die verkeerde dinge” when she was a child (see session 8 for details), and the secret which had now become “te swaar om te dra” (a recurring theme throughout the therapeutic sessions), to the extent that even her best friend – dating to her pre-school years – “weet nie my diepste geheime nie en ek wil haar graag vertel”.

Other points raised by Cee relate to typical adolescent concerns and developmental tasks (see table 8 in chapter 3.3 and the brief, ensuing discussion), and did not evoke the same intense emotions exhibited by the issues identified above:

- Friendship – and the opportunity to visit her best friend overseas, the loss of friendships over time;
- Peer group problems – and the importance of loyalty and of people not talking behind her back or that of others;
- Relationships with the opposite sex – and her concern as to whether she will ever be successful in this respect;
- Concerns as to a future career – pointing mainly towards the hospitality industry at this stage;
- Her marks at school – hoping for a better average;
- Money issues – especially in the context of helping her mother pay for things.

She also expressed herself in terms of her temperament and personality, and the following came to the fore:

- She likes people and relationships; likes making them feel comfortable and safe;
- She likes it when people enjoy her company as much as she enjoys theirs;
- She is very emotional and takes almost everything very personally (my grootste gebrek ... “is dat ek 'n baie emosionele mens is”);
- She is very spontaneous and loud, exclaiming “Ek is 'n ekstrovert!”
- She sometimes imagines herself as that “ek nie van hier af is nie!”, looking on or into her life;
- Tot my spyt ... “hou ek dinge binne my”.

In other words, she is a typical extravert who enjoys people, relationships and company, although it appears that she is inclined to “pleasing” behaviour. Her emotions tend towards volatility and she describes incidences of dissociation. It is obvious that her inclination is to keep matters inside, although this appears to be troublesome to her, as can be inferred from the comments above regarding the secret and wishing she could share this with her best friend.

A few of her self-statements raised concern, i.e. she described herself as “moeg en siek – ek voel onseker in my omgewing en ek hou nie daarvan nie”; “ek ly party keer aan depressie as ek nie weet

hoe om dinge te hanteer nie”, and her thoughts as “selfbejammerent” en kwaadaardig meeste van die tyd”. However, at the end of the session, it was my impression that there was neither evidence of risk behaviour nor the potential for self-harm. Moreover, she seemed slightly buoyed by the session and I judged it appropriate to reschedule for after the holiday only. (In securing further information at a later stage in her therapy, it appeared that she had first experienced symptoms of depression in approximately Grade 7; these symptoms were nausea, tiredness, sadness, and lethargy; although having discussed these with their general practitioner, she never received medication.)

Reflection

- All in all, Cee – at that point – was ready for therapy, as evidenced not only by her self-referral, but also by what was on her foreground; more specifically, there was the realization that she could no longer keep these matters inside and the awareness – albeit not fully conscious – that this was causing her depression and was responsible for her brief hospitalisation. From a Gestalt point of view, the normal disequilibrium brought about by adolescence (cf. chapter 3.4) was heightened by her circumstances: full expression of her extraverted self was being compromised and her self-regulating mechanisms (cf. chapter 3.5) were no longer sufficient to cope with what she was keeping inside, manifesting as retroflexion, i.e. making herself ill (cf. the discussion of contact boundary disturbances (modifications to contact) in chapters 2.3.2 and 3.5; see also figure 2);
- It is obvious that she is unable to rely on an extended and stable support structure, specifically regarding family and a religious network (cf. table 9 for the types of environmental supports); session 7 will indicate to what extent this is the case regarding her mother as her main familial support;
- Regarding awareness of her own process (cf. 3.5.1), this session indicates the extent of her self-knowledge and identity, although these aspects will be expanded in the therapeutic context;
- It is obvious that Cee's preoccupations are in accordance with her developmental age and tasks (see the table below and compare with table 8 in Chapter 3.3). These include, in no specific order, forming of an identity personally as well as in terms of gender; acceptance of and adjustment to certain groups, as well as establishment of heterosexual relationships; choice of and preparation for a career; development of independence; development of cognitive skills and the acquisition of knowledge – as personified by her concern regarding her academic performance and development in moral terms – as indicated by her religious concerns. However, it is equally obvious, and will become increasingly so from the ensuing discussion, that she is preoccupied with, and her development is stunted by, the situation regarding her mother and the lack of a father;
- This session indicates clearly the effect on Cee of not being able to live and express herself completely (cf. the self, field theory and holism in chapter 3.4 and the expression of emotion in the context of achieving homeostasis in chapter 3.5); her use of “toesmeer” and “hou dinge binne my” are indicative of this.

The themes raised in her therapeutic process were all identified during this, her first session. The way in which these themes surfaced throughout the remaining sessions of her therapy are captured in the table below (not necessarily in the order in which they presented and not indicating the frequency with which any one theme manifested itself during a session; aspects of everyday life or highlights, such as her overseas visit, have not been included).

Table 12: Themes in Cee's therapy sessions

#2	#3	#4	#5	#6	#7	#8	#9
Mother	Mother	Mother		Mother	Mother	Mother	Mother
Father		Father		Father	Father		Father
	"Secret"	"Secret"		"Secret"		"Secret"	
	Relationship with God	Relationship with God, Jesus	Relationship with God, Jesus				
	Circle of friends	Friends	Circle of friends				Circle of friends
	School					School	School
	Own process	Own process		Own process	Own process	Own process	Own process
	Own personality		Own personality				
					Part-time work		Part-time work
					Mother's former lover		
							Boyfriend

Written method: Homework 

- Based on the content of her incomplete sentence test (see Appendix 4.5), she was requested to write a *letter* to her mother as an attempt to air her views and to relieve her feelings concerning her mother (cf. 2.3.4.4);
- She was asked to commence with a *dream journal* and to write down what she could remember about her dreams (cf. 2.3.4.4).

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 Session 2: 3 October 2005



At this session, she said that she felt better after the holiday, which she had spent with her maternal aunt, although she described herself as very confused, mainly with regard to her mother's plans.

She had brought along the letter I had requested her to write to her mother and she read this during the session (the letter is attached as Appendix 4.1).

In short order, in the letter she raised the following:

- the day when her mother told her the secret, making it obvious that she was no longer a child from that day on;
- the relationship with her mother's former lover whom she grew to love but who built a "wall" between herself and her mother, and her mother and the rest of her family; she describes the lover as acting as a "verbal bully" towards herself and of being frightened to tell her mother of these instances;
- she feels that it is unfair that she does not have a father, that her mother has never spoken with her about him or about her choice and that she had to find out his surname from someone else (she mentioned his surname and the fact that he came from a European country);
- she is concerned that her mother will not go to heaven because of her lifestyle; she refers to her efforts in this regard, which have come to naught;
- she describes herself as feeling physically ill when she thinks about everything and she worries herself to distraction ("vrek"), questioning whether her mother does the same;

- she concludes by saying that she is tired and that she cannot continue in this way, but that she will always love her.


Written method: Feedback

What is most positive about this written tool, is the fact that she reported that she felt relief after writing it – to the extent that she did not need to give the letter to her mother (cf. 2.3.4 and 2.3.4.1). She expressed that she could actually not believe what an effect it had had on her.

We concluded the session with a rosebush fantasy, which is a typical Gestalt play therapeutic technique (Blom, 2004:77-79). It is a projective technique, as is the written method (see 2.3.2 for its function), and I decided to use the method as a means of exploring her inner life, particularly as a means to vent her feelings. She immediately began working in a very singleminded manner. She knew exactly what she wanted to do and how she wanted to do it. She added a lot of detail, blending in with her fingers and used saliva to obtain the necessary effect. She did not talk while she worked. When she finished, she said “daar's hy” in a resolute manner. The drawing appears in the next session when time allowed for a discussion of it.

Reflection

- My personal observations during this session were that she was very willing to cooperate and that she looked absolutely ready to embark on the therapeutic process (cf. the findings in the pilot study regarding the importance of the subject's involvement in the therapeutic process in chapter 4.1.3);
- After this session, I was able to focus on treatment planning (on 5 October), utilising the information garnered by means of the incomplete sentence test and the rosebush fantasy to focus on therapeutic aims – cf. 3.5.1: the main priority was strengthening her sense of self, with integration (concerning her ambivalent feelings towards her mother and feelings of loss concerning her father and a family life), and awareness following closely on that. At that point, it was my sense that she lacked a sense of awareness of her way of being in the world and of the way in which she took responsibilities upon herself. I also regarded a DISC temperament analysis (Blom, 2004:83-85) as a useful tool in gaining trustworthy information about her hereditary temperament or process; it was my view that she functioned mainly in terms of the D (directive/determined) and the I (interactive/influencing) behavioural styles: in this sense, she came across as fast-paced and task-oriented (D), as well as people-oriented (I). (Due to a set of circumstances, the DISC analysis could only be completed at a much later stage and its results were made available to her post-therapy; a people orientation formed a strong part of her temperament – which is why relations with, and caring for, other people, as well as a circle of friends, are so important to her. However, to my surprise – although she is fast-paced – a task orientation falls significantly below the other counts; instead, she scores high on the S level, which places her in the supportive, soft-hearted category);
- The full extent to which the modifications to contact (cf. 3.5 and figure 3) were manifesting in Cee's life, were becoming obvious: she herself describes the physical effect worry over her mother is causing her; in this sense Oaklander's (1988:267) description in Chapter 3.5 serves a very important purpose, particularly the explanation of the contact boundary disturbances of retroreflection and introjects. It also links very strongly to the field theory and the way in which the self can only be understood in relation to others (cf. 2.3.2).

Written method: Homework 

I gave her the following writing assignments for the next session:

- a letter to her (unknown) father
- compilation of an *autobiography* (cf. 2.3.4.4).


Session 3: 10 October 2005

At the beginning of the session, I remarked on her despondent demeanour and she said that “my gevoelens kom weer terug”, meaning that her negative affect was returning. The main points to emerge were:

- her mother's abuse of alcohol; she was concerned that her mother drove back home after drinking at work; she had spoken to her mother who had apologized and said she would not do it again; whereas at first she apologized for her mother and rationalized her drinking, Cee expressed herself in increasingly strong terms, first as “upset”, then “'n bietjie kwaad” and then “ongelukkig”;
- she indicated that it was difficult for her to talk about her issues, adding that it felt as if she were inclined to “wallow”; she did not want to think about things and she wanted to move along, although it was not as easy as she had thought to do so; she did not want to burden other people with her problems and did not like their pity; preferring to “care” for other people;
- she expressed feelings of pity for her mother, wanting more for her mother; she felt that she could not ask or expect things from her mother;
- she said that she was “deurmekaar” and later that she did not know which way to turn;
- she said that she had to decide whether she wanted to remain in her group of friends at school (the group with which she had commenced group therapy) or move along, saying that they would “judge” her if she were to talk to them (they knew nothing of the two overriding issues in her life); she described an incident at school and elaborated on her feelings when other people spoke behind her back and did not allow her to sort issues out immediately;
- she expressed her feelings as “kwaad”, “hartseer”, “skaam”, “skuldig”;
- she referred to the secret which has become part of her and of her being.


Written method: Comment


Regarding homework from the previous session, she exhibited the first signs of taking these assignments very seriously. In time, she wrote the assignments up in a book she brought along for this purpose and only seldom forgot.

 We explored her homework from the former session: in the first place, she had brought the autobiography along but, because of its format, cannot be attached as an appendix, thus various aspects are indicated here briefly:

- a front page: “Wie is ek ??”;
- their family crest (she has her mother's surname) with an explanation of the surname's origins, which she obtained on the Internet;
- a description of her birth, with a photograph and typical mementoes;
- a description, with photographs, of her first steps;
- a description of her pre-school “career” with photographs – stating that she was at her happiest when her mother woke her for school in the mornings; she included a report card which remarked that her use of language was very good and that she had an extensive vocabulary (which corresponded with my own observations of her at age 16/17); one picture, in particular, was striking: in it, she was looking impish and smiling happily over her shoulder
- the beginning of her primary school “career” and the fact that she was able to get to know herself and her religion in the process;
- the beginning of her high school “career” with reference to the fact that the school, with its Christian values, would allow her to follow the right path;
- she described her love for the sea and the fact that being in its presence evoked emotions; in terms of likes, she included photographs of herself at birthday parties, mentioning that she loved these;

- she concluded with her interests: the stars (mentioning that she was interested in the “history” of the star signs), tennis, wild animals, board games, and having friends (her interest in the star signs served a particular purpose, which will become clear later).

 In the second place, she had tried writing a letter to her father (attached as Appendix 4.2), “maar, ek kan nie baie vir hom sê nie”; she expressed her difficulty in getting started and in what to say to him and again later “toe weet ek nie wat om te sê nie”. This attempt is heart-rending, and her difficulty could be linked to her inability to experience God, which she voices in the next session, saying “ek bid teen 'n muur vas”. The answer lies in the idea of “the father-daughter wound” (cf. Leonard, 1982:3 in chapter 3.3) where an absent father “may extend also to the whole realm of spirit, i.e. metaphorically speaking, to 'God the Father'. At the deepest level, she suffers from a religious problem since, for her, spirit was not provided by the father” (Leonard, 1982:12,13).

 In the third place, she had tried writing on aspects of her autobiography: this she did in the form of a collage of photographs with self-statements which, once again, cannot be attached because of its format. She described herself as an easy child, keeping herself busy because she had few good friends and no siblings; she said that she was a very happy, loving, and not at all shy child who laughed a lot; that she was very happy – until one evening: “Toe ek om en by 7 jaar oud was, toe vertel my mamma vir my 'n geheim wat my lewe verander het ...”.

Cee's process, which means her way of being in the world in Gestalt terms, became increasingly obvious as therapy processed:

- her extraverted nature and love of other people (cf. the DISC analysis in session 2);



Figure 5: Rosebush fantasy

- her decisive nature and the fact that she preferred sorting out issues or problems immediately;
- her integrity was displayed by the fact that she hated disloyalty, with strong ideas concerning people talking behind her and others' backs and about the resolving of conflict.

We concluded the session with an extended exploration of her rosebush drawing (below).


This discussion provided extraordinarily rich information and, in her interpretation of the rosebush, she mentions:

- that the bush did not appear “real” and that it looked like a “cartoon”, like the rosebushes in *Alice in Wonderland*; she described it as a tree cartoon, which means that there is humour in “her” life – she likes humour or she is a funny person; in emphasizing the “cartoonish” aspect of the drawing, she said that it is fictional and that one has to use one’s “imagination”;
- that there are “shadows”, dark parts in the rock itself on which the rosebush stands; there are dark “little secrets”, areas which she does not want people to know of.

She moves from owning or possessing the projection in Gestalt terms (Blom, 2004:120-121), i.e. it is no longer the rosebush, but herself, to disowning again; then she owns the projection once again, by stating that the roses have to be coloured in when they are no longer beautiful in the same way as she tries to change something so that it is prettier or better. She makes reference to humour again, in the sense that she tries to see the humour behind something and attempts to make things better for herself. In owning the projection, she makes mention of her circumstances as being “stormy” and her environment as “shaky”, saying that it was “nie rêrig normaal wat nou in my lewe gebeur nie”. She reported keeping a tight leash on her emotions: “ek moet nie dat my emosies met my weghol nie”.

Written method: Feedback

She expressed enjoyment at working on the autobiography, saying that she liked doing so.

Written method: Homework 

She was requested her to spend time with some of the photographs in the autobiography in an effort to evoke some of the feelings at the time; to attempt to capture moments such as these and attempt to write about them (cf. “Writing with the voice of a child” in 2.3.4.5);

she was requested to continue with the autobiography so that it became a record of her life;

it was suggested that she explore the polarities in her life (cf. Dialogue on paper in 2.3.4.5), describing – possibly in story format - the Cee who is sad on the one hand, but who uses humor to make people laugh on the other hand; the way in which she had described this was “ek het vir lank nou al my ‘issues’ toegesmeer met humor. Ek lag daaroor. Ek probeer my hartseer net so wegsteek. Dis hoekom ek sê ek hou nie daarvan dat mense my jammer kry nie, dis hoekom ek maar eerder snaaks voorkom as wat ek hartseer voorkom”;

regarding her interest in star signs, it was suggested that she research her star sign and that she write something about herself as Cancer (see 2.3.2 for discussion on experimentation and creativity).

The session was concluded by asking what she could do to nurture herself (Blom, 2004:173-175) amidst her busy schedule and on the eve of a big test. She mentioned her room and the fact that they were refurbishing it; she also made mention of the fact that she enjoyed watching a movie and crying over it because “ek huil met my hart, maar daarna voel ek half verlig – ek voel, OK, dit was lekker!”. (Here she was confirming the beneficial effects of the expression of emotion, which shows a marked

difference from the level she was operating at when presenting for therapy – cf. 3.5 and specifically figure 3, also phase 2 of the treatment phases in table 10: “Supporting expression or catharsis”.)

Reflection

- It was obvious that the relief she had experienced after venting her feelings towards her mother in the letter in the previous session was of a temporary nature, and much work still had to be done to consolidate this into a measure of permanency;
- The fact that, in this session – during the projection – she cautioned herself not to allow her emotions to run away with her, is important. It points to her way of dealing with her environment by suppressing her emotions, to the extent of causing contact boundary disturbances, as will become clear later. It also points to Pennebaker's research (1990:13), and the fact that actively holding back or inhibiting thoughts and feelings gradually cause the body's defenses to become undermined;
- The most important aspect to emerge from this session, and specifically the exploration of the rosebush fantasy, is the question of the ambiguities or, in Gestalt terms, the polarities (Yontef, 1993b:15) in her life, the main one of which is her mother: loving her mother, regarding her as the sun to her rosebush, yet also experiencing her mother as the rush of the wave in her face (just) when she thinks that she is getting on with her life. Another polarity surfaced when she identified herself with the small crab in the rosebush drawing – “die krappie sê baie van myself”. She mentioned her star sign, Cancer, and identified herself with its soft “interior” and hard “exterior” in which she can hide, retreating there when she is hurt. I pointed out the following to her:
 - the importance of integrating the polarities in her life (integration as one of the Gestalt therapeutic aims – cf. 3.5.1);
 - exploring alternative ways of dealing with her environment (awareness of own process, one of the Gestalt therapeutic aims – cf. 3.5.1);
 - strengthening the inner self or sense of self (self-supporting behaviour, another Gestalt therapeutic aim – cf. 3.5.1);
 - the importance of experiencing her emotions (cf. 2.3.2 and 3.5).

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Session 4: 17 October 2005

When I enquired after her frame of mind, she appeared ambivalent and then immediately relayed what was on her foreground: her mother, her abuse of alcohol and, eventually, her deep-seated doubts regarding her mother's sexual preference. During this session, we settled into a routine which is aimed at sensory and bodily contact-making (Blom, 2004:98-101; see Joyce & Sills, 2001:156 regarding heightening body awareness and focusing on breathing), and which became the format for our future sessions. I made use of a combination of deep breathing exercises to relax her and to enhance inner visualisation, and we then commenced exploring her feelings. This session proved to be an explosive and extremely powerful one and she was able to identify and name her emotions, eventually shouting out her anger towards her mother, at her mother having told her her secret and robbing her of her childhood and innocence; sobbed out her fear, fear for herself, fear that her mother would not go to heaven because of her lifestyle, expressing that “Ek is kwaad vir haar uit die liefde uit”. This statement points to the polarity which, in all probability, causes two of the contact disturbances in her life: retroflection, where she turns the angry feelings at her mother towards herself because of an introject, which is that she is not allowed to be angry at her mother and/or express this

anger (cf. Oaklander's comments (1988:265,266) on these contact boundary disturbances in chapter 3.1).

Other important statements were the fact that she wanted to know about her father and felt that her mother was the only one who could give her "closure" on this. She also described her loss of contact with God and that she could not find relief in prayer: "ek bid teen 'n muur vas". (I could not address this therapeutically and I suggested to her, as I did to her mother when I met with her, that they contact their minister in this regard.)

During this session, it became obvious that she felt that she had to save her mother – "Ek weet rîig nie wat om te doen om haar te red nie", yet in revolt – "Ek kan nie verantwoordelik wees vir my ma se siel nie en dit is vir my moeilik". She was torn apart by her ambivalent feelings towards her mother, especially in view of the fact that "she is all that I have". Because of the storm of emotions unleashed during this productive session, there was no time for – indeed no need for – a projective technique. We ended on a note of self-nurturing (Schoeman, 2002:13; Blom, 2004:173-179), and she identified her friend overseas, whom she longed for and had never told the secret of her mother.

Reflection

- In this session, she was assisted in identifying, owning, and expressing her emotions, and given permission to experience them (Blom, 2004:137-139; cf. 2.3.2). The issue of not taking responsibility for someone else was also addressed;
- This was a Gestalt session in the true sense of the word, with Cee authentically experiencing her emotions.

Written method: Homework 

I suggested that she write a letter to her friend as a way of containing her emotions and as homework for the next session.

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Interview with Cee's mother: 24 October 2005

An interview was conducted with Cee's mother for two reasons: first, when working with children and adolescents, it is common practice to involve their parents in the therapeutic process (Blom, 2004:71). I also wanted to obtain some feedback on Cee's functioning following her hospitalisation. The interview took place with Cee's full knowledge and consent. Briefly, the discussion with Cee's mother revolved around the following: with Cee's permission, I gave her mother feedback on Cee's two main issues, i.e. lack of a father and her mother's sexuality, and how these issues were influencing Cee's psychic energy and accomplishment of her developmental tasks. In terms of Cee's father, her mother explained that she had had a relationship with Cee's father while he was married to his wife and had fallen pregnant. She chose not to inform him about the pregnancy and had lost contact with him to the extent that she is unsure of whether he had remained in South Africa or whether he had returned to his country of origin. She indicated that she would not stand in Cee's way if she wished to make contact with him (in this regard, I suggested that she become actively involved in this process as opposed to merely not standing in Cee's way). Regarding her own sexuality, Cee's mother indicated very strongly that she was not prepared to give up her circle of gay friends; they were the ones who supported her when she was pregnant with Cee. She also expressed that she had to live her own life and could not provide Cee with any guarantees as to future gay relationships she might or might not have. I explained Cee's feelings of ambivalence in this regard and particularly her fear that

her mother would go to hell. She was sad at this, and we spoke about my suggestion that Cee speak with their minister to gain more perspective on the church's view on the gay issue. It was also obvious that Cee's mother was still very unhappy that her relationship of 10 years had recently come to an end. I suggested to her that she nurture Cee while she was undergoing therapy, and that they create a joint ritual which could act as anchor for their own relationship should she choose to become involved in a relationship again. Cee's mother contributed to an understanding of Cee's therapeutic journey when she referred to Cee's personality and how strongly she felt about not changing to adjust to others – this trait had emerged in group therapy and points to how adamant Cee is about maintaining her integrity.

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Session 5: 24 October 2005

Other than feedback to Cee about the session with her mother earlier that day, this session commenced with a discussion of the previous week's group session, which was marked by a high degree of conflict, during which one of the group members had accused Cee of an overbearing manner and of speaking in an irritating little voice – the first pointing to her process and the latter an indication, as I came to realize later, of Cee functioning in her phony layer (cf. 3.4). The question of her group of friends at school and their acceptance of her was the main issue.

With regard to the previous week's suggested homework, she had not written a letter to her friend overseas, but had brought instead a poem which she had written, entitled "Saved" – which appears below (cf. 2.3.4.3).

*Lost in hate, dwelling in the shadow of confusion
I cry for aim, I cry for You!
I am lost in a maze of my imperfect and shattered world, but then you come out of the ocean
of refuge and love
You give me strength to sew together the pieces of my shredded life
My compassion has failed me
My trust gave way for sorrow's black hands to cover my mouth and make me fight for the
memory of tomorrow's unhappy thoughts
But, then you appear in front of my teardrenched face, and wipe them away, with your
affectionate caress
For your touch makes me melt, makes me love again.
Your passion filled eyes make me tremble
And your heavenly heart makes me believe again
Makes me believe that love is eternal, beauty is everywhere and emotion is the root to my
life's deepest memory*

She made repeated mention of "you" in the poem, and, when I asked who this was, she said that it had also struck her when reading it out loud. She said it could be her mother, her friends, or a love or Jesus ("liewe Jesus"). She identified these as the positives in her life, qualifying her mother who, at present represents negativity, too, and concluding that, most of all, it is Him.


We then explored the homework given in session three, and which we did not have time to explore during the previous session, relating to her star sign and the request to write about herself in terms of her star sign. She read out the information drawn from the Internet (Appendix 4.3) and picked up on the idea of polarities mentioned to her during a previous session – what resonated particularly strongly with her was "your paradoxical mixture of exterior toughness and inner vulnerability".

We then moved on to what had become our standard *modus operandi*, sensory contact-making and inner visualisation. I referred to the wall against which she felt she prayed and I asked her to think of the wall as a monster in her life. Once she was ready, she drew the monster – a Gestalt play therapy technique (Schoeman, 2002:13) – which we did not have time to explore when she had finished drawing it.

We concluded with my asking her about the emotions she had experienced when researching her star sign: she described excitement about this, saying that she was getting to know more of herself: “Ek voel ek is op 'n pad nou – kry rigting”.

Reflection

- This information and her strong identification with the essential characteristic of her star sign represented a breakthrough in therapeutic terms: it represented a vivid insight and provided a basis for our future explorations;
- Many different aspects, i.e. homework and projective exercises, were handled in this session and, in retrospect, too much material was created, which left insufficient time for exploration during the session. It also caused loss of emotional contact-making, e.g. with the monster projection, because Cee was unable to come into contact with these emotions at that point;
- Despite the above shortcoming, this session proved the value of reflective writing, which is aimed at awareness and insight; it situates the subject in the here and now and fosters awareness – the central therapeutic aim (cf. 2.3.2).

Written method: Homework 

I asked her to describe – in writing – the monster she had drawn during the session (cf. combining writing with art in table 7).

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Session 6: 14 November 2005

This session commenced on an up-beat note: She exclaimed “Goed dankie!” when asked how she was, and this light-hearted note – interspersed with much giggling – continued throughout. We ex-



Rooi horings: Kleiner, maak ook seer (probleem – Pa)
Swart horings: Grootste, maak die seerste (probleem – Ma)
Rooi oë: Hou dop en sien deur my
Skerp goue tande: Aantreklik totdat jy daaraan raak, byt seer
Mens tong: Mooi, menslike dinge
Slang tong: Slegte, poisonos (sic) dinge, skerp
Sterk mens bolyf: Lyk goed vir ander, maar het skerp kloue wat seermaak en lelik lyk
Dierlike onderlyf: Onderliggend werk ‘ek’ die hartste (sic) om bo (buite) ok voor te kom

Figure 6: Monster description

plored her description of the monster, of which the drawing appears below (her description of the monster is in typed format for greater legibility).

This drawing depicts the extent to which Cee had identified with the idea of paradoxes or polarities in her life. Her remarkable self-insight and dramatic imagination come to life in this drawing where she visualises what is on her foreground: the two sets of horns depict the problems in her life, while the two different abdomens point to parts of herself. In the exploration, she makes mention of the schism between what she feels inside and what she reflects to the outside world in order to “buite nou goed te laat lyk, of okay te laat voorkom”. As in her rosebush drawing – which was pretty in a “cartoonish” way, and which stood on a jagged rock with dark shadows – the teeth have a jagged edge on coming closer: she describes the pretty, approach exterior, while warning of a jagged edge when getting to know her (the repeated use of the term “jagged” is hers). I linked this to the happy and sad self, which we had spoken of in earlier sessions and asked her about the reason for the divide between what was inside and outside. She linked this to the child of seven and the secret, and describes dividing herself into two in order to protect herself: “daar is die kinderlike 'vulnerability' en sensitiwiteit binne my, wat deur my ander deel ...die meer harder grootmensrige deel van my half beskerm [word]”. And with that, we had the main therapeutic issue on the table: an overly mature adolescent protecting an inner, vulnerable child who has not had sufficient time to grow into adolescence.

- She had brought along a written description of herself in terms of her star sign which I had requested at the third session and this appears below; she had succeeded remarkably well in identifying the two different sides of herself and referred to this as “One Cee, but two state of mind's” (sic). The fact that she had brought this description along for this session and that it could be linked to the monster drawing, reflects a marked degree of synchronicity.

C :

Ek het nog nooit aan myself gedink as twee persone met verskillende persoonlikhede nie, maar die laaste paar maande het my verskillend laat dink en kyk na myself en ek het al hoe meer agtergekom dat daar een Cee is, maar twee state of mind's:

1 *Buite : mense sien, kom in aanraking* 2 *Binne : min weet, verskuil*

<i>Gelukkig : lag baie, goeie sin vir humor, loud, uitspattig en spontaan</i>	<i>Baie ongelukkig, ontevrede met omstandighede</i>
	<i>Bang, ashamed</i>
<i>Aanvaar ander : probeer ander se punt te sien en te verstaan</i>	
	<i>Skaam en sag Fyngevoelig Baie emosioneel Vulnebral (sic) Agstig (sic) en depresief (sic) Almal judge my as ek vertel geheime (sic) Onseker</i>

<i>Hou ander se gevoelens in ag en is 'n people pleaser</i>	
<i>Sterk "tough" en soms 'n bietjie onsensitief</i>	

<i>Soms superficial en fake Aansitterig en vir ander soms irriterend</i>	<i>Siek, lelik en unloved Vat alles persoonlik</i>
<i>Niks pla ... altyd tevrede!</i>	<i>Vebouereerd (sic) en kwaad, teleurgestel en onvolledig Heeltyd longing na iets* (Incomplete)</i>

Written method: Feedback

When asked how she had felt while writing this down, she described a form of dissociation: "Het ek gevoel asof ek myself verlaat. Uit my liggaam uitgaan en my van buite af bekyk, asof ek iemand anders is ...".

She explained how she was able – through flashbacks – to link aspects of her written description to how others perceived her and reacted to her (one of the group members' reaction to her speaking in an irritating little voice is a good example, although not one mentioned by herself). She identified her external self as a "defense" to protect her "inner vulnerability" and said "eendag gaan iemand moet agtergelos word ... dan sal 'n brug gevorm word", which, once again, points to her remarkable self-insight. She became emotional and identified herself with the little crab (in her rosebush drawing and her star sign).

During the rest of the session, she spoke of her mother, pointing to signs of her ambivalent sexuality (in the sense that, to her, these are signs of her mother not being gay), and of her father, representing the other part of herself and of the possibility of gaining closure through getting to know him.

Reflection

- Here, in this session, her mood was turning, and a more light-hearted affect and tone became evident, signs that she was beginning to move into the implosive layer (cf. 3.4). In terms of therapeutic importance, she made reference to the importance of the self-knowledge she was gaining and, most important, of a new insight: the fact that it was "crucial" to her to talk about that which she had to keep inside for ten years. She also described herself and the way she had come out of her circumstances in very positive terms, a stronger sense of self emerging. All in all, it was obvious that she was growing towards greater awareness (cf. 2.3.2 and 3.5.1);
- In terms of self-support and integration Cee was making rapid progress and this served an important purpose in terms of therapeutic work still to be done (cf. 3.5.1).

Written method: Homework 

She was asked to try and capture the little girl of seven and describing her, possibly by identifying a photograph (cf. 2.3.4.5) which best characterises her at this time; she was asked to try and write a story (cf. 2.3.4.3) about this little girl, allowing a day or two for the story to incubate;

to create a symbol of this little girl, possible with her hands.

I asked whether she was experimenting with music when she was writing (cf. 2.3.4.5, specifically table 7); whether she found a particular time of day better for writing (cf. 2.3.4.3, specifically table 5); or a particular place better for writing (cf. 2.3.4.3, specifically table 5). (Compare the feedback to these questions in the next session.)

In terms of on-going homework, I asked about her dream journal and suggested she try to write down the dream first thing in the morning upon waking up (cf. 2.3.4.4 and 2.3.4.5).

She said that she had written up six dreams and I asked whether she could identify a pattern or recurring dreams (see Nevis, 1992:51, regarding dreamwork as a Gestalt technique). She could not, describing them as “net drome oor die algemeen ... dis maar net stories”. However, she said that the latest one was an exception and that, when she told her mother, her mother had said that this was her (her mother's) greatest fear: the dream was about being shot, at school, by a black man while she was on her way to her mother; she was shot in the middle of her forehead and could remember blood streaming and draining from her, although she did not die; she had a vivid recollection of lying there and of the power draining out of her. She could not get hold of her mother (who she said never answered her phone, anyway) and called her aunt, who took her to hospital where she had a brain transplant; they removed her brain, which took the form a person with a mature head but the body of a newborn baby. From a therapeutic point of view, there was insufficient time to explore the dream, and this represents a lost opportunity, especially as the next session did not provide the opportunity, either, and particularly because dreams, from the perspective of Gestalt theory, are believed to be “the most spontaneous expression of the human being (Blom, 2004:163). One could speculate about the meaning of the dream, but this would be inappropriate, given the fact that it was not explored with her.

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Session 7: 21 November 2005

We commenced with sensory contactmaking so as to heighten her awareness and she reported on physical symptoms relating to tension. These were to do partly with an upcoming deadline at the baby clothing store where she worked part-time and partly with excitement over her planned overseas trip to her childhood friend and everything she had to complete before that time (here she was reverting to her former level of emotional functioning, where her emotions manifested on a physical level: see figure 3 and chapter 3.5). This seemed the logical point for her to envision a safe place. In Gestalt play therapeutic terms, the fantasy of a safe place represents a place to which one can turn within oneself at any time when external circumstances threaten to become overwhelming, i.e. a space for self-maintenance and self-nurturing (Reynolds, 2005:177). Cee identified a good male friend and then, very strongly, her room at home. I suggested she capture the image and cross her fingers to do so. From this point on, her room, which she was in the process of redecorating to her liking, became an enduring symbol and safe haven which she was able to enjoy increasingly.

She reported being “op 'n lekker plek”, regarding her feelings. She had even given her mother the letter which she had written after the first session – a sign of inner progress.

This session provided a high point: During the interview with her mother on the same day as her fifth session (24 October), her mother had said that she would not stand in her way if Cee were to try and

locate her father. Cee had told me her father's name and her mother had told me where he was from originally, not knowing whether he had returned there or continued to live in South Africa. I had sent an e-mail to a friend who worked in his country of origin in the hope of her tracing his surname, which is an uncommon one. My friend had sent the only entry under that surname in the whole of that country, with a telephone number. Cee was very excited about the prospect of tracing him in this way.

The same issues surfaced, the main one being her mother. She said that she was upset with her mother ("kwaad"), describing an incident the previous week when she had had to put her mother to bed because she had passed out after an evening with friends at their home (Cee's and her mother's home). She was particularly upset about the irresponsibility of her mother's behaviour as the house was unlocked and candles were burning when she passed out. We explored the theme of Cee having to take responsibility, not only with regard to her mother, but the responsibilities she is given at work, because she had shown herself up to them. In this sense, Cee likened herself to her friends, who were much more dependent on their parents.

During the session, she clearly indicated where she was at that point: "ek voel ek het baie, baie meer gemaklik geword met die feit van my ma"; she had told a strange girl about her mother. She added that she had also told a strange guy about her father: "Maar ek het gemaklik gevoel. Ek het gevoel ek weet waar ek vandaan kom". She followed this by "so niemand kan my 'judge' nie, en as hulle my moet 'judge' dan is hulle nie my vriendskap werd nie". There is also the realisation that she could expose herself and tell about her "deepest, darkest", and she describes this as very "rewarding".

Before concluding, we explored the homework requested in the previous session. She had interpreted this in her own fashion and had created a symbol – not of the little girl she was at seven – but one depicting her happy side and sad side. She had chosen a tree and the seasons, likening this to the way in which her moods change according to circumstances (compare this to session 6 where she had described her lability and had likened herself to Matrix (in the movie): "ek verander die healtyd"). She likened her sad self to autumn with the falling leaves symbolising her tears. The empty bark of the tree symbolises her "vulnerability"; "ek is naak – mens kan sien ek is kaal – ek is 'vulnerable'. The hole in the tree is a dark hole, because of the "incompleteness" over her father, a big hole because of which she is sad. There is but one leaf on the tree, her last hope which disappears every time her mother drinks. The falling leaves represent instability. Her happy side is spring with round leaves of completeness. The flowers on the tree represent happiness; it is green (attractive, healthy, and fed). It is a fat tree without a hole, without a crack in the bark. It represents the fact that everything looks okay. The birds in the tree represent freedom, friends, and humour.

Written method: Feedback

In concluding the session, she remarked on

- the fact that writing to music had worked; it had brought along an immediate change of mood from "jolly", causing her to think of "die donker goed" and she described it as "weird" and "eerie" that it could work in this manner and have this effect (the music in this instance was from Lord of the Rings);
- working outside and focusing on the wind or the birds: "Regtig, dit is vir my net uit en uit die natuur wat met my praat".

Reflection

- This session was important in terms of her contact boundary disturbances surfacing (cf. 3.5): in her upbringing, she had taken on the message (introjecting) that she was responsible for the outcome of various matters, ranging from her mother to her part-time work, to the extent that

she made herself ill when these outcomes appeared to be jeopardized (retroreflecting); in addition, these effects were attenuated by the fact that she did not voice her concerns, nor did she express her emotions in this regard, instead manifesting with severe physical symptoms (retroreflecting): these two specific contact boundary disturbances are nemeses which surface repeatedly in her life. However, her growing awareness was becoming evident: in this session, she reported “ek wil dit nie meer hê nie” in regard to the situation with her mother. This points to the way in which she moves through different layers of neurosis (cf. 3.4) and is beginning to clear the ground (cf. 3.4 as well as table 10);

- At this point, she was beginning to experiment with new behaviour (cf. 3.4), i.e. talking about herself and her familial circumstances, albeit with strangers. She had also made the connection that, if people were to judge her on the basis of her mother and father, they were not deserving of her friendship – a sense of self and of self-worth coming through, and an indication that Cee was no longer functioning in terms of the phony layer of her personality (cf. 3.4). Moreover, she was beginning to experiment with this behaviour and to face up to the as yet undisclosed fear of rejection: she was risking herself and showing her vulnerability as a prelude to functioning in the explosive layer (cf. 3.4);
- The therapeutic sessions moved at such a fast pace, producing so much material to work through, that not all aspects which surfaced or were brought to the table by her, could be explored. Sometimes she moved ahead so rapidly – talking all the while – that I had to pull her back, literally, to refocus and reflect on something. In these instances, I usually employed sensory awareness and inner visualisation (point 12 in table 5) as a means of expanding her awareness continuum (3.5.1), enabling her to get in touch with an issue or with an emotion;
- In this session, it was obvious to what extent Cee was unable to rely on the “normal” environmental supports any teenager should be able to count on; and how she has had to develop “effective coping strategies” to the extent that independent behaviour is being over-developed in her case (cf. table 9). It is ironic that she refers to the degree of dependence of her peers on their parents: theirs represent a degree of dependence still to be expected of an adolescent living with their parents, while in her case, she has taken on this responsibility for herself and, as the incident discussed in this session indicates so clearly, for her mother, too;
- What was beginning to prove valuable to her, in terms of the writing therapy, was the fact that she had realized that, combining writing with music, worked for her; more important even, she was beginning to develop a relationship with nature (cf. one of the self-supports in table xx).

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Session 8: 24 January 2006

It had been virtually two months since Cee's previous session. She reported on an extremely enjoyable holiday overseas and that things at school were stressful (she had moved on to Grade 12).

From a therapeutic point of view, she had continued experimenting with new behaviour, i.e. still functioning in the implosive layer, this time extending it to her closest friend and telling her of her secret: “... dit was soos 'n 'huge' muur wat tussen ons twee afgebreek is”. It appeared that her friend's mother had known about Cee's mother all along and she was very supportive. Cee had come to the conclusion:

ek dink in die verlede was dit ook vir my 'n groot 'barrier' van as mense gaan uitvind, gaan hulle heeltemaal hul 'perception' oor my verander en ek het agtergekom dis somer nonsens ... ek dink in die verlede het ek nooit so daaraan gedink dat mense my nog steeds sal aanvaar nie. Maar nou weet ek.

She also reported on a new “mindset” regarding school; she wanted to obtain good marks in matric with a view to making a success of life. In other words, energy for her main developmental tasks was becoming available at this point and she was beginning to focus on her future after school.

From a therapeutic point of view, the following is important: She expressed the turning point: “... waar dit met my begin beter gaan het”, which was once she had started talking to people (about her mother) and realising that it was beyond her control; she made mention of the “relief” she experienced in sharing with people that she trusted. She also said that she had forgiven her mother for all the times she had “abandoned” her. I brought up the fact of termination, broached prior to that session in preparation for its fact, and said that we had to make sure of where she was at that point. We resumed our usual style of working – eyes closed, as always – and I asked her about the word “abandonment” that she had used. She described an incident when she was four or five, when she had woken up in bed where she was sleeping with her mother, and had become aware of a man with them in bed and the two of them “daar besig”¹. She had run out of the complex to a nearby house. She phrased her mother’s behaviour as “irresponsible”, “abandonment” and “neglect”, especially because it had been some time before her mother had realized she was gone. She identified feeling sad, adding, in typical fashion, that she did not want to make a “pity party” of it. And then –

Maar dit is verby en ek het oraait uitgedraai. “It was bound to surface”. Dit was “bound” om 'n hoogtepunt te bereik soos toe ek siek geword het (when she landed in hospital in September before commencing individual therapy), maar ek het my ma vergewe daarvoor en ek het dit vir haar gesê ook.

She describes the watershed when she was 12:

... ek het vir so lank, was ek so hartseer oor al hierdie goed dat ek dink toe ek nog 12 was en besef het as ek nie nou iets hieraan doen, is ek ook op 'n “self-destruct course”. Ek het net daar besluit genoeg is genoeg. Ek het genoeg gehuil, getreur en al daai goeters. Ek dink rêrig ek het genoeg gehuil. Nege of tien jaar is genoeg.

At this point, I was extremely doubtful as to whether she had grieved for this little girl of four or five and I did not want to make the therapeutic mistake of terminating prematurely. I questioned her, asking her to compare herself to a year ago, asking her where she stood: “die gevoel wat ek het – is ek verseker sterker. Sterker in die sin van aanvaarding en verstaan, die stryd in myself. Ja, ek sou sê ek is sterker as wat ek was”. I queried her measure of self-support and dependence on her environment, asking her for an example of how she was able to console herself. She reported that she would “re-treat” to her room when she was sad and compared these feelings to last year, indicating that: “... waar ek nou baie vinniger myself troos. Ek word vinniger meer gelukkig.”

I pointed to awareness as being the essence of her new-found feelings and, once again, asked her to close her eyes, asking her to elaborate:

... ek het meer op myself staat gemaak as nog ooit tevore hierdie laaste tyd, want ek was alleen. Dit was ek en niemand anders waaroor dit gegaan het en ek het ook net al hoe meer en meer besef hoe belangrik 'n mens se familie is en wat hulle aan mens kan doen as jy in so 'n 'wallow' is. Hulle verstaan meer as enige ander persoon verstaan, want in 'n mate ervaar hulle dit saam met jou en hulle is die mense wat jou die minste 'judge' as mens. Okay, partykeer 'judge' hulle jou meer as ander mense, maar in sulke omstandighede

1 This is a very good example of why Cee experiences the degree of ambivalence regarding her mother’s sexual orientation that she does. Although her mother had a gay relationship for 10 years, it is impossible for Cee to integrate this with her own conception of what it means to be gay; also, she is confused by her mother’s involvement with men prior to the gay relationship and flirting with men during the existence of the gay relationship.

'admire' hulle jou vir wat jy al deur is. In daardie 'huge' kompliment kry mens jou vatplek, jou 'step up' en mens bou op dit wat ander ook in jou sien. Dit het my ook baie gehelp en dit is iets wat ek beseft het, soos wat ek beseft het ek kan nie hierdie ding beheer nie en my ma se 'doings' is nie my verantwoordelikheid nie. So het ek ook beseft dat mens se familie is daar en hulle kyk eintlik op na jou, want jy kom deur dit al vir so lank sonder enigiemand anders se hulp. Dit was vir my 'n 'huge' troos. So, buiten nou wat ek bietjie hartseer is ook Mark en sy kop (waar ookal dit mag wees) [a boyfriend of short-lived duration] is ek in myself baie meer gelukkig as wat ek 'n jaar terug was.

Again, I had the sense that she was letting go, but I was not ready to trust the process, unsure of whether the place she was at represented a definitive shift or whether she felt merely pressed to end the therapy, given the demands of her final year at school, and because her mood had improved. Also, from a Gestalt point of view, I knew how important the underlying feelings were and how the cognitive aspect could override these (cf. 2.3.2).

Written method: Homework 

As the session had run out, I gave her homework for our next session to invalidate these doubts:

- I asked her to create a symbol of the little girl she had described in this session, honouring the little girl of four or five who had run outside in the night to look for help, suggesting to her that this was the basis of the very strong part of her personality which enabled her to look after herself today;
- A concrete, written record of the process which she had just described, giving her as example a letter which she could write to herself (she worded this as a record of her progress).

Reflection

- Cee's own realisation in terms of her increasingly strong sense of identity was becoming particularly obvious in this session; in this sense, she was in the process of developing another self-support (see table 9);
- More important, this stronger sense of identity was based on self-knowledge and self-acceptance, and segued naturally into self-support (cf. 3.5.1): she reported on her ability to comfort herself; in other words, her coping strategies – ones which had a positive influence on her – were becoming available to her as self-supports (see table 9). It should be mentioned here that aspects of independence and control, which would be considered part of normal development in an average adolescent, had, in Cee's case, taken on a negative aspect, as evidenced by the physical effect it had on her prior to being admitted to hospital;
- From this session, it was becoming increasingly obvious that she had gradually moved into the explosive layer and was beginning to use the energy freed up in the process (cf. 3.4).

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Session 9: 30 January 2006

On asking after her mood, she said “goed”, although she indicated that she was sad about her boyfriend and an incident at the weekend.

She had brought along her homework, although she said that she was unable to find time for the written record of her progress. Regarding the symbol representing the little girl, she had decided on a

small fish, calling it a koi and having made a bold and colourful drawing of it. The drawing and what she had written about the fish appear below:



Figure 7: Koi fish

Before commencing an exploration of the drawing, I asked her to close her eyes and concentrate on her breathing. I asked her to think of the little girl of four or five and asked her in what way the small fish reminded her of the little girl. She referred to the very first homework she had done and the aspect of her autobiography she had described: she had described having to learn to keep herself busy as a small girl (like the fish alone in the dam); linking it to the idea of “abandonment”, in the sense that fish “abandon” their eggs and there is no “parenting” (although she qualified that this does not mean that there was no parenting in her life); she said that she had “subconsciously” started developing “skills” at that point (at four or five) to protect herself. However, she also identified happy aspects and times. Therefore, from a therapeutic point of view, she had identified the polarities inherent in her upbringing and integrated them herself: “Ek wil daardie goed onthou en dit is ook wat die vissie vir my uitbeeld”, but later adding: “Ek dink dit is 'high time to say goodbye”.

I questioned her about where she had sat and how she had felt when she had drawn and written about the fish and her answer led to our termination of therapy:

Diep in konsentrasie. Maar op sekere dele het alles net weer teruggekom en ek was hartseer, want dit was vir my 'wow'. Dan op ander dele was dit weer vir my afskeid. Die vissie het ek in die water laat gaan en hom gelos dat hy swem, dat hy gelukkig kan wees. So was dit 'n 'total sense of release' toe ek klaar is met die prentjie.

In the end, I had to respect Cee's strong feelings about “letting go”: “... hierdie dogtertjie moet nou wees – 'I must let her be””, and this led naturally to termination. As part of termination of her therapy, we reviewed her progress: She indicated that she had learnt to not be scared of making her problems other people's, which indicates that she appears to have resolved this complex. She had also learnt to verbalise her feelings and give them a name. She voiced her intention to tell her mother when she was unhappy about something, relating this to her symptoms of hospitalisation: “Ek gaan dit nie meer binne-in my hou nie, want kyk waar het dit my gebring”. She voiced that her mother and her Christianity was a matter of her own choice, therefore no longer taking responsibility for her mother's redemption. She had managed to integrate her feelings regarding her father, voicing an earlier thought that seeing his name on a piece of paper (the e-mail of session 7) was enough: “as dit die Here se wil was dat ek hom nie ontmoet nie, dan is dit so”; she no longer had that strong and immediate urge to locate him, stating that the e-mail was enough to keep her going until such time. The issue of her relationship with God was no longer as pressing as it was. She felt positive and as if a weight were off her shoul-

ders. She knew that she could contact me if ever there was a future need for it. We agreed that having coffee together sometime would be a suitable way to say goodbye.

Written method: Feedback

She offered me a composition (Appendix 4.4) she had written at school, about an imaginary flight on which she met her father, stating that: "Toe ek eers begin skryf, toe kon ek nie ophou nie".

Reflection

- In this session it is obvious to what extent clearing the mind and resolving traumas that stand in the way of important (developmental) tasks (Pennebaker, 1990:198) is true of Cee;
- We had moved through the treatment phases (Joyce & Sills, 2001:78-91): from clearing the ground (cf. phase 2 in table 10) – exploring modifications to contact, addressing unfinished business, supporting expression and experimenting with new behaviour – through the existential encounter (cf. phase 3 in table 10): by means of a developmentally reparative relationship (I-Thou relationship – cf. 3.5), she had faced the unknown and re-owned lost parts; she had made the existential decision to live and move on – voicing it very strongly as “letting go”. She had integrated (cf. phase 4 in table 10) and shown herself up to the task of making satisfying contact and accepting the uncertainty and anxiety that come with newness, and now we had reached the final phase of ending;
- The composition she had written at school was her means of integrating her experience of her father: she had completed, herself, this piece of unfinished business – not fully, but certainly sufficiently enough that she did not need a father in order to feel whole (cf. 2.3.2).

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Session 10: 21 February 2006

The purpose of this session, three weeks after her last therapeutic session, was to follow-up and to determine, in the main, whether her affect was still on an even keel, and, to commence with the first steps of member-checking.

From my observation and also from her comments, Cee appeared to be sustaining the changes reported in the course of her previous sessions. I had asked her to complete another incomplete sentences test in the meantime, and had compared the responses in the second test to the ones in the first test (see Appendix 4.5). In this session, I asked her for confirmation of what appeared to me to be the most significant shifts and for feedback concerning a number of other points. She confirmed that, in her room at home, she had found a safe place and a place where she could nurture herself. Her feelings towards her mother's former lover were still unresolved, but she accepted that this would be the case, given the fact that there was no further contact and that she had no wish to institute contact with the former lover. She still had feelings of anger towards her mother, mainly because her mother made empty promises and these caused a stress reaction in Cee. She related an incident of her mother fetching her from choir practice at school and her being drunk, but she voiced that her mother “is rêrig nou op haar eie”. When asked about her responsibility towards her mother in this regard, she confirmed that she no longer felt responsible for her mother's behaviour. She indicated, very strongly, that she had told her mother that she would go and live with her grandmother if her mother continued with her pattern of “degrade” and “destruct”. I stressed that, for her own safety, she should never get into the car when her mother was driving in this condition, and we explored her options should such

an incident reoccur: she could call her maternal grandmother or aunt, both of whom lived close to school, and her aunt could fetch her from school; she had both their contact numbers on her cellular telephone's memory. She expressed being more optimistic: "ek weet nou binne myself is ek tot meer in staat as vroeër. Ek weet hoe om hierdie goed beter te hanteer, hoe om my gevoelens uit te kry, ek is nie meer bang om met mense te praat oor probleme of as ek ongelukkig is nie", although she qualified this statement by saying that there are still doubts about her mother. I asked about her father and the fact that, from her second incomplete sentences test, it appeared that her world no longer revolved around meeting him:

Maar ek het besef nou met die terapie en goeters dat dinge dalk nie so gaan uitdraai dat ek my pa gaan ontmoet en hy gaan nou vir my begin sorg en wat ookal nie. Ek sal nog steeds my lewe moet lei soos wat ek dit wil hê en om my pa te ontmoet sal 'n bonus wees.

During this session, she said that she had externalised her feelings regarding her friends and no longer took the blame automatically for problem situations. She indicated that she still felt a divide between herself and God: "die probleem is ek kan nie iets daaraan doen nie". I reiterated the possibility of her contacting their local minister for counselling, an option which was suggested at an earlier point to both herself and her mother. She described breaking with her group of friends at school, referring to the group as a "bubble": "niemand kan in die 'bubble' kom nie of daar uitgaan nie, want dan is dit nou 'tickets', dan is dit 'over'". With more insight than she realized, she was describing the circle of friends operating as a closed system which she knew instinctively was unhealthy. She still had contact with them, but had broken out of this group to return to her original group of friends.

During the session, she said that she had learnt to be more verbal and not to keep her feelings bottled inside, and of not being fearful of talking about her feelings. She stated that she had developed mechanisms to deal with her situation, one of which was writing about it. She no longer continued with her diary, mainly because of time constraints, while she had last written up a dream towards the end of the previous year, because either she had not had a significant dream again or could not remember it the next morning. However, she expressed wanting to continue with it.

Reflection

- This session was the strongest possible indication that Cee was now functioning in terms of the explosive layer of the personality, to the extent that she no longer needed a circle of friends – who demanded that she function in terms of the phony layer of her personality – to feel whole (cf. 3.4). During the course of her therapeutic quest, she had not only come to this realisation, but had freed up sufficient energy to act on this awareness;
- She made it obvious that she had learnt what it had required of her to maintain silence in the face of what was being done to her – stealing her childhood, loading her with inappropriate responsibility, and depriving her of the means to express her emotions at this (cf. 3.5);
- From personal observation, it was obvious that Cee was ready, even in a hurry, to move forward – we had truly reached the final phase (cf. table 10) of her therapeutic process: she had let go and was moving on.

5.1.4 Synthesis of Cee's therapeutic process, and the use of writing in her therapy, from the perspective of a Gestalt approach

Up to this point, the discussion has sketched Cee's therapeutic process in broad strokes. It is now necessary to narrow the focus of the discussion and to integrate further in terms of the key concepts: observations concerning the *unit of observation's* therapeutic process from the perspective of the

Gestalt approach, and specific findings concerning the *unit of analysis* – writing – illustrated by its use in therapy with the adolescent in question.

The treatment phases of Joyce & Sills (2001:78-81), discussed in chapter 3.5.2 (see table 10), are reflected in Cee's therapeutic process in the following manner: Aspects of the *beginning phase* (phase 1) were already in place because of the pre-existing relationship established during group therapy with Cee and her circle of friends. This phase commenced in earnest during session 2, while one of its treatment tasks, raising of awareness, in particular, continued throughout. *Clearing the ground* (phase 2) commenced in session 2 and continued: in terms of treatment tasks, expression commenced specifically and in earnest in session 4, while experimentation with new behaviour was becoming obvious by session 7. The *existential encounter* (phase 3) commenced in session 4 and continued, while the identification of alienated parts commenced in session 3, with re-owning these parts continued throughout the therapeutic process. *Integration* (phase 4) stretched over session 6 and, more specifically, session 7. *Ending* (phase 5) commenced during session 8 and culminated in session 9, with aspects re-surfacing during member-checking in session 10.

Cee's poignant story is a reminder of the devastating effects of maintaining a family "secret".¹ At our first meeting, Cee told of the secret which her mother had disclosed when she was only seven. In retrospect, this secret appears to have become the dividing line between the happy, loving, and laughing child she was and the troubled adolescent she has become. She returned to this – for her – soul-destroying event again and again throughout the course of her therapeutic journey. It was a definitive point in her life, effectively ending her childhood, which she phrased as follows: "... die kind se lewe is heeltemaal, nie haar lewe nie, maar haar kind-wees, haar 'innocence' is van haar weg gevat" (session 4). However, with the striking insight which characterises her, she later pointed – intuitively – the way to her inner healing: "... En ek dink daai kindwees van my is nog altyd binne my en dit 'long' om uit te kom" (session 6). In this Cee is a virtual textbook example of the individual's self-regulating mechanisms and of both the potential and the capacity for self-healing (Yontef, 1993b:14). Once she was able to give voice to the little girl of seven trapped inside, she found her own voice and was able to verbalise her hurt and anger and fear – illustrating how she had protected herself by splitting in two: "Ek het myself beskerm, deur om my in twee te deel. Verstaan, dat die pit binne my is, getroos word, deur my buite ..." (session 6). The therapeutic task, then, was to nurture this little girl and allow her to grow, in the way in which the inner child is reclaimed, described in *Home Coming* (Bradshaw, 1990) – and to integrate her, and the parts that had been split off, with the 17-year old Cee.

These split-off parts became a major therapeutic theme, manifesting themselves as polarities time and time again: the upbeat note she reflected in the incomplete sentence projection where she believes the future "lyk goed!", despite feelings of despair and depression clearly identified throughout the incomplete sentences projection; when she identified herself with Cancer the crab, with its vulnerable inner and tough exterior in her rosebush fantasy in the second session; when she described "one Cee, two state of mind's" in the second session, and with her monster drawing with its two sets of every body part in the fifth session. These polarities illustrated very clearly the extent to which she had broken contact with herself and with her environment.

At our first individual therapy session, she had appeared self-contained and in control; she was well groomed with considerable attention to every aspect of her appearance. Later, I realized that this pointed to her process: she took control of her circumstances by functioning at an even higher level – in this instance improving her school average by 12% at a time when her surroundings were out of

1 In this sense, Cee's story reminds of the family secret in Pat Conroy's work of fiction, *Prince of Tides* (1987).

control. This was indicative of the extent to which her contact was modified by yet another boundary disturbance, namely egotism (cf. 2.3.2), and how this had led to fragmentation – fragmentation within herself, specifically in terms of her emotional experience – leading to desensitisation (cf. figure 3). However, she paid the price for this in terms of the physical toll it took: the price of maintaining the “secret”, the energy it leached, and the long-standing stress it entailed, manifested itself in the form of retrofects: she literally made herself ill, landing in hospital with the symptoms which, for her, became the tell-tale signs of tension: severe stomach ache and nausea; she also reported poor vision (session 3), chunks of hair falling out, and troubled skin (session 5). On the eve of her trip overseas at the end of November 2005, tension relating to the trip and work which had to be finished, triggered the same symptoms: insomnia, nausea to the extent that she could not eat, and severe stomach aches (session 7). These contact boundary disturbances confirm the findings of Pennebaker's early inhibition model (1990:13) – cf. 2.3.4 – which point to the physical toll it takes from the body's immune system to suppress thoughts and feelings. In this sense, there was no harmony in terms of her whole self – senses, body, emotions, and intellect (Oaklander in Mortola, 2001:55), and she experienced a loss of self (Oaklander, 1988:268). The lack of opportunity to express her feelings and emotions meant, in effect, a non-validation of her feelings and of herself as a person.

Other than these psychosomatic manifestations, she did not display any of the typical “acting-out” behaviour (Schoeman, 1993:2), which characterises adolescents in trouble, nor had her mother mentioned any such behaviour when she contacted me at Cee's request. This was an important clue in terms of her potential to heal herself.

Further allies in our therapeutic process were Cee's ability to think and symbolise at the abstract level as well as her unerring ability to verbalise her inner feelings. The first ability relates to abstract thought (conceptualised as formal operations by Piaget, 2001:162,163), an ability which reaches fruition in adolescence, while the latter explains, in part, her marked frustration; she has an uncanny ability to verbalise, but is prohibited from doing so by introjects.

Gradually, it became clear that she had an abhorrence of burdening other people with her troubles (“ek wil nie my laste op ander sit nie”), on the one hand, and of “wallowing” in her problems, on the other hand. This had led to the fact that she did not discuss her problems and, coupled with the secret with which her mother had entrusted her, she had nowhere else to turn but inside. This process of turning inward was exacerbated by the fact that she had limited means of both self-support and of external support – their nuclear family comprising herself and her mother only, with a grandmother and aunt as part of her extended family.

A sense of urgency regarding her therapy came through most strongly. In addition, throughout her therapeutic process, Cee took the assignments given to her as homework very seriously. In fact, it became obvious that she took her therapy as such equally seriously, working at it with a will, and providing important clues to her process. It became clear that she had a rich and textured inner life and considerable self-insight which blossomed given the opportunity of therapeutic exploration. In therapy, Cee found the beginnings of a “writing voice” (cf. Hunt, 2000:40 in chapter 2.3.2), and she began to express herself, developing a stronger “sense of self” and finding an identity. This was achieved in conjunction with music and art, which not only heightened sensory awareness, but which “quickly strips away” inhibitions and other defenses (Pennebaker, 1990:112). Because writing allows for “stream of consciousness”, and the consequent unfolding of images, ideas and thoughts, she was able to become aware and to start integrating. Through the process of writing, time for reflection on the “inner world” is created, and difficult emotions and painful thoughts are worked through (cf.

2.3.4.1). Through various written tasks, she was able to get in touch with herself and her experience “at a deep, emotionally felt level” (Hunt, 2000:27). In this sense, she herself became the “agent of change” (Nevis, 1992:14), and her potential for self-regulation and self-support became activated (Yontef, 1993b:16).

Although Cee was caught in an impasse (cf. 3.4) when she presented for therapy, it was her sense of urgency regarding the therapy, coupled with the relief experienced in venting her feelings, which enabled her to 'shoot' virtually through the therapy phases. In this, she reminded one of the koi fish, which she had chosen to symbolise herself in the termination phase of her therapy, which breaks through the water. Once we managed to trigger her awareness, an enormous amount of self-insight emerged, and, with that, energy became available to her. This process also points to how the structure of her personality (cf. 3.4) was integrated and able to emerge clearly in therapy. She was in the impasse initially, at times reverting to the false layer, but then quickly moving through the implosive and explosive layers. In Cee's case, the impasse layer was characterised by her feelings of confusion and of being caught up (Blom, 2004:35), which Cee aptly referred to as being in “quicksand”, as well as “Ek weet nie meer nie, ek is heeltemaal deurmekaar – ek weet nie watter kant toe nie, hoor”. In the implosive layer, she became aware of her own behaviour and emotions, and commenced experimenting with new behaviour (Fagan & Shepherd, 1970:5) until, in the explosive layer, when she came into contact with reserve energy (Joyce & Sills, 2001:130-131), she could start completing unfinished business and was capable of experiencing and expressing her true emotions (Blom, 2004:39) and of forming complete gestalts (Nevis, 1992:29-36). This description illustrates Yontef's point (2005:90) concerning the way in which interrupted self-regulation acts as an impediment to healthy change (cf. 3.5): Cee's past experience is indicative of such an interruption, and, had it run its course, she would have been unable to be herself because of her field not supporting her; instead, in the absence of a supporting field, she managed – through therapy – to develop sufficient self-support, engendering creative new behaviour and enhancing change (cf. figure 2 for an illustration of this process).

What was inspiring about Cee's therapeutic journey was that, in the same way that she knew instinctively that she needed therapeutic intervention, she also knew when it was time to end the intervention; she took control of this process, a sign of her typical functioning, while simultaneously allowing my role as therapist to unfold (Joyce & Sills, 2001:41-48). Our strongest ally was self-knowledge and, in the process, she gave form to the paradoxical theory of change at the core of the Gestalt approach: “the more one tries to be who one is not, the more one stays the same” (Beisser in Yontef, 2005:82, 83). When Yontef (2005) explains this process, one is able to understand Cee's journey: “When people do not identify with parts of who they are, inner conflict is created, and all of a person's resources cannot go into needed interactions of self and other”. Cee was eventually able to re-own the split-off parts of herself and, as Yontef (2005:83) indicates, to identify with her whole self and act in an authentic manner, to the extent that – post therapy – she broke with the group of friends who, for the most part of her high-school years, “judged” her and gave her a “hard time” “for being me”. In her own words, she went back to her “roots”, by joining up again with her original group of friends who had always accepted her for who she was. Where, in the initial stages of therapy, she said of the group with which she had come to align herself “Ek kan nie myself wees nie”; back in her original group she now concludes with: “Ek kan rêrig maar wees wie ek is voor hulle”. In this way, Cee was able to honour her “own basic way of being” (Lampert, 2003:9).

Cee has reached a safer, more congruent place within herself, a state of balance or homeostasis. However, it is quite possible that her therapeutic process as such has not yet been finalised and that,

for the moment, she has reached another impasse – a place where she has to stay for a while to re-group and consolidate – until she is ready to take on the rest of her inner journey.

In terms of the use of writing in her therapeutic process, it is obvious that her experience during writing has a strong sensory basis (cf. 3.5); this, in turn, established awareness and contact-making (cf. 3.5.1), and served the purpose of consolidating important events in her life in the here and now (cf. 2.3.2).

Finally, writing, in the sense that it has been described here, in Cee's therapeutic journey, has indicated both its use and usefulness in engendering self-support. In Cee's case, it has gradually moved from being a tool of self-expression to one of self-nurturing and, more specifically, a means of establishing equilibrium in her life, to the extent to which it is possible for her to do so, given the normal demands of this developmental phase.

5.2 Specific findings regarding writing in therapy

5.2.1 Findings from the empirical investigation

Focusing on the core aspect of this study as reflected in its title, *Writing in therapy*, the following may be concluded from this study, bearing in mind two aspects: first, that these findings are relevant only to this case in this specific period of time – conclusions of a more general nature will appear in the next chapter; second, these findings have a bearing on one adolescent only and can thus not be generalised and extrapolated to other adolescents (cf. the discussion on trustworthiness in chapter 4.2.3). At most, these findings provide information on, and an illustration of, how the written technique may be applied in therapy; at best, they are relevant to opening up further avenues of research.

The reader is reminded of tables 5, 6 and 7 in chapter 2, which summarised the findings of the extended literature review. These tables are repeated below, but now integrate the theoretical findings with the explicit and implicit descriptions in section 5.1.3 of this chapter where the subject's therapeutic journey was reviewed. In these tables, the column on the *right* contains new information, information relating specifically to the findings of this empirical investigation.

Table 13: Specific techniques in the written tradition

<i>Included in this dissertation</i>		<i>Produced by Cee</i>
Poetry	✓	Unsolicited. Titled "Saved"
Journals	x	She did not keep a journal Had, however, a diary pre-dating to 2000 / 2002 when therapy commenced
Dream journal (a variation on above)	✓	Commenced a dream-journal
Letters	✓	To mother (3/10/05); To father (undated) (incomplete)
Incomplete sentences	✓	Sessions 1 and 10
Self-descriptions	✓	1 Cee, 2 states of mind; monster; tree; koi
Stories	x	None
Autobiographies	✓	Yes (with short extract re secret)
Additional:		Unsolicited composition: Flight SA117

From the table above, it can be seen which written methods were used in therapy with Cee. Its main finding is that, in the course of therapy, the journal and stories – of the written techniques identified in chapter 2 – were not experimented with. Suggestions as to stories were made on different occasions

(for example, a request to describe the polarities in her life in story format in session 3). However, in keeping with my non-directive approach, no demands were made on her. Gradually, the sense emerged that extensive written work in a specific literary format, such as a story, was not well suited to this particular adolescent.

Table 14: Examples of exercises which may be utilised in writing

<i>Exercise</i>	<i>Cee's experience</i>
"Freewriting"	After an explanation of what it entails, she attempted this in her own time and regarding her boyfriend (undisclosed)
"Writing with the voice of a child"	Untried
Writing the myth or fairy tale about one's childhood	Untried
"The self as source"	The rosebush fantasy and monster projection, together with aspects of her autobiography, amongst others, were aimed at this exercise
"Creating a life map"	Untried
Dialogue on paper	Attempted, but she found it difficult to give voice to these, preferring self- statements or abbreviated descriptions
"To whom it may concern"	Untried in this specific format
Exercises to facilitate written techniques	
The dream journal	Refer table 13
Poetry	Refer table 13
Exploration and expansion of written exercises	
Combine with art	Proved to be extremely successful
Combine with music	Proved to be extremely successful

In terms of the table above (cf. 2.3.4.5 for a full explanation of the exercises), it must be pointed out that two aspects, in particular, were not explored in this study: first, most of the exercises identified here and, secondly, the dreams written up in the subject's dream journal. The reasons for these can be explicated as follows: in the first place, the use of the written techniques were phrased as suggestions throughout, formulated with due consideration of the confines of the therapeutic session, and considering the external demands placed on her time by her academic and personal calendar. In other words, the researcher was non-directive at all times and, although these exercises were applied as homework, the exercises as such were never enforced. Therefore, in the course of therapy, she focused on what must have appealed to her and, in some cases, what time permitted for. More specifically, from personal observation, she did not appear inclined towards complicated and, in particular, extended writing exercises, opting instead for self-statements in summarised form (compare "one Cee, two state of mind's" in session 6). In the second place, the therapeutic sessions themselves did not allow sufficient time for exploration of her dream content although, in hindsight, this presents a major shortcoming.

The final table, table 15

- reflects each of the specific recommendations (cf. 2.3.4.3) gleaned from the literature survey, and these appear in the column to the *left*;
- the column on the *right* denotes the researcher's findings with regard to each of these recommendations.

Table 15: How the prerequisites for the use of writing in therapy were met

	<i>Recommendation</i>	<i>Application in therapy with Cee</i>
1	Therapist should be convinced of the value of writing and use it herself	This is certainly the case and also the motivation for this line of research in the first place
2	Client should have a “mindset” for writing	This is difficult to ascertain prior to commencement of therapy. Point 6.3.1. (B) in the next chapter, regarding suitability, is an attempt to establish such a mindset beforehand and is, of course, open to further research. The fact that she was in the habit of maintaining a diary was taken as some indication
3	Use of writing and its implementation should be agreed upon prior to intervention	This was explained in session 1
4	Client should be cautioned that feelings of sadness or depression might surface immediately after writing, but that these will disappear	Explained in session 3: Indicated that working at such a deep level to address her key issues would cause her to feel worse initially
5	Client should be taught about creative process within herself and to value it	Her attempts were recognised and linked to her own creative process; in time, she came to recognise, own and value this ability
6	Client should be prepared that it might be difficult to commence writing and that aspects thereof might be frightening	The difficulty in commencement with writing was addressed by exercises aimed at initiating a flow of writing, while exploration of her projections served to contain those parts which were inexplicable and even frightening to her
7	Therapist should explain to client that she will be writing from the “inside to the outside”	Her own rich inner world was mentioned by name and the exercises served to illustrate this to her
8	Therapist could suggest a specific or meaningful topic, or do fantasy exercises	Suggestions were made throughout, although it was left to her to decide which she would act upon
9	Therapist should experiment with various writing tasks to ensure that experience is profitable and enjoyable	With exception of the letter, none of the exercises were repeated. Therapeutic impetus and creative process was most certainly enhanced by the exercises
10	Write at set times and for a set period of time	In her case she certainly preferred to combine her assignments with a time when she experienced a need to write
11	Write in a setting where there is no interruption or troubling sounds, sights, smells	She initially identified outside in nature and gradually came to prefer sitting in their own back garden
12	Experiment with physical exercise, meditation, visualisation or relaxation tapes	She gradually came to combine writing with inner visualisation, to the extent that she reported experiences akin to “out of body” feelings
13	Ascertain which type of mood facilitates writing	She indicated that specific music created a particular mood and instantly transported her
14	Write freely and continuously	After being made conscious of writing in this manner, she continued writing in this way when applicable
15	Separate the parts of the writing process, i.e. creating and editing	This was explained to her; also, owing to her own process – which is fast-paced – and her right-brain orientation, a tendency to edit her writing did not appear to hamper her
16	Therapist should show an interest in client's writing	This was demonstrated throughout
17	Discussion of client's writings during therapy is advised	Every one of her written projections was explored in a session.

Other than the above, abbreviated summary, the following findings should be emphasised:

- 1 Writing presents an ideal way of providing continuity between the therapeutic encounters; giving

written assignments as 'homework' extends the effect of the therapy session beyond the weekly hour, and produces valuable material for exploration in the next session.

- 2 The subject completed writing assignments in her own time and not necessarily for the session following on the one where it was requested. In this sense, I retained a non-directive stance and allowed her use of the method to unfold.
- 3 Writing assignments worked better when she was asked to focus on something specific (cf. point 8 in table 5).
- 4 The writing assignments brought what was on her foreground to the fore, and produced valuable material to work with in the sessions. In this sense, it worked extremely well as a form of self-expression (cf. 2.3.4.1).
- 5 This adolescent experienced and voiced the therapeutic benefit of writing (cf. 2.3.4).
- 6 She did not report an “upsurge” in negative mood (cf. 2.3.4.2). On the other hand, therapy – which focused on the written method – commenced a process resulting in “a lighter mood and more positive outlook” (cf. 2.3.4.2).
- 7 She confirmed that a specific setting, as indicated by the literature review (cf. 2.3.4.3 and point 11 in table 5), was conducive to writing – in this case, nature.
- 8 Experimentation with visualisation, as one of the methods suggested by the literature review, facilitated writing in this subject's experience (cf. 2.3.4.3 and point 12 in table 5).
- 9 The adolescent in question reported that, when recreating a specific emotion, she was better able to come into contact with that emotion through music (table 7).
- 10 Further in terms of what was indicated by the literature review, she reported that writing freely and continuously had stimulated a flow of words (table 7). She had also experienced this as similar to actually verbalising her emotions.
- 11 It was found that, in this case, combining art with writing worked particularly well (table 7). The adolescent in question was able to integrate her love of drawing with writing in therapy and, in this way, conceptualised a number of meaningful metaphors (she indicated that she liked very much writing something or just drawing something.)
- 12 She reported that a specific kind of music (table 7) – music without lyrics which the literature suggested – was able to transport her instantly into a specific mood during which she was able to write. It enabled her to focus on her inner world.
- 13 It must be pointed out that, although the subject took to the written method in therapy, this does not necessarily mean that she will continue doing so on her own. However, should she wish to do so, she has certainly learnt how to use writing as a form of self-expression.
- 14 Time could be an issue for application of this form of therapy, especially in the format in which it has evolved here and with this adolescent being in grade 12, arguably the most demanding school year. It was found that written assignments were dated for the date before or even the day of the next therapy session. Therefore, the researcher found, it would be best to limit assignments to one or two at most.
- 15 The researcher discovered that too much material was created for exploration, in the sense that there was insufficient time for exploration during therapeutic sessions: the combination of written exercises and projections during therapy meant that, inevitably, certain of these aspects – such as her dreams – were left unexplored, or others – such as her poem “Saved” – was explored insufficiently.

- 16 The adolescent in question seemed to prefer self-statements or descriptions in summarised form, while seeming to avoid writing which required a more flowing or narrative style. In session 9, she phrased it as “ek haat opstelle skryf” (!), which could be an explanation for why she chose not to explore on paper. On the other hand, she indicated later – after the termination of therapy – that she had enjoyed writing because it was different from compositions, in the sense that the topic was herself. It could also be speculated – although this would be speculation only and is suggested under avenues for further research in the next chapter – that the current electronic style of communication favoured by children and teenagers could influence her writing preference. Her process, which is fast-paced, could also constitute an influence in this regard.
- 17 With the exception of the pre-existing diary (prior to commencement of therapy) and the composition offered during the last session, Cee never, for the duration of her therapy, instigated writing of her own accord. This bears testimony to the fact that a writing orientation is to be fostered and should be practised on a regular basis.

5.2.2 Findings confirmed by the subject

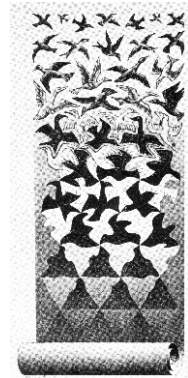
Approximately a month after the conclusion of the therapy, the subject was requested to provide the researcher with a written record of her experience. Its main points, emphasising her experience in terms of the written method, appear below. There is a degree of overlap between the researcher's own and the subject's stated findings, but they are repeated to emphasize her authentic experience. She states that -

- her mood had improved from negative, inferior, and sad to positive, self-assured, and happy;
- in the beginning, she was stubborn and did not want to open up, mainly in the sense that it was difficult for her to talk about her problems and share this with others. She reports that this started changing with the effect of writing;
- she was able to recognise her feelings about difficult and sensitive matters by writing about them; specifically, that it was easier to express her feelings and emotions, and to identify the feelings that she did not know how to describe;
- listening to music while she was writing, assisted her in experiencing the feeling of something quicker and also assisted her in concentrating on what she was feeling at that moment;
- after writing, she always felt comfortable and calm, and it felt as though a weight had been removed from her shoulders; she experienced a “sence of relieve” (sic); she indicated that, most of the time, she felt positive after writing – negative feelings surfaced primarily in terms of realising in what a “poor condition” she was; at times, she felt better immediately afterwards, or later, when thinking about written exercises;
- she was now able to “make herself feel beter” and improve her mood;
- she will continue with writing, preferring her diary for this purpose.

In conclusion, and by way of reiteration, the findings in this chapter reflect the experience of one person – the researcher / therapist – with one subject – an adolescent – who proved to be a complex subject yielding rich data. In the next and final chapter, how these findings have informed the recommendations – and specifically the method for writing therapy – as well as the suggestions for further research into writing in therapy will be explained.

Chapter 6

Conclusions and recommendations



It may be concluded that using the technique of writing is indeed applicable in therapy; this study's contribution lies in its description of the way in which it may be accomplished.

6.1 Research issue, research questions and goal of the study

This study was guided by the research issue indicated in chapter 1.2, which concerns, first, the fact that today's youth is under increasing pressure, manifesting in various ways – ranging from adjustment problems to serious disorders – signifying that, in Gestalt terms, they experience disequilibrium. These problems, especially at the more serious end of the continuum, require professional therapeutic intervention. Secondly, the research issue relates to writing not having been explored extensively as one such therapeutic intervention, despite adolescence being characterised by experimentation with forms of self-expression and emoting in creative forms, such as poetry and music.

From the research issue flowed a number of research questions in Chapter 1.3, of which the overarching question guiding this investigation was: how can writing be used – from a Gestalt perspective – for an adolescent who requires a therapeutic intervention? A number of sub-questions followed the central question, these relating to the unit of analysis:

- 1 How has the historical basis and theoretical foundation for the concept of writing in therapy evolved?
- 2 From a historical and theoretical perspective, what does writing in therapy comprise, and what specific forms or techniques of writing are available as therapeutic tools?
- 3 What models or programmes or recommendations have been developed for writing in therapy?
- 4 How can writing be incorporated into a Gestalt therapeutic approach?

The sub-question relating to the unit of observation was:

- 5 How applicable is the written method to an adolescent in therapy?

Hence, the primary goal of the study, phrased in chapter 1.4, was to indicate, by means of an exploratory and descriptive investigation, how writing may be used as a specialised form of therapy, following the Gestalt approach, for an adolescent in the phase of mid-adolescence. This investigation was aimed at compiling a method for the utilisation of writing in therapy with adolescents and opening up avenues of further research.

The goal was realized by the following objectives:

- 1 To delineate the body of knowledge underlying the main theoretical construct, i.e. writing;

- 2 To distill, from this body of knowledge, those components and recommendations pertinent to exploration of writing in a therapeutic setting;
- 3 To describe adolescence and to situate this developmental phase within a Gestalt framework;
- 4 To continue the research process and obtain further information through an empirical investigation by observing a subject in a therapeutic setting;
- 5 To integrate the theoretical constructs, i.e. writing, adolescence, and the Gestalt approach – described by means of the literature review – with the findings of the empirical description and observation, with a view to applying this knowledge by compiling a method for professionals about the use of writing in therapy with adolescents;
- 6 To expand the knowledge base of professionals in the helping professions with regard to working with writing as therapeutic tool, the purpose of which is to extend the array of techniques available for therapeutic intervention with South Africa's youth.

On the basis of the stated research issue, questions, and the goal of the study, the following conclusions can be made.

6.2 Conclusions

These conclusions are founded on the three key concepts in this investigation, namely the Gestalt approach, adolescence, and writing. They are based on the findings in chapter 5 and relate specifically to the theoretical precedents in chapters 2 and 3. The emphasis here is on writing, given its status as unit of analysis while the conclusions themselves are presented in no particular order of importance.

- 1 It may be concluded that, using the technique of writing or the written method, is indeed *applicable in therapy* as the literature review has indicated; this study's contribution lies in its description of the way in which it may be done. In view of the fact that this study was purely descriptive and not aimed at intervention research, no attempt was made to establish and compare baseline and post-intervention finding; therefore this statement must be qualified by indicating that the subject's improved mood and completed gestalts (cf. 5.1.4) could have resulted equally from another therapeutic technique and should not be ascribed exclusively to the written method.
- 2 Different *programmes for writing* are in existence (cf. programmed writing (L'Abate) in 2.3.1; a writing strategy (Pennebaker) in 2.3.4; poetry therapy models (identified by Mazza) in 2.3.4.4, and the multi-media approach of CARE: Creative Arts Reciprocity Experience (Talerico) in 2.3.4.5; however, none of these provide an ideal approach and/or framework for the use of various forms of, and exercises in, writing. This is identified as an area for future research and developmental age will play a significant role in the compilation of such a programme.
- 3 A specific form of writing cannot be singled out in terms of its successful application, although it may be said that the *autobiography* resulted in meaningful information coming to the fore, and provided a valuable basis for suggesting further writing opportunities and future projections during therapy sessions (cf. 5.1.3).
- 4 A number of *different aspects could influence* the successful application of writing in therapy, including factors relating to temperament, a proclivity towards writing, level of sophistication in terms of self-expression in writing, and traumatic or, at least, negative environmental factors and poor environmental supports (cf. chapter 3).
- 5 Writing in therapy is an ideal mechanism through which to *strengthen a sense of self*; it offers the opportunity to make self-statements regarding polarities within oneself, and to access material

one is not immediately aware of by means of a projection such as incomplete sentences (cf. 5.1.3).

- 6 Writing leads to “profound” *psychological change* (cf. 2.3.4) as became evident from the empirical investigation (cf. 5.1.3).
- 7 Writing is indeed a *primary process* (cf. 2.3.2): it is a metaphor which facilitates rapid access to innermost thoughts (cf. 5.1.3). In this sense, it has proven more effective than merely talking about traumatic events.
- 8 The *therapist plays a key role* in the application of writing in therapy. Consequently, discussion of the writing should undoubtedly form part of the therapy (cf. 2.3.4); these conclusions are modified by the opinion that the therapist's role should play out in the context of an I-Thou relationship (see point 23), and based on the client's self-regulating mechanisms; further, that the client should be able to exercise the choice of holding back material of a private nature.
- 9 Based on the conclusion that writing should indeed form part of a therapeutic setting, it is further concluded that writing may be used as a means of assessment, as well as *during all of the various treatment phases* (cf. 3.5.2.); furthermore, it may be used as a technique during sessions as a mechanism to further the effect of therapy by giving it as homework between sessions, in this way lending continuity to the process.
- 10 The client's *sense of participation in therapy* is enhanced through writing (cf. 2.3.4.1).
- 11 Writing leads to the development of new perceptions or, in Gestalt terms, *awareness* – the main Gestalt therapeutic aim – and to dealing with personal problems in innovative ways (cf. 2.3.4.1).
- 12 Writing has *cathartic value* in the sense that painful memories and emotions can be expressed, leading to new insight and understanding (cf. 2.3.4.1).
- 13 Writing fulfills the need for completion – in Gestalt terms, *completed gestalts, holism, and integration* – and the search for meaning (cf. 2.3.4.1).
- 14 Writing, as a form of self-expression, *helps to integrate, clear the mind, and resolve traumas* which stand in the way of important tasks; in this instance, tasks of a developmental nature (cf. 2.3.4.1).
- 15 Working with one's own words *diffuses resistance* (cf. 2.3.4.1) (this was voiced by the subject in a written record of her therapeutic experience – cf. 5.2.2).
- 16 Writing allows for a “stream of consciousness”, which leads to the *unfolding of images, ideas and thoughts* (cf. 2.3.4.1). In this sense, writing acts as a powerful metaphor and allows the adolescent who has suffered trauma – and become distanced from her body, herself and her emotional energy – to arrive at emotional expression and come into contact with these aspects of self (cf. 5.1.3).
- 17 Regarding problems with writing, the pilot investigation, in particular, has indicated that *writing will not apply readily* to people who do not have writing skills (cf. 2.3.4.2).
- 18 This investigation has indicated that the possible *disadvantage* of writing moving the emphasis to ideas rather than feelings is not necessarily the case (and did not apply to the subject in the investigation) (cf. table 4 in 2.3.4.2).
- 19 Writing does not necessarily become another *form of defence* – another possible disadvantage – (as was born out in this instance) (cf. table 4 in 2.3.4.2).
- 20 In this study's empirical investigation, therapy did not become relegated to writing alone (cf. table

4 in 2.3.4.2), but proved itself *ideal to integration* with other techniques; it did not give rise to an over-reliance on writing (cf. 2.3.4.2).

- 21 Combining *writing with art and music* as a means of exploration worked exceptionally well; it heightened sensory awareness and served as a mechanism for lowering the subject's defenses (cf. 2.3.4.5).
- 22 The empirical investigation has illustrated how writing may be applied in therapy following a Gestalt approach; therefore it may be concluded that the Gestalt approach is not only suited to application of the written technique, but *provides a good fit*. This conclusion relates specifically to the way in which the Gestalt principles described in chapters 2.3.2 and 3.5 respectively, were applied, while a number of other Gestalt techniques, i.e. the rosebush fantasy and monster technique, were merged with the written technique in this subject's therapeutic process. Moreover, it relates to the Gestalt therapeutic aims (cf. 3.5.1) and the Gestalt treatment phases (cf. 3.5.2) and the way in which these not only informed the empirical investigation, but also made a meaningful contribution to it. The most significant Gestalt theoretical concept in this respect probably is that of organismic self-regulation, or the individual's potential towards self-healing (cf. 3.4 and 3.5). Writing is an *ideal form of self-expression* towards this end. The Gestalt leaning towards creativity and experimentation (cf. 2.3.2), affords the ideal ground for exploration of a method which is as unique as the individual exercising it.
- 23 The Gestalt practice model's I-Thou relationship is an ideal one within which to encourage and explore writing in a therapeutic setting, given its non-directive and non-intrusive approach (cf. 3.5). This relationship makes an important contribution to the individual's susceptibility, not just towards therapeutic input, but, more specifically, towards *experimentation with writing*. In the atmosphere of trust created by such a relationship, an individual – and particularly a questioning adolescent – can be expected to be more inclined towards an innovative method, such as this one.
- 24 In this study, it has been demonstrated that the technique is applicable to, and suitable for, the period of middle-adolescence. Writing's applicability lies in its being a strong form of self-expression for this age group. However, questions may be asked concerning the *age relevance* of certain of the writing exercises distilled from the literature review (cf. table 7 in 5.2). With hindsight, it is the researcher's opinion that a few of these exercises require both a degree of life experience and a degree of advancement in writing skill as well as longer exposure to the method. Consequently, they should be applied with discretion.

Bearing in mind our youth in crisis, it is concluded that this investigation comprises an extensive exploration into writing as a therapeutic intervention, specifically for teenagers in the mid-phase of adolescence, thereby addressing the *research issue* in this study.

The *research questions* in this study have been answered in that the investigation as a whole has indicated how writing can be used as a therapeutic intervention for an adolescent.

Furthermore – and in relation to its objectives – the study has –

- indicated how the historical basis and theoretical foundation for the concept of writing in therapy has evolved (cf. chapters 2.1 and 2.2) – objective 1;
- explored what writing in therapy comprises from a historical and theoretical perspective, while identifying the specific forms or techniques of writing which are available as therapeutic tools (cf. chapters 2.3, 2.3.3 and 2.3.4) – objective 1;
- identified those models, programmes or recommendations which have been developed for writing in therapy (cf. chapters 2.3.4.3, 2.3.4.4 and 2.3.4.5) – objective 2;

- incorporated writing into a Gestalt therapeutic approach (cf. chapters 2.3.2 and 5);
- proven the applicability of the written method to an adolescent in therapy (cf. chapters 3 and 5) – objectives 3, 4 and 5.

Therefore, in summary, and from the above objectives, it is concluded that the *research goal* was attained: it was indicated, by means of an exploratory and descriptive investigation, how writing may be used as a specialised form of therapy, following the Gestalt approach, for an adolescent in the phase of mid-adolescence; more specifically, it has indicated why the Gestalt practice model is regarded a suitable, even ideal framework for exploring and experimenting with expressive writing as a tool in a therapeutic setting. Furthermore, as part of its recommendations, it offers a method for the utilisation of writing in therapy with adolescents. This method is aimed at expanding the knowledge base of professionals in the helping professions, and extending the array of techniques available for therapeutic intervention with South Africa's youth.

6.3 Recommendations

6.3.1 Therapeutic practice

Recommendations for therapeutic practice are made in the form of a method for the use of therapists who wish to apply writing therapy with adolescents. It is an extension of the study and its conclusions, and is based specifically on the theoretical basis in chapter 2, and on experience gained through the empirical investigation. It also includes the researcher's personal experience of therapeutic writing. It is preceded by the illustration below to enable the reader to grasp the method as a whole.

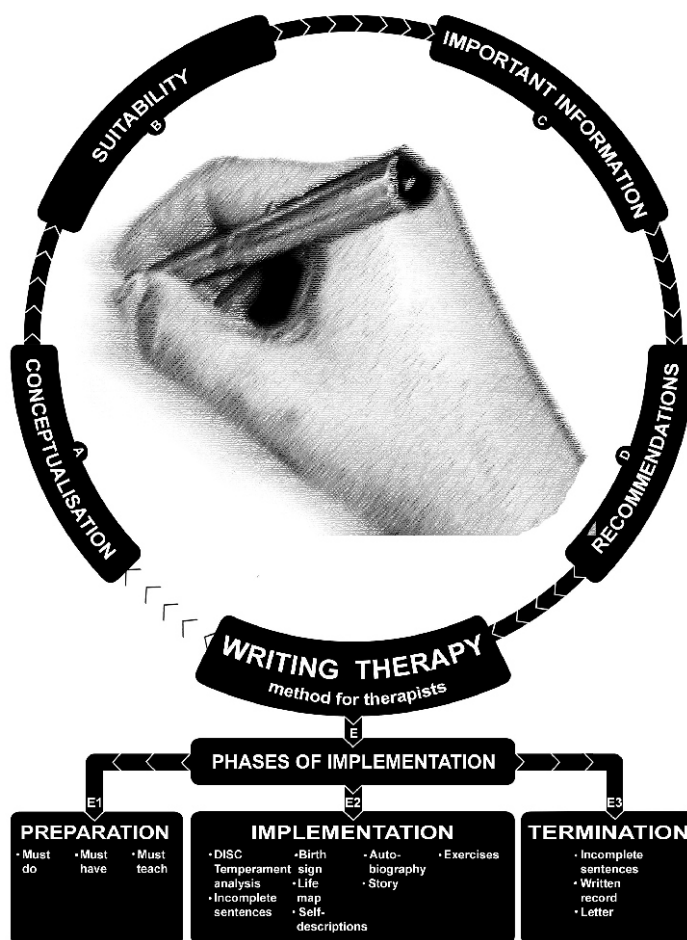


Figure 8: Writing therapy: A method for therapists

A Conceptualisation

This method has been conceptualised as follows:

- It is viewed as an adjunct to therapy and is based primarily on written exercises between therapeutic sessions:
 - it serves a dual purpose in that it produces material to work with in the sessions and is a means of extending the therapeutic encounter beyond the conventional weekly session, thereby providing continuity and enhancing therapeutic effect;
 - what is produced by the client *must* be explored and discussed during the sessions so that the written content is contained by, and within, the therapeutic encounter;
- It is based on the assumption that users are familiar with clinical and counselling practice. Moreover, it is based on the understanding that the therapist or counsellor will work from a practice model of choice, and will not necessarily follow the Gestalt approach which informed the empirical basis of this investigation. Finally, it is based on the understanding that the therapist will structure the therapy within a certain process, i.e. commencement, termination, etc. – one which she herself has developed over time;
- Writing, in this sense, is aimed at self-explanation, self-knowledge, and self-expression: it generates awareness of inner processes and of emotional and behavioural responses to environmental influences; it strengthens the client's sense of self and promotes integration of conscious and unconscious psychic material.

B Suitability

Determine suitability of the method
Before using writing therapy with a client, the client's proclivity for the method should be ascertained. The following are guiding factors:
■ Possible intraversion
■ Melancholy temperament
■ Inclination towards introspection
■ Rich imagination
■ Enjoyment in expressing self (in art, for example)
■ Maintaining of diary
■ Enjoyment in writing compositions at school
■ Writing of poetry

C Important information

The following is very important in application of the method:

- During exploration and discussion of the client's writings, the emphasis should be on the exploration of feelings and emotions; this process should not emphasise, primarily, the client's cognitive experience, but should be aimed at expressing suppressed emotions and experiencing emotions. It will be necessary for the therapist to facilitate this process by enhancing sensory awareness, to induce relaxation through breathing exercises, and to stimulate inner visualisation. The client should experience the feelings associated with what has been written, and should focus on and experience her body's reaction to various emotions. The purpose is to integrate the feelings experienced during and about the writing itself;
- Although the writings themselves are important, they should not detract from the therapeutic

process, but should enhance it; in other words, the focus should not move to the writings or drawings;

- Writings should not preclude actional outcomes – in other words, where experimenting with new behaviour is called for, writing should not become a mechanism by means of which the client avoids such behaviour. In this sense, writing should guide the client towards experimenting with new behaviour;
- When a therapeutic A-HA experience occurs by means of a particular piece of writing, its therapeutic significance should be consolidated; the client could be asked to create a symbol – with her hands. For example, when the client has written a story about her parents' divorce, phrasing it as their having “stolen her sun”, she could be asked to create a sun from beads or to draw a sun;
- When using a projection technique during a therapeutic session, such as requesting the client to draw a rosebush after doing a rosebush fantasy¹, ask her to write to it before exploring the drawing. Writing about it – as opposed to drawing only or talking about it – moves the projection into a deeper realm of experience.

D Recommendations

General recommendations include the following:

- It is preferable for the therapist herself to be on an inner journey, and for her to use writing as a therapeutic mechanism. She must be prepared to share what she has written – if and where appropriate – in the context of a respectful therapeutic relationship;
- The therapist should work with what interests the client and link these interests to writing assignments in an innovative and creative manner; she should experiment with various writing tasks to ensure that the client's experience is profitable and enjoyable;
- Written exercises should not compete with the client's academic and extra-mural workload, and the client should not be overloaded with written assignments;
- Provide options in terms of written assignments; not all of these will be followed, but the most appealing one(s) will be selected. The understanding should be that the client should complete an assignment for the following weekly session.

E Stages of the therapeutic process

Phase E1: Pre-implementation

E1.1 Must do

Having determined that the client has a mindset disposed towards writing, the following should be handled:	
	Comments and recommendations
The therapist	
The use of writing and its means of implementation should be agreed upon prior to intervention.	The client should know what to expect and be prepared to experiment with the method; it is particularly important that the client understand how the writing method will be implemented and what will be expected of her.
The client should be cautioned that feelings of sadness or depression might surface immediately after writing, but that these will disappear – sometimes within hours, but definitely within a day or two.	If these feelings appear and the client has not been forewarned, she might not wish to continue; also, knowledge of positive affect following on writing should act as motivation.
... should explain the cathartic value of writing.	The client should understand why the method is being used.

1 See Blom (2004:77-79).

Conclusions and recommendations

... should assure the client of the confidentiality of what is produced in writing.	A journal is recommended for this very reason; the client's writings will remain in her possession.
... should assure the client that she is "value free" towards what is written.	The client has to be sure that, in writing about innermost feelings and experiences (e.g. drug use), the therapist will not stand in judgement.
... should point out the value inherent in the permanence of such writings and encourage the client to preserve her writings.	<ul style="list-style-type: none"> ■ To this end, the therapist should encourage the client to date and number her journals. ■ The client should also be encouraged to store the journals in a safe place and not to destroy or lose these, as they will probably be valuable to her later.
The client should be advised that it might be difficult to commence writing, and that some aspects might be frightening.	<ul style="list-style-type: none"> ■ The therapist should experiment with written exercises so as to initiate flow. ■ Frightening aspects of writing will be contained within the therapeutic sessions, and this should be explained to the client.
The client should be taught about the potential for creativity in herself and encouraged to awaken and foster it.	The act of creation is therapeutic in and of itself.
The client should be made aware of the fact that writing, as a form of self-exploration and self-expression, is not limited to the therapeutic encounter.	The client should be encouraged to begin practising this method actively on her own and with a view to future, individual use, independent of the therapeutic encounter.
The client should be taught about the difference between writing as a means of personal enhancement and writing with a view to publication.	<ul style="list-style-type: none"> ■ Writing, in the sense in which it is used here, is private and aimed at self-exploration and self-expression, although the possibility of publication of written material is not precluded and would be the client's choice. ■ The point is that the client should not feel constrained by the idea that she is writing for someone or that the writing will be read.
... should explain to the client that she will be writing from the "inside to the outside".	The emphasis is on inner experience and the way in which awareness and insight is fostered by writing about these experiences.
<p>The therapist should bear in mind the <i>various types of writing</i> and their potential:</p> <ul style="list-style-type: none"> ■ Autobiographies ■ Incomplete sentences ■ Letters ■ Poetry ■ Self-descriptions ■ Stories 	
The client	
<p>... should create time for <i>inner work</i> –</p> <ul style="list-style-type: none"> ■ preferably on a weekly basis; ■ could also use this time for written exercises. 	It is preferable to set aside a set time every week, irrespective of the duration – e.g. a Sunday afternoon.
<p>... should find a <i>special place</i> for inner work –</p> <ul style="list-style-type: none"> ■ preferably in a nature setting; ■ should be quiet with no troubling sounds; ■ with no interruptions. 	It is preferable to do inner work in the same place every week so that it becomes habit; if the client's garden at home does not lend itself to this purpose, find a place – e.g. Botanical Gardens.

E 1.2 Must have

The therapist	
A <i>couch</i> , in the therapy room, possibly with a footrest, which affords a comfortable position.	<ul style="list-style-type: none"> ■ The client will have to be in a comfortable position to draw, or sometimes to write (although most of the writing will be done away from the therapy room). ■ It is particularly important to be comfortable when doing breathing exercises and inner visualisation, or while explorations are done, often with eyes closed.
The therapist must have the following on hand with a view to creating sensory awareness:	
<i>Audioplayer</i> for music – <ul style="list-style-type: none"> ■ must be of good sound quality; ■ must be able to transfer music to client when she sources appropriate music. 	It is necessary to have music available in the therapy room so as to induce a certain mood prior to exploration of the client's writings.
Selection of <i>music</i> – <ul style="list-style-type: none"> ■ must have a variety, so as to select music which suits client's taste; ■ must be relevant to client's age. 	<ul style="list-style-type: none"> ■ Music must comprise audiotracks only and not contain lyrics; ■ Sound track of <i>Lord of the Rings</i>, for instance, is ideal; ■ Music must be atmospheric, but avoid muzak and overly commercialised music (like Enya, for instance).
Other than the sense of hearing, it is suggested that the therapist work with the following ideas regarding the senses of smell, touch, sight, and taste:	
Therapy room painted in pleasing <i>colours</i> .	<ul style="list-style-type: none"> ■ Green, for instance, is associated with healing and with nature; ■ It is preferable for the therapy room to have a window facing outside, towards a garden, which the client can look out of while working.
Suitable <i>lighting</i> in the therapy room.	<ul style="list-style-type: none"> ■ Lighting must be adjustable, so that it can be dimmed when necessary, e.g. working through difficult emotions; ■ In addition to general lighting, there should be specific, low lighting which can be used as required for writing exercises or drawing in the therapy room.
Selection of <i>drawing materials</i> – <ul style="list-style-type: none"> ■ drawing pencils ■ pastel crayons ■ colouring pencils ■ koki pens. Use good quality products and, where possible, use pastels which are made from bees' wax and which have a pleasant fragrance and a natural texture.	Other than their role in terms of touch and smell, these are to be used when the therapist sets the client a drawing exercise as a prelude to writing about it, or when it is used for projections (e.g. rosebush fantasy).
<i>Burner</i> for essential oils, as well as <i>essential oils</i> – Use vanilla and lemongrass, for example; the first has a particularly pleasant fragrance, while the latter is invigorating.	<ul style="list-style-type: none"> ■ It is suggested that the therapist commence the session with sensory awareness; asking the client to focus on the fragrance while doing breathing exercises with her eyes closed, is one means of fostering such awareness; ■ The essential oil can be burned throughout the therapy session.
Textured <i>cushions</i> – <ul style="list-style-type: none"> ■ preferably from natural materials ■ in pleasing colours. 	<ul style="list-style-type: none"> ■ Cushions of this nature represent the sense of touch and can also be used as a focus during sensory awareness; ■ When doing explorations, especially when working through difficult emotions, the client could hold the cushion on her lap. It represents something concrete to hold onto.
A thermos flask with <i>flavoured tea</i> . Use chai tea, for example, which is a spiced tea containing, amongst others, cinnamon and which is made with hot milk; any other flavoured tea would also be suitable.	<ul style="list-style-type: none"> ■ This represents the senses of smell and taste and can be drunk by the client during the phase of sensory awareness. ■ It can become a ritual for closing of the session where the therapist and client have tea together before the client leaves.

Conclusions and recommendations

The client	
<p><i>Notebook</i> for writing up exercises set between sessions –</p> <ul style="list-style-type: none"> ■ any format ■ with holder for pen. 	<ul style="list-style-type: none"> ■ School homework and extramural activities tend to dominate and therapy exercises will soon be forgotten in a busy week; ■ Encourage client to use her cellular phone for setting a reminder for completion of therapy exercises and to remind her to bring these along to the weekly session.
<p><i>Journal</i> for writing and drawing –</p> <ul style="list-style-type: none"> ■ preferably an A4 format ■ combination of blank & lined pages ■ hard-cover ■ tear-out pages ■ with holder for pen or pencil. 	<ul style="list-style-type: none"> ■ The journal is not meant as a diary or time-tabling log; it serves as a journal of experience and has a particular and important purpose. All writing will be done in the journal; when one is filled, the client moves onto another journal – to this end, journals will be numbered and dated so as to maintain continuity. ■ Keep journal at bedside <ul style="list-style-type: none"> ■ to write down dreams upon waking ■ pen reflective thoughts and emotions at end of day. ■ Take journal along for inner work outdoors.
<p><i>Pen</i> –</p> <ul style="list-style-type: none"> ■ Fade-resistant ink cartridge. 	<p>Because the journals are meant as a permanent record, fade-resistant ink will be most suitable.</p>
<p><i>Audioplayer</i> for music –</p> <ul style="list-style-type: none"> ■ good sound quality ■ MP3 player will be ideal. 	<ul style="list-style-type: none"> ■ A cellular phone will not serve the purpose. ■ Remember about music without lyrics.
<p>Selection of <i>drawing materials</i> –</p> <ul style="list-style-type: none"> ■ drawing pencils ■ pastel crayons (remember about the ones made from bees' wax) ■ colouring pencils ■ koki pens. 	<p>Drawings are to be made in the journal; it is preferable not to use a separate sketchbook, but to consolidate all inner work in one medium.</p>

E1.3 Must teach

The therapist	
<p>The client about "freewriting".</p>	<p>The therapist could accomplish this by using an exercise (Elbow in Hunt, 2000:21). The suggested exercise is in two parts: the first comprises two or three writing periods of approximately five minutes. During each of these periods, she will write continuously – for the first, there is no given starting point; she simply starts writing whatever is in her head. In this period, no attempt is made to edit in any form and, should the writer become stuck, the previous word or phrase will be repeated until the flow commences again. Once the five minutes are up, the next stage comprises a reading of the text, and an underlining of anything apparently interesting or significant as a basis for the next stage of the exercise. During the second stage, the selected word, phrase, or image is written at the top of a new sheet of paper, and another five minutes of freewriting commences, using the heading as the trigger, and with the emphasis on keeping the flow going. This stage can be repeated several times. Having completed the first part, she proceeds to the second part which consists of the editing stage for which at least 20 minutes is allowed. Corrections are done at this point, and shape is given to what has emerged from the freewriting exercise. Alternatively, it is suggested that the second stage is postponed for at least a week, so as to create distance from the material.</p>

Conclusions and recommendations

The client about meditation or inner visualisation.	<p>This is meant as a tool to gain access to inner thoughts and, more important, to enhance sensory awareness; it prepares the client for a writing exercise:</p> <ul style="list-style-type: none"> ■ for practising of meditation, use a source with simple meditation exercises, e.g. Van der Merwe (1997); ■ use scented candles or burn essential oil (indoors), or rub essential oil on wrists (outdoors).
The client about the importance of dreams.	<ul style="list-style-type: none"> ■ The purpose is to enable the client to come into contact with unconscious material and to bring these into awareness. ■ The following technique is suggested for those who “don't have dreams” or “don't remember” dreams (Allan & Bertoia, 2003:61). While falling asleep, the client is to repeat “I am going to dream and remember it”; in addition, a tape recorder or journal should be kept beside the bed and the dream should be written down or recorded immediately on awakening, before getting up out of bed.
The client about the importance of music and to play music when she writes.	<ul style="list-style-type: none"> ■ Play the kind of music which evokes feelings, and encourage the client to experiment with her own music in this regard. ■ Play music before or while writing an exercise to heighten sensory awareness.
The client about the value of combining drawing with writing.	<ul style="list-style-type: none"> ■ Point out that most people believe that they cannot draw. Indicate that the value of drawing in this sense lies not in producing a work of art, but in creating a symbol or metaphor which enhances writing or vice versa. ■ Draw a specific part of self or create a symbol of an experience to facilitate integration.
The client about simple tools which situate the client in the here and now and which foster awareness or consciousness.	<ul style="list-style-type: none"> ■ When doing weekly inner work: draw a simple mind map in the journal of highs and lows during the past week, synchronicities which occurred during the week, emotions experienced when writing, mood following writing, insights which have come to her, realizations about herself, etc. ■ Commence, on an on-going basis, by noting in a section for this purpose in the journal, important events which occur during the year, significant encounters, people important to her, etc.

Phase E2: Implementation

<p>E2.1 It is suggested that the therapist commence with the following:</p>	<p>The therapist should decide whether it would be appropriate to use one or more of the suggestions and the client's reaction to these would be an indication of suitability.</p>
<ul style="list-style-type: none"> ■ DISC temperament analysis¹ 	<p>This provides an indication of the client's temperament and is valuable in terms of self-knowledge, as well as providing a basis for further exploration.</p>
<ul style="list-style-type: none"> ■ Incomplete sentences 	<p>This is particularly important in identifying what is on the client's foreground and serves the purpose of therapeutic assessment.</p>
<p>E2.2 As a further step in the process, it is recommended that the therapist request the following from the client:</p>	<ul style="list-style-type: none"> ■ The therapist would space these suggestions out over several therapeutic sessions. ■ All of these are suggested on the basis of producing material as a basis for writing exercises.
<ul style="list-style-type: none"> ■ Research on birth sign 	<p>This serves the purpose of self-exploration. The client should be asked to write a short story about herself which illustrates characteristics inherent in her star sign.</p>

1 For this type of analysis, contact: Walk thru the Bible; 011 782-4222; wtbsa@cis.co.za; www.bible.org.za; they will also supply the names of local people who have done the training and bought the test.

<ul style="list-style-type: none"> ■ Life map 	<ul style="list-style-type: none"> ■ In this exercise of Hunt (2000:33-35), a horizontal line is drawn across an A4 sheet to indicate lifespan from year zero to the present. The task is to divide this line up into time segments, denoting significant change in their lives. For each segment, the following are to be identified and written underneath the line: 1) significant places, 2) significant events, 3) significant people; a word or phrase to characterise their relationship with the outside world during that period is to be added. Having completed this part, the next task is to distance oneself from the personal material and to identify topics and themes of a more general nature which characterise the different time segments; these are to be written above the line. ■ Later, certain topics or themes can be singled out and used as a trigger to write a story.
<ul style="list-style-type: none"> ■ Self-descriptions 	<p>The client can compile these in any format. They could include self-statements, likes and dislikes, statements made to her by significant others in her life, and own beliefs about herself.</p>
<p>E2.3 It is recommended that the therapist then move on to requesting the client to:</p> <ul style="list-style-type: none"> ■ start with the compilation of an autobiography; it could be enhanced by using family crests, photographs and by whatever other material comes to mind; ■ use the autobiographical material as a means for producing written material, i.e. by asking her to select – from the autobiography – her favourite photograph or a photograph which she believes best typifies her, and to write to this – e.g. in a story format. 	<p>This exercise is meant as an on-going one, throughout the duration of therapy (and beyond); it should be returned to and the material integrated during therapy.</p> <p>The emphasis in the autobiography should be on her feelings and emotions about experiences.</p> <p>Ask her to focus on the feelings the photograph represents to her and to write about these.</p> <p>If the client finds the autobiographical experience difficult, ask her to browse amongst autobiographies in book stores, select the one(s) she likes best, and to see whether this generates ideas for her.</p>
<p>E2.4 Beyond this point, the therapist can gradually move on to the other types of writing, based on the client's preferences.</p>	<p>Make use of the suggested exercises below to get this process flowing; space the methods over therapeutic sessions, bearing in mind the flow and tempo of the therapeutic process.</p>
<p><i>Examples of exercises which may be utilised in writing</i></p>	
<p>“Writing with the voice of a child” Hunt (1998b:21-27)</p>	<p>This provides insight into the inner life by accessing early memories. The exercise is facilitated by the use of old photographs of the individual, her parents, and early environment. The individual is requested to “enter” the photograph and experience it in sensory terms, before writing down words and phrases associated with the memory. This forms the basis of a more connected piece of writing in either prose or poetry format.</p>
<p>Writing the myth or fairy tale about one's childhood Bradshaw (1990:149-151)</p>	<p>Focus on an event or events during the preceding school years, for instance, or on an event that strongly affected the client. For instance, a 17-year old had the experience of being ostracised at school after arranging a party at her father's home in his absence and where they, as 12-year olds, used alcohol; one of the parents discovered this and called both her father and the school principal. This incident tainted the rest of her school history. The story should have two parts, the first commencing with “once upon a time”, describing the events chosen by the individual and how they created the spiritual wound. Part two should begin with “and when she/he grew up”, focusing on the later life-damaging effects of this wound. The resulting story enables the individual to get in touch with feelings about matters, and to shape her future life history.</p>

<p>“The self as source” Moskowitz (1998:35-45)</p>	<p>The exercise is utilised, for example, by locating an area of conflict or polarity within the individual's personality – such as the “good” girl and the “bad” girl. These two aspects of the personality are described as two different characters, named and ultimately integrated by creating a story. As another example, the client identifies the happy self and the sad self in her and writes about these two selves.</p>
<p>Dialogue on paper (Hunt, 2000:97)</p>	<p>Dialogue on paper is a means of “taking us back into the present of the experience and re-experiencing it from the inside”. Individuals are asked to write a short piece, using mainly dialogue, under the title “The Misunderstanding”. This exercise facilitates a dialogue with “the voices of significant people in our lives ... voices which exert a powerful influence over our views of ourselves and our relationship with the past”. The example of the 17-year old and alcohol incident above, could be treated under such a heading.</p>
<p>“To whom it may concern” Allan & Bertoia (2003:78)</p>	<p>This is an example of letter-writing and can be used with a client who has just come through a very difficult period. Its actual benefit lies in the possibility of its integrating an experience. The technique is especially helpful in dealing with bereavement in that it affords the opportunity of completing unfinished business with the deceased; it can also be used as a format for an adolescent whose parents have just divorced and may be addressed to them. The letter need not necessarily be sent to the other party or parties, especially when there are sensitivities involved; its therapeutic benefit lies in the writing itself.</p>
<p>Poetry</p>	<ul style="list-style-type: none"> ■ Read out poems by other adolescents; ■ Listen to it with closed eyes and experience the poem; ■ Draw a picture about feelings experienced while listening; ■ Encourage the client to commence writing poetry if this medium suits her.

Phase E3: Termination

<p>When the termination phase of therapy is reached, it is suggested that the therapist make use of the following methods:</p>	
<ul style="list-style-type: none"> ■ Incomplete sentences 	<p>Request the client to complete another incomplete sentences test; compare and discuss this one with the one completed when therapy commenced. It is valuable to determine the measure of closure reached by the client.</p>
<ul style="list-style-type: none"> ■ Written record 	<p>Request the client to compile a written record of her therapeutic experience. This serves the purpose of consolidating the experience, but also, more important, of creating a permanent record for herself.</p>
<ul style="list-style-type: none"> ■ Letter 	<p>Request the client to imagine herself as a grown-up with children. Request her to imagine leaving her journals to her children, and then ask her to write a letter which will accompany the journals.</p>

Writing in the sense that it has been described here – if practised successfully – should move gradually from being a tool of self-expression to becoming one of self-nurturing. It should guide the client through a process of self-regulation to a point of self-support. In such a process, writing *in* therapy will evolve into writing as therapy, a therapy practised by the client herself as a means of achieving equilibrium.

6.3.2 Training

Training in the use of writing as therapeutic technique is envisaged in terms of future academic pur-

poses and clinical application. Regarding the first, academic training embraces both qualifications and continued education:

- students in psychology, social work, and counselling – at both entry- and post-graduate level – should be exposed to specialised training in the use of writing in therapy, irrespective of the practice model;
- information on writing as therapeutic technique should be included in play therapy short courses;
- with regard to the post-graduate level, the principle applies to students in the said three disciplines, as well as play therapy (for degree purposes, the latter is offered only at the post-graduate level in South Africa);
- a post-graduate diploma, specialising in writing, would be a further consideration;
- adequate supervision of such students by therapists familiar with the use of writing in therapy would be a requirement.

Regarding clinical practice, short courses in writing therapy should be devised for play therapists and psychologists currently in practice. This type of training is particularly important, considering the research issue identified in this investigation: that our youth is in crisis, yet there is a lack of exploration about writing as a therapeutic intervention. This study, and the information in chapter 2 and its application in chapter 5 in particular, provide a basis for training in clinical practice. It has been synthesised in the form of a method (cf. 6.3.1) and this method would comprise the basis of the training material.

6.3.3 Research

The literature review in this study has uncovered a wide-ranging field surrounding the concept of writing in therapy, with many tributaries leading from it. In terms of what was uncovered by this review, the following are suggested as avenues for future research with specific relevance to the South African situation:

- On a quantitative level, it can be ascertained to what extent writing is used in clinical practice. This could be in the context of play therapy, although it could be extended to, and compared with, its use in clinical psychology, for instance. (Wenz & McWhirter, 1990 provide a brief review with regard to America – see chapter 2.3.5.)
- The written method could be explored within a group setting. Wenz & McWhirter (1990) provide specific guidelines for this approach, and these may be followed with a view to testing and expanding their suggestions.
- The suitability of the field of expressive therapy as an umbrella concept for writing in therapy could be explored. Such a research project would focus on definition of the term and what it entails; at the empirical level, it could be linked to what was suggested in the first point under 6.3.3.
- The professional status of writing in therapy may be explored and defined. The discussion in chapter 2.3.5 provides the basis for what such an exploration would entail; Rubin's (1978b) work with bibliotherapy is a case in point.
- The professionalisation of writing in therapy in terms of a specific professionalisation model could be researched. Once again, the discussion in chapter 2.3.5 points the way forward in this respect.
- The range of good practice which makes up the field, as proposed by Sampson (2004), could be explored and defined.
- Talerico (1986) proposes a multiple-format and a multi-media approach to therapy and has conceptualised an approach known as CARE: Creative Arts Reciprocity Experience. This approach could be applied as intervention research.

- Research aimed at evaluating the clinical utility of writing intervention, such as that proposed by Bootzin (1997). The author points out that the focus of research has been on theory testing, but the magnitude of the effects and the proportion of clients who are responsive should be determined.
- Research aimed at experimenting with the stage during which writing is applied, i.e. assessment or termination, for example (see Largo-Marsh & Spates, 2002 in this regard).
- The matter of written intervention as an adjunct / adjuvant therapy versus a therapy in its own right could be explored.
- Gender as a variable with regard to writing in therapy could be researched. It could be hypothesised that females would lean more strongly towards this form of self-expression than males because, culturally speaking, it is more acceptable for females to express feelings than it is for males.
- Culture as a variable could be researched. It could be hypothesised that the oral tradition dominant in Afrocentric culture would limit the applicability of writing intervention.
- Age as a variable could be researched. In this study, it was surmised that the technique is applicable to the developmental phase adolescence, and, more specifically, to the middle phase of adolescence. The applicability of the technique to other developmental phases could be explored further.
- The prevalence of electronic media and communication and their influence on the suitability of written intervention for adolescents could be tested, hypothesising that the current generation of adolescents – with heightened exposure to forms of electronic communication – would be less susceptible to such an intervention.
- A proclivity towards writing as the basis for written intervention could be researched, with the proclivity towards writing in the method (cf. 6.3.1 concerning suitability) acting as the basis for such an undertaking.
- In terms of making a contribution to the discipline of play therapy, a programme for the use of writing as a therapeutic technique could be developed and tested by means of intervention research.
- Finally, the method itself could be tested and expanded in a therapeutic setting and / or with therapists.

6.4 Scope and limitations of the study

Clearly a study such as this was, perforce, restricted in scope, while certain limitations also became evident throughout. The limitations, in particular, are spelled out, mainly to assist future researchers who wish to work from a qualitative perspective and/or explore the subject of writing in therapy further.

First, as far as the scope of the research is concerned, the unfolding of the researcher's interest provides valuable information. When initially conceiving of the idea of studying writing and its relation to therapy, the researcher approached it under the umbrella of play therapy, where the term "bibliotherapy" appeared to define the unit of analysis. However, it soon became evident that bibliotherapy constitutes a discipline on its own and, more important from the researcher's point of view, it comprised mainly reading – as opposed to writing. At that point, it was decided to situate the study within a Gestalt approach rather than a Gestalt play therapeutic approach so as to allow for a wider investigation of the topic. Framing the study in Gestalt play therapeutic terms would have limited the investigation, and would have confined writing to a form of play only. Situating it in the Gestalt approach allowed a broader and deeper expounding of the term in the literature review, providing a

basis of knowledge – not found in available play therapeutic sources – for exploration in the empirical part of the study. Further review of the literature pointed in the direction of narrative therapy. It also became evident that narrative therapy, with its strong emphasis on re-"storying" and letter writing, in its widest possible sense, did not quite define the unit of analysis. From this point on, the literature pointed to expressive therapy, and it became clear that the unit of analysis was to be defined as writing *in* therapy as opposed to writing *as* therapy. The latter pointed to a field which may be defined as autobiographical writing (to name but one example) and while its emphasis, albeit on the constructs "creative" and "therapy", pointed in the direction of a whole new and evolving field, which was not the focus of this particular study. Therefore, the scope of the research was limited to 1) writing – in contrast to reading, 2) as one form of expressive therapy – in contrast to bibliotherapy and narrative therapy, 3) specifically in a therapeutic context – rather than as self-help therapy, 4) with the emphasis on the therapeutic value of the writing – instead of the creative outcome.

Further to the issue of the scope of the research, a number of additional points need to be made. Regarding the literature review: the emphasis is on international sources as few local sources on the topic were identified, and these mainly in the form of articles, as there were fewer books and these were difficult to obtain. Relevant sources originated from a broad range of disciplines: on the academic side, these included psychology mainly, as well as library science and education. Regarding popular literature, these disciplines included expressive therapy, creative writing and adjuvant therapies. The study was undertaken from a Gestalt perspective so the emphasis and integration of the constructs "writing" and "adolescence" thus conformed to this practice model.

Second, the limitations of the study may be outlined as follows: the review comprised mainly articles as books were, in the main, unobtainable. Hence, a number of classic or seminal works, available in book form only, could not be consulted. Then, masters' dissertations and doctoral theses at universities abroad could not be accessed. A second limitation concerns the sampling method in the qualitative approach. Although the sample is not representative of the universe, this does not constitute a requirement in the qualitative framework. Therefore, in view of the fact that the study is an exploratory and descriptive one, the sample need not be representative of the population, although it should be understood that the research findings cannot be extrapolated to the rest of the population, but regarded merely as reflecting aspects of the particular group, i.e. adolescents. A third limitation is the use of the case study as research strategy, and, more specifically, the view that the case study is essentially a weak method. However, having taken note of this view, the researcher believed that sufficient arguments could be offered to allay problems in this regard (cf. chapter 4.2.1.4). The case study approach relates to what may be regarded as another limitation, that the study itself comprises one instrumental case study only, which may be regarded by some as a shortcoming. The researcher believed herself to be sufficiently informed by the preliminary exploratory study and intensive study of strategic units – described in chapter 4.1.3, which processes added substantially to the research project as a whole – to draw significant conclusions and make meaningful recommendations from the single unit of observation. A fifth limitation centres on the unit of analysis itself: questions may be asked concerning the relevance of investigating a means of therapy, based on writing, in this age of electronic communication which has our youth, probably, as its most enthusiastic supporters. The researcher's view is that writing as a technique in therapy should be investigated for this exact reason, as forms of writing – such as journaling and poetry – are ways of enriching the inner lives of our youth, who are being deprived increasingly by external circumstances over which they have no control. A penultimate limitation concerns the field of expressive therapy itself: this field can be neither delineated nor defined as a discipline in the same way as the discipline of psychology, for instance. An at-

tempt was made to counter this potential weakness by pointing to possible problems and issues and the question of the professionalisation of the field (cf. chapter 2.3.5). A final limitation concerns this investigation's Eurocentric emphasis: in addition to the subject being white, the study's emphasis is on written means of communication, which contrasts with the Afrocentric leaning towards the oral tradition. To this end, culture as a variable regarding the written method was identified as a direction for future research.

6.5 Concluding remarks

The study's main contribution lies in the fact that it has researched and consolidated a body of knowledge concerning writing which can be applied in a therapeutic context. Furthermore, it has indicated how this knowledge can be applied, most specifically to the period of middle adolescence. The study also illustrates how the Gestalt approach provides a suitable practice model as well as a successful experimental basis for applying the written method in therapy. Despite its emphasis on the Gestalt approach, this study holds value for play therapists, psychologists, and counsellors, irrespective of the practice model they adopt. Finally, the study resulted in a method for the use of professionals who wish to use writing in therapy.

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1 Titles of articles are in lower case throughout.

2 Titles of books are in caps throughout.

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Appendix 1: Internet sites on expressive and writing therapy

Art Therapy Resources (Baldino, 2001):

www.sofer.com/art-therapy/index.html

This is a site dedicated to art therapy resources on the Web. It features many links to other similar sites, organisations, courses and certificate programs.

www.arttherapy.org/

This is the official Web site of the American Art Therapy Association. It includes membership information, links, information about boards and committees, events and announcements, and other organisational news.

www.Baal.co.jk/

This is the official Web site of the British Association of Art Therapists. It features extensive information on the practice of art therapy in the United Kingdom.

www.artsintherapy.com

This is a Web site for an international online community for Creative Arts Therapists. It provides useful definitions of art therapy, music therapy, dance/movement therapy, drama therapy, psychodrama, poetry therapy, bibliotherapy and photo-therapy. It also features information about membership, referrals, supervisors, associations, and workshops.

www.artheals.org

This site celebrates the healing power of the arts and provides information and inspiring stories about how art can heal.

www.ncata.com/

This site is dedicated to an alliance of Arts Therapies Associations founded in 1979 to advance the arts as treatment modalities.

Arts in Therapy network – An International Community for Creative Arts Therapists

A 501©(3) not-for-profit organization dedicated to providing an online community for Creative Arts Therapists (CAT) and those who are interested in the Healing Arts.

<http://www.artsintherapy.com/>

Accessed on 2005/07/01

(Includes Art Therapy, Music Therapy, Dance/Movement Therapy, Drama Therapy, Psychodrama, Poetry Therapy, Bibliotherapy, Photo Therapy, Expressive Arts Therapy)

International Society for the Psychopathology of Expression and Art Therapy

<http://www.online-art-therapy.com/site%20anglais/menu.htm>

Accessed on 2005/07.01

Note: This site is in French.

The National Expressive Therapy Association®

Recognized nationally and internationally, Certification by The National Expressive Therapy Association® remains the standard by which all expressive therapists and expressive arts therapists are judged, and is fully protected by law.

<http://www.expressivetherapy.com/>

Accessed on 2005/06/21

Websites on writing therapy:

http://www.wholehealthmd.com/print/view/1,1560,SU_745,00.html

Accessed on 2005/05/17

<http://www.higher-selfstudies.com/writing-therapy.html>

Accessed on 2005/06/21

<http://archives.cnn.com/2000/HEALTH/03/16/health.writing.wmd/>

Accessed on 2005/05/17

http://www.journaltherapy.com/power_of_writing.htm

Accessed on 2005/06/21

http://www.healingwithsoul.com/Writing_Therapy/writing_therapy.html

Accessed on 2005/06/21

[http://www.healingwithsoul.com/Writing%20Therapy\(R\)/writing_therapy_tm_.html](http://www.healingwithsoul.com/Writing%20Therapy(R)/writing_therapy_tm_.html)

Accessed on 2005/06/21

Workshop: Writing ourselves into knowing ...

Phyllis Klein, LCSW

Workshops include structured writing exercises, an opportunity to share your writing, and positive, supportive emphasis

<http://www.womenintherapy.com/writing.htm>

Accessed on 2005/06/21

Appendix 2: Information on subjects in pilot study

Teenager: K, aged 17		
Reason for referral: Adjustment problems; poor attitude ; academic performance well below her potential; history of familial problems which was thought to impact on her performance		
Contextual factors	Conclusions	Termination of therapy
<p>– Eldest child in family of 2 children</p> <p>– Parents divorced after history of verbal abuse and instances of physical abuse of mother</p> <p>– Ambitious father with high expectations of her, especially in terms of her future career; uninvolved with the family</p> <p>– Mother who is unable to make decisions or makes poor decisions and whom K has to parent</p>	<p>She was, initially, a very promising subject in terms of the research subject – due, mainly, to her interest in writing at school and the fact that she was regularly writing poetry before becoming involved in therapy. Despite therapeutic efforts aimed at awareness, she continued to show signs of persistent inappropriate process: using (sometimes abusing) alcohol, driving without a license, staying out until the early morning hours and irregular school attendance – yet maintaining “I am the most responsible person I know”.</p> <p>Although initially participating in and enjoying the written assignments, she eventually proved to be resistant towards therapy as such, maintaining that she did not require therapy – manifesting with the contact boundary disturbance, deflection, in other words; she also manifested with retroflexion, mainly in terms of severe stomach aches. Her attitude of resistance influenced her degree of cooperation, particularly with regard to projections in the therapeutic encounter.</p> <p><i>Regarding writing in therapy:</i> she demonstrated the importance of the client wanting to be in therapy and believing that therapy is relevant to her case as a prerequisite for any form of therapeutic intervention.</p>	<p>Therapy with subject K was terminated after a period of six months at the close of the 2005 academic year. Her therapy had entered a hiatus and inclusion of her father in the therapeutic process was deemed appropriate – however, she was resistant towards the idea, being of the opinion that he would overpower the researcher. Temporary termination of her therapy was discussed with her mother with a view to resuming therapy in the new school year, albeit as part of a new therapeutic contract – this one based on K’s opting to be in therapy as opposed to her consenting to being included in a research project; also, it was indicated that her parents would have to consent to inclusion in a therapeutic triad as opposed to merely consenting to her undergoing therapy. No further word was received from either K or her mother in the 2006 school year; follow-up with the principal who referred her in the first place resulted in an unanswered telephone message, although his personal secretary – who was familiar with K’s case and of her being referred for the research project – referred to K’s “much more positive attitude and outlook”, ascribing this to therapy. She added that she was a different child and that she elicited a much better response from other pupils and teachers. The secretary’s observations were confirmed independently, and in an informal setting, by her speech and drama teacher at school.</p>
Teenager: E, aged 17		
Reason for referral: Initial presenting problems (related by the referring play therapist): history of stress and eating disorder, mild compulsivity; self-reporting of depression; referred for therapy by doctor; EEG by neurologist indicated medication; conflict with her sibling, mainly because she believes her twin to be manipulative		

<p>– One of identical twins, with a younger brother</p> <p>– Strong competition between herself and her twin</p> <p>– Mother from a deprived background and extremely perfectionist and driven in terms of having two perfect daughters and a perfect family which leads to conflict</p> <p>– Father on periphery of conflict between mother and daughter, maintaining that he has no problem in communicating with her such as mother experiences</p>	<p>She proved to be less promising in terms of the written method than K. However, a more significant problem in terms of her therapy, was an inability to make appropriate contact in the therapeutic sessions: she broke contact repeatedly by talking incessantly, obsessing about her not having a boyfriend (like her sister)</p> <p><i>Regarding writing in therapy:</i> although very willing to complete the written exercises, she proved to be an extremely passive participant, unable to conduct projections and literally sitting – pen in hand – waiting for the therapist to tell her what to do.</p>	<p>Therapy with E in terms of the research contract was terminated after six months. However, her parents were advised that further therapy was deemed appropriate and the researcher ensured them of her continued availability in this regard. No further word was received from either E or her mother, the main point of contact, in the new school year.</p>
<p>Teenager: C, aged 17</p>		
<p>Reason for referral: Conflict with her twin, mainly because she felt that her sibling was competitive and self-absorbed; over-involvement (inappropriate from her parents' perspective) with her boyfriend</p>		
<p>As above, with the exception of degree of conflict between mother and daughter, which is less in this instance</p>	<p>She maintained a diary before she commenced with therapy; however, it soon transpired that – when experiencing feelings of sadness (mainly in the context of her boyfriend or not being “good enough”), she was willing and able to execute written assignments; when her mood changed for the better, she was unable to bring sufficient attention to the therapeutic task at hand.</p> <p><i>Regarding writing in therapy:</i> Time proved to be a problem: in addition to her academic commitments (she was taking the so-called “Big Six”), she had sports activities and extra-mural activities and was committed to a relationship.</p>	<p>Therapy with C was terminated in a little less than six months. Without elaborating on the details relating to her therapeutic progress – other than referring to the presence of a stalker which had a profound influence on family dynamics – termination was deemed appropriate by the researcher. C herself had provided both implicit and explicit indications of such. Her parents were informed of termination and were ensured of the researcher's availability should the need and/or occasion for further therapy arise.</p>

Appendix 3: External audit

Dr Rinda Blom

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25 April 2006

INDEPENDENT OBSERVATION OF QUALITATIVE RESEARCH FINDINGS IN THIS THESIS

The undersigned states that an independent observation of the research findings in chapter 5 of this thesis was done in order to confirm the trustworthiness of these findings. All the transcriptions of the therapy sessions were compared with the research findings described in chapter 5. It is hereby confirmed that the described findings in chapter 5 is a true replica of what happened during the therapeutic sessions with Cee.

Dr Rinda Blom

Gestalt play therapist and trainer

Appendix 4: Cee's writings

Appendix 4.1: Letter to her mother by Cee

Mamma,

Daar is so baie dinge wat ek vir Ma wil vertel en sê, dat ek nie rêrig weet waar om te begin nie – op 'n punt is seker maar die beste plek!

Ek sal nooit daardie dag vergeet 10 jaar terug, toe ma in die kamer in stap en lanks my op die bed gaan lê het. Ma't vir my gevra of weet ek wat 'n lesbiën is en toe ek sê ja toe vra Ma vir my of ek sou omgee of Ma ook een was – Wat 'n vraag om vir 'n 7 jarige te vra! Wat moes ek antwoord? Ek't nee gesê! Van daardie oomblik af was ek nie meer kind nie en ek't geweet my lewe sou nooit ooit weer normaal wees nie!

Ek't vir Nadine leer ken en baie lief vir haar geword – sy was vir my soos nog 'n Mamma – maar stadig maar seker het sy 'n hoë muur tussen my en Ma en tussen Ma en die res van die familie gebou. Sy't my constantly afgekraak en sy was 'n verbale boelie teenoor my en sy't gedink sy't een of ander mag en reg oor my. Ek was te bang om vir ma van al die kere te vertel wat sy so op my geskel het oor die kleinste dinge en my selfbeeld so gebreek het, want ek't geweet sy so(u) my woorde draai en julle sou baklei en op die einde sou Ma haar kant kies.

Ek wil eintlik net vir Ma sê hoe ek regtig voel! Ek voel Ma het nooit regtig mooi gedink oor my toekoms en oor hoe my lewe sou wees toe ma my pa gelos het nie – ek dink ma was bang en het gedoen wat beste sou wees vir Ma!

Ek voel dis baie onregverdig dat ek nie 'n Pa het nie en dat Ma nooit ooit met my oor hom gepraat het nie of vir my van hom vertel het nie – Ek moes by ander mense uitvind wat sy Naam is.

Ek is vrek bang dat Ma nie Hemel toe gaan nie, want ma se leefstyl is sonde in Jesus se oë en lets face it – Ma is nie die grootste gelowige nie. Ek kan ma ook net soveel keer smeek en soveel boeke koop – maar op die einde van die dag is dit Ma se besluit en ek wil graag hê ma moet eendag die ewige lewe besit – dis my grootste wens vir Mamma.

Ek voel ook dat Ma geen rede het om gay te wees nie – want Ma's nie so gebore nie en ek weet dis nie wie Ma werklik is nie.

Ek voel fisies siek as ek dink aan alles want ek worry myself VREK! Maar dan vra ek hoekom gee ek so baie om oor Mamma se lewe en well being, maar Ma doen nie dieselfde nie? Ek's moeg en kan nie meer so aangaan nie, maar ek weet ek sal altyd lief bly vir ma!

C.

Appendix 4.2: Letter to her father by Cee

Geagte G.

Jy ken my gladnie en weet seker nie eens van my bestaan nie, maar jy ken my ma baie goed. Haar naam is XX en julle het 17 jaar terug 'n verhouding gehad, maar meer belangrik is my naam wat X is en dat ek jou dogter is.

Vir die afgelope 17 jaar het ek groot geword sonder jou, met die idee dat jy eendag my sou wou opspoor tot op 'n dag toe ek uitgevind het dat jy nie eens van my weet nie.

Appendix 4.3: Internet information on Cee's star sign, Cancer the crab

Dreamy and sensitive, Cancer the Crab's life journey is one of quiet adventure, close connections, and deep emotion. Cancer's capacity for spiritual growth and wisdom is great, but the path toward these cosmic goals often appears chaotic and indirect – at least to an outside observer. Like the Crab that symbolizes the sign, Cancer moves in ways that are unpredictable, beautiful in their strangeness, and completely impossible to imitate. As Cancer, you are as mysterious and as changeable as the Moon, which rules your sign. You may choose to reveal your true self or to hide it, to shine brightly or to whimsically disappear. Your rhythms are your own and you can neither be controlled nor copied. The Crab is truly one of a kind; others see this immediately, although you are sometimes unable to recognize your unique, but eccentric, personality patterns. The mystery of you cannot be solved; your task is to understand and accept your singular complexity!

Appendix 4.4: Cee's composition concerning her father

VLUG SA 117

“Sal alle passasiers bespreek vir Vlug SA 209 na Kaapstad asb. gereed maak om aanboord te gaan en na hek 8 beweeg”. Die vliegtuig is vertraag met twee ure en ek was teen die tyd al buite myself van irritasie. Ek het Johannesburg se lughawe goed leer ken in die tyd wat ek gewag het vir my vlug, so goed dat ek vir vreemde toeriste die hele geskiedenis van Jan Smuts lughawe ken vertel. Ek het my Ouma vier jaar laas tydens Kersfees gesien en daar is goeie rede vir lang tussenposes. My ouma is nie die maklikste persoon om mee klaar te kom nie en daarom het my Ma dit goed gedink om vir haar oor die telefoon te vertel van haar nuwe werk en om haar geluk te wens met haar verjaardag. Sy het vir haar blomme gestuur via die internet. Maar ten spyte van my ma en haar ma se verskille het ek en my ouma ‘n baie spesiale band en kom ons goed oor die weg. Ek kan nie wag om haar weer te sien nie! Om weer aan haar te kan vat – so saggies en warm! Om haar weer te kan ruik – so soet en oud gemeng! My ouma het na alles wat ek te sê gehad het geluister met ware belangstelling en sy’t altyd die beste raad vir my gegee oor daardie probleme sonder oplossing! Sy’t altyd vir my gesê toe ek klein was, “Die dinge wat ‘n mens die meeste soek, sal die Here oor jou pad stuur wanneer jy dit die minste verwag.” Ek’t nooit gedink dit sou rêreig ‘so’ met my gebeur nie.

“Vlug SA 209 is gekanselleer weens tegniese probleme en alle passasiers vir daardie vlug sal nou met vlug SA 117 na Kaapstad vertrek. Die vlug vertrek by hek 10 en sitpleknommers skuif een sitplek aan. Ons is jammer vir die ongerief. Geniet u dag verder.” “Aai tog ... ‘n nuwe vliegtuig! Net toe ek begin gewoond raak aan die idee van vlieg, breek die vliegtuig waarop ek veronderstel was om op te wees! Nou is ek eers lus vir vlieg!” Die vliegtuig was groter aan die binnekant as wat ek gedink het. Die reuk van leer het my neusgate laat brand en ek was sommer lighoofdig. Die lug was swaar en bedompig en ekt vinnig na my sitplek beweeg. Waarom die man langs my so rustig was weet ek nie, maar ek was benoud! “Is jy bang vir vlieg?! Vra hy my uit die bloute. “So bietjie”, jok ek ... eks vrek bang gewees! Ek’t by die klein verstertjie uitgekyk en reëndruppels het hard teen die venster geval. “My naam is G, en jy hoef gladnie bang te wees nie ... alles sal reg wees!” Iets in sy groen oë het my herhinner (sic) aan my eie, en die ego van sy naam deur my ore het my hom laat glo.

Appendix 4.5: Incomplete sentences. Integration of tests on 22 September 2005 and 9 February 2006

The first part of the sentence comprises the content of the test. The blocks below indicate Cee's responses on two different dates: the first response in all instances is the test on 22 September 2005; the second one is the test on 9 February 2006.

Naam Cee

Skool xx

Graad 12

Vandag se datum

Geboortedatum xx

Deur die sinne te voltooi, kan jy aandui hoe jy oor verskillende sake voel. Jy moet met elke sin probeer om jou werklike gevoelens uit te druk. Probeer elke sin voltooi. Maak ook seker dat elke sin wat jy voltooi 'n volsin is.

1. Ek hou van

- *mense en verhoudings – om hulle op hul gemak te stel en om hulle te laat veilig voel! Katte en klere!*
- *musiek, skoene, sing, dans, tydskrifte, teken, my kamer, my kat en koekies*

2. Die gelukkigste oomblik

- *was toe ek uitgevind het dat ek kan oorsee gaan en vir my beste vriendin gaan kuier*
- *in my lewe was toe Nadine uit ons huis getrek het*

3. Ek voel

- *moeg en siek – Ek voel onseker in my omgewing en ek hou nie daarvan nie*
- *kwaad en terleerdgestel (sic) want my ma kom nie haar beloftes na nie*

4. Snags in my bed

- *bid ek dat dinge sal uitwerk vir my en my ma – huil party keer*
- *wonder ek of dinge goed gaan uitdraai vir my en of dinge ooit beter sal raak vir my ma*

5. Selfs my beste vriend(in)

- *weet nie my diepste geheime nie en ek wil haar graag vertel*
- *gin (sic) my niks - nie eers 'n bietjie geluk in 'n moeilike tyd nie. Selfs my beste vriendin kan ek nie meer op staat maak nie*

6. Ek wil baie graag

- *eendag my pa ontmoet en ek wil baie graag 'n boetie of 'n sussie hê*
- *na skool die wêreld rondtoer, studeer, werk, trou en kinders hê! My eie hotel oopmaak!*

7. As ek dit eendag kan bekostig

- *sou ek graag oorsee wou bly of my ma help om dinge te betaal.*
- *sal ek my eie hotel / restaurant oopmaak en rondreis*

8. Ek verdra nie

- *mense wat agteraf van my of van ander praat nie – lojaliteit is belangrik*

- *agteraf praatery (sic), dieremishandeling en kinder/vrouemishandeling nie*
9. My vriende weet
- *ek is baie emosioneel en vat omtrent alles persoonlik op – Ek is ook ‘n bok vir sports!*
 - *nou van my ma!*
10. Ek is spyt
- *oor vriendskappe wat verlore gegaan het deur die jare – ek het ook nie baie tyd saam (met) my oupa spandeer nie – weens dinge wat tussen hom en die res van die familie verkeerd was – hy was soos my Pa*
 - *dat ek vir hulle vertel het!*
11. Die beste
- *is om lief te hê en om terug vir lief te wees*
 - *manier om oor jou probleme te kom is om daarvoor te praat met wie jy vertrou en vir wie jy werklik liefhet en om bereid te wees om te luister na hul raad*
12. Mense wat my nie verstaan nie
- *ken my nie goed genoeg nie*
 - *dink ek het nie die tyd gevat om my te leer ken nie*
13. Ek vererg my
- *as my ma uitgaan en laat terug kom*
 - *vir my ma as sy drink of huil ... ek wil dan ook huil! As dinge te besig raak en ek kan nie kop bo water hou nie*
14. ‘n Moeder is
- *my versorger en my steunpilaar – sy is die belangrikste persoon in my lewe*
 - *die steunpilaar van ‘n gesin. ‘n Caretaker en iemand wat jou beter ken as enige iemand anders – sy beskerm*
15. My grootste vrees
- *is om my ma te verloor. Om soos sy te word. Om deur my pa rejected te word!*
 - *om nooit my pa te ken, om nooit te doen wat ek wil (werk) en om nooit te trou en lief te hê nie*
16. Ek ken nooit
- *verstaan hoekom my ma is soos sy is en hoekom ek nie my pa mag ken nie*
 - *verstaan hoekom my ma my weggehou het van my pa af nie en hoekom sy ‘n verhouding met Nadine moes hê nie*
17. Dit walg my
- *dat my ma ‘n verhouding met ‘n vrou gehad het vir 10 jaar tot baie onlangs*
 - *as Nadine my ma weer afbreek soos wat sy doen. As my ma dronk is voor my vriende of ou!*
18. Toe ek ‘n kind was
- *was ek aan die verkeerde dinge blootgestel*
 - *was ek eensaam, maar altyd op my eie besig met watookal (sic) my laat beter voel het*

19. Ek ly
- party keer aan depressie as ek nie weet hoe om dinge te hanteer nie
 - soms aan depressie
20. Ek sal nooit vergeet
- hoe my ma gehuil het toe sy en Nadine uit mekaar is
 - toe ek die eerste keer ken oorsee gaan en vir Jana gaan kuier het nie
21. My senuwees
- is GEDAAN geworry oor my ma!
 - raak op as my ma by die deur uitstap!
22. My grootste bekommernis is
- dat sy veraltyd (sic) sal wees wat sy is
 - dat my ma nooit sal erken dat sy 'n groot probleem het nie
23. My gedagtes
- is selfbejammerent (sic) en kwaadaardig meeste van die tyd
 - dwaal gedurende klas – ek dink oor hoe ek deur die dag gaan kom
24. Die toekoms
- lyk goed!
 - lyk opwindend! Eke kan nie wag om elke geleentheid raak te sien en te benut nie
25. Ek kan nie
- wag om in Desember weer vir my beste vriendin te gaan kuier nie
 - glo eks (sic) al in matriek nie! Ek kan nie glo my ware, beste vriendin sit halfpad oor die wêreld en nie by my nie
26. Ek wonder soms
- oor of ek ooit sal slaag in verhoudings met ouens
 - of dinge ooit gaan uitwerk! Eke wonder soms of ek nog op die regte pad is
27. Mense wat nie van my hou nie
- het ook hul eie voorkeure en ek gee partykeer te veel daarvoor om
 - se persoonlikheid clash met myne
28. Ek het geen tyd vir
- Nadine en ek het nie so veel tyd soos wat ek behoort te hê vir Jesus nie
 - Nadine!
29. Ek voel 'n behoefte aan
- na aan mense te wees
 - sekuriteit ... liefde ... gesinslewe ... God!
30. Ek geniet
- sing baie. Ek hou ook daarvan as mense my geselskap geniet soveel soos ek hulle s'n

- *tyd by myself, 'n goeie fliiek / boek / liedjie, 'n lekker vry☺ en om tyd in mense se geselskap te spandeer wat werklik belangstel in wat jy te sê het*
31. Ek haat
- *die feit dat my ma drink en 'n lesbien (sic) is. Ek haat dit as mense my spot oor hoe ek lag!*
 - *as my ma drink, die feit dat ek nie vaste vriende het, politiek, leer vir toetse en vroeg opstaan*
32. Ek is baie
- *spontaan en 'loud'. Ek is 'n ekstrovert!*
 - *onafhanklik van my ma, liefdevol, spontaan*
33. Die enigste struikelblok
- *in my lewe is om my ma se leefstyl te aanvaar*
 - *is geld*
34. Ek wens
- *dinge was net normaal vir 'n slag! Ek wens ek kry 'n beter gemiddeld by skool*
 - *ek was nader aan my ma. My vriendinne wil my net aanvaar – ek wens ek ken daar by hulle weg*
35. My vader
- *???*
 - *is vir my sinoniem met die woord verbeelding*
36. In die geheim
- *raak nou te swaar om te dra!*
 - *hoop ek my ma is straight en dat sy geluk sal vind!*
37. Die meeste meisies
- *is eintlik baie maklik wanneer dit by ouens kom. Ek kom ook goed oor die weg met meeste meisies*
 - *is baie mooier as ek, maar het net soveel (dalk meer) insacurities (sic) as ek!*
38. Ek verbeel my soms dat
- *ek nie van hier af is nie! Ek kyk dan in op my lewe of op C se lewe*
 - *ek 'n bekende sanger of filmster is, wat kan sing oor die verhaal van haar lewe*
39. Ek het vas besluit
- *ek Hotelbestuur wil gaan studeer en dan vir 'n ruk oorsee gaan werk vir ondervinding*
 - *dat ek nie sal sex hê voor die huwelik nie, dat ek in gasvryheid wil beweeg en dat ek nie soos my ma wil opeindig nie*
40. Daar is niks wat my so ontstel
- *soos drankmisbruik, dieremishandeling en politiek (S.A.)*
 - *soos dieremishandeling, politiek, 'n ou wat my verneuk en my ma wat drink is nie. Of vriendinne wat lelik met my praat nie*

41. Tot my spyt
- *hou ek dinge binne my*
 - *het ek ooit vriende geword met C, E en M*
42. Die meeste seuns
- *hou nie eintlik van maklike meisies nie. Ek weet nie rerig hoe om met seuns te werk nie*
 - *misbruik die vertrouwe wat meisies aan hulle toeken*
43. My grootste gebrek
- *is dat ek 'n baie emosionele mens is*
 - *is die feit dat ek nie daarvan hou om oor my probleme te praat nie*
44. Ek strewe
- *na 'n beter verhouding met God!*
 - *na geestelike verreiking (sic), maar doen niks om dit te bereik nie*
45. My grootste begeerte
- *is om 'n pa te hê!*
 - *is om my ma gelukkig te sien en om te bereik wat ek as doelwitte gestel het vir myself.*

Summary

The aim of this research may be stated thus: “to indicate by means of an exploratory and descriptive investigation, how writing may be used as a specialised form of therapy, following the Gestalt approach, for an adolescent in the phase of mid-adolescence”. The investigation itself consists of six chapters.

Chapter 1 deals with the context of the research as well as the essential research issue. This discussion leads to a consideration of the aim of the research and the research questions arising as a consequence. The penultimate part of this Chapter is given over to the clarification of the key concepts – adolescence, disequilibrium, Gestalt therapy, Gestalt play therapy, qualitative research, and writing, particularly within the therapeutic context. The final section provides a broad overview of the dissertation as a whole. Chapter 2 considers in some detail the concept of “writing” and its concomitant theoretical issues as well as the Gestalt framework. Various therapeutic approaches, including bibliotherapy, narrative therapy, and expressive therapy are considered and appraised critically for their usefulness to the research issue. This discussion is followed by the case for employing writing in therapy, and, more specifically, within a clinical context. The uses and benefits of writing in therapy are discussed, as are some of its problems and constraints. The chapter concludes with a consideration of the professionalisation of the field of expressive therapy.

The focus in Chapter 3 begins with a broad discussion of adolescence, before narrowing down to adolescence within the developmental and Gestalt perspectives. Adolescence in South Africa is explored in some detail, as is adolescent development from a Gestalt point of view. This discussion leads to a consideration of the Gestalt practice model, the Gestalt therapeutic aims, and the several phases of Gestalt treatment. The subject of the case study is also introduced in this chapter. Chapter 4 deals with the research design and methodology of both the pilot study, from which the present research developed, and this subsequent and considerably more substantial major study. The methodology, including sampling, data collection and analysis, is explicated here, as are the relevant ethical considerations and matters of quality and verification in the research process.

Chapter 5 represents the heart of the study, for it provides a detailed narrative of the case study subject’s therapeutic journey through 10 sessions, each of which is discussed in detail, as are the therapist’s own reflection on each session in the process. The chapter synthesises the therapeutic process, writing in therapy, and the Gestalt approach as it accounts for the various phases and stages through which the client moved. The chapter then continues by delineating specific findings regarding writing in therapy, findings with which the client’s feedback concurs. Chapter 6, the final chapter, consists of conclusions regarding the research issues, answers to the research questions posed at the outset of the research, and recommendations about aspects of therapeutic practice, including training and future research. The most important portion of this chapter, however, is Writing Therapy: A Method designed for therapists working with adolescents, which provides a detailed practical model for health professionals wishing to introduce writing into the therapeutic process. The chapter concludes with an explanation of the study’s scope and limitations.